

Dementia and Specialist Palliative Care



Eastern Palliative Care

Jeanette Liebelt (Dementia Project Officer)

Kylie Draper (Manager Nursing & Medical Services)

Jack

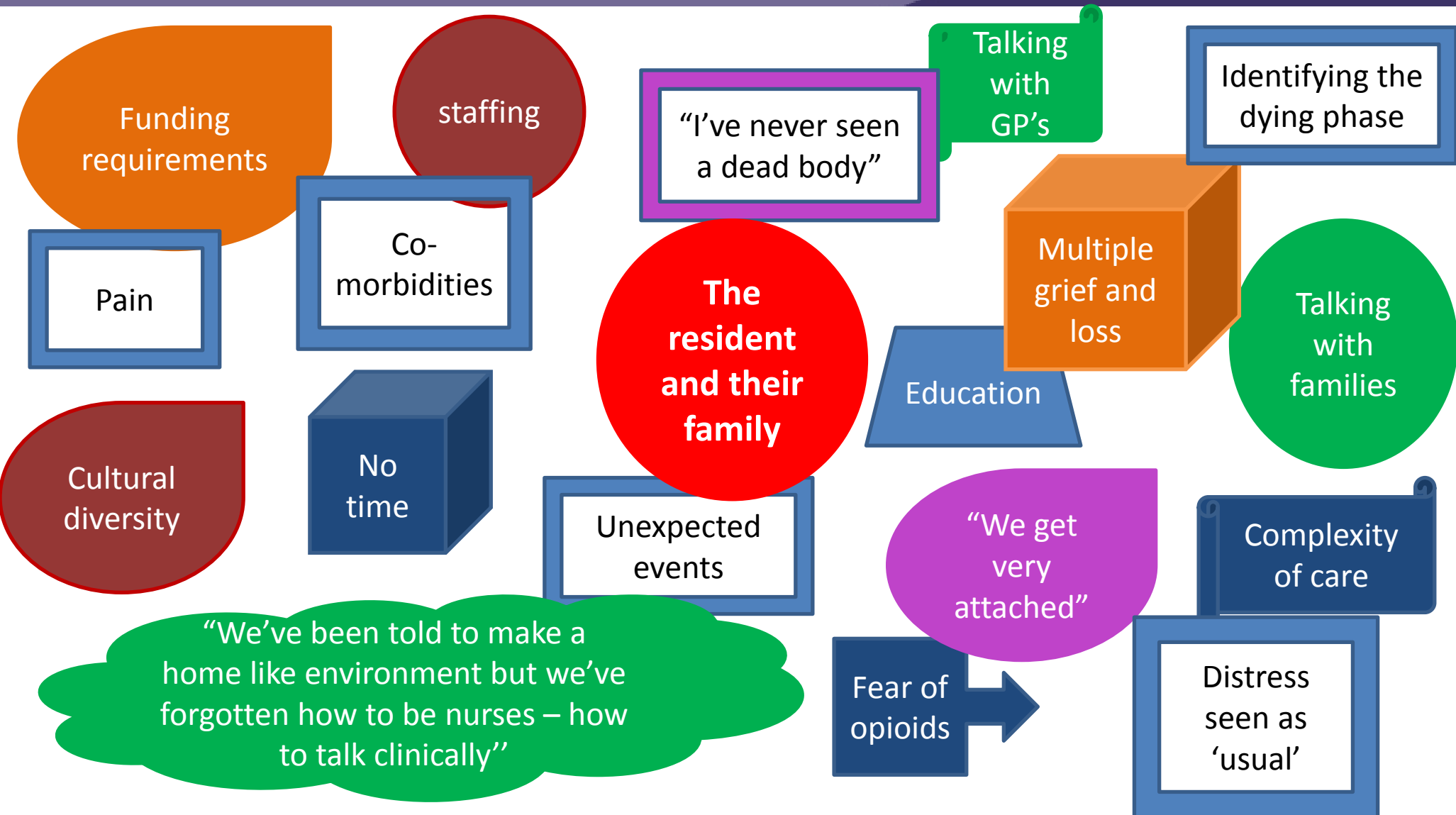


The project aimed to

Build capacity for aged care staff to:

- ❑ Recognise clients with dementia predicted to die within 12 months
- ❑ Help staff to recognise symptoms including pain, dyspnoea and swallowing difficulties which may impact on a person's quality of life.
- ❑ Build on prior learning using the concept of 'modeling'

Working in Aged Care is tough!



Carer burden and grief

- ❑ *'heavy bonds'*
- ❑ *'painful connections'*
- ❑ *'fear of speaking out'*
- ❑ *'being labeled as a difficult family'*
- ❑ *'I didn't want to tell the nurse Dad needed Morphine'*

‘Poor, or non-existent staff-family carer communication combined with a lack of knowledge or understanding about the end of life process in dementia, resulted in family carers constructing palliative care as being ‘sub-optimal’ and as ‘giving up’

(Hennings et al, 2010)

What does 'deteriorating' look like?

- ❑ 'Family members of people who have been living with dementia for years are often shocked, upset and confused when medical conversations begin to converge on end-of-life and dying'

(Rees, 2012)

- ❑ 'A focus on the small day to changes rather than the big picture'

(Hennings et al, 2010)

**Nursing
Times**

**The Deteriorating
Patient**



What now?

- ❑ Where is the intersect between supportive care, a palliative approach to care and specialist palliative care?
- ❑ Let's challenge our paradigms
- ❑ Be open to every opportunity for education, modelling, mentoring and supporting
- ❑ Let's work in partnership

So - what happened to Jack and Andrew?



RACF staff



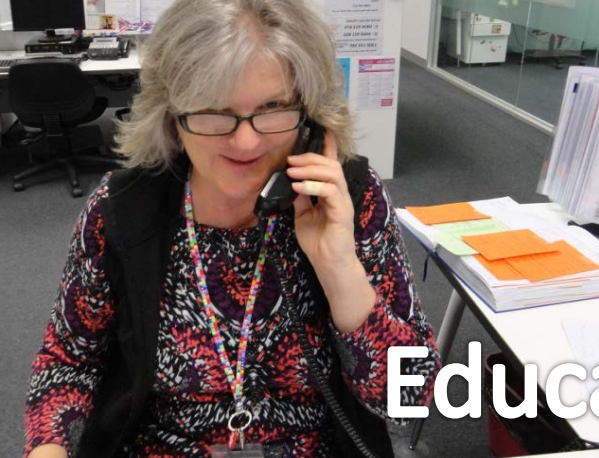
Nurses



Doctors



Spiritual Care



Educators



Allied Health Therapists



References

Hennings J, Froggatt K & Keady J 2010, 'Approaching the end of life and dying with dementia in care homes: the accounts of family carers', *Reviews in Clinical Gerontology*, No. 20, pp. 114-127

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Rees G, 'A New Approach to End of Life Dementia Care' 2012 (fightdementia.org.au)



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