

Palliative VS Curative

The word palliative is one that was hardly spoken 20 years ago, but over the past decade it is a word that has found its way into mainstream conversation.

Palliative care is comfort care. The goal of palliative care is to prevent and relieve suffering and to support the best possible quality of life for patients and their families. In actuality, all medical care should have a palliative component.

For example, part of the care the patient receives after knee surgery is related to pain management. Pain management relieves suffering. That is a palliative component. Assuring that the patient and family understand the treatment plan and have their questions answered and their fears addressed also are components of palliative care. However, much of the care after knee surgery also involves curative, or rehabilitative care, such as physical therapy and care of the wound. After knee surgery, both curative and palliative care are involved.

The patient's goals often determine the extent of the palliative care given. When a newly diagnosed cancer patient begins chemotherapy, the goal is usually curative. The physician and patient will be working to eradicate the cancer. Palliative care is provided as much as possible, but if the goal of the patient is to live longer, it is not uncommon for him or her to accept some unpleasant side effects of the treatment.

But when a person is very frail, of advanced age or seriously ill, the goal may not be to cure, to rehabilitate or restore either because it is not possible, or because the patient does not wish it. Sometimes what is more important to the patient is to live well, to be comfortable without the burdens of curative treatments. In such situations, it is time to make palliative care the dominant kind of care and let go of attempts at cure.

This is a tough call for many patients and families. When do you shift the goal from doing everything possible to keep living to doing everything possible to keep living well?

It helps to understand that choosing palliative care is not giving up. It is changing the type of care to match the patient's achievable goals.

Palliative care:

- Is aggressive treatment of pain and other disease symptoms (as opposed to aggressive treatment of the disease itself);
- Provides support with regard to the person's spiritual, emotional and practical concerns;
- Offers support for the family or caregivers of the patient;
- Neither hastens nor prolongs death; and
- Is life affirming and helps patients live as actively as possible as long as possible.

Palliative care services treat the whole person and may include:

- Exploring patient goals and wishes;
- Clarifying medication and treatment;
- Promoting communication with the health care team;
- Supporting the completion of an advance directive;
- Discussing pain and symptom management and the meaning of comfort care; and
- Providing information and support regarding home skilled nursing care and hospice care.

Palliative care may be recommended by the patient's physician but also may be requested by the patient or family. Palliative care is provided as a component of service by hospitals, nursing homes and home health agencies. In a hospice, palliative care is the sole focus of care. In other words, all hospices provide palliative care, but not all palliative care is provided by hospices.

After learning about palliative care, you or a loved one may be interested in obtaining more information or in requesting palliative care from your physician