



## Role of Public Health Awareness and Quality of Palliative Care

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### Introduction

The right to health includes the right to access quality palliative care, but inequalities persist. Awareness-raising is a key component of the public health approach to palliative care, but it involves addressing issues that most of us would rather not address. Palliative care is an approach to improving the quality of life of patients (adults and children) and their families facing problems related to life-threatening illnesses. Early recognition, proper assessment, and treatment of pain and other physical, psychosocial, or psychological problems prevent and reduce suffering.

### Description

Dealing with suffering means dealing with issues beyond physical symptoms. Palliative care employs a team approach to support patients and their families. This includes meeting actual needs and providing bereavement assistance. We have established a support system for patients to live as fully as possible until they die. Palliative care is explicitly recognized by the human right to health. It should be delivered through individual-centered, integrated health services that pay particular attention to the specific needs and preferences of individuals. Palliative care is necessary for a variety of medical conditions. The majority of adults requiring palliative care have chronic diseases such as cardiovascular disease (38.5%), cancer (34%), chronic respiratory disease (10.3%), AIDS (5.7%), and diabetes (4.6%). I am suffering from an illness. Many other conditions may require palliative care, including kidney failure, chronic liver disease, multiple sclerosis, Parkinson's disease, rheumatoid arthritis, neurological disorders, dementia, birth defects, and drug-resistant tuberculosis [1,2].

Pain and dyspnea are two of the most common and devastating symptoms in patients requiring palliative care. For example, 80% of people with AIDS and cancer and 67% of people with cardiovascular disease and chronic obstructive pulmonary disease experience moderate to severe pain at the end of their lives [3]. Opioids are essential for pain management. Opioids can also relieve other common distressing physical symptoms, such as shortness of breath. Early control of these symptoms is an ethical imperative to alleviate suffering and respect individual dignity.

Palliative care is most effective when addressed early in the disease process. Early palliative care not only improves patients' quality of life but also reduces unnecessary hospitalizations and access to health services. Palliative care must be provided by the principles of universal health coverage. All people, regardless of income, type of illness, or age, should have access to basic national health services, including palliative care. Fiscal and social security systems must take into account the human right to palliative care for poor and marginalized population groups. As part of a multidisciplinary team, nursing staff, especially those working with critically ill patients, need to be trained in palliative care skills. Specialized palliative care is part of palliative

care. However, a sustainable, quality, and accessible palliative care system must be integrated with primary health care, community and home care, and support for care providers such as families and community volunteers. The provision of palliative care should be viewed as an ethical obligation of healthcare professionals [4].

### Conclusion

Palliative care medicines, including analgesics, are included in the WHO Essential Medicines List and the WHO Pediatric Essential Medicines List. Palliative care is recognized in major global mandates and policies for universal health coverage, non-communicable diseases, and community-based integrated health services. Whom guidelines for pharmacological and radiotherapy for cancer pain in adults and adolescents were published in 2019. Evidence indicates that public awareness campaigns are likely to increase awareness of palliative care and improve the quality of care, but evidence for the latter is lacking. A comprehensive campaign to raise public awareness of palliative care (including active care planning and end-of-life decision-making) should be based on clear and common language, use proven materials and use a variety of all kinds of mass media should be used for the purpose. Campaigns should be part of public health promotion, and synergies between short-term nationwide mass media campaigns and long-term community action initiatives should be carefully considered. National and local awareness projects should identify and address barriers at the individual, community, and care system levels.

### Acknowledgement

None

### Conflict of Interest

The author's declared that they have no conflict of interest.

### References

1. DeGroot NP, Allen KE, Falk EE, Velozzi-Averhoff C, Wasilewski-Masker K, et al. (2022) Relationship of race and ethnicity on access, timing, and disparities in pediatric palliative care for children with cancer. *Support Care Cancer*; 30:923-30.

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Received: 28-October-2022, Manuscript No. jcmhe-22-81119; Editor assigned: 31-October-2022, PreQC No. jcmhe-22-81119 (PQ); Reviewed: 14-November-2022, QC No. jcmhe-22-81119; Revised: 21-November-2022, Manuscript No. jcmhe-22-81119 (R); Published: 28-November-2022, DOI: 10.4172/2168-9717.1000784

Citation: Willis T (2022) Role of Public Health Awareness and Quality of Palliative Care. *J Community Med Health Educ* 12:784.

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2. Fernandes R, Braun KL, Ozawa J, Compton M, Guzman C, et al. (2010) Home-based palliative care services for underserved populations. *J Palliat Med*; 13:413-9.
3. Sleeman KE, De Brito M, Etkind S, Nkhoma K, Guo P, et al. (2019) The escalating global burden of serious health-related suffering: projections to 2060 by world regions, age groups, and health conditions. *Lancet Glob Health*; 7:e883-92.
4. Shen MJ, Wellman JD (2019) Evidence of palliative care stigma: the role of negative stereotypes in preventing willingness to use palliative care. *Palliat Support Care*; 17:374-80.