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HOT TIP
September
2019

Northern Health Palliative Care

Providing Psychosocial Care

Advance Care Planning, Spirituality, Intimacy and Sexuality, Talking with Children

Facilitate Advance Care Planning	
	<ul style="list-style-type: none"> Prevents misunderstandings, and promotes the rights of competent people to choose to accept or refuse any medical therapy, even if it means they will die. Identify Substitute Decision Maker while a person is still competent, so when they are no longer able to make their own decisions, their SDM can step in and make medical decisions according to their wishes.
How?	Provide information, raise topics for discussion, respond to their concerns, and update the goals of care.

Quality of life may increase with spiritual care	
	<ul style="list-style-type: none"> It is reported that it may improve quality of life. People might choose less aggressive therapies near death, and might be more likely to accept hospice care.
How?	Reflect on your own spiritual care, individualize approach and language. Do not promote your own beliefs and practices, and do not feel responsible for answering the 'big questions.'

Desire and needs for intimacy change	
	<ul style="list-style-type: none"> Needs vary, loss of sexuality and intimacy can negatively affect a dying person's wellbeing.
How?	Acknowledge concerns and fears, offer privacy, refrain from judgements and assumptions, and consider if it would be appropriate to talk about them and their needs for closeness.

Strengthen the "social aspect"	
	<ul style="list-style-type: none"> Encourage support from neighbours, social groups, and explore community supports

Talk with Children about Death and Dying	
	<ul style="list-style-type: none"> Talk with children at age appropriate levels. This may help decrease their fears, allow them the opportunity to say goodbye, and teach them about death. They may wonder about "The Three C's". Children might wonder if they <u>C</u>aus<u>e</u>d it, if they can <u>C</u>atch it, and who will take <u>C</u>are of them after their loved one has died. Children grieve differently than adults, naturally regulating the time they spend grieving. They may experience/express physical symptoms, having difficulty verbalizing their emotions.

References:
Katherine Murray's: "Essentials in Hospice and Palliative Care: A Practical Resource for Every Nurse," Chapter 6, pp. 206-228.