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The conversation about end-of-life. A form of early intervention addressing psycho-spiritual needs/problems

Palliative care is based on meeting immediate needs (the here and now), not prognosis, therefore it is best to bring the team and patient/family early to talk about palliative care services. I know, you might say, -what if they are not ready to talk? - I say, how you would know if you do not engage in conversation?

An effective helping relationship between parents and the medical team is crucial. This is why is important to establish a quick rapport in the next seventy two hours. In a recent study, done mostly on Hispanic parents who were coping with children who had chronic disease identified spirituality and life satisfaction. Sometimes, language barriers can lead to misunderstanding in the communication between patients and physicians. Fear and uncertainty can interfere and affect the attitudes family members toward the medical team. For instance, withdrawing and stopping machines from the patient's body. Discussions over stopping continue life prolonging measures, DNR, and DNI.

In order to obtain the information to design a care plan for heart patients I propose a format base on the assessment of needs and resources (3 levels). This conversation can happen via video call, present or hybrid format.

Recent Publications

1. Doolittle B, Courtney M, Jasmine J (2015). Satisfaction with life, coping, and spirituality among urban families. *Journal of Primary Care & Community Health* 6(4):256-259
2. Deciding for a child: a comprehensive analysis of the best interest standard Erica K. Salter Published online: 17 April 2012. Springer Science Business Media B.V. 2012
3. Lewis, James. (2002). Pastoral Assessment in Hospital Ministry: A Conversational Approach. *Chaplaincy Today*. 18. 5-13. 10.1080/10999183.2002.10767203.

Biography

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