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Palliative care in limited english speaking breast cancer patient with young children

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Introduction: Patients with advanced cancer frequently develop devastating physical and psychosocial symptoms. In addition, their primary caregivers and other family members may also experience physical and emotional distress. Palliative care was developed to improve the quality of life of such patients facing life-limited illness, as well as their families. However, providing palliative care to patients with limited English proficiencies can be very challenging, especially if the issues underlying these challenges are not known. What can be done to improve the quality of palliative care provided to cancer patients who have limited English proficiencies, as well as young children?

Research Objectives: The aim of this case study was to identify the issues and challenges in providing palliative care to a patient who had advanced breast cancer, a Limited English Proficiency (LEP) and young children.

Methods: A case study approach was used in conducting this research. The study participant was a 37-year-old Cantonese-speaking mother of two was first diagnosed with triple negative breast cancer in 2012. The researcher first met the study participant during her first few months of Palliative Care Training. Till her death in 2016, the researcher gathered evidence-based data through observations and interviews with the patient and primary care givers, family members and medical team.

Results & Discussion: The issues and challenges identified in providing quality palliative care to the study participant were attributed to: (1) Managing delirium (she was not eligible to partake in a clinical trial to determine the efficacy of risperidone, haloperidol and placebo in relieving symptoms of delirium among patients receiving palliative care because of her LEP); (2) the lack of effective communication due to the presence of a language barrier; and (3) the absence of a support system for young children with parental illnesses. Additionally, it is crucial that clinicians have discussions with the family (and the patient, in lucid moments when they have the capacity), eliciting their concerns and wishes for the type of care that can best honour their desire to provide comfort and symptom control during the dying process.

Conclusion: This case study highlights the importance of integrating of palliative care in the trajectory of cancer to address symptom burden and psychosocial distress of patient and family. Early referral to palliative care can help to relieve symptom distress, as well as improve treatment outcomes, quality of life, minimize caregiver distress and decrease aggressive measures at the end of life. Relevant expertise, close collaboration, interdisciplinary teamwork and adequate resources are important requirements to comprehensively address acute issues, chronic issues, psychosocial issues, and existential and spiritual issues. To optimize patient outcomes, the oncology team, palliative care team, primary care team and other subspecialists need to collaborate closely and communicate often.

Recommendations & Implications for Future Research: Some lessons learnt from this case study included general principles and ethics of palliative care, complex symptom management, advance care planning, holistic approach to provide support to meet care needs and helping with decision-making to seek the patient's best interest of care. To achieve effective communication, it is recommended to use professional interpreters with LEP patients, as well as to train clinical staff in understanding the interpreter's role, and how to work confidently and effectively with professional interpreters. Thus, more clinically relevant studies are needed to identify communication barriers and the interventions that could be used to increase patients' satisfaction with palliative care and to improve the quality of care provided to LEP patients and families receiving palliative care services.

Biography

Min Min Win is presently working as Palliative Medicine Advanced Trainee Registrar at the St Vincent's Private Hospital, Australia.

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