What is palliative care?

The care we provide at the hospice is often referred to as “specialist palliative care”. One way of thinking about palliative care is to talk in terms of providing ‘good care’ to people whose health is in irreversible decline or whose lives are coming to an inevitable close.

What differentiates ‘palliative care’ from ‘just good care’ is the awareness that a person’s mortality has started to influence clinical and / or personal decision making. However, palliative care is not synonymous with death – it is about the care of someone who is alive, someone who still has hours, days, months, or years remaining in their life, and about optimising wellbeing in those circumstances. Palliative care is provided regardless of diagnosis – cancer, organ failure or old age and it’s about life and making today matter.

Shifting the balance of care

- Due to projected demographic changes, the number of people aged 75 years and over is set to increase by 28% in the next 10 years resulting in a rising level of need for palliative care
- There will also be fewer family carers and a significant rise in single person households
- There will be more people with complex and multiple symptoms associated with increased vulnerability. This will reflect the chronic nature of many conditions and a rising incidence of dementia is also predicted.

National research reveals that most people would like to die at home and that this desire will see a shift in the balance of care - from acute hospital settings into local communities.

This flexible approach to care is offered by the Ayrshire Hospice and fits with the changing needs of people with life-limiting illness and their families. Our approach enables people to remain in their own home when that is their wish, wherever possible - a preference supported by our developing Respite and Response service, as well as tailor-made day services and therapeutic groups.

The Scottish Partnership for Palliative Care’s vision is that:

- People receive care which supports their wellbeing, irrespective of their diagnosis, age, socio-economic background, care setting or proximity to death
- People have the opportunity to discuss and plan for their future possible decline
- People know how to help and support each other at times of increased health need and in bereavement
- Cultures, resources, systems and processes empower staff to exercise their skill in providing good care for people and their families
What's the difference between specialist and generalist palliative care?

In Scotland, much of the care that people receive when their health is deteriorating could be termed generalist palliative care, being provided by health and social care professionals to people living in the community, in care homes and in hospitals. It is palliative care regardless of whether someone has cancer, organ failure (including neurological conditions) or ‘old age’, or whether they are living at home, in a hospice, in a care home or in hospital ward.

Palliative care can and should be delivered alongside active treatment where appropriate. Generalist palliative care is provided by health and social care professionals as an integral part of standard practice in any care setting.

Specialist palliative care can help people with more complex physical or psychological needs. This level of care is provided by specially trained multi-professional palliative care teams. Within Ayrshire these team members are either hospice staff (working within the in-patient unit, community or day services) or with members of the hospital team within Ayr and Crosshouse hospitals. The expertise from these teams should be accessible from any care setting and at any time.

What people need from palliative care

What someone needs depends on their personal circumstances and what is important to them. For many of us, our needs will include:

- Relief from distressing symptoms
- Reliable and consistent access to support and advice from health and social care professionals who are compassionate, knowledgeable and competent
- Information about what is happening, what is likely to happen next, uncertainties, and how the caring team will respond
- Empathy and support in adjusting to coping with uncertainty and deteriorating health
- Support to get the most out of limited time left with the people we care about
- Access to short breaks or respite
- Support with financial, legal and other practical issues, including the ‘little things’ like mowing the lawn, or taking the dog for a walk
- Understanding and support from family, friends, colleagues and communities when dealing with loss and bereavement with access to more specialised bereavement support if needed.

Compassion, practical support, human connections and thoughtful intervention can go a long way to giving people quality and meaning in their lives.

The relationship between Palliative and End of Life Care (EOLC)

[Diagram showing the progression from screening through diagnosis, active disease, minimal disease, no disease, death, and end of life care.]