

Northern Health Palliative Care

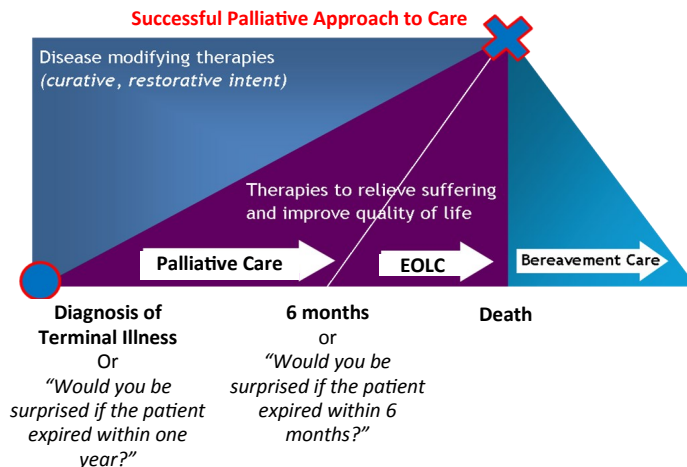
HOT TIP
March 2017

Roles of Care Aides / Personal Support Workers in Palliative Care

A Palliative Approach

Dying in most cases takes place over many weeks to months. Not many people die suddenly, and only about 20%, according to Kath Murray (2014), decline in a steady or predictable manner. The majority of people have a fluctuating unpredictable course (people with chronic organ failures) or a very slow decline (dementia or frailty). A palliative approach involves: "Integrating principles, practices and philosophies of palliative care into the care of people with any life-threatening disease, early in the disease process and across all care settings" (Murray, 2014). This means implementing aspects of Palliative Care right at the time someone is diagnosed with a life limiting-illness.

Palliative care involves regarding death/dying as a normal part of life, providing care that is patient centered, focusing on improving quality-of-life, providing comfort/support, and attending to people in a holistic way (Murray, 2014). It is not limited to providing care to people in the last days to weeks of life. A palliative approach may occur alongside disease modifying treatments.



More information and education on the NH Palliative Care Program can be found at www.northernhealth.ca; or OurNH > Clinical Programs and Services > Palliative Care or contact your local Palliative Care nurse Consultant.

Your Role as a Care-Aide/PSW

You as a personal support worker are often with clients more than any other member of the care team. You are able to observe and be present during a very difficult time for the dying person and their family.

Your 5 main roles are:

1. Holding the dying person and family at the centre of care. This means being present with a listening ear and offering empathetic responses as appropriate. It also includes being compassionate, genuine, and comfortable with saying nothing. Sometimes being silently present can be as powerful as speaking.
2. Gathering information through observing/communicating with the patient/family.
3. Considering the needs of the whole person. Have we considered non-physical needs?
4. Providing physical and psychosocial support by implementing the care plan and individualizing comfort measures.

Katherine Murray (2014) suggests asking this question of the patient/family:

"What do I need to know about you [or your loved one] to give you the best care possible?"

5. Communicating and advocating for the dying person and family. Discuss and document the needs or your observations of the patient and their family with/for other members of the health care team. This way the team can be aware of needs and support you in providing appropriate care to the dying person/their family.

(Murray, 2014)

Reference:
Murray, Katherine. *Integrating a Palliative Approach: Essentials for Personal Support Workers*. Victoria, BC. Life and Death Matters, 2014, pp. 25-47.