

Understanding Palliative Care

By Tan Ee Hiang, Community Relations Executive
HCA Hospice Care

HCA Hospice Care and Tan Tock Seng Hospital are jointly organising a public symposium on the theme, Living Well, Leaving Well. Two esteemed overseas experts will speak on the different aspects of palliative care.

Living Well, Leaving Well will be held on 22 Mar 2014, at 2-4pm at Tan Tock Seng Hospital.

Visit www.hca.org.sg/events/symposium to register. Call 6251 2561 for any enquiries.



Dr Suresh Reddy

Topic: Key Decisions in Palliative Care

Dr Reddy is a Professor and Section Chief at the Department of Palliative Care and Rehabilitation Medicine, University of Texas MD Anderson Cancer Centre



Dr Jan Aldridge

Topic: The Family in Palliative Care

Dr Aldridge is a Consultant Clinical Psychologist in Paediatric Palliative Care at Martin House Children's Hospice in the United Kingdom. She is also an Honorary Senior Lecturer at the University of Leeds' School of Medicine.

You started work in medicine in anaesthesiology. Why did you choose to make the move into the field of palliative care?

After I completed my training in anaesthesiology, I wanted to pursue further sub-specialty training in pain management offered to anaesthesiologists. I was trained in all kinds of pain management, but treatment of cancer pain really sparked my interest and motivated me due to its rather variable outcomes and challenges. Palliative care was also a natural transition for me after I met my mentor, Dr Eduardo Bruera, who is a leader in the field of palliative care.

What are some of the misconceptions about palliative care that you have encountered?

- Palliative care is a death service
- It leads to depression and anxiety
- It is a TLC (Tender Love and CARE) service
- One does not need specialist training to provide it
- It should be reserved for the time of death

Are there any cultural differences in the way people around the world approach palliative care?

Absolutely. Most cultures do not want disclosure of cancer diagnosis to be made to the patient, while many cultures associate palliative care with end-of-life care. Decision making is also unique to different cultures – from complete autonomy, to decision making by the eldest in the family.

Have there been any patients or incidents that stand out in your memory?

So many it's tough to pick one. Taking care of colleagues who trained me, but unfortunately died under my care, is probably the toughest. These cases are complex to manage, since there are so many issues, including the emotional aspects of taking care of a colleague. One starts to think about one's own mortality and who I would want to have take care of me when I am dying.

Could you give us an example of the sort of decisions patients commonly need to make?

The common ones those regarding the treatment aspects, when to wean and/or stop treatment, legalities surrounding withdrawal and withholding care, resuscitation, medical proxy, and funeral arrangements.

You've concentrated on clinical psychology with children for almost your entire career. Why did you decide to move into this particular field of psychology – the opportunity to work with children?

It is not always easy for children in our societies to realise their amazing potential. I wanted to be part of helping children to achieve that, whatever form it might take.

What are some of the misconceptions about paediatric palliative care you have encountered?

A common misconception is about how overwhelmingly sad the work must be. It is of course very sad and painful at times, but it is also a real privilege to be alongside people at this important time, to share their journey and to learn from them. I am full of admiration for how children manage all the many challenges that are thrown at them, and to see the amount of life living that they pack into their days!

What do you feel is the main difference between adult and paediatric palliative care?

The focus of adult palliative care is often about providing the best possible care at the end of life. Paediatric palliative care is very much about helping children and their families grow and develop and live as fully and actively as possible throughout their life, although it might be a shortened life.

This is a challenge at times, as some parents understandably want to wrap their children in cotton wool and protect them from any further trials and tribulations, whereas the children themselves value making the most of their experience of life.

What sort of difference is there in the role the family plays in adult and paediatric palliative care?

Families are significant to most of us and at difficult times even more so. However, in paediatric palliative care, the family is absolutely central. Many children worry more about their parents than about themselves, and are only able to relax a bit when they see we are looking after their family too. This means that the health professionals may need to think about the whole family system and their significant friends too.