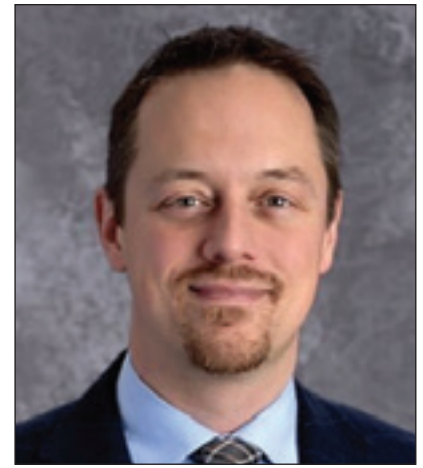


## Palliative Care Is Not Quite What You Think



*Dr. James Downar*

For many Canadians, discussing death, dying, and end-of-life care can be challenging; something to be avoided. Yet an open conversation with loved ones and health care providers can alleviate fear and help to initiate a stage of care that supports symptom management and the emotional, psychological, and spiritual needs as we near the end-of-life.

To most, palliative care is something done only at the end-of-life, but it is so much more than that. It means to provide comfort. And providing comfort should be central to how care is delivered.

Historically, palliative care has only been offered to people in the last weeks or months of life, when there was no treatment left to explore. The focus of care would then shift from cure to comfort. But now, people diagnosed with a life-limiting illness can live many years with their condition, and a palliative approach to care is greatly beneficial to their quality of life. This approach is also proven to reduce anxiety and improve pain and symptom management at all stages of life.

Open conversations that enable people to address their emotional or spiritual concerns are part of a palliative approach to care. These conversations

help with goal setting and advance care planning. It is a time for people to consider their values and wishes, and to let their loved ones and medical team know what kind of health and personal care they would want in the future if they were unable to speak for themselves.

As the illness progresses, individuals and families can make care decisions that reflect their personal desires and goals, including dying at home if that is their wish. What matters most to one person is often very different from the wishes of another. Their goals are different, and their care plan should reflect that.

Providing palliative care where the focus is on the person, rather than the disease, fundamentally changes care to maximize both quality and length of life. It ensures that a good death is part of a person's good life lived.

Bruyère, an academic health care organization located in Ottawa, is the home of the Pan-Canadian Palliative Care Research Collaborative; a network of over 100 researchers and other key community members. Co-chaired by Bruyère clinical researcher Dr. James Downar, this network recently received a multi-million-dollar grant from Health Canada to transform palliative

care delivery for patients and caregivers by studying and implementing new strategies for pain management, existential distress, novel therapies for symptom management, equitable models of care, and other priorities in palliative care across Canada. This important investment underscores the quality of the research and expertise that exists at Bruyère and ensures that our patients are the first to benefit from new treatments.

Whether it's new tools, innovative models of care, or educational resources, the Bruyère Research Institute, is dedicated to advancing palliative care to improve the experience for patients their loved ones, and our care teams.

"In medicine, we often try to save lives, but we also need to focus on comfort and quality of life. Just as it's important to get the way we come into the world right – to have a good birth – it's critical we get death and dying right, too. With an integrated palliative approach to care, patients will live better and die well." - Dr. James Downar, Clinical Research Chair in Palliative and End of Life Care, University of Ottawa and Co-Chair, Pan-Canadian Palliative Care Research Collaborative.

*Submitted by the Bruyère Foundation*