

End-of-Life Issues: Palliative Care

By Dr. Paul Fiacco and Father Charles Vavonese

Editor : note: This is one in a series of articles that will explain and explore the Church teachings on end-of-life and palliative care issues.

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The previous article illustrated the importance of the health care proxy and advanced care directives, guided by Catholic morals and teachings, to give instructions for medical care to those unable to make decisions on their own behalf. It also discussed additional resources made available by the National Catholic Bioethics Center (NCBC) for end-of-life moral decisions.

A pioneer in palliative care

St. Marianne Cope, formerly Barbara Koob (1838 - 1918) also known as St. Marianne of Molokai - was born in Germany and raised in Utica. She was a member of the Sisters of St. Francis and one of the founding leaders of St. Joseph's Hospital in Syracuse. In 1883, as the Superior General of her religious congregation, she responded to a letter from the King of what was

then called the Sandwich Islands (now Hawaii) to minister to people with the serious illness Hansen's disease (leprosy).

When she and the sisters arrived, they found people placed in a filthy compound with open sores and disfigurements. She provided health care along with healing for mind, body, and spirit by creating a community that supported the individual with dignity and respect, thus improving the quality of life for her patients. The care that St. Marianne provided her patients is exemplary of what we now know as palliative care.

What is palliative care?

The term palliative care comes from the word "palliate," which means to make less severe. In medicine, palliative care means to lessen the symptoms of a patient's serious illness caused by disease and/or its treatment, thus improving the quality of life for patients, and allowing them to maintain independence as they cope with the progression of their illness.

Palliative care also provides a means to address distress caused by the physical, emotional, social, and spiritual demands that accompany a serious illness and its treatment; palliative care also encompasses the families of patients and their caregivers as they assist patients with their illness and treatments.

Symptom management

Pain is frequently a significant symptom of serious illness, and its treatment(s) and pain-relief strategies need to be effectively managed. This requires a healthcare team composed of the patient's primary provider, specialists, and a palliative care provider to develop a comprehensive and effective plan for its management. This plan includes analgesics, but may also include physical and occupational therapy, massage therapy, acupuncture, and biofeedback. For a patient with cancer, chemotherapy, radiation, and surgery may be used not only to treat the progression of the tumor, but also to relieve the patient's symptoms. Necessary resources are also provided to patients and their families, including any spiritual or emotional support needed during these difficult times.

Delivery of palliative care

Serious illness brings about complex changes in the lives of patients and their families. Palliative care seeks to improve the quality of patients' lives and maintain their independence.

In order to meet these needs, the delivery of palliative care not only involves physicians and mid-level providers but also nurses, social workers, psychologists, priests, and chaplains. Social workers address the myriad issues connected with health care and social service systems. Psychologists provide counseling to help patients and families cope with illness and its impact on their lives. Priests and chaplains assist patients and their families with the

spiritual concerns that arise at the time of a serious illness, as well as planning for the end of life.

It is important to distinguish "palliative care" from "hospice care." Palliative care is the continuum of care provided from the time a serious diagnosis is established. Hospice care provides care for patients in the later stages of a serious illness, when the life expectancy is six months or less.

Summary

In its truest sense, palliative care provides life-affirming, comprehensive, and interdisciplinary care for individuals with serious illnesses and their families. St. Marianne Cope modeled this comprehensive care, providing relief to those with Hansen's disease (leprosy) in the late 1800s.

Palliative care is so important that Pope Francis recently issued a white paper calling on policymakers, colleges, universities, health care institutions, medical professionals, the media, spiritual care professionals, and those in the church to advocate for palliative care. Palliative care becomes a powerful response to euthanasia and physician-assisted suicide.

Next article

The next article will give an example of a community-based palliative care program, developed by St. Joseph's Hospital Population Health, in the spirit of St. Marianne Cope, called the Mobile Integrated Services Team (MIST).