



Palliative + End of Life Care for pwMND

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Cwm Taf

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Palliative Care

Palliative care ... improves the quality of life of patients and their families facing the problem[s] associated with 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.

WHO

Palliative care (2)

Palliative care:

- provides relief from ... distressing symptoms;
- 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;
- offers a support system 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 own bereavement;
- uses a team approach ...
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life

WHO

Things to consider

- Physical: symptoms
reversible factors
- Psychological: information needs
- Social: activities of daily living
pleasure
finances
relatives / informal carers
- Spiritual: religion
other sources of comfort + meaning
- Future and advance care planning
- Practicalities of End of Life Care
withholding and withdrawing treatment
confirmation of death

Things to consider 2

- A palliative approach: life limiting illness
 any prognosis
- End of Life Care: prognosis weeks – months
- Terminal Care: prognosis days – hours
 'last days of life'
- Is this patient 'sick enough to die'?

Physical symptoms in MND

- Pain
- Continence, constipation, CoBH
- Poor appetite, weight loss
- Choking, aspiration, LRTI, drooling
- Headache, daytime somnolence
- Lethargy, fatigue, weakness
- Breathlessness
- Sensory disturbance
- Other

Physical symptoms

- Similar approach for all symptoms
 - listen to the patient
 - examine / investigate – why is this happening?
 - where possible treat underlying cause
 - remember non-pharmacological measures
 - as well as symptom control meds.

At the end of life: last days - hours

Address the 'Five Priorities of Care':

1. Recognise (and communicate) the possibility of imminent death -
 - Diagnose dying: deterioration, no reversible factors.
2. Sensitive communication with the dying person, and those important to them
3. Ensure that the dying person, and where appropriate, those important to the, are involved in decision making -
 - Plan for ceilings of intervention: CPR status, tissue donation.
 - Where does the dying person want to be?
4. Explore the needs of the 'family' and address these where possible

Palliative Adult Network Guidelines

Fourth Edition 2016

Max Watson Peter Armstrong
Ian Back Craig Gannon
Nigel Sykes



<https://book.pallcare.info/>



Thankyou.

Any Questions?