

Palliative Care

Chang, E., Hancock, K., Harrison, K., Daly, J., Johnson, A., Easterbrook, S., et al. (2005). Palliative care for end-stage dementia: A discussion of the implications for education of health care professionals. *Nurse Education Today*, 25(4), 326-332. doi:10.1016/j.nedt.2005.02.003

The increasing burden of chronic disease demands that palliative care clinicians address the needs of patients with non-malignant disease. This discussion document seeks to address some of the challenges to providing palliative care for end-stage dementia (ESD) and the need for skill enhancement in key providers of care. In spite of the intent, there is an apparent lack of appropriate, co-ordinated and comprehensive palliative care available for these individuals and their families. There is an absence of well-articulated models to assist health care providers of ESD clients. It would appear that the development and evaluation of guidelines, implementation of education programs and collaborative associations between palliative and aged-care providers of care are key strategies to facilitate palliative care for ESD clients.

Cox, P. (2005). Managing chronic diseases: Palliative care spectrum starts early on. (comment). *British Medical Journal*, 330(7492), 611-611-612.

This article describes palliative care as a spectrum which begins at the time of diagnosis, not just when the patient begins dying. Palliation becomes a partnership between patient and physician. The length of palliative treatment can vary and can be stopped by the physician or the patient. When death becomes close palliative care becomes terminal care, a relationship of understanding will have already been formed between doctor and patient

Davis, M. P., Albert, N. M., & Young, J. B. (2005). Palliation of heart failure. *The American Journal of Hospice & Palliative Care*, 22(3), 211-222.

Heart failure is the major cause of morbidity and mortality in the United States. Stage D heart failure has a greater mortality rate than many cancers and has equivalent symptom burden and severity. There has been a paradigm shift in our understanding of the pathophysiology of heart failure. Progressive heart failure is associated with ventricular remodeling and a maladaptive neurohumoral response. Drug classes have evolved that curtail ventricular remodeling, and blunt neurohumoral responses reduce morbidity and mortality. Despite combination drug and device therapies, the management of Stage D heart failure includes palliation. Both cardiology and palliative specialists need to learn from one another in order to palliate these highly symptomatic patients. Such collaboration will enhance care and are the basis for well-conceived research trials.

Murray, S., Boyd, K., & Sheikh, A. (2005). Palliative care in chronic illness. (see comment). *British Medical Journal*, 330(7497), 963-963.

These authors discuss the need for and importance of proactive approaches to palliative care in those with chronic illnesses.

Parker-Oliver, D., Bronstein, L. R., & Kurzejeski, L. (2005). Examining variables related to successful collaboration on the hospice team. *Health & Social Work*, 30(4), 279-286.

Although social work participation on interdisciplinary teams is long-standing, little research has been done to examine its effectiveness. This study used the Index of Interdisciplinary Collaboration to explore relationships between selected variables and teamwork in the hospice setting. The findings indicate that hospice social workers report a high level of interdisciplinary collaboration with colleagues. Whereas education, hospice census, the presence of other social workers, and quality of care were found to be unrelated to overall levels of collaboration, individual items measuring collaboration proved to be linked with hospice census, the presence of other social workers on the team, and quality of care. Further research is required to investigate other possible related variables and their impact on successful interdisciplinary collaboration and service delivery.

von Gunten, C. F. (2007). The hidden (real) curriculum. *Journal of Palliative Medicine*, 10(3), 632-633. doi:10.1089/jpm.2007.9963

The hidden agenda of medical education and training is for doctors to learn the rules of behavior and knowledge of procedures by observing the behavior of other doctors and health professionals in practicing medicine.

White, P. (2005). Managing chronic diseases: End of life is more than death. (comment). *British Medical Journal*, 330(7497), 963-963.

The author comments on Murray et al's "Palliative Care in Chronic Illness"