2017 NASW VIRTUAL CONFERENCE

AGING THROUGH THE SOCIAL WORK LENS

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Palliative Care 101 for Social Workers in Aging

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Learning Objectives

- Overview of Palliative Care Trends
- Discuss Palliative Care Concepts
- Cultural Competence Standards and Indicators
- Referrals to Hospice and Other Philosophies of Care
- Gain Knowledge and Awareness

Background

- The Institute of Medicine's 2014, "Dying in America" report cited the need for both specialty and basic palliative care across service settings.
- Currently, medical advances make it possible for older adults to live longer; and they can expect to live several years with non-curable illness and disease.

Background

- Many older adults will reach a point at which medical technology may be able to keep them alive, but neither restore nor improve their quality of life.
- Most older adults would prefer to die at home, with their loved one, free from pain and suffering.

Practice Standards & Indicators

- Recent revision of the Standards and Indicators for Cultural Competence in the Social Work Practice (2015), reflects the growth in the understanding of cultural competence in contemporary times.

Standard 3: Cross-Cultural Knowledge

- Social workers shall possess and continue to develop specialized knowledge and understanding that is inclusive of, but not limited to, the history, traditions, values, family systems, and artistic expressions of various cultural groups identified on factors such as race and ethnicity; immigration and refugee status; sexual orientation; gender identity or expression; social class; and mental or physical abilities.

Standard 4
Cross-Cultural Skills

Social workers will use a broad range of skills (micro, mezzo, and macro) and techniques that demonstrate an understanding of and respect for the importance of culture in practice, policy, and research.

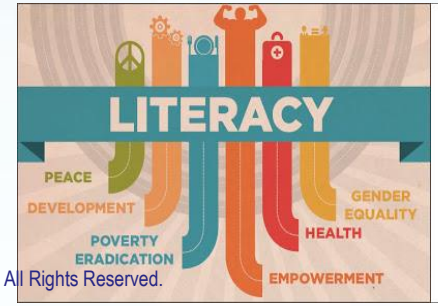
What's New?

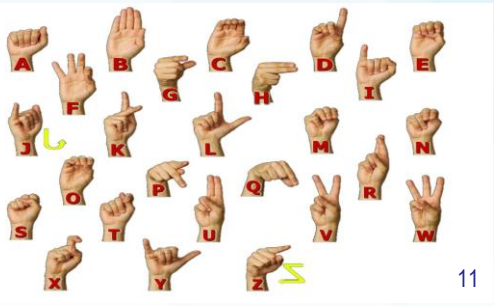
- Reinforcement of application at micro, mezzo and macro levels of practice
- Inclusion of the concept of *cultural humility*
- Inclusion of the concept of *intersectionality*
- Revision of leadership expectations
- Expansion of content on language and communication

Cultural competence is an ongoing process of development in attitudes, knowledge and skills towards effective and respectful cross-cultural practice

Culture

- Shared values, traditions, norms, customs, lived experiences, way of life and role of institutions of a group of people; We all have it!
- Everyone brings with them cultural beliefs and attitudes that influence interpersonal interactions.



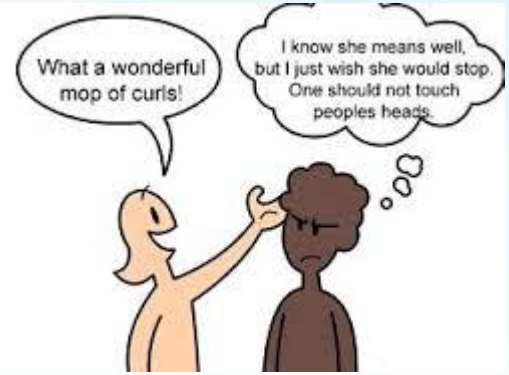


Culture

- Beliefs, customs, values, norms, language, behaviors, and other characteristics common to the members of a particular group or society
- Values and beliefs and assessment and treatment plan
- World view and patterns of help seeking
- Failure to address cultural conflict and/or differences creates barriers to care

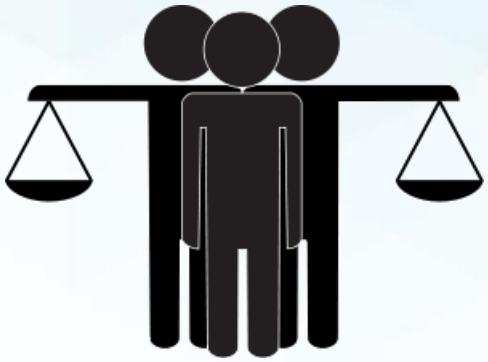
Context of Diversity

Multicultural experiences and backgrounds are salient factors of identity; and we must develop awareness of and skills for addressing the intersectionality of these very important factors.



Intersectionality

- Suggests that various biological, social, and cultural categories such as gender, age, race, class, ability, sexual orientation/gender identity, religion, caste, nationality and other forms of identity influence our daily interactions with others.



Palliative Care

- The goal of palliative care is to provide the best possible quality of life to persons who are seriously ill and terminally ill, while promoting dignity, comfort and symptom management.
- It also offers emotional and spiritual support, while respecting culture values, norms and traditions.

Hospice Care

- Is a philosophy of care that recognizes palliative care a goal standard when caring older adults at the end of life. According to the NHPCO, the focus is on compassionate, quality care, when death is imminent.

- Hospice care involves a team approach with a physician, nurse, social worker, home health aide, clergy and/or other counselor, and trained volunteers.

Palliative Care 101

- Palliative care is often contrasted with curative care, but the lines between cure and the relief of suffering is blurry.
- Palliative care may be needed for many years after diagnosis of a serious illness and entirely near the end of life.

Guiding Principles of Care

- Respect the goals, wishes, and choices of the individual person, family, community
- Attend to medical, emotional, social and spiritual needs of the person
- Support the needs of family members and loved ones
- Refer to other health care providers and appropriate care settings
- Advocate for change that demonstrates responsibility for cultural competence

7 Myths about Palliative Care

Dispel the Myths

1. Myth: Palliative care hastens death.

Fact: Palliative care does not hasten death. It provides comfort and the best quality of life from diagnosis of an advanced illness until end of life.

2. Myth: Palliative care is only for people dying of cancer.

Fact: Palliative care can benefit patients and their families from the time of diagnosis of any illness that may shorten life.

Dispel the Myths

3. Myth: People in palliative care who stop eating die of starvation.

Fact: People with advanced illnesses don't experience hunger or thirst as healthy people do. People who stop eating die of their illness, not starvation.

4. Myth: Palliative care is only provided in a hospital.

Fact: Palliative care can be provided wherever the patient lives; home, long-term care facility, hospice or hospital.

5.Pain is a part of dying.

Fact: Pain is not always a part of dying. If pain is experienced near end of life, there are many ways it can be alleviated.

Dispel the Myths

6. Myth: We need to protect children from being exposed to death and dying.

Fact: Allowing children to talk about death and dying can help them develop healthy attitudes that can benefit them as adults.

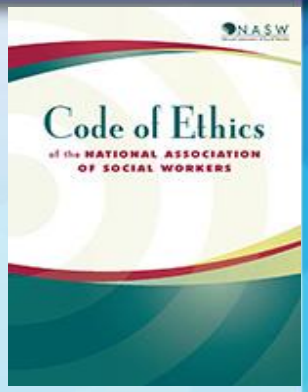
Myth: Taking pain medications in palliative care leads to addiction.

Fact: Keeping people comfortable often requires increased doses of pain medication. This is a result of tolerance to medication as the body adjusts, not addiction.

Withholding and Withdrawing Treatment

- Forgoing life-sustaining treatment and/or intervention for patients
  - Hydration
  - Nutrition
  - Intubation
  - Exudation

Social Work Ethics and Law



- Ethics and law overlap.
- Each has unique parameters and a distinct focus.
- For example, the ethics concept of respect for autonomy is expressed in law as individual liberty. Each of these disciplines has its forums and authority. However, law may ultimately "resolve" a clinical ethics dilemma with a court order.

Precepts of Palliative Care

- Respecting goals, preferences and choices
- Providing comprehensive caring
- Utilizing strengths of interdisciplinary resources and care teams
- Acknowledging and addressing caregiver concerns
- Operating within systems and building mechanisms of support (Leadership)

Two Types of Advance Directives

- Instructive Directives: Living Will; DNR ; Five Wishes --Specify, in advance, what "if any" life support treatments one wishes to accept or refuse; and the circumstances in which we want our wishes to be invoked.
- A guide for care providers and loved ones

Two Types of Advance Directives

- Proxy Directives: Durable Powers of Attorney for health care (DPAHC). These are used to appoint an agent, or representative, to make health care decisions on the initiator's behalf, in the event of loss of legal capacity.

The Difference Between the Two

- To execute a living will, a person simply states what life support treatments are wanted in the even they lose decision-making capacity.
- In contrast, a health care proxy requires the appointment of an agent. The agent is designated by the make to carry out virtually all decisions in the maker wishes.

The Difference Between the Two

- The HCP is more flexible than the living will since it allows the agent to make decisions as the specific situations arise.
- The LW states the desire treatment and does not allow for unforeseen events

Why is a Living Will Important for Older Adults?

- Allows a person to express her/his feelings about life support treatments long after they are no longer able to speak or think.
- Adapts to the different philosophies maintained by various individuals.
- In the absence of such a document, care decisions may be left to health care professionals, as opposed to loved ones.

Promote Advance Care Planning

- Educate practitioners
- Develop standards of Palliative Care
- Communicate effectively with client/family
- Engage social support network
- Affirm cultural differences and preference*
- Honor patients' rights to self-determine

*Cultural Humility

Palliative Care Implications for Practice Older Adults

- Relief from pain and suffering
- Cultural relevance and acceptance
- Optimal quality of life until the end
- Dignity and self-worth
- Reduce complicated grief
- Bereavement management

Thank You!