

## A Palliative Approach

# Treating the person, not just their illness



We can improve life for those living with chronic and life-limiting illnesses by adopting a new approach. A palliative approach is a method to focus care on meeting a person's and family's full range of needs – physical, psychosocial and spiritual – at all stages of frailty or chronic illness, not just at the end of life.

Rather than delaying end-of-life care plans until treatment options are exhausted, a palliative approach begins at diagnosis or early in illness. A palliative approach integrates key aspects of palliative care into the regular care that people are already receiving in their primary care provider's office, in their home, in long-term care homes, in hospital or in other community settings.

People will be asked about their goals of care and preferences, and encouraged to revisit those goals and discuss how they may change over time.

Individuals will also have access to other aspects of hospice palliative care, including pain and symptom management and psychosocial support, as they need them. These services will be provided by their own health care providers, with the support of palliative care experts, and integrated with their other care.



The Canadian Hospice Palliative Care Association and its 37 partners in the Quality End-of-Life Care Coalition of Canada have a collective goal to share The Way Forward, an integrated palliative approach to care that focuses on an individual's quality of life throughout their illness trajectory – not just at the end of life.

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**An integrated palliative approach provides improved communication, care planning, and support for individuals, families, and care providers at appropriate times in their lives or during an illness, and across all care settings.**

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## **Core Components of a Palliative Approach**

### Communication

An integrated palliative approach gives people the opportunity to discuss their care goals and preferences early and often, allowing patients and health professionals to make informed decisions about care. Health care providers are encouraged to talk much more openly with individuals and their families about their prognosis, treatment options, and the benefits and risks associated with these options. Tools such as advance care plans or advanced directives can help support conversations among families.

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### Care Planning

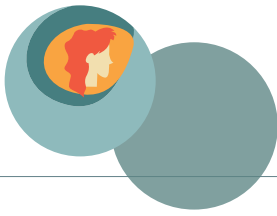
By discussing care goals, individuals and care teams create a care plan that aligns patient preferences with treatment options, settings, up to and including end-of-life care. People who are aging or have a chronic illness will have care plans that they develop with their families, discuss with their health care providers, and can update as their needs change.

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### Transition Support

A palliative approach enables better support throughout the many transitions occurring during a life-limiting illness. It is designed to “treat the person, not the illness” in all settings, including primary care offices, at home, long-term care facilities, hospitals, shelters and prisons.

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## The Trajectory of an Illness

### Diagnosis

When an older person begins to become frail or when someone is diagnosed with a chronic condition, the person and family receives:

- Open and sensitive communication about the person's prognosis and illness trajectory, including any life changes, such as limiting certain activities
- Advance care planning, including discussing the range of treatments available, their benefits and risks, setting goals of care, and establishing a substitute decision maker
- Psychosocial and spiritual support for both the person and his or her family members/caregivers
- Pain or symptom management that may be required

### Management

As the person becomes more frail or the illness progresses, the person and family receives:

- Regular opportunities to review the person's goals of care and adjust care strategies to reflect any changes in those goals
- Pain and symptom management
- Referrals to expert hospice palliative care services if required to help them cope with challenging physical, psychosocial, or spiritual symptoms, conflicts over goals of care or decision making, or family distress

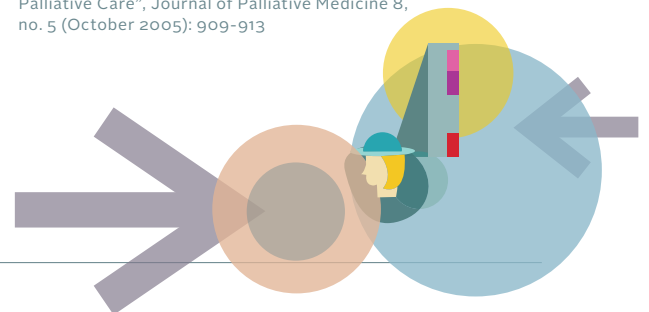
- Uses a team approach to address the needs of individuals and their families, including bereavement counseling, when needed
- Will enhance quality of life, and may also positively influence the course of illness

### End of Life

As the condition progresses, comfort may become the main goal of care and the person may reject treatments that will cause pain or require hospitalization.<sup>1</sup> At this stage, a patient and/or their family receives care that:

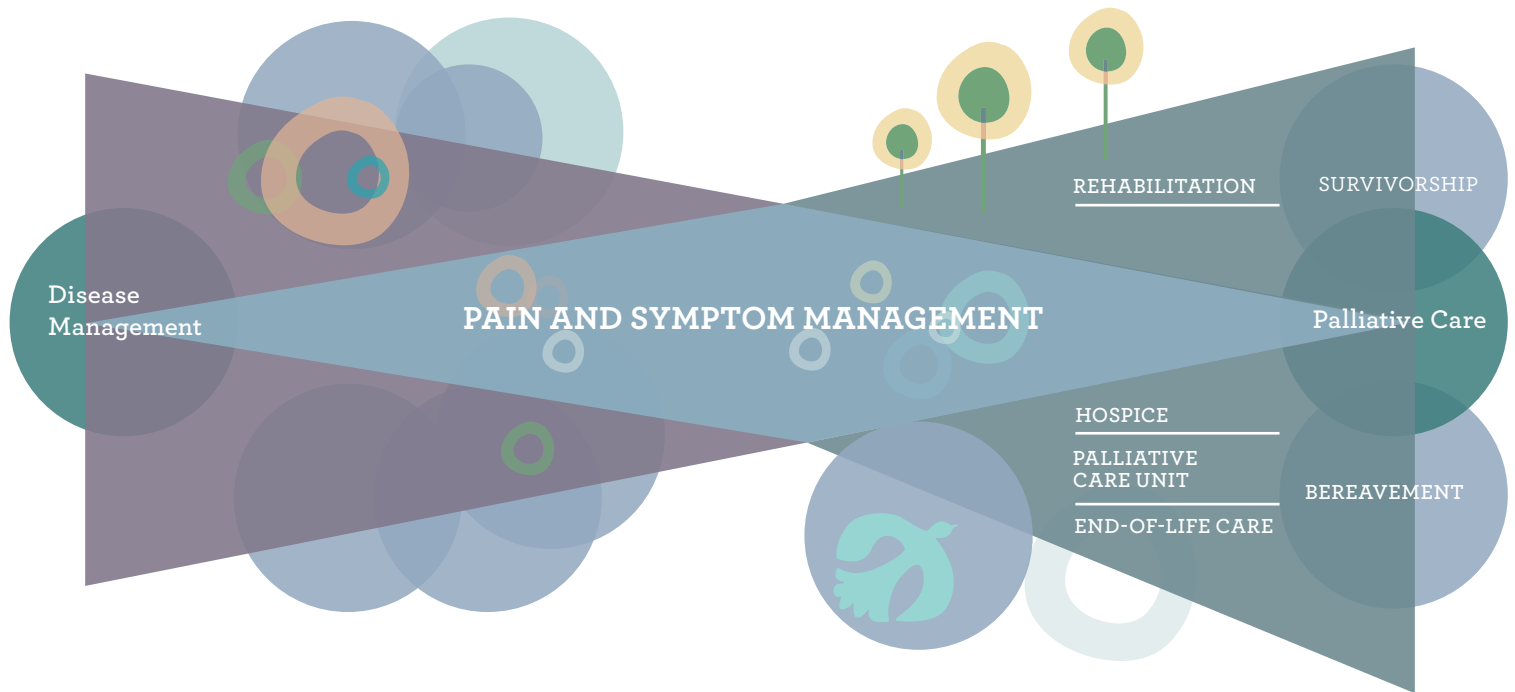
- Relieves pain and other distressing symptoms
- Affirms life and regards dying as a normal process
- Neither hastens nor prolongs death
- Integrates the psychological and spiritual aspects of patient care
- Offers a support system to help individuals live as actively and comfortably as possible until death
- Offers a support system to help the family cope during the patient's illness and throughout bereavement

<sup>1</sup> Muriel R. Gillick, "Rethinking the Central Dogma of Palliative Care", *Journal of Palliative Medicine* 8, no. 5 (October 2005): 909-913



## Continuum of Care

### The Bow Tie Model of 21<sup>st</sup> Century Palliative Care<sup>2</sup>



→ Although we have treatments for many progressive life-limiting illnesses, the illnesses cannot be cured. An integrated palliative approach to care recognizes that, faced with progressive diseases, people's goals of care will change over time, giving them the opportunity to discuss their values and wishes earlier and more frequently.

<sup>2</sup> Philippa H. Hawley, "The Bow Tie Model of 21st Century Palliative Care," *Journal of Pain and Symptom Management* 47, no. 1 (January 2014): 2-5.

### Please visit these sites to learn more:

The Way Forward and a palliative approach:  
[www.hpcintegration.ca](http://www.hpcintegration.ca)

Palliative care education and resources:  
[www.pallium.ca](http://www.pallium.ca)

Advance Care Planning:  
[www.advancecareplanning.ca](http://www.advancecareplanning.ca)  
(including workbooks and tools by province)

Hospice palliative care:  
[www.chpca.net](http://www.chpca.net)

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