

# HOSPICE CARE

Presented by

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# Overview

- History of Hospice/ Palliative Care
- Palliative care
- Is hospice care similar to palliative care
- To whom is palliative/ hospice care offered
- Hospice services in Singapore
- Care of a dying loved one at home

# History of Hospice/Palliative Care

Dame Cicely Saunders

- The concept of palliative care as a holistic, interdisciplinary approach to end-of-life care ...
- Began in Great Britain during the 1960s
- Dame Cicely Saunders

# Dame Cicely Saunders

- Was born into a well-to-do family on June 22, 1918, in Barnet, in north London
- She set out to study politics, philosophy and economics at Oxford, but with the war she turned to tending to the ill and wounded.
- The nurse: she graduated as a Red Cross war nurse from the Nightingale Training School in 1944 and worked in many hospital departments

# Dame Cicely Saunders

- The social worker:
  - returning to St Anne's college at Oxford, she studied to become a MSW
  - She trained at a cancer hospital and developed a rapport with patients.
  - Talking with them, she saw the need for better rounded care of those near the end
- The doctor:
  - She entered St Thomas's hospital medical school, became a doctor in 1957 at age 39 and...
- The researcher:
  - worked on handling pain as a researcher in pharmacology
  - Sought a way to avoid large dosages of medications like morphine by giving low dosages regularly, allowing the patient to stay alert.

# Dame Cicely Saunders

- 1959: presented her ideas for a holistic hospice in a paper titled "The Need" that drew contrasts with prevailing treatments of the terminally ill
- Dame Cicely , a Christian, included a chapel and provided for prayer time but made it clear that religion, even when proffered tactfully, was no substitute for clean, well-lighted rooms, a comfortable day room, a homelike setting and a caring staff.
- 1967: St Christopher's Hospice, finally opened in 1967 after she led a fund- raising campaign for it.

# Dame Cicely Saunders

- 1980: she married Marian Bohusz Szyszko, a Polish artist. He died in her care at St. Christopher's in 1995
- 2005: she died at age 87 at St. Christopher's Hospice

# History of Hospice/Palliative Care USA

- 1965: Florence Wald, then Dean of the Yale School of Nursing, invited Dame Cicely Saunders to become a visiting faculty member of the school for the spring term
- 1969: Elizabeth Kubler-Ross book 'On Death and Dying' started the end-of life movement
- 1974: 1<sup>st</sup> hospice set up in New Haven, Connecticut
- 1982: funding from Medicare for Hospice
- 2008: Accredited as a full subspecialty



# History of palliative care

- Australia:
  - 1890: Sacred Heart Hospice
  - 1990: National body Palliative Care Australia
  - 2000: Palliative Care accredited as subspecialty
- Asia
  - 1965: Calvary Hospice of Kangung
  - 1973: Yodogawa Christian Hospital
  - 2001: Asia Pacific Hospice Palliative Care Network

# History of Hospice/Palliative Care Singapore

- 1985: St. Joseph's Home
- 1995: Singapore Hospice Council
- 2001: founding members of Asia Pacific Hospice Palliative Care Network
- 2007: Accredited as a subspecialty
- Currently:
  - 4 Inpatient Hospices
  - 5 Home Hospice Services
  - 5 General Hospitals: Palliative Care Services

# Palliative Care

- WHO definition
  - approach that improves the quality of life of patients and their families...
  - Facing the problem of a life-threatening illness...
  - Through the prevention and relief of suffering by means of ..
  - Early identification and impeccable assessment and treatment of pain and other problems...
  - Physical, psychosocial, and spiritual

# Palliative Care

- Provides relief from pain and suffering
- Affirms life and regards dying as a normal process
- Intends neither to hasten or postpone death
- Integrates the psychological and spiritual aspects of patient care

# Palliative Care

- Offers a system of support to help patients live as actively as possible until death
- Offers a support system to help the family cope during the patients illness and in their bereavement

# Palliative Care

- Uses a team approach to address the needs of patients and their families including bereavement counseling if indicated
- Will enhance quality of life and may also positively influence the course of illness
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy, radiotherapy
- It includes investigations needed to better understand and manage distressing clinical complication

# Is Hospice Care similar to Palliative Care?

- Yes. Principles are the same
- Palliative Care is a more general term used as a philosophy and practice of care of patients and their families who have life-limiting illness
- Palliative care can be given at any time during the course of an illness and in conjunction with curative and aggressive treatment
- Hospice is the physical place whereby palliative care is offered often when patients are near the end of life

# To whom is Hospice/ palliative Care offered

- Provides care to patients with an incurable illness:
  - Advanced Cancer
  - Neurological Disease: Dementia/ Motor Neuron Disease
  - End-stage renal failure ( conservative mtg)
  - End-stage Respiratory, heart and liver failure



# Hospice Services in Singapore

- **Inpatient Hospice Care**
  - prognosis < 3 months
  - Provided by Assisi hospice, Dover Park hospice, St Joseph's Hospice, Bright Vision Hospital
  - Assisi and DPH have full time resident doctors, SJH supported by GP group
  - Doctors on call at night
  - Charges are according to family income, not by class status

# Hospice Services in Singapore

- **Home Hospice Care**

- For terminally ill patients who want to remain at home and have a caregiver.
- provided by HCA, Assisi, SCS, Methodist Hospice Fellowship, and Metta Hospice Care
- doctors and nurses visit patients regularly and as necessary
- HCA and Assisi provide 24 hr coverage inclusive of weekends and public holidays
- Free of charge. Also provide equipment loan

# Hospice Services in Singapore

- **Day Hospice Care**
  - for patients who are still stable and able to travel to the Day Care. Provide supportive care for patients and respite for family
  - Provided by HCA and Assisi Hospice
  - Transport provided
  - chargeable

# Care for a dying loved one at home

- Growing weakness and Fatigue
- Reduced food and water intake/ dry mouth
- Disorientation/ confusion/ restlessness
- Temperature changes
- Pain and discomfort
- Changes in breathing and respiratory congestion
- When death occurs

# Growing weakness and fatigue

- Safety
  - rearrange your home
  - Durable medical equipment, such as hospital bed, ripple mattress, walker, wheelchair, commode
  - Prevent falls and other accidents

# Growing weakness and Fatigue

- Skin Care
  - keep your loved one's skin clean and dry
  - Changing of position in bed
  - Check the skin often.
  - Care of pressure sores

# Reduced Food and Water Intake/ Dry Mouth

- Small bites of soft food/ refuse to eat > refuse to drink
- Hunger and thirst > rarely a problem at the end of life
- Oral care
- Artificial nutrition and hydration??

# Disorientation/ Confusion/ Restlessness

- Confused about T/P/P
- Can be due to chemical changes in the body/ brain being affected by the disease
- Agitated
- Do repetitive actions like pulling at their clothes/ bed linen/ throwing their hands up and down
- Keep calm, talk softly to him/her, reassurance
- Touch can be helpful. Play soft soothing music. Read to him/her
- Hospice team can help you



# Temperature Changes

- Body may be cold
  - hands, arms, feet and legs may feel cold due to blood circulation is less to the limbs and is being channeled to the vital organs
  - Color of limbs may also become bluish or purplish
  - Keep warm with a blanket

# Temperature Changes

- Fever
  - may be due to cancer or an infection
  - Discuss with hospice team
  - Measures to reduce fever- medication/  
others

# Pain and Discomfort

- Unable to verbalize about pain as level of consciousness diminishes
- Observation of body language and other clues become increasingly important
- Clues: furrowed brow, grimacing, moaning, guarding an area of pain, restlessness or agitation, confusion, increased HR/RR.

# Pain and discomfort

- Maintain a regular schedule of pain medication if already on
- Mode of administering medication changes as condition changes
- Skin patch, suppository, s/c injection via syringe driver

# Respiratory Congestion and Changes in Breathing

- Respiratory congestion
  - too weak to swallow saliva, leads to collection of it at the back of the throat and make breathing sound very noisy, like a gargling or ‘wet’ sound
  - Tongue falls back when lying in supine position
  - Can be relieved by turning him/ her to his/ her side to allow the saliva to drain out from the mouth
  - Rarely need medication to dry the secretion

# Respiratory Congestion and changes in Breathing

- Breathing pattern
  - may breath very slowly, or shallow breathing at times
  - may stop breathing up to 1 minutes
  - when close to death, may begin panting hard or gasping for breath with the mouth open

# Respiratory Congestion and changes in Breathing

- Maintain a calm atmosphere
- Medication if needed
- Other things that can help
  - open windows to improve ventilation
  - administering oxygen
  - directing a fan on low speed toward your loved ones face

# When Death Occurs

- **The signs of death are:**
  - no breathing, no heart beat, no response, eye closed or open but not blinking. Wait and observe for 10 minutes
- **Stay calm! Note the time!**
- **Do not call the ambulance or police**



# When Death Occurs

- **Things you need to do:**
  - Get a doctor to certify the deceased person's cause of death. The doctor will give you the Certificate of Cause of Death (CCOD)
  - Bring the CCOD to the police station/ nearest police post with the person's IC. The person goes to the police station must bring his/her IC.
  - The police will give you a Death Certificate and Permit for Burial/ Cremation
  - After that, you can make funeral arrangement

Thank You