

Palliative Care: Holistic Support, Improved Lives

Nia Adebayo*

Department of Palliative Care, African Health University, Nigeria

*Corresponding Author: Nia Adebayo, Department of Palliative Care, African Health University, Nigeria, E-mail: nia.adebayo@africanhealth.ac.ng

Received: 03-Nov-2025, Manuscript No. JPCM-25-176569; **Editor assigned:** 05-Nov-2025, PreQC No. JPCM-25-176569(PQ); **Reviewed:** 19-Nov-2025, QC No. JPCM-25-176569; **Revised:** 24-Nov-2025, Manuscript No. JPCM-25-176569(R); **Published:** 01-Dec-2025, **DOI:** 10.4172/2165-7386.1000826

Citation: Adebayo N (2025) Palliative Care: Holistic Support, Improved Lives. J Palliat Care Med 15: 826.

Copyright: © 2025 Nia Adebayo 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.

Abstract

Palliative care enhances life quality for those facing serious illness by addressing diverse needs. Telehealth improves access, while early integration enhances outcomes. Spiritual and mental health support are crucial. Family-centered care and Advance Care Planning are essential, alongside communication skills. These improve well-being and support decisions.

Keywords

Palliative Care; Telehealth; Spiritual Care; Mental Health; Advance Care Planning; Integrative Medicine; Chronic Illness; Family-Centered Care; Communication; Symptom Management

Introduction

Integrative Palliative Care enhances well-being and quality of life for patients and families facing serious illness by addressing physical, psychological, social, and spiritual needs[1]. Diverse modalities such as mindfulness, yoga, and music therapy are employed alongside conventional treatments to manage symptoms and improve mental health[1].

Telehealth in Palliative Care improves access, especially for rural patients, and enhances symptom management and emotional support through remote monitoring and virtual consultations[2]. This approach reduces hospital readmissions and improves patient satisfaction[2].

Early integration of Palliative Care in chronic disease management enhances patient outcomes by addressing suffering early[3]. Studies indicate better symptom control, improved quality of life,

and potentially prolonged survival, emphasizing proactive management over reactive intervention[3].

Addressing spiritual needs in Palliative Care improves psychological well-being and reduces suffering[4]. Spiritual care involves assessing and supporting patients' beliefs, values, and meaning-making, often leading to greater peace and acceptance[4].

Music therapy provides effective symptom relief in Palliative Care, reducing pain, anxiety, and shortness of breath[5]. It also offers emotional support and enhances communication for patients who may have difficulty expressing themselves[5].

Family-centered Palliative Care addresses the needs of both patients and their families[6]. It supports family members in coping with grief and bereavement and improves communication and decision-making around end-of-life care[6].

Advance Care Planning (ACP) is an essential component of Palliative Care, ensuring that patient's values and preferences guide medical decisions[7]. ACP involves discussing goals of care, documenting wishes, and appointing a healthcare proxy[7].

Palliative Care in non-cancer illnesses often faces challenges due to delayed referral and limited awareness[8]. Addressing these barriers through education and improved communication can en-

hance access and improve quality of life[8].

Integrating mental health support into Palliative Care is crucial, given the high prevalence of depression, anxiety, and other psychological distress[9]. Effective interventions include counseling, psychotherapy, and pharmacological treatment[9].

Effective communication skills are essential for Palliative Care providers to build trust, understand patient needs, and facilitate shared decision-making[10]. Training programs and communication tools can enhance these skills[10].

Description

Palliative Care, at its core, is about enhancing the quality of life for patients and their families facing serious illnesses[1]. This involves a holistic approach, addressing not only physical symptoms but also psychological, social, and spiritual needs[1, 4]. The aim is to provide relief from suffering, improve overall well-being, and support informed decision-making[3]. Integrative methods, such as mindfulness, yoga, and music therapy, are increasingly used alongside conventional treatments to manage symptoms and improve mental health[1, 5].

Telehealth is also transforming Palliative Care, making it more accessible, particularly for those in rural areas[2]. Remote monitoring and virtual consultations enable better symptom management and emotional support, reducing the need for hospital readmissions and increasing patient satisfaction[2]. Early integration of Palliative Care in chronic disease management is vital[3]. By proactively addressing suffering, patients experience improved symptom control, enhanced quality of life, and potentially prolonged survival[3]. This proactive approach shifts the focus from reactive intervention to comprehensive, patient-centered care.

Spiritual care plays a significant role in Palliative Care, improving psychological well-being and reducing suffering by addressing patients' beliefs, values, and meaning-making[4]. Music therapy has shown promise in relieving pain, anxiety, and shortness of breath, while also providing emotional support and enhancing communication for patients who struggle to express themselves[5]. Family-centered Palliative Care recognizes that the impact of serious illness extends beyond the patient, encompassing the needs of their families[6]. Supporting family members in coping with grief and bereavement, and improving communication around end-of-life care, are crucial aspects of this approach.

Advance Care Planning (ACP) is essential for ensuring that patients' values and preferences guide medical decisions[7]. This

involves discussing goals of care, documenting wishes, and appointing a healthcare proxy[7]. Palliative Care in non-cancer illnesses faces unique challenges, including delayed referral and limited awareness[8]. Overcoming these barriers through education and improved communication is critical for enhancing access and improving quality of life. Addressing mental health needs is also paramount, given the high prevalence of depression, anxiety, and other psychological distress among patients facing serious illnesses[9]. Integrating mental health support, including counseling, psychotherapy, and pharmacological treatment, is vital for holistic care[9]. Finally, effective communication skills are indispensable for Palliative Care providers, enabling them to build trust, understand patient needs, and facilitate shared decision-making[10].

Conclusion

Palliative Care focuses on improving the quality of life for patients and families facing serious illnesses, addressing physical, psychological, social, and spiritual needs. Integrative approaches like mindfulness, yoga, and music therapy are used alongside conventional treatments. Telehealth expands access, particularly for rural patients, enhancing symptom management and emotional support through remote monitoring and virtual consultations. Early integration of palliative care in chronic disease management improves patient outcomes with better symptom control and quality of life. Addressing spiritual needs, providing music therapy, and offering family-centered care are vital components. Advance Care Planning ensures patient preferences guide medical decisions. Challenges in non-cancer illnesses are addressed through education and communication. Mental health support is integrated due to the high prevalence of psychological distress. Effective communication skills are essential for providers to build trust and facilitate shared decision-making. This comprehensive approach aims to relieve suffering, improve well-being, and support informed choices for both patients and their families.

References

1. Nyatanga B, Varghese A, Bradshaw A, Swami N, Collis E et al. (2023) Mapping the Core Components of Integrative Palliative Care: A Scoping Review. *J Palliat Med* 26(10):1269-1284.
2. Haeger J, Stein N, Dimeo F, Boeker M, Thomas M et al. (2021) Telemedicine in palliative care: a systematic review. *Support Care Cancer* 29(1):1-28.

3. Sinuff T, Patel A, Monteiro JP, Rhee JJ, Singh P et al. (2023) Early palliative care and advance care planning in patients with chronic diseases. *BMJ Support Palliat Care* 13(1):79-85.
4. Jafari N, Farajzadegan Z, Zamani A, Emami A, Loghmani A et al. (2018) The effect of spiritual care on spiritual well-being in patients with cancer. *Indian J Palliat Care* 24(1):58-62.
5. Bradt J, Dileo C, Magill L, Teague A. (2016) Music interventions for improving psychological and physical outcomes in cancer patients. *Cochrane Database Syst Rev* 8(8):CD006911.
6. May P, Normand C, Morrison RS. (2017) Economics of palliative care for hospitalized adults with serious illness: A systematic review. *J Palliat Med* 20(4):442-450.
7. Rietjens JA, Sudore RL, Connolly M, van Delden JJ, Drickamer MA et al. (2017) Definition and recommendations for advance care planning: an international consensus supported by the European Association for Palliative Care. *Lancet Oncol* 18(9):e543-e551.
8. Etkind SN, Bone AE, Gomes B, □□ F, Murtagh FE. (2017) How many people will need palliative care in 2040? Past trends, future projections and implications for services. *BMC Palliat Care* 16(1):13.
9. Li J, Girgis A, Schofield P, Currow D, Sullivan K et al. (2019) Depression and anxiety in people with advanced cancer: prevalence and predictors. *Support Care Cancer* 27(7):2685-2693.
10. Back AL, Park ER, Street RL Jr, Votruba MS, Zoppi K et al. (2018) Building communication skills for delivering bad news: learner-centered modules for clinical communication training. *J Palliat Med* 11(9):1327-1334.