PALLIATIVE
MEDICINE
HISTORY
HISTORY 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
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 APPROACH

• 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 2001 in 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.
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

**Suprasegmental Response**
Releasing factors affecting adrenal medulla and pituitary

**Thalamic Response**
Modulation of painful stimuli occurs in dorsal horn via descending tract

**Integrative Response**
Social and cultural expectations, previous pain experience, fatigue, anxiety, depression, perception of pain

- Painless stimulus
- Spinothalamic tracts
- Dorsal horn
- Descending tract
- Thalamus
- Hypothalamus
- Cortex
- Suprasegmental response
- Integrative response

Muscle spasm
Increased pain from localised ischaemia
Decreased lung volume atelectasis, hypoxia

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

Deep distress

- Painful stimulus
- Sympathetic ganglion
- Increased pain from localised ischaemia
- Decreased lung volume atelectasis, hypoxia
CONCEPT OF TOTAL PAIN

- Bureaucratic bungling
- Friends who do not visit
- Delays in diagnosis
- Unavailable doctors
- Irritability Therapeutic failure

SOMATIC SOURCE
- Loss of social position
- Loss of prestige and income
- Loss of role in family
- Chronic fatigue and insomnia
- Sense of helplessness
- Disfigurement

DEPRESSION
- Fear of hospital
- Worry about family
- Fear of death
- Spiritual unrest
- Fear of pain
- Family finances
- Loss of dignity or body control
- Uncertainty about future

ANGER
- Bureaucratic bungling
- Friends who do not visit
- Delays in diagnosis
- Unavailable doctors
- Irritability Therapeutic failure

Cancer
AIDS
Trauma
Surgical
Medical
TRAJECTORY OF CARE

Acute
continuing suffering
Incurable
Terminal

First contact
Integration of curative and palliative medicine

CURATIVE
PALLIATIVE

Integration of curative and palliative medicine