

Start palliative care meaningful!

A design-oriented study into the most appropriate innovation about the moment and method of education about palliative care in patients with metastatic cancer



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Introduction

The number of patients in the palliative phase is increasing due to an aging population and the development of new medical treatments. Patients are dealing with a life-threatening condition or vulnerability. The goal of palliative care is to maintain and improve quality of life where possible. This is achieved by early identification of physical, psychological, social and spiritual problems. Aimed at maintaining autonomy, access to information and options. In daily practice, palliative care is sometimes initiated late or not at all. A recent practice-oriented study shows that people associate palliative care with death, which means that they are not open to this care. Research shows that information about palliative care has a positive influence on patient knowledge and the integration of palliative care.

Objective

When and in what way should information about palliative care to patients with metastatic cancer take place in order to provide insight into the meaning and possibilities of palliative care?

1. What is the most appropriate time to provide information about palliative care for patients with metastatic cancer?
2. Which interventions are supportive in providing information about the meaning and possibilities of palliative care?
3. Which moment and which intervention is appropriate within the oncology center of Gelderse Vallei Hospital?

Methods

The research design is a mixed method of literature review (using Pubmed and Cinahl) and semi- structured interviews among patients, informal caregivers and care providers within primary and secondary care. In addition, a survey was distributed among all care providers of the oncology center of Gelderse Vallei Hospital.

Results

Literature and field study show that information about palliative care should be provided early in the treatment process. The timing is patient-oriented. Information can be given in writing, digitally and verbally. It is important that information is repeated, uniform and provided by a healthcare provider the patient has confidence in. This is often the specialist during the disease process. Palliative care is interdisciplinary care with joint responsibility.

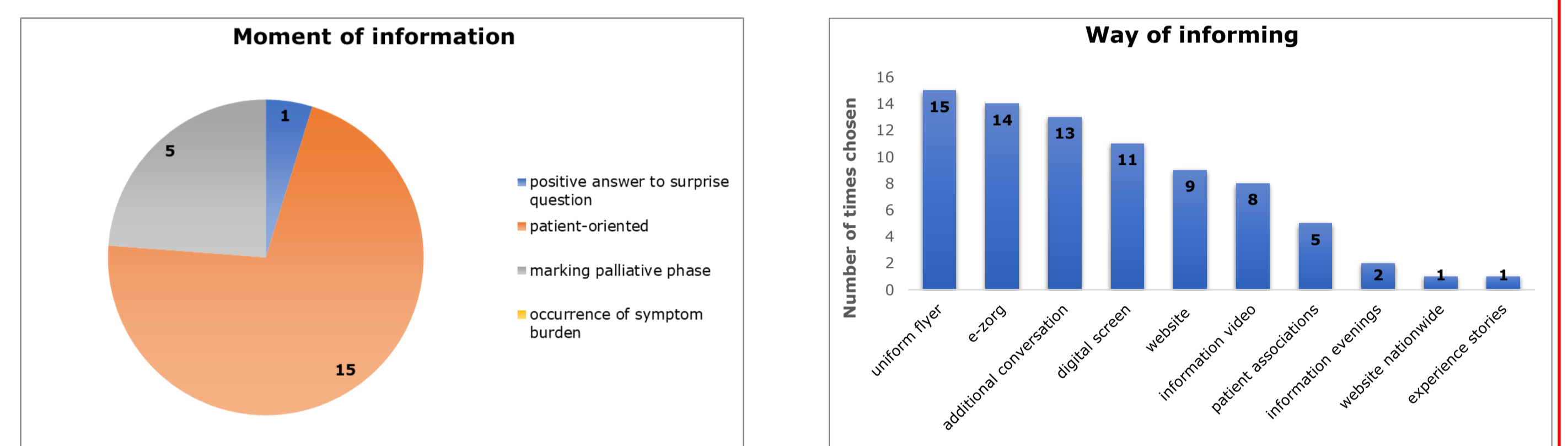


Figure 1: the results

Conclusion

Information should start at the outpatient clinic, during the treatment process. When to start informing depends on the patient. Information can be given verbally, in writing and digitally by means of a uniform regional folder, additional interview, use of digital screens in the waiting room, digital care pathways such as e-care, the ZGV website and an information video. In addition, the information must be uniform in the various places. By providing information at an early stage, the patient knows what the meaning and possibilities of palliative care are. It contributes to quality of life.

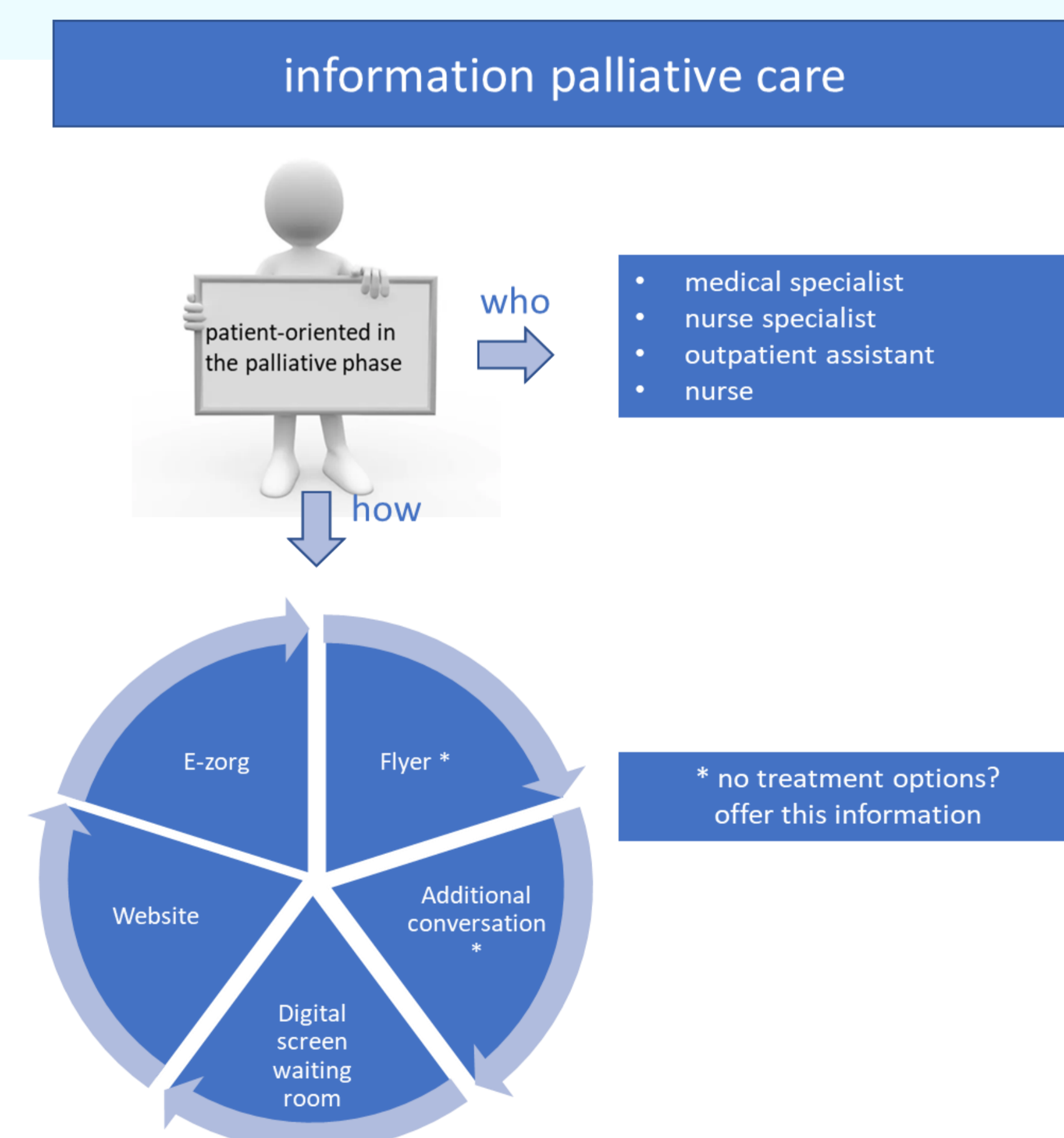


Figure 2: the innovation

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