Fundamental of palliative care

Dr. Salman Barasteh

Assistant professor of nursing, palliative care fellowship

مجری:

مدیریت پرستاری دانشگاه علوم پزشکی شیراز

با همکاری معاونت پرستاری وزارت بهداشت

مدرسین دوره

دکتر سلمان برسته

استادیار دانشگاه علوم پزشکی بقیه الله(عج)، فلوشیپ مراقبت تسکینی

(مبانی مراقبت تسکینی، مدیریت دلیریوم، مراقبت های انتهای زندگی)

دکتر اعظم فراهانی

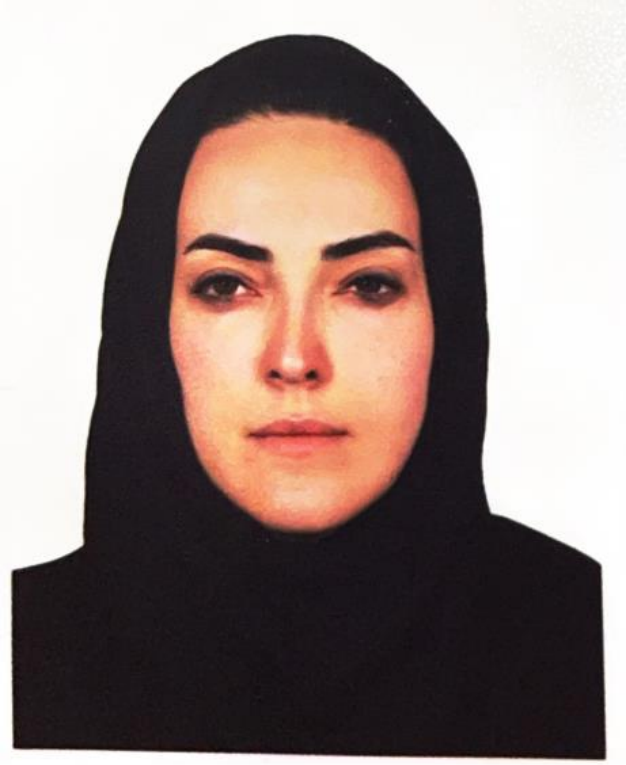
استادیار دانشگاه علوم پزشکی شهید بهشتی، فلوشیپ مراقبت تسکینی

(کارتیمی، ارتباط، تنگی نفس)

دکتر مریم کرمی

مرکز تحقیقات سرطان دانشگاه علوم پزشکی شهید بهشتی، فلوشیپ مراقبت تسکینی

مدیریت عوارض شیمی درمانی



دکتر لیلی خانعلی مجن

استادیار دانشگاه علوم پزشکی شهید بهشتی، مترون بیمارستان مفید، فلوشیپ مراقبت تسکینی

مدیریت علایم گوارشی

دکتر لادن صدیقی

استادیار دانشگاه علوم پزشکی شهید بهشتی

ارزیابی و مدیریت درد

Palliative Care Definition

PC as one of the dimensions of the UHC is an approach that improves the **quality of life of patients** and their **families** in the face of **life-threatening disease** problems by preventing and alleviating pain based on initial identification, assessment and treatment of pain and other **physical, mental, social and spiritual problems**.

World Health Organization

Documents of the World Health Organization

❑Palliative care is a ethical duty of countries for health care professionals to relieve physical, psycho-social, and spiritual pain and suffering, regardless of the curability of the disease and the patient's condition (World Health Assembly Resolution 2014).

❑ Integrating palliative care into community public health is essential to achieve Goal 3.8 of the Sustainable Development Goals.

❑Therefore, palliative care is not a choice but a necessity that all people who need these services at different levels of the health system of different countries have access to it.

Universal Health Coverage(UHC)(2012)

Universal Health Coverage (UHC), i.e. access to key health interventions that include promotion, prevention, treatment, rehabilitation and palliative care.

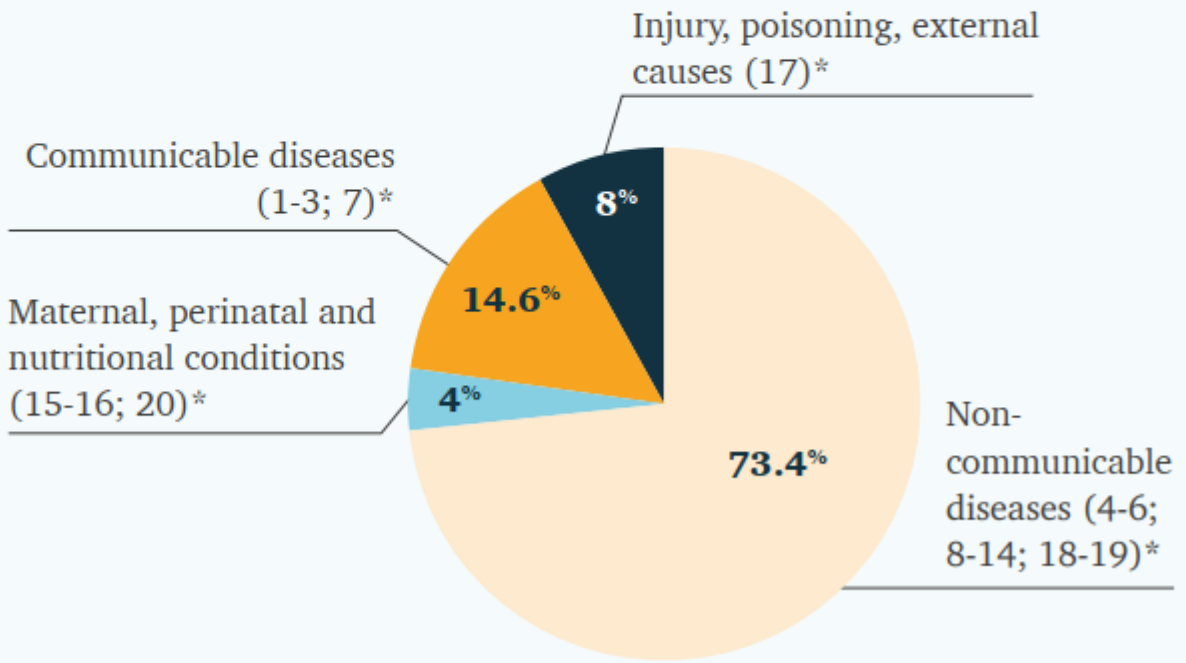
	Early 1900s	Current
Medicine's Focus	Comfort	Cure
Cause of Death	Communicable Diseases	Chronic Illnesses
Death rate	1720 per 100,000 (1900)	821 per 100,000 (2015)
Average Life Expectancy	50	78.8 US 76.87 Iran
Site of Death	Home	Hospitals
Caregiver	Family	Strangers/ Health Care Providers
Disease/Dying Trajectory	Relatively Short	Prolonged

Estimates of people in need of palliative care worldwide

Overall Mortality Worldwide

As a point of reference, in 2017[20] there were 55,945,730 deaths from 195 reporting countries worldwide. The great majority of those deaths, 73.4%, were due to non-communicable diseases. (Fig 1).

Figure 1
Distribution of major causes of death worldwide for all ages, males and females (2017)*



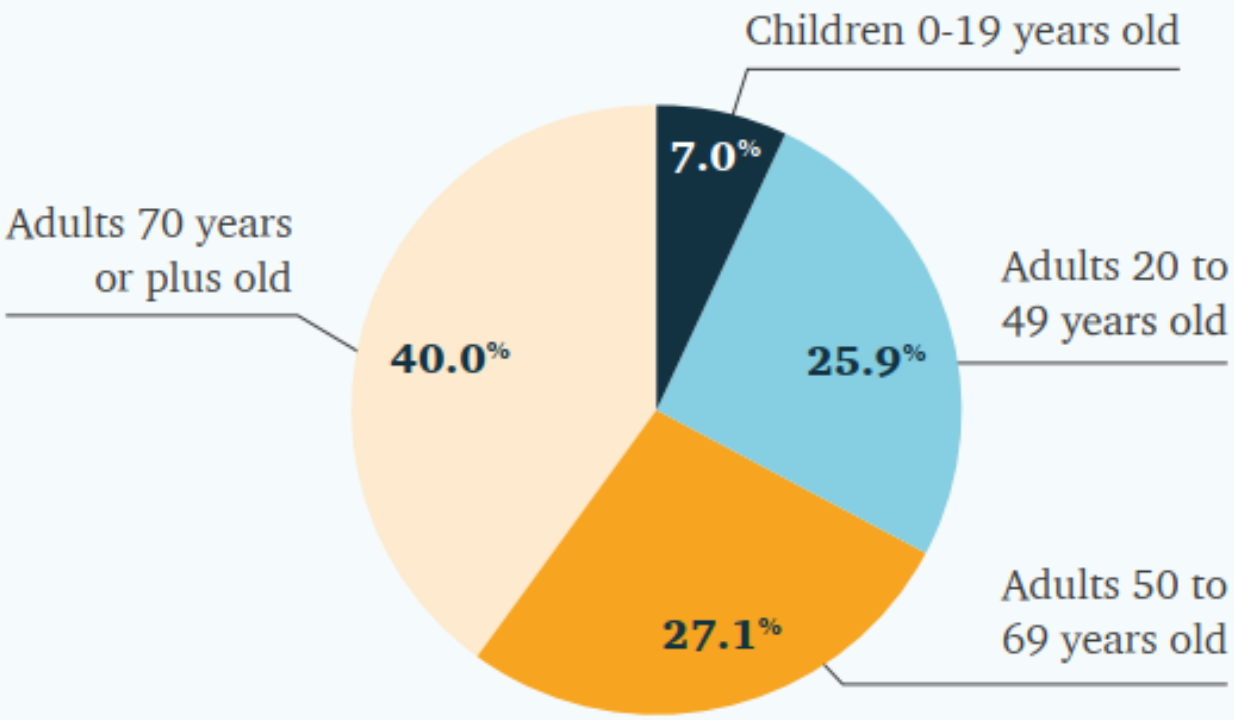
*Based on data for 354 diseases and injuries and 3484 sequelae

- In the 1st edition a conservative estimate of 40 million has now been more accurately estimated as over 56.8 million, including 25.7 million in the last year of life.

WHO website, 2022

Worldwide need for palliative care by age group (2017)

Figure 3
Worldwide need for palliative care by age group (2017)



N = 56,840,123 people

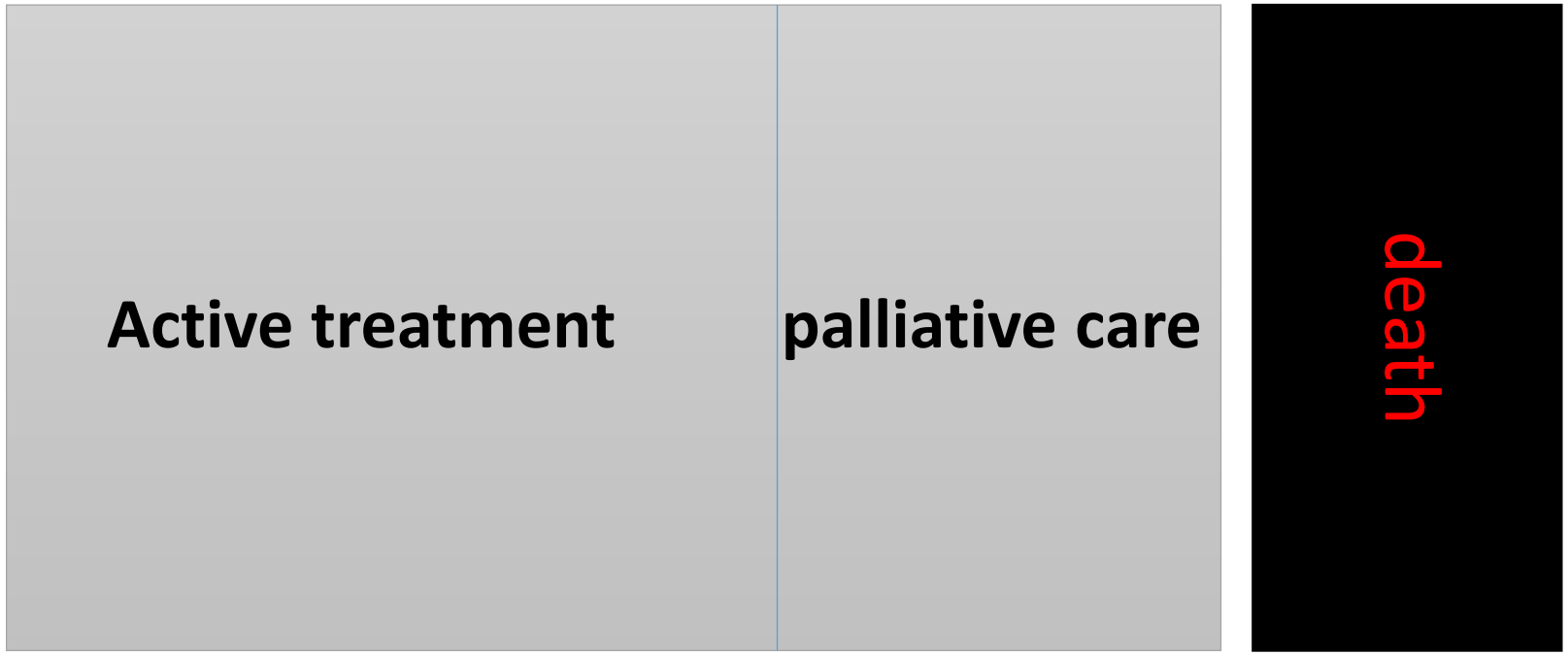
Futile care

Person-centered process

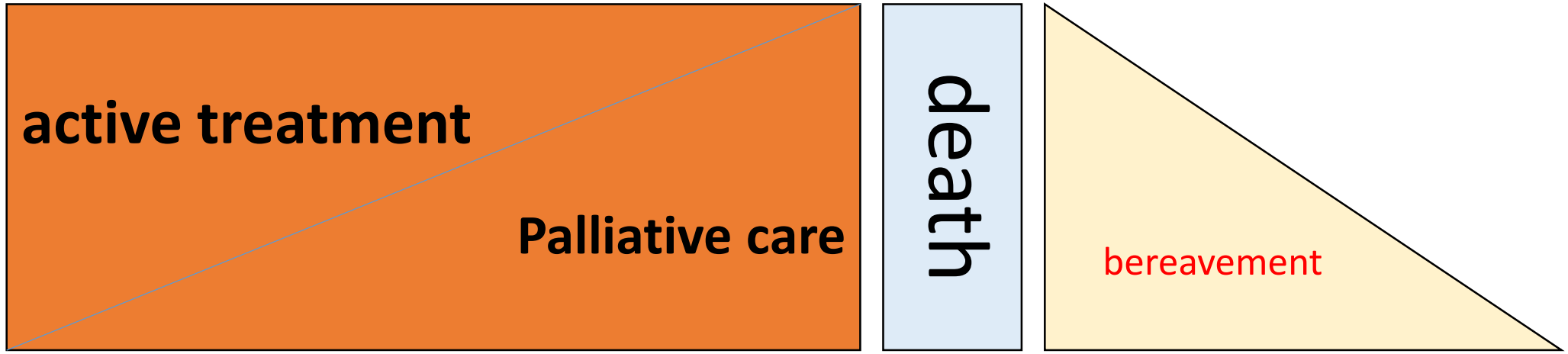
Preferences of patients

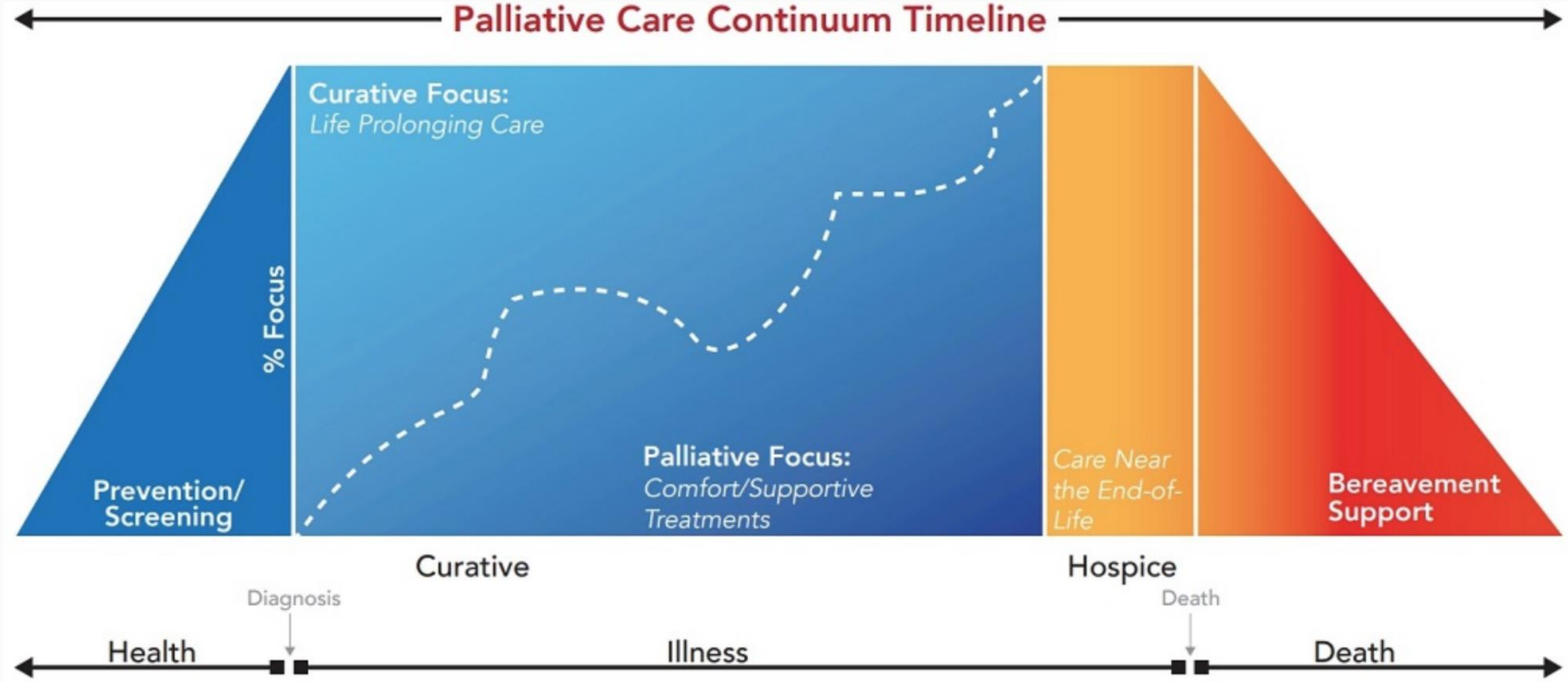
Advance care planning, advance directives

Traditional view to palliative care



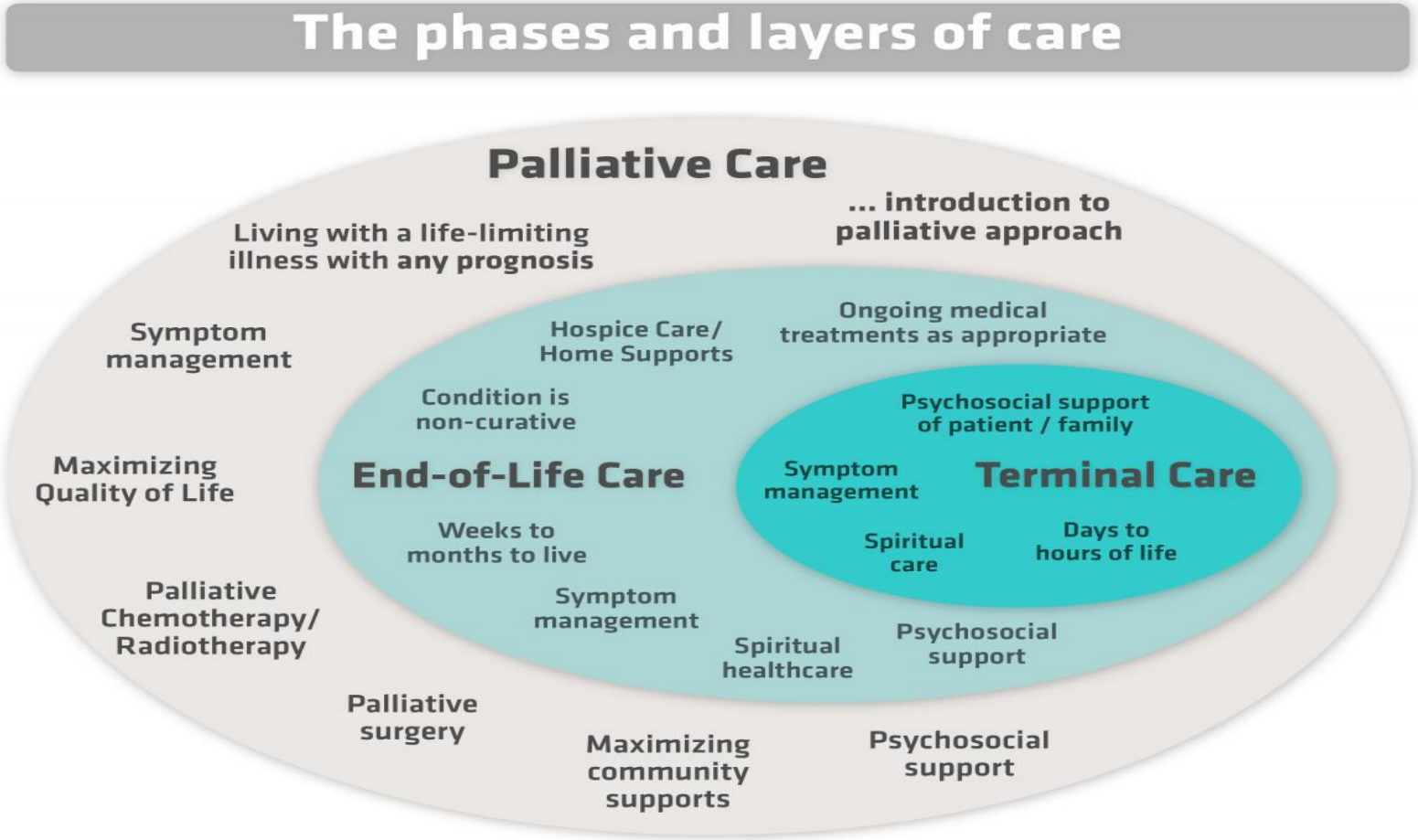
Modern view to palliative care



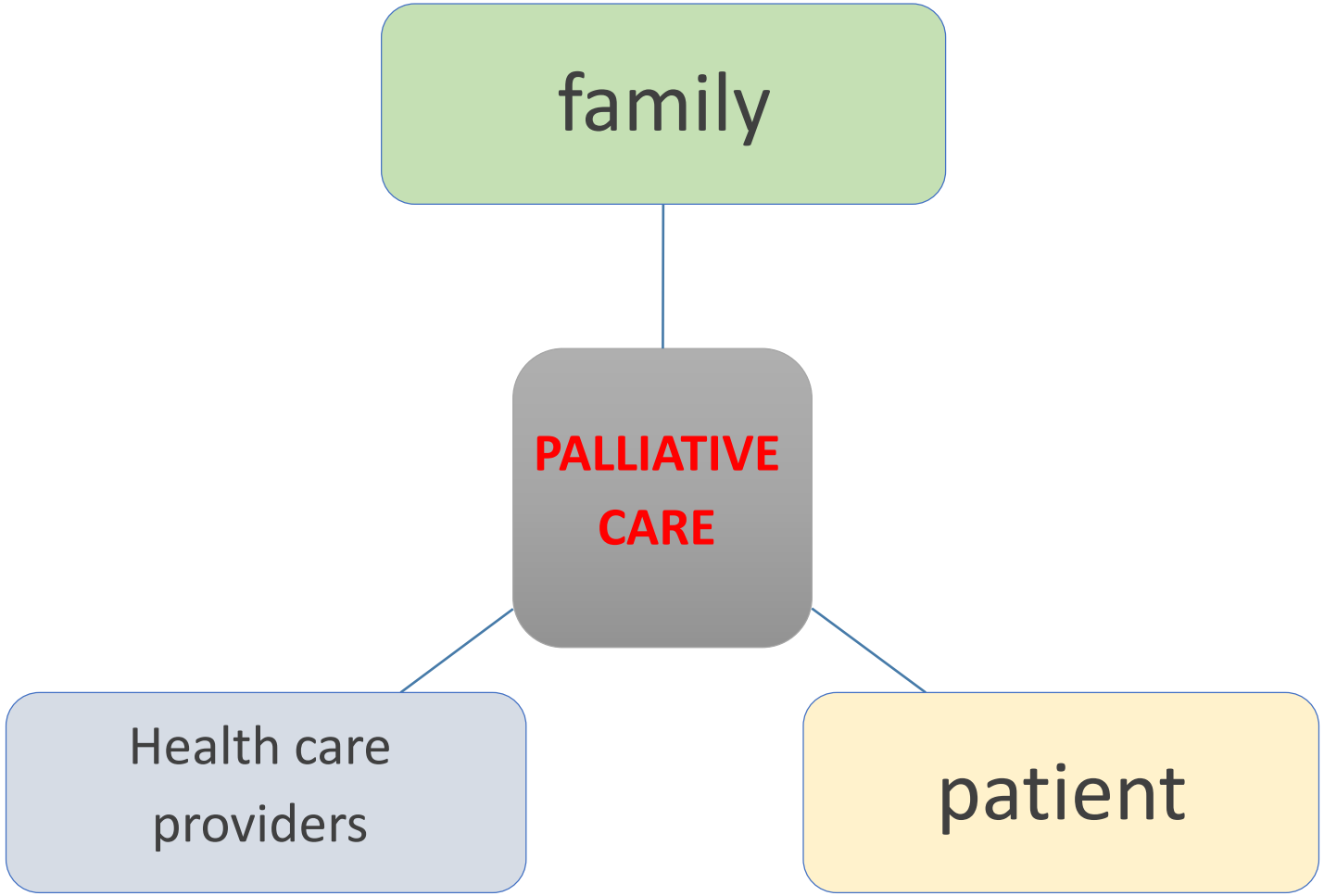


https://www.nancyjoyner.com/palliative-care/

Differences between palliative care/ end of life care and terminal care



Who benefits from palliative care?



Who will benefit from palliative care?

- Cancer
- COPD
- CHF
- Dementia
- Renal Failure
- Diabetes
- AIDS
- Multiple sclerosis

All illnesses

illness trajectories

Acute –typically cancer

Intermittent –typically organ failure

Gradual decline –typically frailty, dementia

All times

From diagnosis to death and after death

All settings

Primary care

-in clinics, at patients' homes, in care homes

–nursing and residential

In hospital wards and clinics

a palliative care approach

In hospices

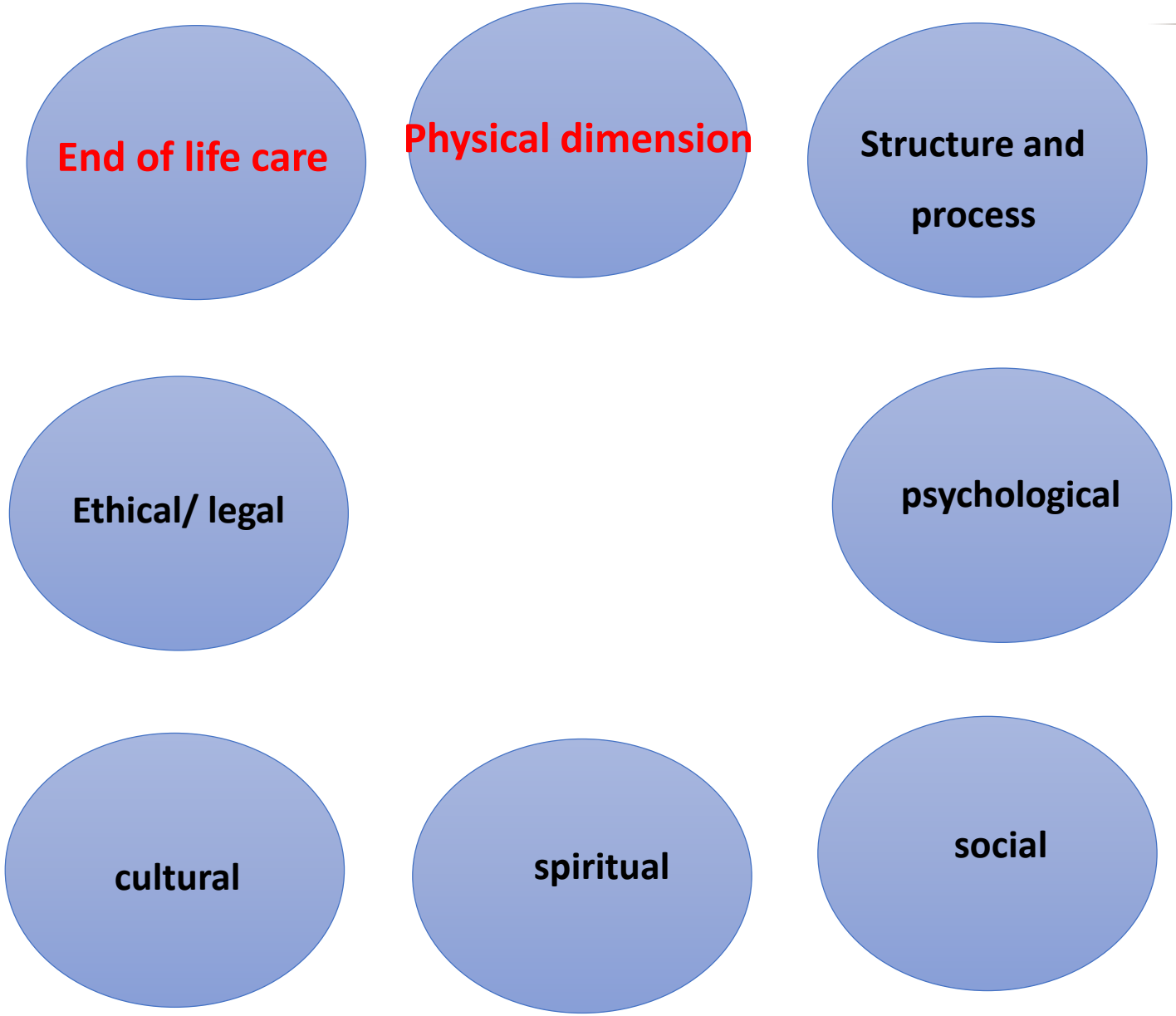
but remember all illnesses

Unscheduled/Out-of-Hours/Emergency Care

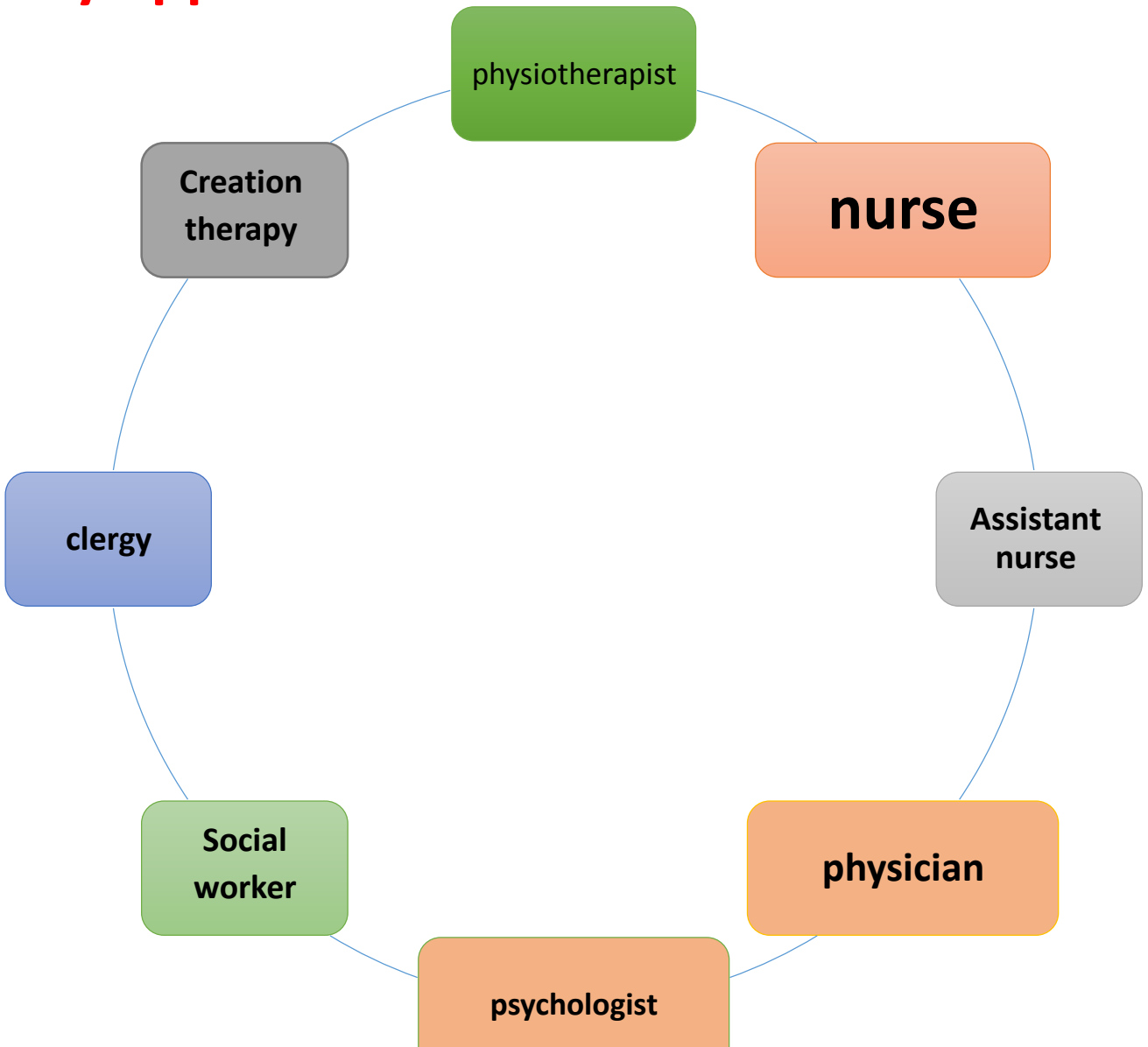
Palliative care setting

- ❑Home based palliative care
- ❑Community based palliative care
- ❑Hospital based palliative care
- ❑Palliative care for pediatrics
- ❑hospice
- ❑Integrated approach

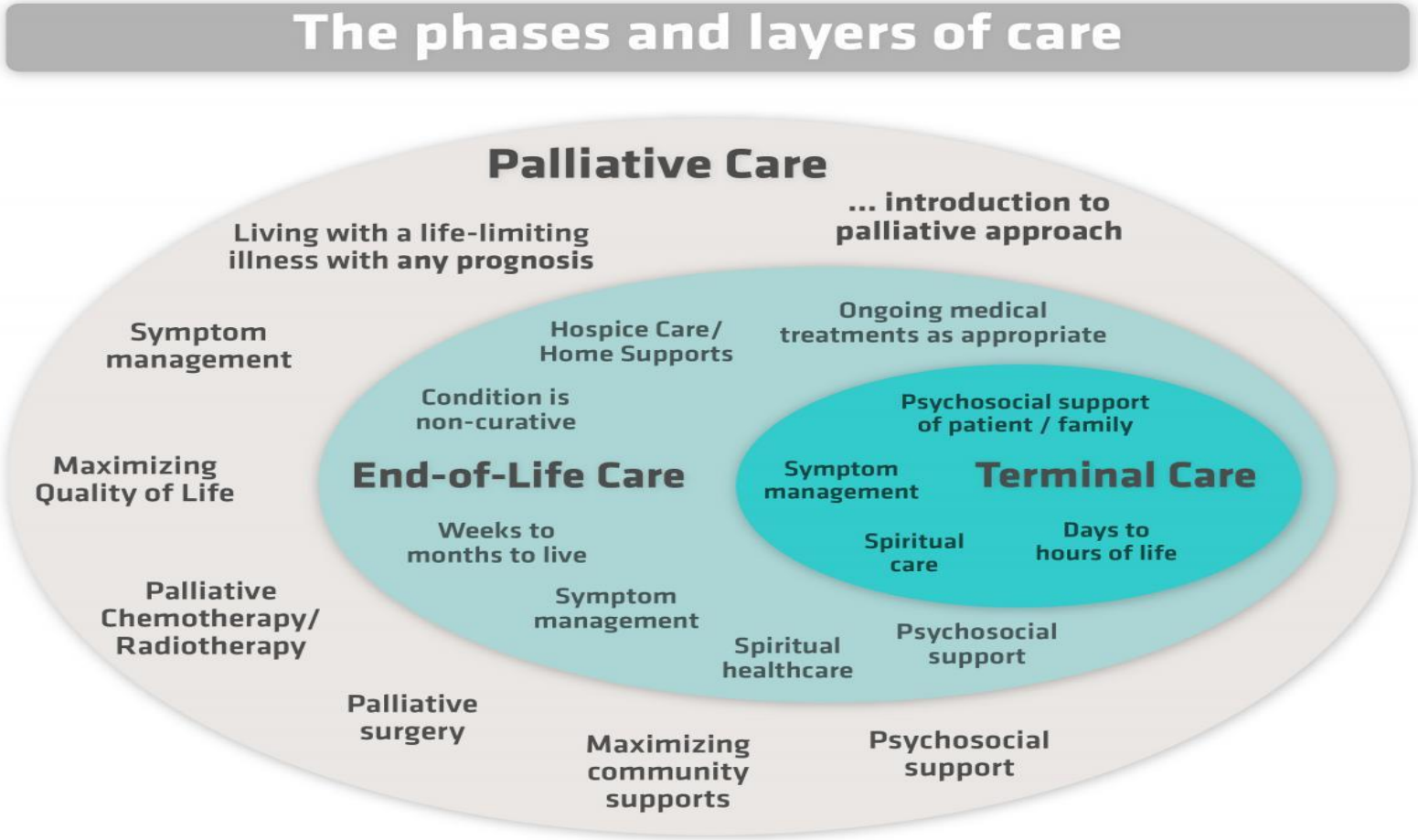
Palliative Care Dimensions



Multidisciplinary approach



تفاوت مفهومی مراقبت تسکینی مراقبت انتهایی و مراقبت انتهای زندگی



Palliative care in Iran

آموزش مراقبت تسکینی

- دوره در کشور ترکیه
- دوره در کشور عمان
- دوره فلوشیپ مراقبت تسکینی ۲۰۲۱(۷ نفر)، فلوشیپ ۲۰۲۲(۱۷ نفر از ۵۰ نفر)
- دوره هاب مدیریت درد
- دوره های انلاین مراقبت تسکینی
- ترجمه درسنامه مراقبت پرستاری تسکینی آکسفورد

جلد دوم

ترجمه‌درسنامه

مراقبت پرستاری تسکینی

آکسفورد

سرپرست مترجمان: دکتر سلمان برسته

دکتری تخصصی پرستاری - فلوشیپ مراقبت تسکینی

استادیار دانشگاه علوم پزشکی بقیه الله(عج)

۲

ترجمه درسنامه

مراقبت پرستاری تسکینی

آکسفورد

سرپرست مترجمان: دکتر سلمان برسته

Oxford Textbook of

Palliative Nursing

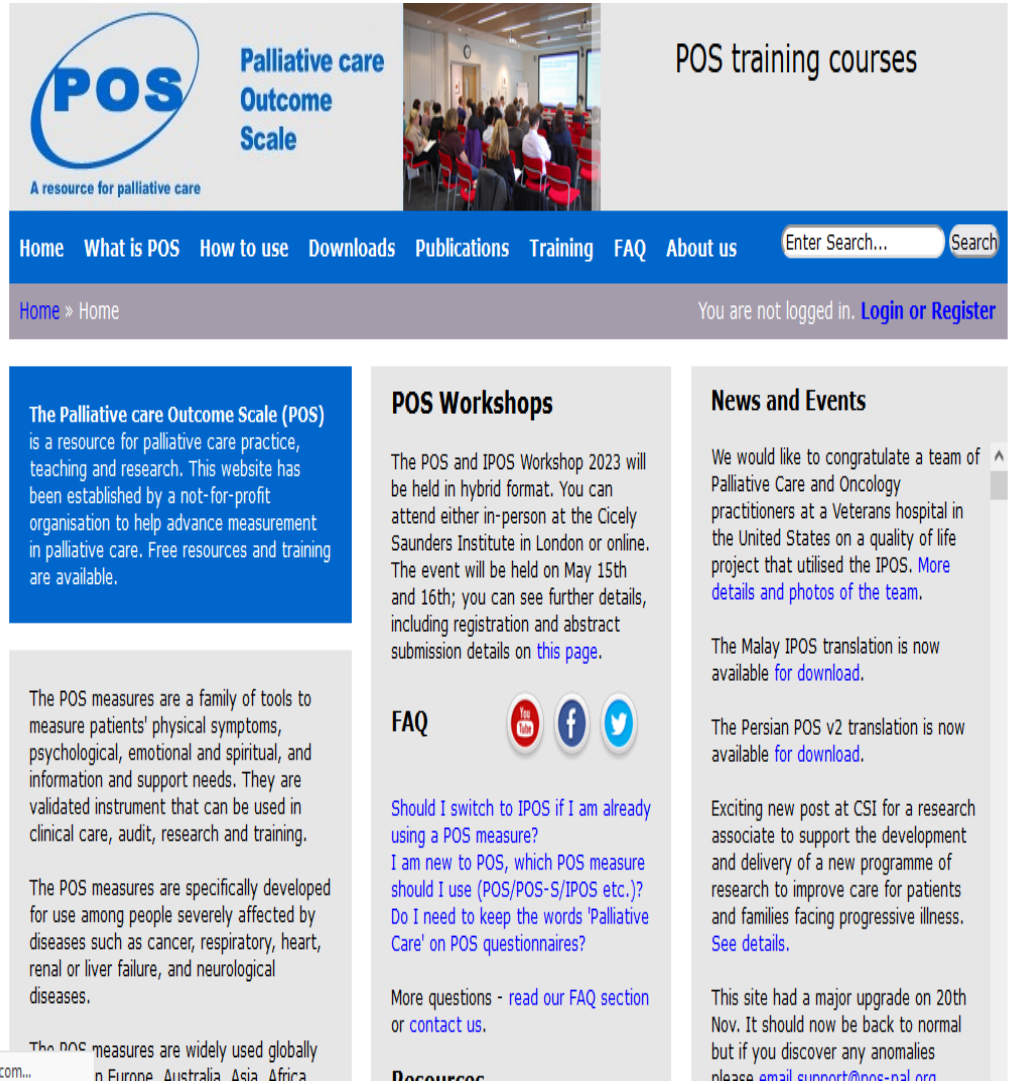
Islamic Republic of Iran
Deputy Nursing
Ministry of Health and Medical Education

ISBN:978-622-6058-73-5

پژوهش های در زمینه مراقبت تسکینی

- روانسنجی ابزارهای مراقبت تسکینی(کیفیت زندگی بیماران در مرحله انتهای زندگی، ابزا پیامدهای مراقبت تسکینی POS, IPOS(CANCER, RENAL, DEMANTIA, NEURO)، تمایل پرستاران، خودکارامدی، دانش و نگرش برنامه ریزی مراقبت پیشرفته، آمادگی برای برنامه ریزی مراقبت پیشرفته و ...)، مرگ خوب، کیفیت مرگ و مردن،MSAS، کیفیت زخم فشاری
- تبیین وضع موجود(سیاست ها، فرصت، چالش، موانع، تسهیل کننده ها و ....)
- مطالعات بنیادین: دانش، نگرش مراقبت تسکینی، مکان ترجیحی مرگ، مدل های ارایه مراقبت تسکینی(بیمارستان، منزل، هاسپیس و ....)

https://pos-pal.org/maix/



POS
Palliative care Outcome Scale
A resource for palliative care

POS training courses

Home | What is POS | How to use | Downloads | Publications | Training | FAQ | About us
Enter Search... Search

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The Palliative care Outcome Scale (POS) is a resource for palliative care practice, teaching and research. This website has been established by a not-for-profit organisation to help advance measurement in palliative care. Free resources and training are available.

The POS measures are a family of tools to measure patients' physical symptoms, psychological, emotional and spiritual, and information and support needs. They are validated instrument that can be used in clinical care, audit, research and training.

The POS measures are specifically developed for use among people severely affected by diseases such as cancer, respiratory, heart, renal or liver failure, and neurological diseases.

The POS measures are widely used globally n Europe, Australia, Asia, Africa

POS Workshops

The POS and IPOS Workshop 2023 will be held in hybrid format. You can attend either in-person at the Cicely Saunders Institute in London or online. The event will be held on May 15th and 16th; you can see further details, including registration and abstract submission details on this page.

FAQ

Should I switch to IPOS if I am already using a POS measure?
I am new to POS, which POS measure should I use (POS/POS-S/IPOS etc.)?
Do I need to keep the words 'Palliative Care' on POS questionnaires?

More questions - read our FAQ section or contact us.

News and Events

We would like to congratulate a team of Palliative Care and Oncology practitioners at a Veterans hospital in the United States on a quality of life project that utilised the IPOS. More details and photos of the team.

The Malay IPOS translation is now available for download.

The Persian POS v2 translation is now available for download.

Exciting new post at CSI for a research associate to support the development and delivery of a new programme of research to improve care for patients and families facing progressive illness. See details.

This site had a major upgrade on 20th Nov. It should now be back to normal but if you discover any anomalies please email support@pos-pal.org

connecting to platform.twitter.com...

IPOS Staff version, 1 week recall period in Myanmar — Login or Register

Persian IPOS

The Persian IPOS versions were translated and culturally adapted according to the standard procedure recommended by the POS team by Dr. Salman Barasteh and his team at Baqiyatallah University of Medical Sciences, Tehran, Iran. He can be contacted by email at s.barasteh@gmail.com. The Persian IPOS is currently undergoing psychometric validation. The IPOS is relatively new. If you do decide to use the Persian IPOS, please notify us of your use through the above address.

نسخه های فارسی IPOS بر اساس روش استاندارد توصیه شده تیم POS و توسط دکتر سلمان برسته و همکاران در دانشگاه علوم پزشکی بقیه الله (عج) با همکاری معاونت پرستاری وزارت بهداشت و مرکز تحقیقات سرطان دانشگاه علوم پزشکی شهید بهشتی، تهران، ایران ترجمه و سازگاری فرهنگی آن تایید شده است ارتباط با ایشان از طریق آدرس ایمیل s.barasteh@gmail.com امکان پذیر است. در حال حاضر نسخه های فارسی IPOS در مرحله روانسنجی بوده؛ لذا در صورت تمایل به بکارگیری، از طریق ایمیل فوق اطلاع رسانی فرمایید.

The POS family of measures are copyright and free to use. We ask you to register to download files or see links on this page. Once you have registered you will be able to download the materials and we can contact you with any updates or further information.

IPOS Patient version, 3 day recall period in Persian	Login or Register
IPOS Patient version, 1 week recall period in Persian	Login or Register
IPOS Staff version, 3 day recall period in Persian	Login or Register
IPOS Staff version, 1 week recall period in Persian	Login or Register
IPOS Caregivers version, 1 week recall period in Persian	Login or Register

مراکز پایلوت مراقبت تسکینی

دانشگاه علوم پزشکی شیراز، بیمارستان

دانشگاه علوم پزشکی اهواز

دانشگاه علوم پزشکی مشهد

دانشگاه علوم پزشکی گیلان

دانشگاه علوم پزشکی شهید بهشتی بیمارستان مفید

Challenges of palliative care in health system of Iran

The PC policy-making challenge	Weakness in the **stewardship** and centralized sovereignty of the health system
	Weakness in updating the health system in accordance with the changes in **diseases patterns**
	Weakness in the coordination of **decision-making bodies**
	Intensification and emergence of **new international sanctions**
The PC program implementation challenge	Failure to manage **infrastructure**
	Failure to implement PC **in the form of new set ups**
	Weaknesses in providing **comprehensive health care**
	Weaknesses in integrating PC into **primary health care**
The comprehensive PC education challenge	Weaknesses in **integrating** PC education into **health science education**
	Weaknesses in providing **educational resources**
	Weaknesses in **awareness (public, stakeholders and policy-makers)**
The drug availability challenge	Inadequacy / inefficiency of **drug use regulations** in the centers providing PC
	Inappropriate use and prescription by drug providers

SYMPTOM MANAGEMENT(Physical, Psychological, Social, Spiritual)

GOALS OF CARE

Physical Aspects of Palliative Care

Pain	Poor appetite
Shortness of breath	Constipation
Weakness or lack of energy	Sore or dry mouth
Nausea	Drowsiness
Vomiting	Poor mobility

Assessing End-of-life Expectations And Preferences

❖Once a patient has begun **the transition to the actively dying phase**, we bring the **patient** (as able to participate) and **family** together to **discuss their expectations and preferences for end-of-life care**. In many cases, such discussions have already taken place earlier in the illness process; however, **we maintain continued communication and dialogue** in the dying phase in order to be flexible and responsive to evolving expectations and preferences.

❖**Our overall goals** are to **clarify a comfort-focused** plan as appropriate, including a **plan to maintain physical comfort** and **to address emotional**, **spiritual**, and **social needs** of the **patient and family**.

symptom prevalence in advance care

Symptom	Number of patients	Percentage with symptom
Pain	10,379	35 to 96
Depression	4378	3 to 77
Anxiety	3274	13 to 79
Confusion	9154	6 to 93
Fatigue	2888	32 to 90
Breathlessness	10,029	10 to 70
Insomnia	5606	9 to 69
Nausea	9140	6 to 68
Constipation	7602	23 to 65
Diarrhea	3392	3 to 29
Anorexia	9113	30 to 92