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703rd Conference

2nd Global Congress on

Hospice & Palliative Care

September 29-30, 2016 Toronto, Canada

Keynote Forum (Day 1)



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Michael Ian Rothenberg

The Center for Counseling and Sexual Health, USA

SEX, DEATH AND DYING: A CONVERSATION ABOUT SEXUALITY AT THE END OF LIFE

This presentation explores the dying process and the reasons include conversations about human sexuality as part of the dying process when providing psycho-educational support to patients, caregivers and families. The presentation utilizes a study, conducted by Michael Ian Rothenberg and discusses the results published with co-author Andres Dupras, in an article titled Sexuality at the End of Life Stage that examines Elisabeth Kubler Ross' five stages of death theory to explore these stages from a sexological perspective. In order to gain a better understanding of the unique difficulties experienced by terminally ill people and their caregivers when dealing with their sexuality during the various end-of-life stages, a qualitative methodological approach was utilized and resultant data were presented as case histories gathered in the context of clinical sexology consultations. Clinical interviews contributed to the resolution of varied sexual challenges faced by terminally ill people and their family caregivers. This presentation hopes to raise important questions about the palliative care professional's responsibility regarding the understanding of sexuality for individuals in the end-of-life stage as well as illustrated how to begin to engage in needed discussions on sex and sexuality.

Biography

Michael Ian Rothenberg is a Board Certified Clinical Sexologist, Certified Sex Therapist and the Founder and Clinical Director of the Center for Counseling and Sexual Health of Winter Park, Florida. As a sexuality educator, Rothenberg has held a long term faculty position in Orlando, Florida, at the University of Central Florida (UCF), School of Social Work, where he developed the curriculum in Human Sexuality and taught courses on human sexuality and sexual behavior. Rothenberg, a former Hospice Social Worker, credited with creating the Sexological sub-field of Thanatological Clinical Sexology, has published numerous articles relating to human sexuality and lectures, both nationally and internationally at universities, hospitals and hospices on topics related to human sexuality, sexual behavior and sexual health.

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Helen Senderovich

University of Toronto, Canada

INTEGRATED END-OF-LIFE CARE IN ADVANCED CONGESTIVE HEART FAILURE: WHERE ARE WE NOW?

Introduction: Congestive Heart Failure (CHF) is an increasingly prevalent terminal illness in a globally aging population. Despite optimal medical management, prognosis remains poor – a fact seldom communicated to patients and/or their families. Evidence suggests numerous benefits of palliative care consultation in advanced CHF but to date, their services remain woefully underutilized.

Objectives: To identify specific challenges to accessing and implementing palliative care in patients with advanced CHF and to use this information to formulate recommendations for practice.

Methods: Literature review whereby recommendations for practice were formulated on the basis of primary quantitative/qualitative data and consensus expert opinion.

Results: Accessing palliative care services for patients with CHF remains a challenge for numerous factors including prognostic uncertainty, misconceptions about what palliative care is, and difficulty recognizing when a patient is suitable for referral. Strategies to improve access/delivery of palliative care to this population include education and proper discussion about prognosis/goals of care. A team-based approach is essential as we move towards a model where symptom palliation exists concurrently with active medical disease-modifying treatment.

Conclusion: Despite evidence that palliative care has a role in improving symptom control and overall quality of life in patients with end-stage CHF, a multitude of challenges exist and this ultimately hinders access to palliative care services. Education to abolish pre-existing misconceptions about the role of palliative care and a movement towards a team-based approach focused on simultaneous palliative and traditional medical care will undoubtedly improve access to and benefit from palliative care services in this population.

Biography

Senderovich is a physician at Baycrest Health Science System. Her practice is focused on Palliative Care, Pain Medicine and Geriatrics. She is an Assistant Professor at the Department of Family and Community Medicine, and Division of Palliative Care at the University of Toronto who is actively involved teaching medical students and residents. She has broad international experience and a solid research background. Her research was accepted nationally and internationally. She is an author of multiple manuscripts focused on geriatrics, patient - centered care, ethical and legal aspect of doctor-patient relationship, palliative and end-of-life care.

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Cordula Dietrich

Gandhigram University, Germany

TREATING PALLIATIVE CARE PATIENTS IN PAIN WITH THE BODY TAMBURA A PROSPECTIVE CASE STUDY AT ST. JOSEPH'S HOSPICE FOR DYING DESTITUTE IN DINDIGUL/ SOUTH INDIA

A prospective case study was carried out with patients of St. Joseph's hospice for Dying destitute in Dindigul/Southindia. Patients were treated with a treatment at baseline and on the next day. Outcomes were measured quantitatively by using a numeric rating scale (0-10, 10 maximum intensity of pain felt) at baseline, directly after treatment and at the day after the treatment to determine the description of the intensity of the pain.

Results: Ten patients (5 women and 5 men) participated in the study. The majority described the therapy as a pleasant experience. The pain intensity at baseline was reduced from $8.3 \pm SD 1.16$ to 4.6 ± 1.52 at day one and from 4.6 ± 2.07 to 2.4 ± 1.58 at day two.

Conclusion: A clinical relevant pain reduction was described as a short time outcome, the therapy was received and perceived well. Forthcoming research should include a control group, randomization, a higher number of participants and a longer period of treatment.

Biography

Cordula Dietrich has completed her medical specialisation in psychiatry and psychotherapy in 2005. Since then she has been working in her own private practice in Berlin as a psychotherapist, musictherapist and relaxationtherapist. Besides her medical education, she is a trained classical singer and underwent a further training in receptive music therapy. Since 2010 she was seriously involved in two research studies in receptive music therapy with the Body Tambura in the field of palliative care in Lazarus hospice in Berlin and St. Joseph's hospice in Dindigul/ Southindia. She recently completed her further training in palliative medicine. She is the chief trustee and founder of Zuflucht e.V germany, which is constantly supporting the work of St. Joseph's hospice/ Dindigul, Southindia.

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Amy Clements-Cortes

University of Toronto, Canada

LEGACY SONGS: TRANSFORMATIVE MUSIC THERAPY AT END-OF-LIFE

Relationships are often a cause of substantial psychological pain for patients and their families at end-of-life. Anticipatory grief is commonly experienced by dying persons, focusing on multiple issues including: the loss of relationships, as well as the loss of forthcoming life events of which they will not be able to participate. Music therapy is commonly used in palliative care settings to address anticipatory grief and is a valuable therapy for addressing relationship concerns.

Dileo and Dneaster's (2005) Model of music therapy in palliative care defines three levels of practice. At the support level, music therapy is used to support the patient and palliate symptoms. At the communicative and expressive level, music therapy facilitates the patient in reflecting upon and conveying feelings, and at the transformative level, music therapy may facilitate growth and insight at the end-of-life.

This presentation will overview this model and music therapy techniques implemented to assist patients with reference to how they have been described and implemented in the literature; with a focus on songwriting, the creation of musical autobiographies, and the construction of legacy gifts. A clinical case study of a 63 year old terminally ill patient will be shared, alongside the results of a research study which assessed the transformative role of music therapy in facilitating relationship completion. Further, the presenter's analysis of the current practice of music therapy in palliative care will be shared identifying the emergence of nine themes of practice, falling into three categories: physical, psychosocial, and whole person care.

Biography

Amy Clements-Cortés Assistant Professor, University of Toronto, Music and Health Research Collaboratory; Music Therapy Instructor & Graduate Supervisor, Wilfrid Laurier University; and Senior Music Therapist/Practice Advisor, Baycrest Centre, Toronto. She is a Registered Psychotherapist, President of the World Federation of Music Therapy, Managing Editor of the Journal of Music and Medicine, and Board Member of the Room 217 Foundation. She has served as a President and Internship Chair for the Canadian Association for Music Therapy (CAMT). She has published in multiple journals and has given over 100 invited academic and conference presentations.

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**Kenichi Kume***Chunichi Beauty College, Japan*

HOW ABOUT BEAUTY THERAPY FOR PALLIATIVE CARE: A REPORT FROM JAPAN

Appearance is important for people's QOL(Quality Of Life). Both the diseases itself and the treatments negatively impact the patient's appearance. And the changed appearance influences the willingness for the treatment, and the patient's social activities in general. This often has a negative impact on the treatment.

The socio-esthetique, which has started in Tours, France in the 1970's, uses the beauty therapy treatments as a part of the medical care. In order to prepare the beauty therapists for this task, the training courses are developed to give the knowledge about the patient's body and mind, the communication skills, how to work effectively as a member of the care team, and other relevant knowledge.

The socio-esthetician training started in Japan in 2007. For the last 10 years, there have been nearly 100 beauty therapists who got trained to work as a socio-esthetician. The socio-estheticians are effective in the variety of medical fields and we have found that it is most effective in the palliative care. If an experienced beauty therapist with proper training and careful planning is in the palliative care team, it improves not only the patient's physical appearance but also their willingness for the other treatment. It helps the patient to be active in their daily life. It also enables the palliative care team to get more information from the patients, and the patients feel more comfortable with the beauty therapist. Adding a trained beauty therapist to the palliative care team has a great potential to improve the quality of the palliative care.

Biography

Kenichi Kume has graduated from the Foster School of Business at the University of Washington in Seattle, USA, and holds an MBA. He has held numerous professional positions in the USA, Japan, and Switzerland. He is currently the Dean of the Total Beauty School at Chunichi Beauty College in Nagoya, Japan, and also the President of the Association of Japanese Estheticians and Beauty Therapists (AJESTHE). AJESTHE is the oldest and most prestigious beauty therapy association in Japan with over 10,000 individual members and 150 member schools all over Japan.

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