

LOCAL WORKSHOPS ON PALLIATIVE CARE

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ABSTRACT

The Malta Hospice Movement was established in 1989 with the aim to help in providing palliative care to cancer and motor neurone disease patients. Every year, professionals from Hayward House Palliative Care Unit in Nottingham visit the Malta Hospice Movement to carry out workshops and seminars. This year the workshops organised were on Time Management and Patient Assessment for Hospice staff as well as on Spirituality and Bereavement Services.

Keywords: palliative care, hospice, bereavement, spirituality.

Palliative care

Palliative care means a form of care that:

- recognises that cure or long-term control is not possible,
- is concerned with the quality rather than the quantity of life, and
- cloaks troublesome and distressing symptoms with treatments whose primary or sole aim is the highest possible measure of patient comfort.¹

The Malta Hospice Movement is currently the only Non-Governmental Organisation implementing palliative care to cancer and motor neurone disease patients. It is twinned with Hayward House of Nottingham where palliative care has been practised for the past 30 years.

Between the 8th-12th May 1995, five professionals from Hayward House visited the Malta Hospice Movement and several workshops were organised for the staff. The visiting professionals included Dr. Andrew Wilcock who is an honorary consultant and lecturer in palliative medicine, Dr. Andrew Hughes who is working on research in respiratory medicine, Mr. Les Weeks who is a nurse tutor, Mrs. Pat Wakefield a community Macmillan nurse, and Mrs. Chris Halsall who is a district nurse.

The following is a review of four workshops carried out by the above-mentioned, emphasising the importance of a multi-disciplinary approach in Palliative Care.

The first workshop: Time management

Time management was divided into two types, that concerning self and that which includes others. The former involves self-discipline, being assertive, learning to say "no" without feeling guilty about it, setting work boundary limits and planning a work schedule instead of reacting to the events of the day. Time management which involves other people includes role identification, delegation of work to the appropriate person without abdication of responsibility and the training of the right people for the right job. In Time Management one needs to ask oneself three basic questions:

- Does this task need to be done?
- Does it need to be done now?
- Am I the right person to do it?

The second workshop: Patient assessment in palliative care

Patient assessment in palliative care requires three basic skills. The *first skill* is that of observation of everything about the patient and his environment. The *second skill* is that of

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interviewing patients, in which communication and listening skills are of utmost importance. Communication may underpin a variety of care goals and its quality may influence a range of outcome measures: assessments of need, reduction in psychological morbidity, and patient satisfaction.² Ideally these lead to a relationship between patient and carer, built on trust and mutual respect. The carer has to be careful that visiting a patient is done with a goal in mind and not simply for a social chat. The *third skill* is that of measuring any improvement or regression in patient's condition, within a limited time period. Patient assessment can then lead to the better planning and implementation of the appropriate interventions to achieve the pre-set goal. This is then followed by evaluation to establish whether such goals have been actually achieved.

The third workshop: Spirituality and how it can be used in a therapeutic way

It was said that patients bring spirituality with them when they are admitted to hospital. However health care workers may be failing to use it in a therapeutic way. Spirituality was shown to be distinct from religion, the latter being the way through which one expresses the former.

Speck describes spirituality as relating to a concern with ultimate issues, often seen as a search for meaning.³ This echoes Frankl, who said that "man is not destroyed by suffering, he is destroyed by suffering without meaning."⁴ During the workshop, spirituality was defined as: inner peace and strength; the meaning of life; the need to love and be loved; the need of forgiveness. Thus to use spirituality in a therapeutic way, the health care worker needs to build a relationship with the patient based on respect, empathy and genuineness. And the skills necessary to the health care worker to do this are: self-awareness; communication; trust building; hope giving, and patient education.

The fourth workshop: Bereavement support

Bereavement is the loss of a close or loved person. Bereavement reactions are the

psychological, physiological, or behavioural reactions to that loss.⁵ The emphasis placed on family centred care means that continuing support after a patient's death is logically an integral component of palliative care.⁶ First of all, the health care worker has to check with the deceased's relatives to see whether they would like to have such support and one has to respect their decision. A bereavement visit has to be done on a professional basis, addressing the person's grief and allowing that person to grieve.

A problem-solving approach to grieving was developed in America during the Omega Research Project by William J. Worden. This approach was called *The Four Tasks of Mourning*, which include the following:

Task 1: To accept the reality of the loss by allowing the bereaved to speak about the memorial service or to describe how death actually happened.

Task 2: To experience the pain of grief in which the bereaved may need to vent out his feelings. The health care worker has to encourage the bereaved by saying that these are normal under the circumstances. The care worker has to allow time for grief to heal as he would have allowed time for a physical bruise to heal.

Task 3: To adjust to an environment in which the deceased is missing where the bereaved needs to take care of himself in practical ways e.g. cooking, cleaning. The health care worker may need to reassure the bereaved that life will eventually become easier, when the bereaved will come to terms with the loss without overcoming it.

Task 4: To withdraw emotional energy and reinvest it in another relationship, reassuring the bereaved that while the keeping of memories is a good thing, it is acceptable to socialise.

As can be seen, the topics discussed were directed not only at the medical profession and paramedics but also at all those who are involved in the giving of tender, loving care to the sick and their families.

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