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Early integration of palliative care in management of chronic illness

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Introduction: Palliative care is vital service for people living with chronic life-threatening conditions like cancer, HIV, stroke, Kidney failure, etc. it is not just “care of terminally ill patient”. It is a holistic approach that meets the physical, psychosocial, economic, social and spiritual needs. Various Models of Palliative care have been adapted around the world depending on the culture, geographical locations, Human Resource etc. One such model is Integrated Palliative care. palliative care in the continuum of care linking it to prevention, early detection, and treatment programs. Palliative care services should also be provided alongside potential curative treatments and adapted to the needs of patient and families as the disease progresses. Integrating palliative care within regular treatment offered to patients with life-threatening disease is supported by a growing amount of evidence that demonstrates the effectiveness of palliative care on the improvement of the quality of life of patients.

Below listed are the advantages.

Advantages of Early integration:

1. Better Compliance to treatment
2. Better treatment related outcomes
3. Higher patient Satisfaction
4. Better Quality of life
5. Unburdening of symptoms, pain, psychosocial issues, so the primary physician can focus on curative aspects
6. Less aggressive care at the end of life
7. Dignity in death

Challenges for early referral

1. Unfortunately palliative care is mis constructed as end-of-life care
2. Patient acceptance
3. Sense of abandonment/ giving up
4. Limitations in expertise of palliative care physicians
5. Misalignment in communication

How do we overcome the challenges?

1. Patients with advanced cancer, should receive dedicated palliative care services early in the disease course and concurrent

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with active treatment.

2. Sensitization about palliative care benefits among health care faculties engaged in the various level of care
3. Advocacy of national policies for early integration of palliative care at various levels of health system
4. Media visibility and awareness in the community about palliative care.

Conclusion: Palliative care services need to be provided in accordance with the principles of universal health coverage wherein all people should have access to palliative care services at various levels of health systems that are essential, safe, affordable, and effective.

Recent Publications

1. Payne, S., Hughes, S., Wilkinson, J. et al. Recommendations on priorities for integrated palliative care: transparent expert consultation with international leaders for the InSuP-C project. *BMC Palliat Care* 18, 32 (2019). <https://doi.org/10.1186/s12904-019-0418-5>.
2. Den Herder-van der Eerden M, van Wijngaarden J, Payne S, Preston N, Linge-Dahl L, Radbruch L, Van Beek K, Menten J, Busa C, Csikos A, Vissers K, van Gorp J, Hasselaar J. Integrated palliative care is about professional networking rather than standardisation of care: A qualitative study with healthcare professionals in 19 integrated palliative care initiatives in five European countries. *Palliat Med*. 2018 Jun;32(6):1091-1102. doi: 10.1177/0269216318758194. Epub 2018 Feb 13. PMID: 29436279; PMCID: PMC5967037.
3. Nottelmann L, Jensen LH, Vejlgard TB, Groenvold M. A new model of early, integrated palliative care: palliative rehabilitation for newly diagnosed patients with non-resectable cancer. *Support Care Cancer*. 2019 Sep;27(9):3291-3300. doi: 10.1007/s00520-018-4629-8. Epub 2019 Jan 5. PMID: 30612238.

Biography

Vidya N, is keen on working closely with various fraternity of Medicine, to advocate palliative care practice at various levels of health care systems. Presently working in an Integrated Palliative care in super specialty hospital. ClearMedi Radiant Hospital, Mysore, Karnataka, India as Consultant Palliative Care Physician. She has around 3 years of experience in working with palliative care patients.

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