



# What is Palliative Care?

We hope this short piece will help you to understand what palliative care is, when a specialist palliative service is needed and how this impacts on the decisions you need to make on the assisted dying legislation.

We work with many patients who are approaching the end of their lives and their families – and we should work with many more. There is an unmet need for our services.

Dying happens to us all. Many are fortunate to die peacefully and with dignity in older age, in the circumstances we would want, with those we love around us.

Some illnesses people die from cause severe pain, breathlessness or nausea. Many cause fear and anxiety and leave people struggling to cope alone.

The way someone dies is vital not just for them but those close to them. We only have one chance to get it right and death lives on in the memories of those left behind.

If the needs of patients and families are not addressed, they can become desperate and may lose their sense of value and enjoyment in life.

Severe or complex symptoms may not be manageable by GPs or others. These patients can be helped by a team of specialists who consider the best way to manage the person as a 'whole': this is a specialist palliative care team.

The aim for anyone providing care at the end of life is for that person to die in the way they want, in the place they want, with support for those close to them. Most importantly, it is also to enable them to live as well as they can before they die.

Sam is a 54 year old with a stage 4 stomach cancer. He has severe pain from spread of the cancer to his bones. His GP started painkillers, including morphine, but Sam was in agony every night. He couldn't bear that his wife, Hannah, and 10 year old son, Ben, were watching him suffer. He still wanted to have chemotherapy treatment, which could extend his life, but was unable to get to the clinic because of pain.

He was referred to the community palliative care team. When he first met them he said that he couldn't carry on like this and tearfully described how his life was not worth living in his current state. Over several weeks, they adjusted his pain medication and enabled him to feel well enough to receive chemotherapy. But, just as importantly, Sam and Hannah were given psychological, social and spiritual support from specialists within the team who helped them to work out how to include Ben and to get their lives back to a place that had value and meaning for them.

After several months of feeling well Sam became gradually more unwell, less mobile and more tired. The palliative care team arranged for carers to visit him every day. He wanted to die at home, and Hannah and her wider family felt able to manage with the help of their GP, district nurses, carers and palliative care specialist nursing team. Sam died comfortably at home. Hannah received support from the psychology team and Ben met with a children's bereavement counsellor to help him understand his feelings and emotions.