

Palliative care advocating for patients: Barriers to symptom management via telephonic prescribing restrictions

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People with serious illness have significant health challenges. Palliative care thus becomes important to help the patients live through the challenge with limited suffering. From the time that a person is diagnosed with a serious illness, patient advocates become an important part of their lives. Besides helping the patients, the patient advocate is responsible for making the patient's family live a high-quality life (Barner & Hromadik, 2020). The stress and symptoms are relieved from the patient during the palliative care through the help of the patient advocate. Through palliative care, a patient can match their options of treatment to their goals. This helps the physicians understand what the patient wants. Any person that faces a serious illness can benefit from palliative care.

The Covid-19 global pandemic has led to many deaths due to the isolation of many people with serious illnesses. Palliative care has become very significant especially in the era of the pandemic. Palliative medicine is a specialty for the treatment of pain, trouble breathing and other distressing physical symptoms caused by chronic and life-limiting diseases. Similar to any humanitarian setting, the patient advocates are an integral part of public health. The general situation has led to many health institutions prioritizing patients according to the severity of their disease or the symptoms they display. The cancer patients for instance are prioritized to help them with stress relief and management of the acute cancer complications (Oliver, 2019). Home-based care is encouraged for the patients especially for those that have high palliative care needs. Some health institutions have also encouraged patient advocates to take up and have more patients under their care.

Major treatment suggestions for the patients under palliative care include having enough supply of analgesics or other medication relevant to the control of their symptoms. The use of a single fraction therapy for cord compression or metastases is a treatment suggestion. Patients with advanced diseases are encouraged to be treated and managed at home as much as possible. Telemedicine treatment has been a major method used for patient monitoring and specifically designated to the nurses. The use of telephonic visits has many challenges especially in diagnosing and treating a patient.

The use of telephonic assist has escalated over the past few months due to the COVID-19. It has been one of the best ways to assist patients without transferring the novel virus to them (Sese et al. 2020). Through the telephone, the patients can be assessed as to whether they require treatment in person or not. It is also possible to provide the aspects of medicine such as mental health treatment and minor infections assessment. Physical and speech therapy is also possible over the phone.

While there are many advantages to telephonic visits, many challenges are encountered as well. The key to treating a patient is understanding them and their symptoms. Misdiagnosis is possible in a telephonic visit due to various aspects (Sikorskii et al. 2020). A patient for instance may

be hard of hearing. A person that can hardly hear what the doctor or a nurse says might end up describing something that had not been inquired by the physician. Distractions at home where the patient lives might also lead to a misdiagnosis. Attention during a doctor-patient conversation is important. While in a face-to-face conversation it is possible to attain the patient's attention, it is not possible to have the same over the phone. Making a diagnosis and prescribing medication might be impossible in a single phone call due to limited time. The nurses or doctors are highly engaged especially due to the current circumstances of COVID-19. The nurse might, therefore, end up not having enough time to understand the symptoms and prescribe the most appropriate medication for the patient.

A palliative care can be difficult especially in managing the symptoms of a patient. Managing the symptoms call for the patient advocate to observe the patient and listen to them attentively (Sikorskii et al. 2020). A telephone visit does not give all the details that are required for proper palliative care especially the observation of the patient. Heart failure may be difficult to treat over the telephone especially in the instance that the patient does not have any other person nearby to help. A telephonic visit, therefore, gives less privilege to patients with illnesses that include possible heart failure. Some patients do not trust the use of technology as they fear that their privacy might be breached. Others also do not trust the decisions made by the specialists over the phone and would rather have feedback face to face. Chronic obstructive pulmonary diseases (COPD) patients should be identified and standby emergency responders be in place to assist them.

To overcome the issues that these patients might experience in the instances of the telephonic visits, some solutions could be put in place. The implementation of a successful telephonic visit would need the use of more than a phone call. The patients talking to their advocates especially should be open to digital visionary material such as photographs or videos to assist in the diagnosis (Sikorskii et al. 2020). When a nurse or a doctor sees the condition of a patient together with their explanation, the diagnosis and treatment adopted can be better overall than just a phone call. The goal of the telephonic visit is to ensure that care is consistent which generally improves the patient's health, thus a healthy community.

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