



Psychosocial Aspects of Elderly and Palliative Care

For MO



GUIDING PRINCIPLES OF CARE

- Active and total care of patients, to prevent and treat serious health-related suffering
- Goal: The best quality of life for patients and family
- It affirms life and regards death as a normal process; it intends neither to hasten nor postpones death
- It anticipates psychological, social and spiritual aspects
- It should help patients to live as actively as possible until death
- It should help family to cope with caring and bereavement





EXPLORE

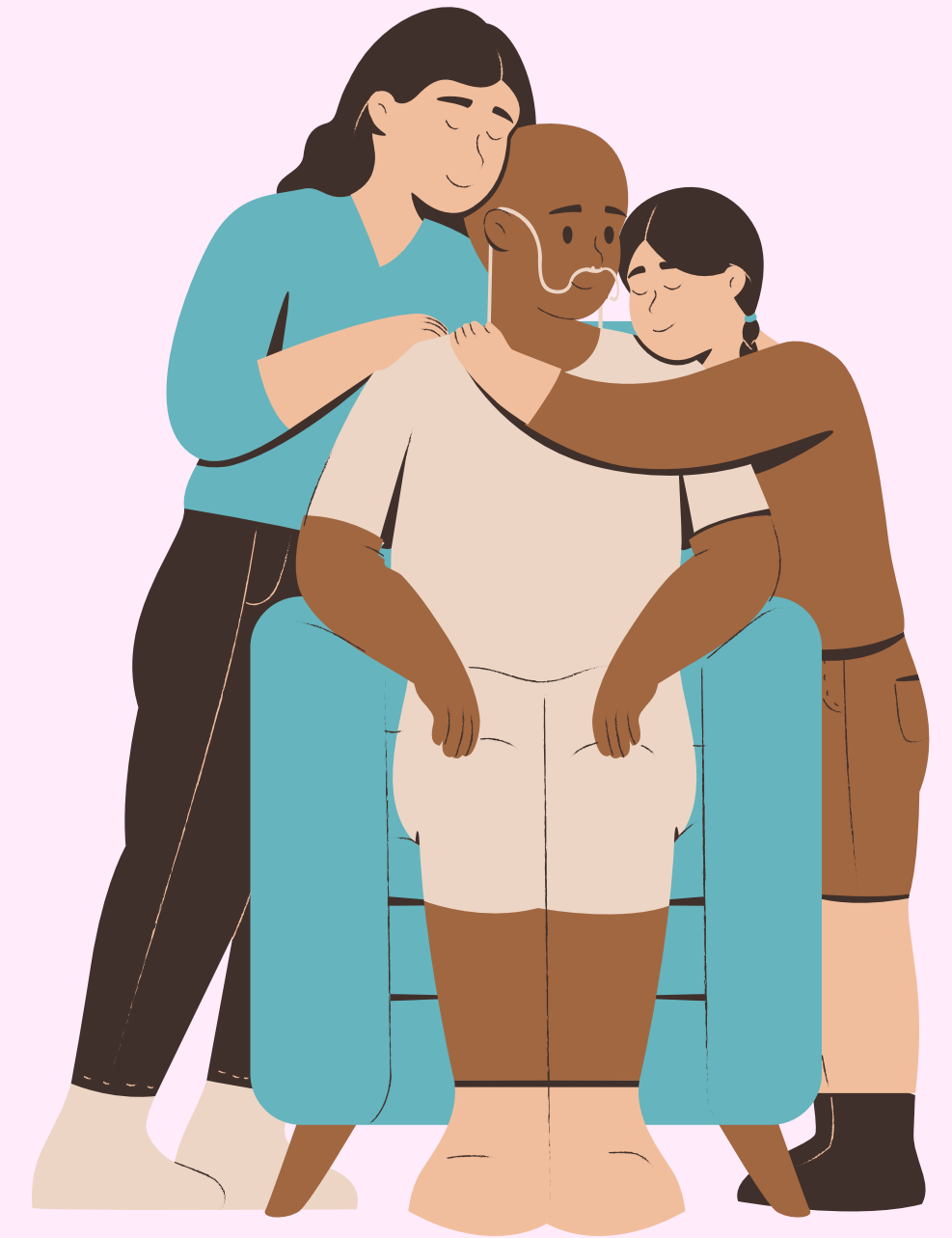
- What is most important in the patient's agenda? the family's agenda?
- What if there is a conflict?
- Whose life is it anyway?





WHAT IF THERE IS A CONFLICT?

- True; the patient's agenda is more important
- But you need the family's cooperation
- Remember - the caregiver usually wants to do the best
- Acknowledge the caregiver's love; assure that you want to do the best
- Try to arrive at consensus

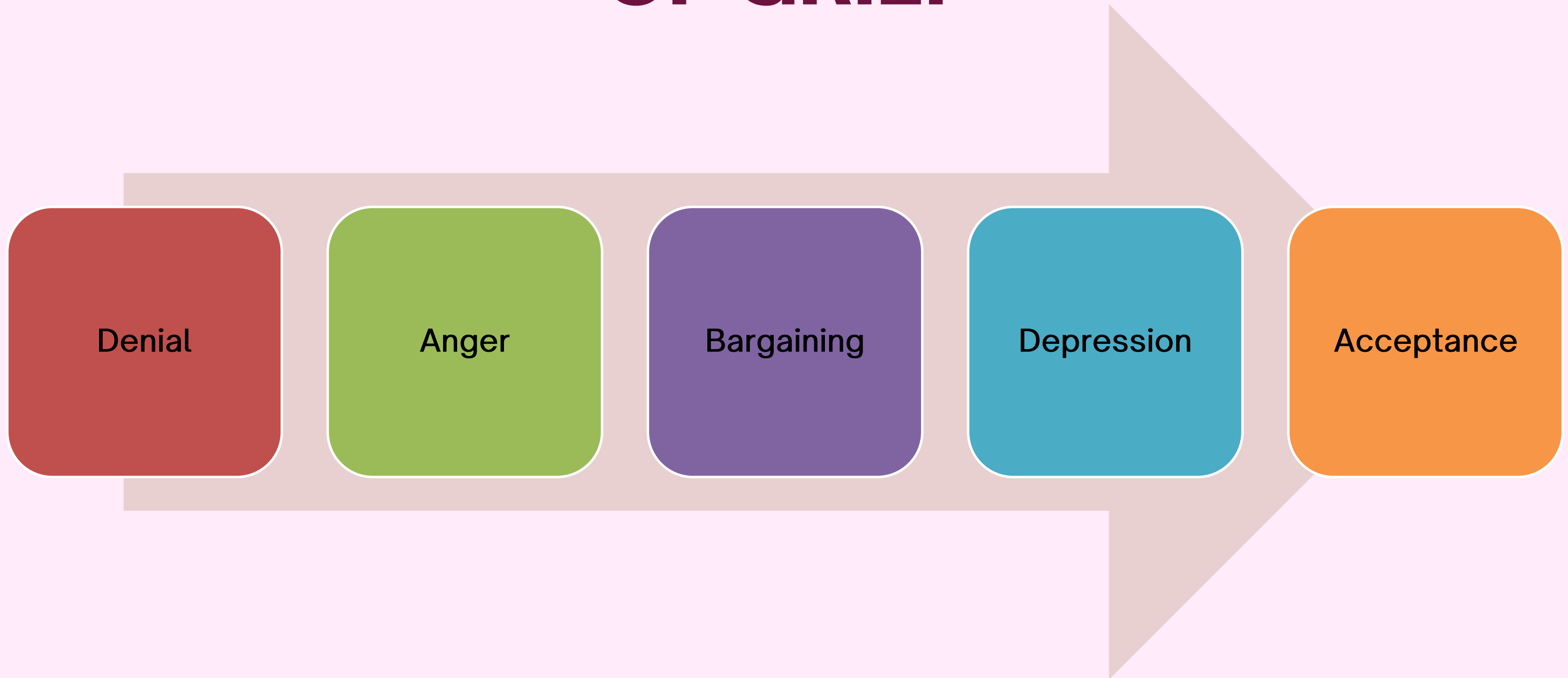


RESOLVING USUAL CONFLICTS

- Help family to come to terms
- Look for clinical depression/anxiety state
- Encourage open communication
- Address phobia of opioids & other medicines



ELISABETH KUBLER-ROSS: STAGES OF GRIEF





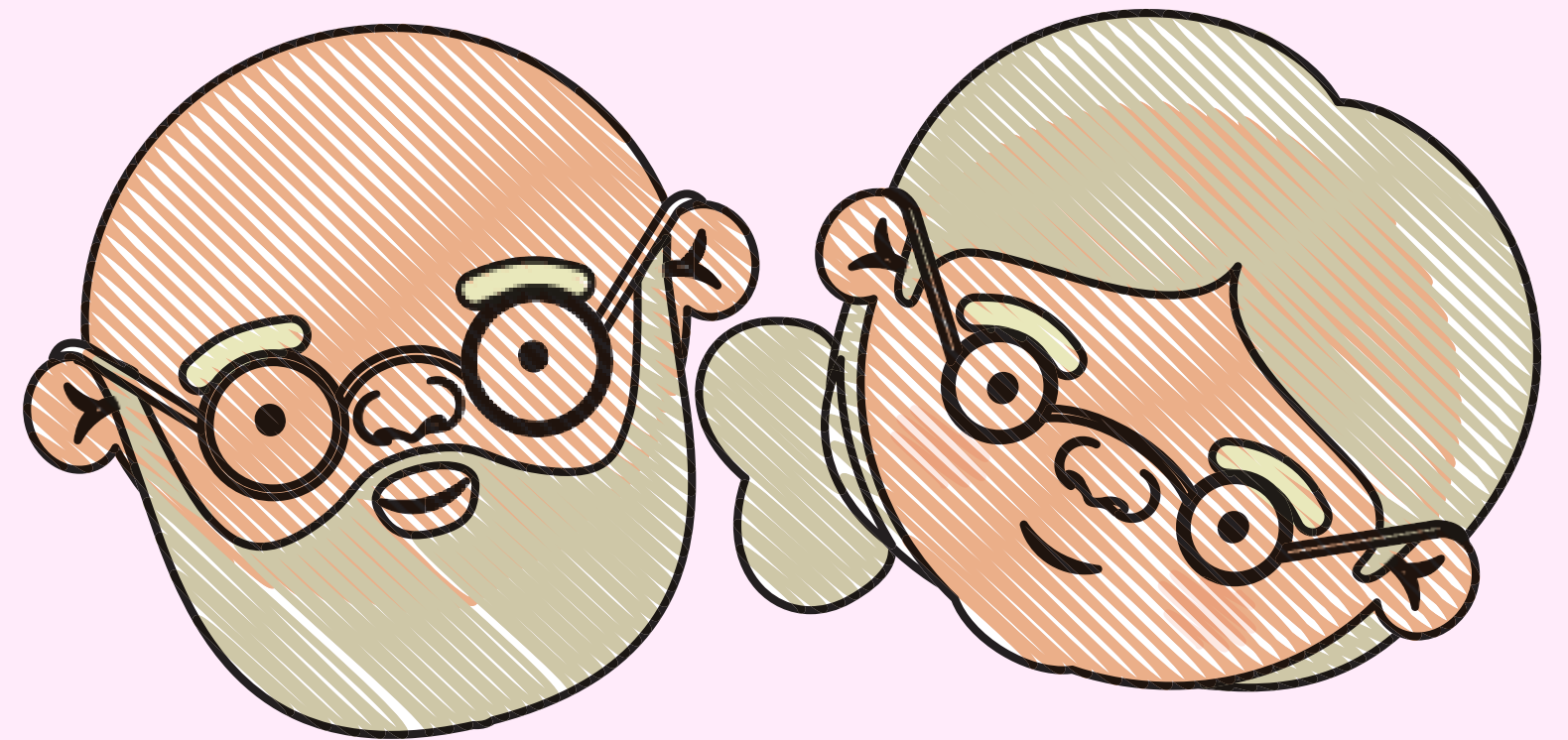
COMPLICATED GRIEF

- Guilt
- Loneliness
- Lack of motivation
- Loss of meaning of life - hopelessness
- Loss of purpose in life
- May become pathological grief



USUAL SOCIAL ISSUES

- Fear of contagion
- Abandonment
- Financial hardship
- Loss of employment and future
- Education of children
- Caregiver burnout





SELF-SUPPORT GROUPS

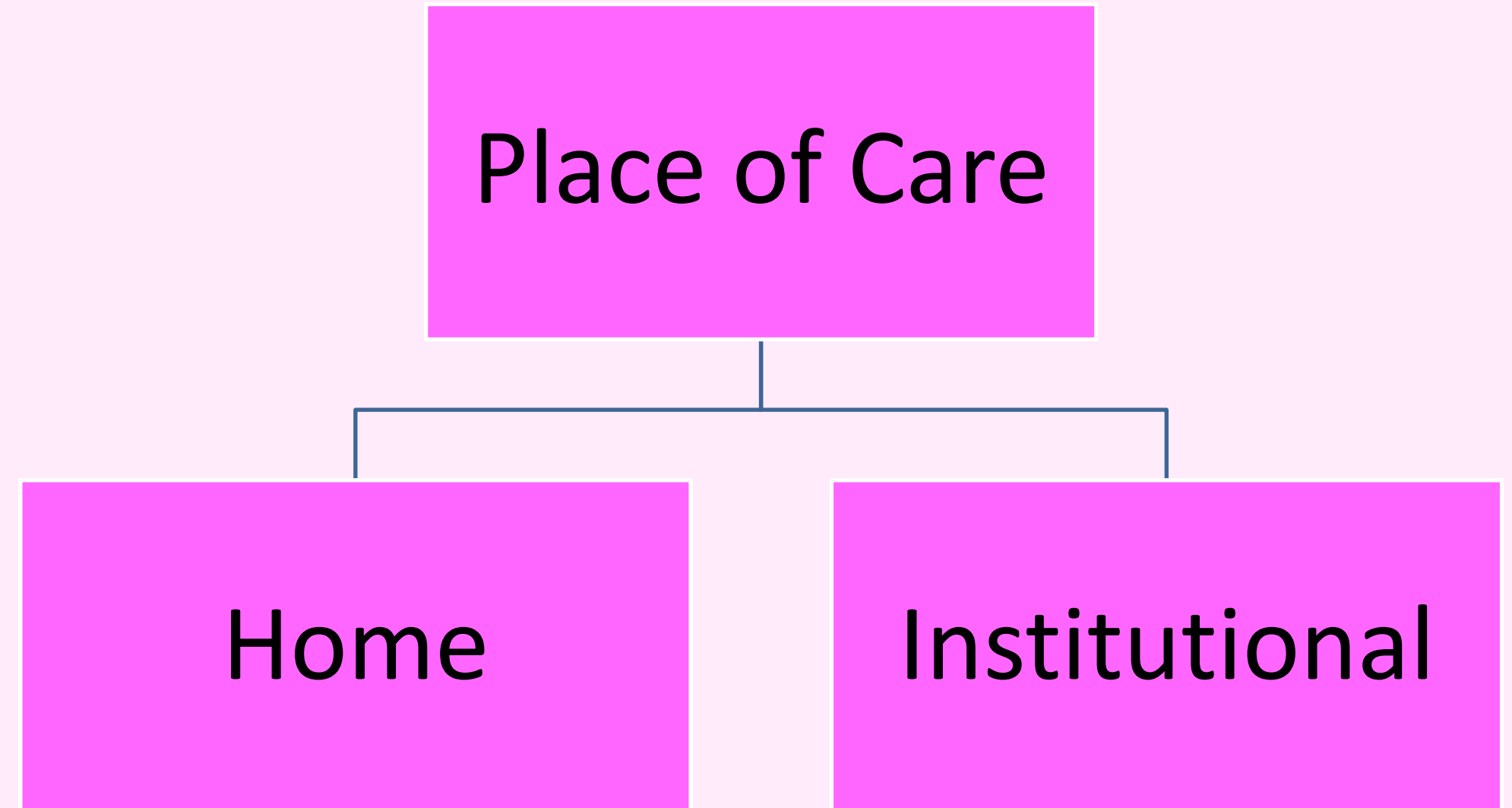




PLACE OF CARE



- Personal choice
- Financial
- Social reasons





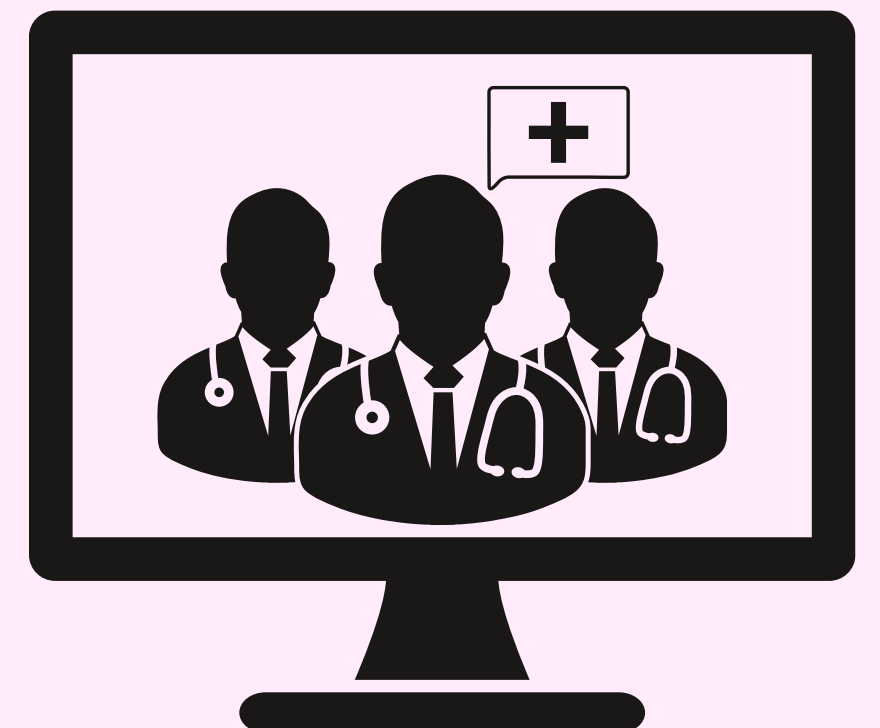
MEDICAL TEAM'S IMPORTANT QUALITIES

- Compassionate & competent
- Empathetic
- Consistent
- Non-judgmental
- Respectful



BASIC MOTTO

Living with Dignity, Dying with Dignity





Thank You

