# PALLIATIVE MEDICINE

# HISTORY

# HSTORY OF PALLIATIVE MEDICINE

- Doctors role and expertise 60 years ago
- Explosion of science and technology of medicine ability to cure and artificially prolong life - leading to
- Prolonging suffering and causing suffering.
- Founding of Hospice Movement
- Palliative Medicine developed from this therefore associated with incurable disease
- Suffering exists in all medical and surgical conditions, all doctors and nurses need the ethos and skills of palliative care
- Expand the definition of Palliative Medicine
- Integration of Palliative Medicine into the Mainstream

## **CURRENT DEFINITION**

Active comprehensive management for:

 The Physical, Emotional, Psychosocial and Spiritual needs of the patient and the family with the aim of relieving suffering

FOR WHOM CURE IS NO LONGER POSSIBLE FOR THOSE WITH LIFE-THREATENING ILLNESS

## AWARENESS IS GROWING

- SUFFERING EXISTS IN ALL MEDICAL AND SURGICAL CONDITIONS
- NEEDS TO BE ADDRESSED FOR BOTH SCIENTIFIC AND COMPASSIONATE REASONS.
- THE OUTCOME OF ANY ILLNESS OR SURGICAL PROCEDURE HAS BEEN REPORTED TO BE IMPROVED BY COMPREHENSIVE MANAGEMENT
- IT OFTEN SHORTENS HOSPITAL STAY.

# **EXPANDED APROACH**

 Active comprehensive care for the physical, emotional and psychosocial needs of the patient and the family with the aim of relieving distress.

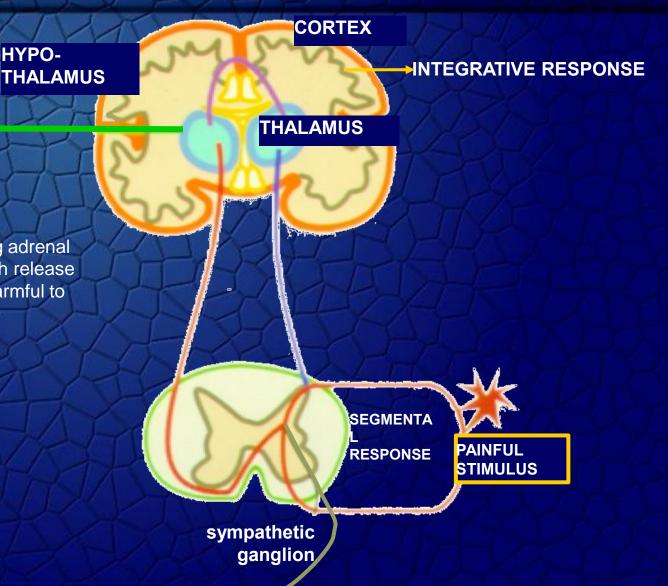
It starts at the moment of first contact with any patient with any illness at any stage and continues for the duration of the illness.

If and when cure is no longer possible, palliative care plays the major or the total role.

# THE HOSPITAL PALLIATIVE CARE TEAM

- Established by request in 2001in the Johannesburg Academic Hospital.
- The objective of the team is to ensure that the skills and ethos of Palliative Care are integrated into the management of all patients to obtain the relief of all types of suffering
- Therefore the team follows an expanded approach

# **PATHOPHYSIOLOGY**



#### **SUPRASEGMENTAL RESPONSE**

Releasing factors affecting adrenal medulla and pituitary which release a cascade of hormones harmful to the body.

HYPO-

# PATHOPHYSIOLOGY

deep distress

# SUPRASEGMENTAL RESPONSE

Releasing factors affecting adrenal medulla and pituitary

#### • The diagram demonstrates:

- The effect of emotions on perception of pain
- That the abnormal stress responses may result in a variety of life-threatening sequelae such as effect on heart, lungs and ischaemia leading to total organ failure
- In other words, PAIN CAN KILL

Vasospasm decreased visceral blood flow

Hypertension, increased myocardial work, arrhythmias localised ischaemina decreased intestinal motility decreased blood flow to kidneys, other viscera

HYPO-THALAMUS

THALAMUS

Ascending

tracts

spinothalamic,

INTEGRATIVE RESPONSE

social and cultural expectations previous pain experience fatigue

anxiety perception of pain depression

Modulation of painful stimuli occurs in dorsal horn via descending tract

SEGMENTA PAINFUL STIMULUS

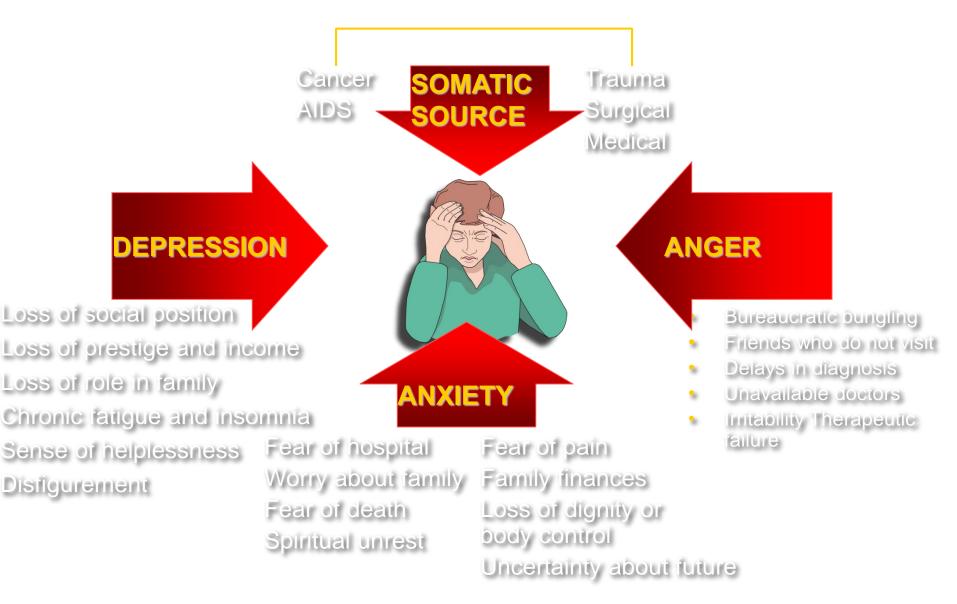
Muscle spasm

Increased pain from localised ischaemia

Decreased lung volume atelectsasis, hypoxia

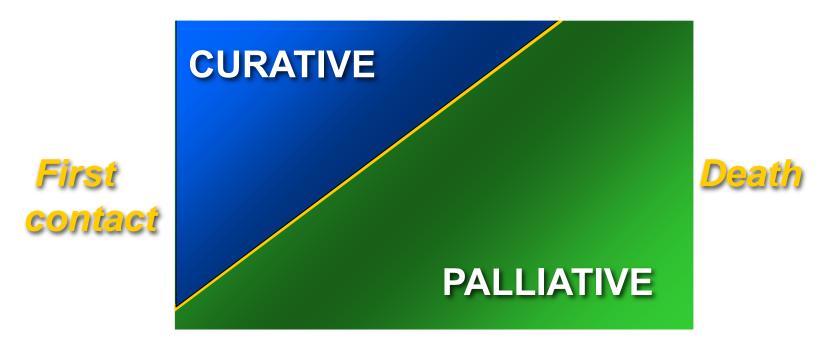
sympathetic ganglion

# CONCEPT OF TOTAL PAIN



# TRAJECTORY OF CARE





Integration of curative and palliative medicine