

# Occupational Therapy vs Palliative Care? You can Occupational Therapists Intervene in Palliative Care?



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## Mini Review

The Occupational Therapy integrates its intervention in multidisciplinary and interdisciplinary work within the palliative care teams. Thus, as in any other area of clinical performance, the occupational therapist will prevent and treat problems of a physical, sensory, psychological, social and mental, through the use of different theoretical references and therapeutic resources, in order to promote greater independence and customer possible autonomy in the development of their activities of daily living, work and leisure. Therefore, to succeed in achieving this ultimate goal, it is necessary to carry out assessments that allow us to know the general state of occupational health of the user and fundamentally, what your wishes and those of his family, making the process of "care" more meaningful and close to the observed reality. Very generally, they are referenced some practices developed by the various professionals in the field of palliative care [1]:

- i. Comfort, dignity, quality of life;
- ii. Maintenance and / or domain ransom on his life and therefore subject to a more active and participatory and the reduction and / or elimination of social exclusion processes.

Considering these aspects, occupational therapists develop interventions that achieve the aspects mentioned above, providing guidelines for [2]:

- i. customer can organize more appropriately your daily life;
- ii. Promote the realization of therapeutic exercises and activities to maintain the skills of daily living and, if possible, prevent deterioration thereof;

- iii. Train these daily activities of daily living;
- iv. Assisted prescribing and orthoses technologies;
- v. Advise, teach and train positioning, strategies and use of products to support the person, family and informal caregivers;
- vi. Use non-drug techniques to control symptoms;
- vii. Use resources to better cope with the symptoms of palliative disease;
- viii. Hold, where necessary, adjustments to the framework to facilitate the occupational performance of the significant activities;
- ix. Teach and train energy conservation techniques to ensure continuity or restoration of occupational involvement of the person;
- x. Improve the structuring of free time and promote participation in group activities that allow exploration, sharing and analysis of the emotional aspects and interpersonal relationships;
- xi. Facilitate the process of farewell and help prepare for death;
- xii. Support families and caregivers in mourning.

The scientific production of occupational therapists in the area of palliative care has been growing in recent years, focusing mainly on three major areas [3]:

- i. Management / management of symptoms;

- ii. Service organization and methods of occupational therapy service;
- iii. occupational therapeutic resources in attention in Palliative Care.

The occupational therapist in contact with the customer, provides a moment of active and host listening, in order to identify the main demands that are interfering significantly in the lifestyle of these people, in the performance of their occupational roles and the implementation of its activities of daily living. In any therapeutic process, it is necessary to understand the disease, the clinical condition, which procedures already carried out and the prognosis in addition to the relations between the family and the meanings given for patients and families all this context life, characterized by large changes the physical, emotional, psychological and social level.

Just as the rehabilitation philosophy may seem incompatible with palliative care, Occupational Therapy interventions, as a discipline associated with rehabilitation, may be considered by many as not being necessary or even inappropriate. However, preserving everyday functionality turns out to be a beneficial intervention in this specific area of intervention. There are scientific studies that report that the loss of functionality generates vulnerability, and there is always an overload in the

care that is provided by the family. In this way, maintaining the greatest degree of autonomy in carrying out these activities of daily living and restructuring occupancy patterns, as well as the use of energy conservation techniques and modification of the environment are interventions that, as we have previously mentioned, are often carried out by occupational therapists. The philosophical principles of our intervention focus on allowing our clients to be involved in activities that have meaning for them and that pursue a purpose or purpose. The objective of the discipline in Palliative Medicine is to reduce the impact of the disease on the daily functioning of the patient, maximizing, in each of its phases of evolution, the abilities and skills of the person, to be able to meet their priorities. In this way, we affirm that Occupational Therapy is a valid and necessary discipline to integrate in these professional teams.

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