

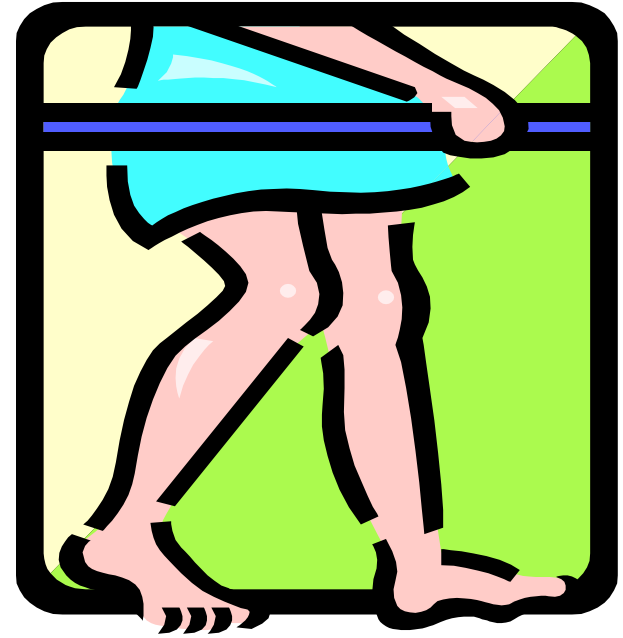
Rehabilitation in Palliative Care

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Contents

- **Why bother?**
- **Improving the client experience**
- **Recent and future developments**
- **Questions**



WHY BOTHER?

Rehabilitation should be an integral part of palliative care. It has been demonstrated to bring considerable improvements in function and QOL for seriously ill people and their families, and can reduce physical, psychological and spiritual distress (NCPC, 2000, p15)

Rehabilitation is an integral component of palliative care. Rehabilitation of the physical and psychological aspects of a patient's life is vital in order to maintain an optimal level of function in all areas of daily activities. (NACPC, 2001, p31)

***Cancer* rehabilitation aims to maximise physical function, promote independence and help people adapt to their condition. A range of allied health professionals and other professionals provide rehabilitation services and, through developing self-management skills, patients can take an active role in adjusting to life with and after *cancer* (NICE, 2004, p 16)**

Rehabilitation in Palliative Care

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Brings together two concepts

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- **Living**
- **Dying**

‘Palliative care rehabilitation at its best is the transformation of the dying into the living.... The restoration of a patient to a person’

Oxford Text of Palliative Medicine

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‘You matter because you are you. You matter to the last moment of your life and we will do all we can not only to help you die peacefully but to live until you die.’

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- **Living**
- **Dying**

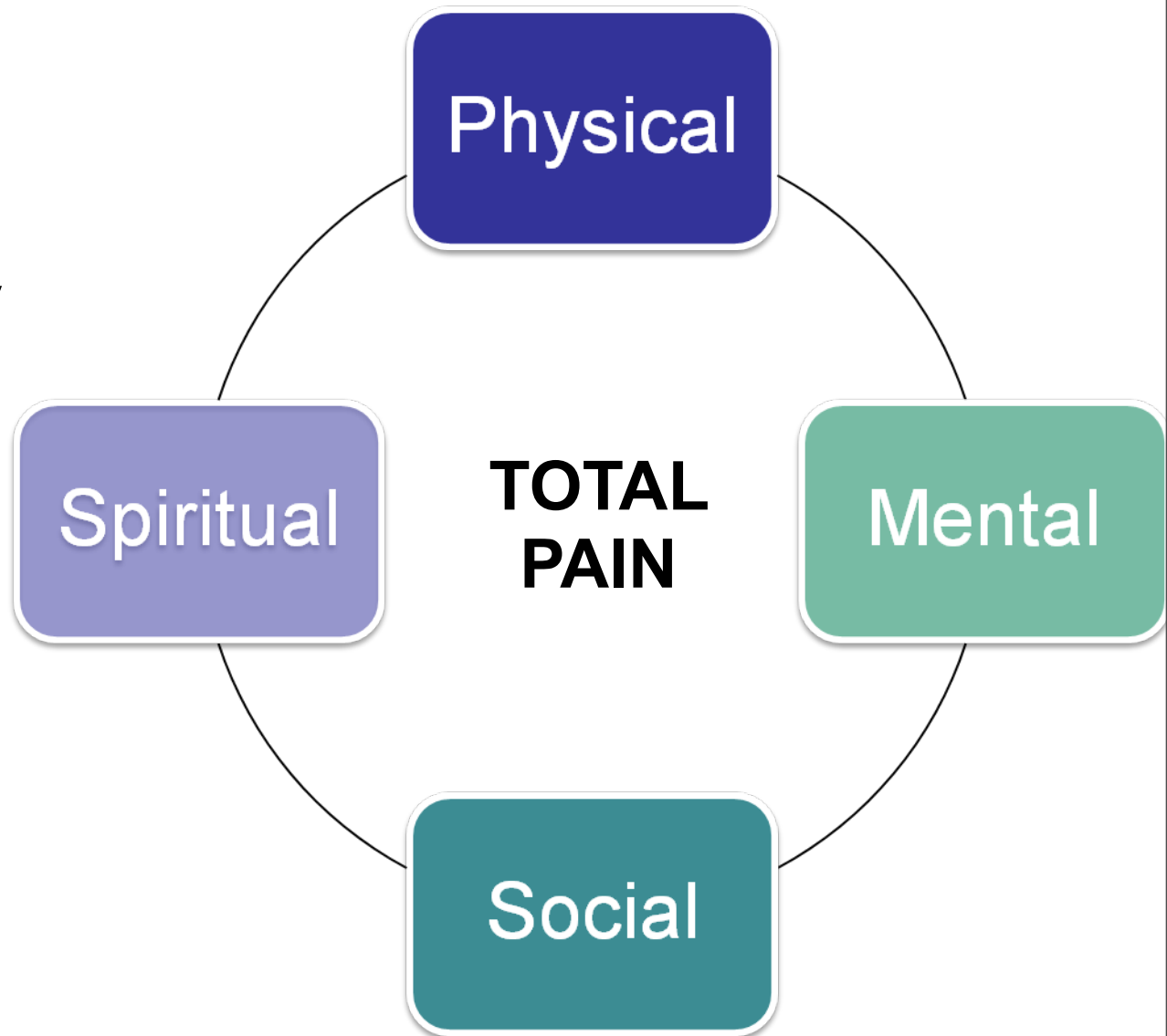
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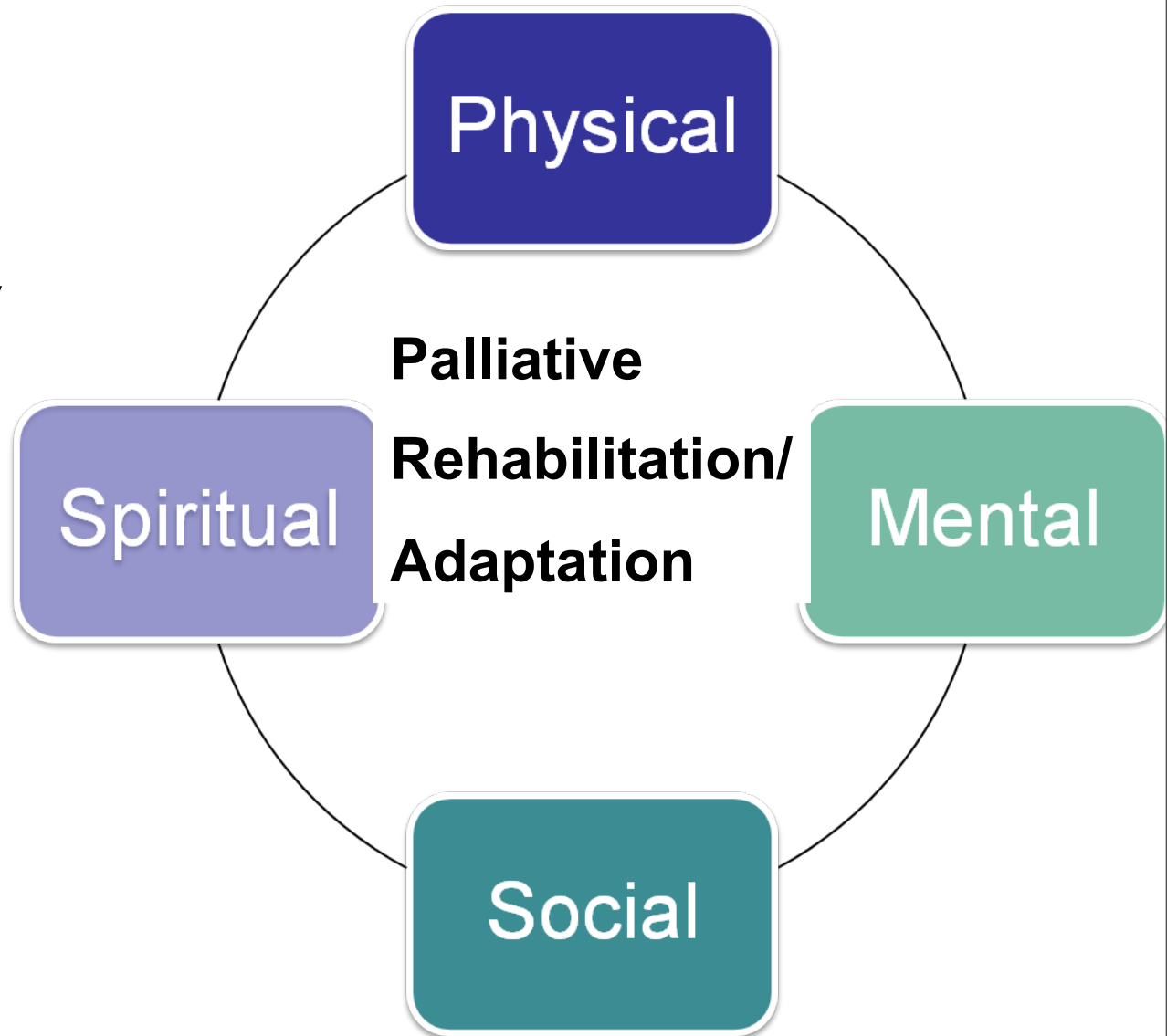
‘You matter because you are you. You matter to the last moment of your life and we will do all we can not only to help you die peacefully but to live until you die.’

Dame Cicely Saunders, founder of the modern hospice movement

**Dame Cicely
Saunders
“total pain”
model**



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Rehabilitation Strategies

- **Optimising functional ability and gain**
- **Promoting independence**
- **Facilitating transition by enabling coping and adaptation**
- **Promoting and maintaining hope**
- **Encouraging normalisation**
- **Providing emotional and spiritual support**
- **Empowerment of patient and family**

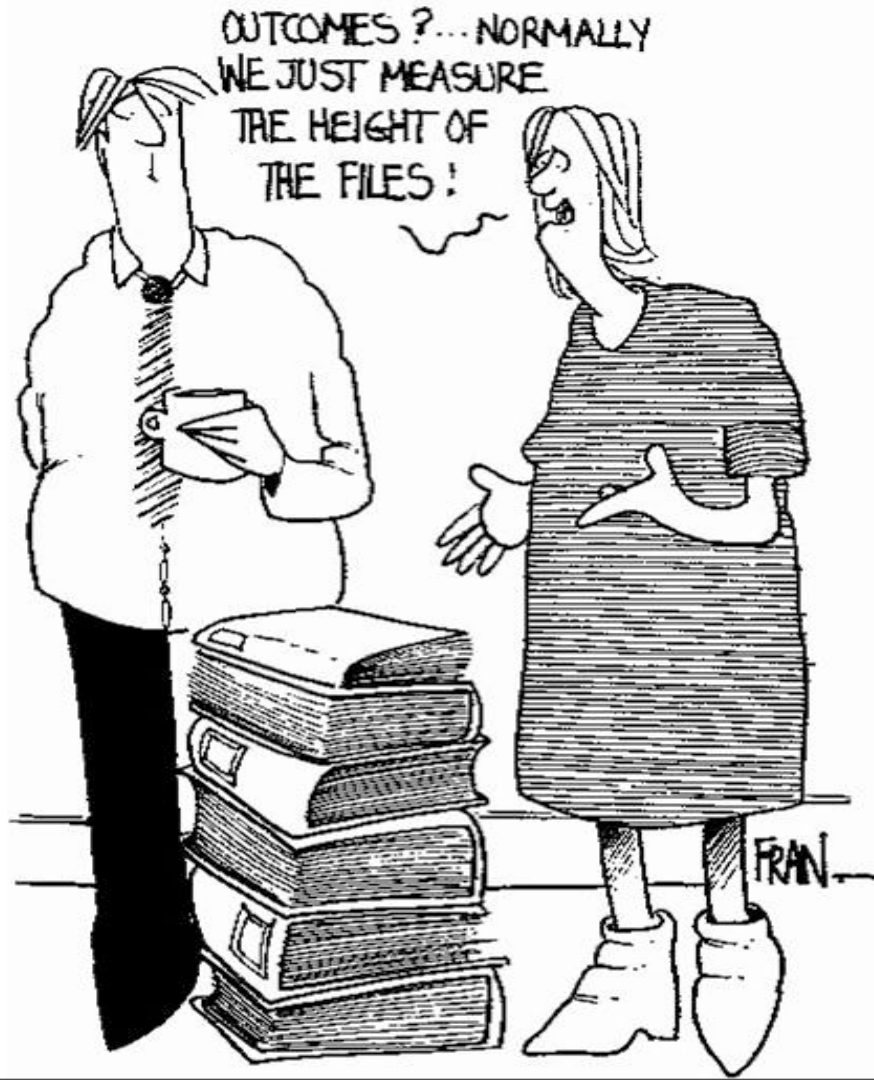
Palliative rehabilitation must be responsive to:

- **Earlier diagnosis**
- **Better imaging**
- **Better understanding of disease processes**
- **Better treatments**

Consequences:

- **People are living longer with ill health**
- **Consumer society**

How Do We Turn a Team of Palliative Experts into an Expert Rehabilitation Team?



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Impact of rehabilitation:

- **Able to walk with zimmer**
- **Able to sleep in own bed**
- ***No change to pain/numbness***

'Able to live a life'

'Worked miracles'

'Got a warm welcome and love'

P

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Impact of rehabilitation:

- **Significant reduction in arm girth**
- **Significant improvement in function and decreased infection rates**
- **Social aspects of day therapy**
- ***Improved compliance with other treatments***

What can we learn from the case studies?

- Palliative rehabilitation is the concern of all health care professionals
- Rehabilitation in palliative care does not have to treat the main presenting symptoms in order to be of benefit
- Where a person fails to comply with recommendations we must consider how we are failing to meet the needs of this person and review treatment plans/goals accordingly

Palliative Rehabilitation is a Complex Intervention

- **A complex intervention is not the sum of its parts.
(Hawe et al, 2004)**
- **It is far more than simple cause/effect**
- **We need resilient clinicians and managers and resilient services to enable resilient people to adapt to the impact of their illness and commit themselves to change
(Tookman, 2004)**


**In particular, people
want.....**

Dignity

Hope and

Control

- **Rehabilitation in palliative care is about moving people out of the sick role into effective day to day management of their illness**
- **Supporting the individual and their loved ones through periods of change to ensure that optimal quality of life and sense of wellbeing is achieved**



“ I think I cope because of all the people that surround me ...they all give me different kinds of strengths ...they are all very positive”

(quote from a person receiving palliative care)

Recent and Future Developments

- 2008** - Certificate in Essential Palliative Care for AHPs (Northern Ireland Hospice and partners)
- 2009** - Rehabilitation in Palliative Care Postgraduate Module (University of Ulster)
- 2009** - Biennial Rehabilitation in Palliative Care Conference (hosted by School of Health Sciences, Ulster)
- 2009** - Palliative Rehabilitation networking page (by invitation only, 33 members)
- 2010** - Cochrane overview 'Interventions to manage fatigue and weight loss in adults with advanced progressive illness'

References

- Hawe, P., Shiell, A. and Riley, T. (2004) Complex interventions: how "out of control" can a randomised controlled trial be? *British Medical Journal* 328:1561-1563
- National Advisory Committee on Palliative Care (NACPC) (2001). *Report of the National Advisory Committee on Palliative Care*. Dublin: Department of Health and Children.
- National Council for Palliative Care (2000) *Fullfilling Lives: Rehabilitation in palliative care*. London: NCPC
- National Institute for Clinical Excellence (NICE)(2004) *Improving Supportive and Palliative Care for Adults with Cancer*. London: Department of Health
- Tookman, A. (2007) Resilience and Rehabilitation. In: Munroe, B and Oliviere, D. (eds) *Resilience in Palliative care. Achievement in Adversity*. Oxford: OUP, p137-156