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# Advocating For Patients in Palliative Care Center

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## Abstract

The global pandemic that started in December 2019 has put a big burden on many health institutions. The people suffering from NCDs especially have to be more careful and prepared to fight with the disease. The department of palliative care nurses has been at the forefront because their patients are critical and must be kept safe. The palliative care patients especially those at home require regular check-ups and visits by the patient advocates. The pandemic however has brought a lot of complications and nurses have been advised to make use of telephonic visits to avoid the spread. The life required by the patients with the near end of life illnesses is of high quality together with their families. The role of the patient advocates is crucial as it is discussed for both the patients and their families. The various nurses also require working in coordination to make the patient and their family feel safe. All this is explicitly discussed in this paper. The paper discusses the best way to accommodate that death is inevitable and make peace with it. The paper intends to evaluate the disadvantages of using telephonic visits in checking up on the patient and what could be done to make it better. The new guidelines for curbing the disease have to be implemented to avoid exposing the patients to the COVID-19 Virus. The paper is also adamant in discussions about the important aspects to consider as a palliative nurse in maintaining and supporting the lives of people with a major disease. The patients of COPD are among the most vulnerable in the middle of the pandemic and thus this issue is also tackled in the paper.

**Keywords:** COVID-19 Virus; Nutrition; Palliative Care

## Introduction

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 [1]. 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.

### Review on Palliative Care

The global increase in the cancer burden has further increased the need for palliative care. One million cases for instance occur in India where 80% at stage III and IV. A large number that forms two-thirds of the patients require palliative care and other one million that have cancer pain every year. Through palliative care, these people obtain hopeand gain much more self-confidence and dignity. People can then count on more days as with physical, spiritual, intellectual, and social wellbeing with palliative care [2]. The palliative care also helps find comfort for the patient's family members in knowing that death is a normal stage in life.

As palliative care is administered, the patient advocate must be conscious and aware of the cultural, personal, and religious beliefs and values. These should not be compromised as the patient might be clinging onto them for hope. The philosophy of palliative care has various aspects that make it crucial. The first aspect is that people have the right to choose. As every human being is unique and has a right to participate in various discussions related to the careto choose what they feel that has the best outcomes depending on the information available. The second aspect is that dying is a part of life. Palliative care affirms life and insists that assisted suicide is not an option in consideration. Palliative care does not hasten health intentionally. The third philosophy is that the patient deserves the quality of life guide decisions. The patient, depending on what quality life means, should be guided to live as they desire. Teamwork in palliative care is very essential. The team that takes care of the patient is interdisciplinary who rely on knowledge that is shared, expertise, and effective interactions. As the continuity of care ensues, the palliative care program must ensure coordination amongst the involved caregivers and services. Another philosophy that is crucial in palliative care is accountability. This is normally demonstrated through the outcomes. Each person has a certain level of accountability with each other and with the patient. Measurable goals help identify the level of accountability.

Confidentiality is a key aspect of palliative care. The information about the patient must be handled with the utmost respect and this applies to all the team members. The care setting can prolong or shorten the life of the patient into consideration [3-5]. The focus is on patients and their families in a setting such as home or hospice, acute hospitals, or on a tertiary palliative care unit. In choosing an environment, the patient and family contribution, as well as the available resources are considered. The caregiver's wellbeing is also crucial and forms a part of the system that is essentially crucial. If the patient advocate is unwell, it halts the care process necessitating the use of alternative caregivers. For quality palliative care, patient advocates must continuously learn and update themselves to maintain quality care.

Palliative care can involve taking care of a child, middle-aged, or elderly people. As long as the party is suffering from a serious or end of life illness, palliative care becomes an important aspect. The patient advocate for a child requires being active in caring for the body, mind,

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and spirit of the child. The distress of the child such as physical, social, and psychological must be evaluated and alleviated accordingly. The palliative care is provided by a team of doctors, nurses, and other specialists that work together to provide as much support as needed. In the recent past, the need for palliative care has increased due to factors such as the COVID-19 pandemic and cancer cases.

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. Similar to any humanitarian setting, 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.

There is a daunting and sad prospect in the COVID-19 era for families with loved ones at home at the end of their life. As patients with pre-existing non-communicable diseases (NCDs) are mostly under palliative care, they are more vulnerable to the virus. The NCDs include diabetes, cancer, chronic respiratory disease, and cardiovascular disease [4]. To add the COVID-19 onto these diseases is critical. Many patients are now under the intensive care unit. The patient advocates must learn the patient's morbid conditions and know which medication to stop and which to continue. At this point understanding the values and preferences of the patient in aspects of life-sustaining interventions is important. The NCDs affected people are encouraged to take their medicine as prescribed, secure a month or more supply of medication, keep a distance from others, and safeguarding mental health among other things that are advised. Many patient advocates especially the ones whose patients are home-based are encouraged to limit their visits and interactions with the patients. The reason is to minimize the number of contact and infections which could lead to a patient's fatality.

The patient advocates have to remain vigilant and follow the instructions given on taking care of the patients during the pandemic. 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. 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 understands them and their symptoms. Misdiagnosis is possible in a telephonic visit due to various aspects. 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 [6]. 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 are in place to assist them. These patients require being vigilant especially with a pandemic that seeks to attack the respiratory system. Smoking cessation, long-term oxygen therapy, pulmonary rehabilitation, and ventilation among others are helpful for a patient [7]. This however might not be enough during a telephone visit with a patient advocate [8].

The visits with the COPD patients require the physician to monitor vital signs such as oxygen saturation, symptoms, and medication, to remind patients of the exercise and positivity, and establish a link for communication among others. Communication is possible over the telephone in aprovider-patient visit. For a comprehensive patient help, telemonitoring and telephone should be done simultaneously. For COPD patients, there is a high level of importance in remote monitoring or telemonitoring through which the vital signs of a patient can be collected along with other biological health data [9-13]. The collected data then needs to be interpreted by the medical provider appropriately. The telephone only support means the disease of the patient is managed through support by a physician through the telephone or videoconferencing. Thus, the patient biological data is not transmitted [14]. The incorporation of telemonitoring can help gather a lot of information on how the patient is doing, thus, a better diagnosis. During the pandemic also, when COPD patients are correctly diagnosed remotely, the choice to bring them in can be made based on the diagnosis.

All the patients under palliative care should fall in line with telemonitoring and telephone visits. This helps to obtain relevant data to make a diagnosisaccording to Sikorskii. 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 [15].

## Conclusion

During the COVID-19 era, patients under palliative care must be made aware of the risks of the pandemic and how well to stay safe.

The patient advocates have a big responsibility as today more than ever, their services are highly required. Home-based palliative patients especially need not come into regular contact with people out of their homes. The main aspect is to survive the pandemic without further complicating their health.

## Conflict of interest

None

### References

1. Barner J and Hromadik LK (2020) Palliative Care and Interventional Radiology Interface to Improve Patient Outcomes. J Radiol Nurs 36( 2): 103-105.
2. Dang D, Rohde J and Suflita (2017) Johns Hopkins Nursing Professional Practice Model: Strategies to Advance Nursing Excellence. Sigma Theta Tau, ISBN-13: 9781938835308: 81-392.
3. Hudacek S, Di Mattio M and Turkel M C (2017) From academic-practice partnership to professional nursing practice model. J Contin Educ Nurs, 48(3): 104-112.
4. Leung D, Blastorah M, Nusdorfer L (2017) Nursing patients with chronic critical illness and their families: A qualitative study. Nurs Crit Care 22(4): 229-237.
5. Oliver D (2019) Palliative care. Ann Indian Acad Neurol 11(1): 60–65.
6. Sia D, Villanueva A, Friedman JL (2017) Liver cancer cell of origin, molecular class, and effects on patient prognosis. Gastroenterology 152 (4): 745-76.
7. Timmerman RD, Bizekis CS, Pass HI (2019) Local surgical, ablative, and radiation treatment of metastases .CA Cancer J Clin 59 (3): 145-170.
8. Sang W, Zhang Z, Dai Y (2019) Recent advances in nano materials-based synergistic combination cancer immunotherapy. Chem Soc Rev 48 (14): 3771-3810.
9. Torchilin V (2011) Tumor delivery of macromolecular drugs based on the EPR effect . Adv Drug Deliv Rev 63(3): 131-135.
10. Golombek SK, May J, Theek B (2011) Tumor targeting via EPR: strategies to enhance patient responses. Adv Drug Deliv Rev 130:17-38.
11. Ni X, Zhang X, Duan X (2019) Near-infrared afterglow luminescent aggregation-induced emission dots with ultrahigh tumor-to-liver signal ratio for promoted image-guided cancer surgery. Nano Lett 19 (1): 318-330.
12. Teixeira MC, Carbone C, Souto EB (2017) Beyond liposomes: recent advances on lipid based nanostructures for poorly soluble/poorly permeable drug delivery. Prog Lipid Res 68:1-1.
13. Zhu W, Chen Z, Pan Y (2019) Functionalization of hollow nano materials for catalytic applications. Adv Mater 31 (38): Article e1800426.
14. Vivero-Escoto JL, Slowing II, Trewyn BG (2010) Mesoporous silica nano particles for intracellular controlled drug delivery. Small 6: 1952-1967.
15. Khawa IAr, Kim JH, Kuh HJ (2015) Improving drug delivery to solid tumors: priming the tumor microenvironment. J Contr Release 201: 78-89.