

Occupational Therapy in Palliative Care



Mahmut Yaran*¹ and Halil Ibrahim Ergen²

¹Ondokuz Mayıs University, Samsun, Turkey

²Sanko University, Turkey

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***Corresponding author:** Mahmut Yaran, Terapi ve Rehabilitasyon, Ondokuz Mayıs University, Samsun, Turkey

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Mini Review

While death is a normal part of life, it is usually treated as a disease. In palliative care, life and death are seen as normal processes. Death is neither delayed nor accelerated, and the goal is to facilitate the transition from life to death. Palliative care is interested in “the quality of life” rather than “life”. Palliative care is an approach that focuses on increasing the quality of life of the patients and their relatives, who face a life-threatening illness, and aims at early detection and treatment of physical, psychosocial and spiritual problems, especially pain [1]. According to QELCCC (Quality End of Life Care Coalition of Canada), “Palliative approach reinforces the person’s autonomy and right to be actively involved in his or her own care – and strives to give individuals and families a greater sense of control” [2]. As a summary, the purpose of palliative care; is a comprehensive assessment and treatment of the physical, psychosocial and spiritual symptoms of patients.

A typical palliative care team; chest diseases specialist, psychiatrist, palliative care nurse, respiratory therapist, pharmacist, dietician, social worker, occupational therapist, lawyer, religious officer, assistant personnel and volunteer people. In order to provide effective care, each of these team members should be members who have adopted a team approach and expert in their fields. Palliative care professionals, together with the healthcare team, help the patient and his family to determine appropriate medical care and psychosocial support to regulate patient care goals. Occupational therapy is a health profession that allows individuals to use their abilities in the best way by preventing occupational participation limitations in their daily living activities, regardless of disease or disease progression. The focus of occupational therapy is to empower clients who have activity limitations and participation problems [3]. Occupational therapy aims to improve, strengthen and enhance the performance of the person in specified activities and tasks in order to improve and

maintain health, and to correct and reduce the pathology; it is a science and art that enables participation in the learning of the skills and functions necessary for adaptation and productivity. Therefore, occupational therapists should be an essential part of an palliative care team and have a role to play throughout the cancer travel, from diagnosis to death.

Palliative care occupational therapists can offer client-centred solutions to their clients so that they can survive and maintain their daily activities as long as possible. Patient and family-centred care should be performed, treatment should be planned according to culture, belief, race, language, religion, ethnic differences, expectations, age and education levels, continuity of care and fair access should be provided. For this, the occupational therapist listens to the clients’ story, tries to understand the meaningful and important activities on a physical, social, emotional and spiritual level. After observing what the client can do an intervention plan begins with what the client wants to continue to do and what he wants to achieve before he dies. Occupational therapists, in order to achieve maximum independence and quality of life in accordance with the results obtained with structured or semi-structured evaluation methods, they prepare occupational therapy programs to increase their strength and mobility by adapting and/or adapting their skills with the problem-solving method [4]. These interventions even if life expectancy is short. These can be provided in a hospital setting, a specialized hospice facility, an individual’s home, or an outpatient setting [5].

Occupational therapy intervention programs in palliative care need to be evidence-based and contribute to the knowledge base through research and education [6]. Occupational therapy intervention programs include many domains and intervention strategies shown as Table 1. Occupational therapy services in palliative care integrate the physical, cognitive, emotional

and spiritual aspects of individuals' experiences. So, they can participate in life roles, regardless of the stage of the process [5]. As a result, occupational therapy aims to increase the ability

of social participation by minimizing the limitation of activity by increasing independence and mobility in activities and consequently improving the quality of life of the disease [4].

Table 1: Occupational Therapy Intervention Programs.

Main Domain	Occupational Therapy Intervention Strategies
Activity	Analysis of activity, activity training, therapeutic use of activity, activity adaptation methods
Stress	Developing behavioural coping strategies training, stress management and relaxation training
Symptom Control	Within preventive occupational therapy and new lifestyle determination studies, coping with fatigue and coping training of fatigue
Activities of Daily Living	Modification or adaptation of daily living activities using energy conservation methods.
Physical Condition and mobility	Home or living space modification and maintenance training, adaptive device use, reduction of lymphoedema affecting normal joint opening, splinting, wheelchair and in-bed positioning, support provider and comfort enhancing training.
Vocational	Vocational trainings and workplace/work modifications or a new occupation

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