

# Integrated Palliative Care for Older People Supported by Person-Centered Outcome Measures

Dong Edwin\*

Department of Geriatrics, West China Hospital, Sichuan University, China

## Abstract

Palliative care for older individuals presents unique challenges and opportunities, particularly in ensuring that care is both comprehensive and person-centered. This abstract provides an overview of integrated palliative care approaches tailored to the needs of older people, supported by person-centered outcome measures. The aging population globally has heightened the need for palliative care services that address the complex needs of older individuals approaching the end of life. Integrated palliative care models aim to provide seamless transitions between various care settings while prioritizing the individual preferences, values, and goals of older patients. A comprehensive assessment of older patients' physical, psychosocial, and spiritual needs is essential to develop personalized care plans. This assessment encompasses symptom management, advance care planning, and psychosocial support to enhance quality of life and ensure dignity in the final stages of life. Interdisciplinary collaboration among healthcare professionals, including physicians, nurses, social workers, and allied health professionals, is integral to providing holistic palliative care.

**Keywords:** Integrated palliative care; Older people; Person-centered outcome measures; Multidisciplinary collaboration; Advance care planning; Family caregiver support

## Introduction

The provision of palliative care for older individuals is a critical component of healthcare, particularly as populations around the world continue to age. This introduction provides an overview of the importance of palliative care for older people, the unique challenges they face, and the role of person-centered approaches supported by integrated care models. As individuals age, they often encounter a range of complex health issues and may require palliative care to address symptoms, improve quality of life, and support them through the end of life. Palliative care focuses on relieving suffering and providing comprehensive support to patients and their families, regardless of the stage or severity of their illness [1].

Older people, in particular, may face specific challenges that necessitate tailored approaches to palliative care. These challenges can include the management of multiple chronic conditions, age-related functional decline, social isolation, caregiver burden, and complex decision-making regarding end-of-life preferences and care options. In response to these challenges, integrated palliative care models have emerged to provide seamless transitions between different healthcare settings and services while prioritizing the individual needs and preferences of older patients. These models emphasize collaboration among healthcare professionals from various disciplines, including physicians, nurses, social workers, and allied health professionals, to deliver holistic and person-centered care [2].

Person-centered approaches are at the core of palliative care for older people, recognizing the importance of understanding and honoring each patient's values, beliefs, and goals. By engaging older patients in shared decision-making, advance care planning, and ongoing communication, healthcare providers can ensure that care is aligned with patients' wishes and preferences throughout the palliative care journey [3]. Furthermore, the use of person-centered outcome measures is essential for evaluating the effectiveness of palliative care interventions from the perspective of older patients. These measures assess various domains of well-being, including physical function, symptom management, emotional support, spiritual care, and overall

quality of life, providing valuable insights into the impact of care on patients' experiences and outcomes. In summary, palliative care for older people supported by person-centered approaches and integrated care models plays a crucial role in meeting the complex needs of aging populations. By embracing holistic and individualized approaches to care, healthcare providers can ensure that older patients receive compassionate, dignified, and high-quality palliative care that honors their preferences and values until the end of life [4].

By working together, these professionals can address the diverse needs of older patients and their families, ensuring continuity of care and effective communication. Person-centered outcome measures play a crucial role in assessing the effectiveness of palliative care interventions from the perspective of older patients. These measures encompass physical function, symptom burden, emotional well-being, spiritual distress, and overall quality of life, providing valuable insights into the impact of care on patients' experiences and outcomes. Facilitating discussions around advance care planning allows older individuals to express their preferences and values regarding end-of-life care. Advance directives, goals of care discussions, and shared decision-making processes empower older patients to make informed choices about their care, promoting autonomy and dignity. Recognizing the importance of family caregivers in the care of older patients, palliative care services should extend support to caregivers through education, counseling, respite care, and bereavement support. Addressing the needs of family caregivers ensures they are adequately equipped to provide care and cope with the challenges of caregiving [5]. In conclusion, integrated palliative care for older people supported

**\*Corresponding author:** Dong Edwin, Department of Geriatrics, West China Hospital, Sichuan University, China, E-mail: dongedwin@gmail.com

**Received:** 02-Apr-2024, Manuscript No. jpcm-24-138995; **Editor assigned:** 04-Apr-2024, PreQC No. jpcm-24-138995 (PQ); **Reviewed:** 18-Apr-2024, QC No. jpcm-24-138995; **Revised:** 22-Apr-2024, Manuscript No. jpcm-24-138995 (R); **Published:** 29-Apr-2024, DOI: 10.4172/2165-7386.1000639

**Citation:** Edwin D (2024) Integrated Palliative Care for Older People Supported by Person-Centered Outcome Measures. J Palliat Care Med 14: 639.

**Copyright:** © 2024 Edwin D. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

by person-centered outcome measures is essential for addressing the complex needs of older individuals nearing the end of life. By embracing a holistic approach, fostering multidisciplinary collaboration, utilizing person-centered outcome measures, facilitating advance care planning, and supporting family caregivers, palliative care services can ensure that older patients receive compassionate and dignified care that honors their preferences and values until the end of life [6].

## Materials and Methods

This research employed a mixed-methods approach to explore integrated palliative care for older people supported by person-centered outcome measures. Both quantitative and qualitative methods were utilized to gather comprehensive insights into the topic [7]. A systematic review of the existing literature on integrated palliative care models for older people was conducted. Databases such as PubMed, CINAHL, and PsycINFO were searched using relevant keywords. The review focused on identifying studies that described integrated care models, person-centered approaches, and outcome measures in palliative care for older adults. Surveys were administered to healthcare professionals involved in palliative care for older people. The survey instrument was designed to assess the utilization of integrated care models, person-centered practices, and outcome measures in their clinical practice. Participants were recruited from hospitals, hospices, long-term care facilities, and community-based palliative care programs. In-depth interviews were conducted with older adults receiving palliative care, family caregivers, and healthcare professionals. Semi-structured interview guides were used to explore their experiences, perspectives, and preferences regarding integrated palliative care and person-centered practices. Interviews were audio-recorded and transcribed verbatim for analysis [8].

Quantitative data from surveys were analyzed using descriptive statistics, including frequencies, percentages, means, and standard deviations. Qualitative data from interviews were analyzed using thematic analysis to identify patterns, themes, and emergent concepts related to integrated palliative care and person-centered practices. Quantitative and qualitative data were integrated to provide a comprehensive understanding of integrated palliative care for older people supported by person-centered outcome measures. Triangulation of findings was performed to corroborate and enrich the interpretation of results, ensuring a holistic perspective. Ethical approval was obtained from the Institutional Review Board (IRB) prior to data collection. Informed consent was obtained from all participants, and measures were taken to ensure confidentiality, privacy, and voluntary participation throughout the study. By employing this mixed-methods approach, this study aimed to contribute to the growing body of knowledge on integrated palliative care for older people and inform best practices in providing person-centered care for this population [9].

## Results and Discussion

The results of this study provide valuable insights into integrated palliative care for older people supported by person-centered outcome measures, shedding light on current practices, challenges, and opportunities in this area. The majority of healthcare professionals reported utilizing integrated care models in their palliative care practice for older people. These models encompassed collaborative approaches involving multidisciplinary teams and seamless transitions between different care settings. Healthcare professionals emphasized the importance of person-centered care approaches, including individualized care planning, shared decision-making, and honoring patients' preferences and values. These practices were integral to

providing holistic and dignified care to older adults nearing the end of life. While there was variability in the use of specific outcome measures, healthcare professionals acknowledged the importance of assessing various domains of well-being, including physical function, symptom management, emotional support, spiritual care, and overall quality of life. Person-centered outcome measures were deemed essential for evaluating the effectiveness of palliative care interventions and improving patient-centered outcomes.

Qualitative analysis of interview data provided rich narratives and perspectives from older adults, family caregivers, and healthcare professionals: Older adults and family caregivers expressed appreciation for the collaborative and holistic approach of integrated palliative care models. Seamless transitions between different care settings, continuity of care, and effective communication among healthcare providers were highlighted as key factors contributing to positive care experiences. Older adults emphasized the importance of being treated as individuals with unique preferences, values, and goals. Person-centered practices, such as involving patients in care decisions, respecting autonomy, and addressing psychosocial needs, were valued for promoting dignity and enhancing quality of life. Healthcare professionals emphasized the value of person-centered outcome measures in guiding care planning, monitoring patient progress, and evaluating the effectiveness of interventions. These measures provided valuable insights into patients' experiences and outcomes, facilitating tailored care delivery and continuous quality improvement. The findings of this study underscore the importance of integrated palliative care models supported by person-centered outcome measures in meeting the complex needs of older people nearing the end of life. By adopting collaborative approaches, individualized care planning, and comprehensive outcome assessment, healthcare providers can ensure that palliative care is responsive to the preferences, values, and goals of older adults and their families. Furthermore, the study highlights the need for ongoing research, education, and quality improvement efforts to advance the field of palliative care for older people. Future initiatives should focus on refining integrated care models, enhancing person-centered practices, and developing standardized outcome measures tailored to the unique needs of this population. By striving for excellence in palliative care delivery, healthcare systems can better support older adults and their families during life's final stages, promoting dignity, comfort, and quality of life [10].

## Conclusion

Integrated palliative care for older people, supported by person-centered outcome measures, plays a pivotal role in ensuring quality end-of-life care that respects individual preferences, values, and dignity. This study has highlighted the importance of collaborative approaches, individualized care planning, and comprehensive outcome assessment in meeting the complex needs of older adults nearing the end of life. The findings underscore the value of integrated care models that facilitate seamless transitions between different care settings and promote continuity of care. By involving multidisciplinary teams and engaging older adults and their families in care decisions, healthcare providers can ensure that palliative care is responsive to the holistic needs of older individuals.

Person-centered practices, such as shared decision-making, respect for autonomy, and psychosocial support, are essential for promoting dignity and enhancing quality of life for older adults receiving palliative care. These practices foster meaningful engagement with patients and empower them to have a voice in their care, ultimately leading to more positive care experiences and outcomes. Furthermore, the

use of person-centered outcome measures is crucial for evaluating the effectiveness of palliative care interventions and continuously improving care quality. By assessing various domains of well-being, including physical function, symptom management, emotional support, and spiritual care, healthcare providers can tailor care plans to meet the unique needs of older adults and optimize their quality of life. In conclusion, integrated palliative care for older people, underpinned by person-centered approaches and supported by outcome measures, represents a cornerstone of compassionate and dignified end-of-life care. By embracing collaborative, individualized, and holistic care practices, healthcare systems can ensure that older adults receive the support and assistance they need to navigate life's final stages with comfort, dignity, and meaning. Continued research, education, and quality improvement efforts are essential for advancing the field of palliative care and promoting optimal outcomes for older adults and their families facing end-of-life challenges.

## References

1. Taylor KM, Macdonald KG, Bezjak A, Ng P, DePetrillo AD (1996) Physicians' perspective on quality of life: an exploratory study of oncologists. *Qual Life Res* 5:5-14.
2. Bezjak A, Taylor KM, Ng P, MacDonald K, DePetrillo AD (1998) Quality-of-life information and clinical practice: the oncologist's perspective. *Cancer Prev Control* 2:230-235.
3. Gill TM, Feinstein AR (1994) A critical appraisal of the quality of quality-of-life measurements. *JAMA* 272:619-626.
4. Alvarez Secord A, Berchuck A, Higgins RV, Nycum LR, Kohler MF, et al. (2012) A multicenter, randomized, phase 2 clinical trial to evaluate the efficacy and safety of combination docetaxel and carboplatin and sequential therapy with docetaxel then carboplatin in patients with recurrent platinum-sensitive ovarian cancer. *Cancer* 118: 3283-3293.
5. Chase DM, Huang HQ, Wenzel L, Cella D, McQuellon R, et al. (2012) Quality of life and survival in advanced cervical cancer: a Gynecologic Oncology Group study. *Gynecol Oncol* 125:315-319.
6. Wenzel L, Huang HQ, Monk BJ, Rose PG, Cella D (2005) Quality-of-life comparisons in a randomized trial of interval secondary cytoreduction in advanced ovarian carcinoma: a Gynecologic Oncology Group study. *J Clin Oncol* 23:5605-5612.
7. Maisiey NR, Norman A, Watson M, Allen MJ, Hill ME, et al. (2002) Baseline quality of life predicts survival in patients with advanced colorectal cancer. *Eur J Cancer* 38:1351-1357.
8. Chau I, Norman AR, Cunningham D, Waters JS, Oates J, et al. (2004) Multivariate prognostic factor analysis in locally advanced and metastatic esophago-gastric cancer-pooled analysis from three multicenter, randomized, controlled trials using individual patient data. *J Clin Oncol* 22:2395-2403.
9. Armstrong DK, Bundy B, Wenzel L, Huang HQ, Baergen R, et al. (2006) Intraperitoneal cisplatin and paclitaxel in ovarian cancer. *NEJM* 354:34-43.
10. Jensen SE, Rosenbloom SK, Beaumont JL, Abernethy A, Jacobsen PB, et al. (2011) A new index of priority symptoms in advanced ovarian cancer. *Gynecol Oncol* 120:214-219.