Palliative Care – the new essentials

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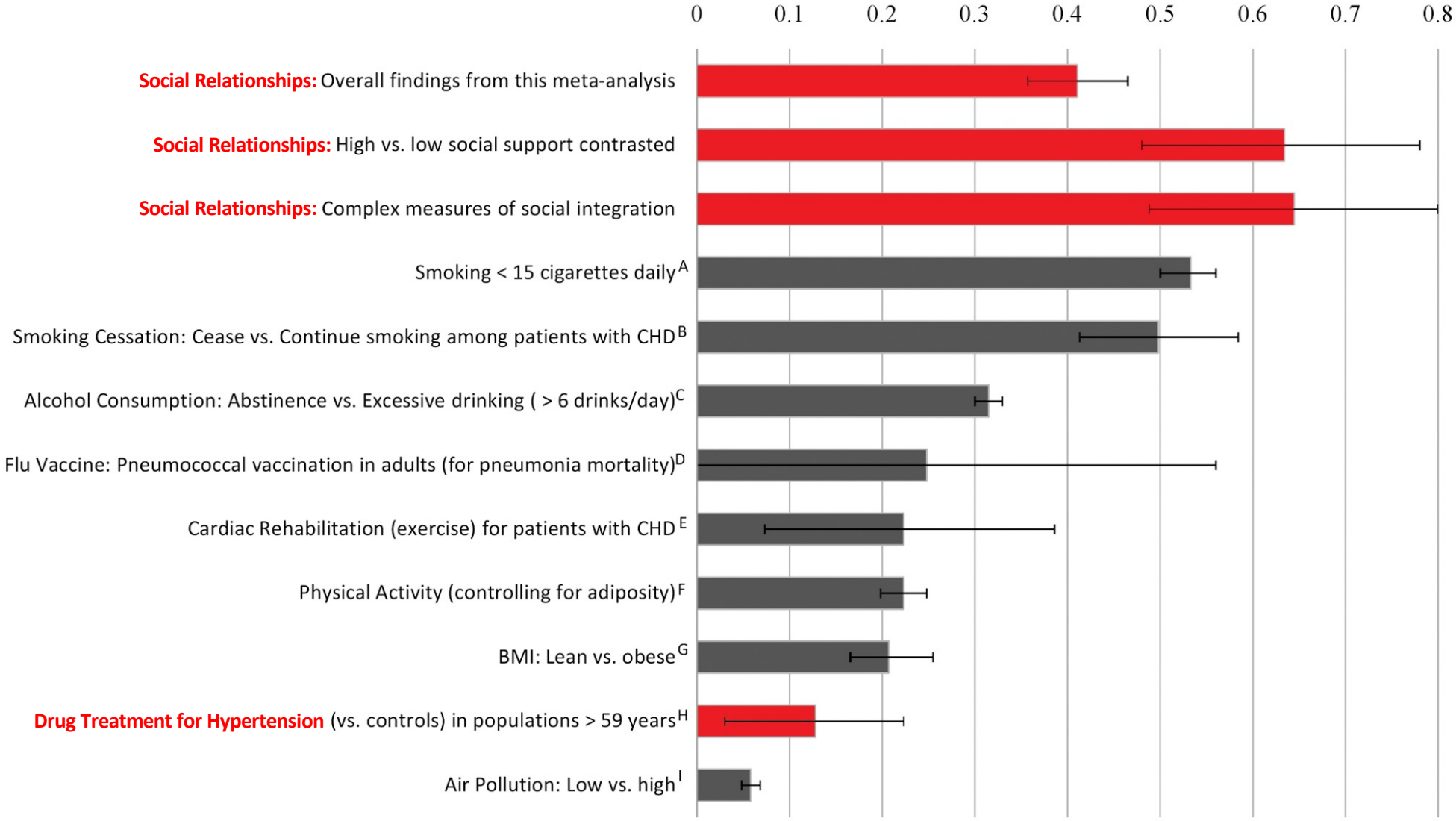
1. Comparison of odds (lnOR) of decreased mortality across several conditions associated with mortality.



Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. PLOS Medicine 7(7): e1000316. https://doi.org/10.1371/journal.pmed.1000316
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000316

Loneliness

- Social isolation significantly increased a person's risk of premature death from all causes, equal to smoking, obesity, and physical inactivity.
- Social isolation - 50% percent increased risk of dementia.
- Poor social relationships associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.
- Loneliness was associated with higher rates of depression, anxiety, and suicide.
- Loneliness among heart failure patients was associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits.

Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System, Washington (DC): National Academies Press (US); 2020 Feb 27.

Prof Bessell van der Kolk – The Body Keeps the Score

Social support is not the same as merely being in the presence of others. The critical issue is reciprocity, being truly heard and seen by the people around us, feeling that we are held in someone's mind and heart. For our physiology to calm down, heal, and grow we need a visceral feeling of safety. **No doctor can write a prescription for friendship and love. These are complex and hard earned capacities.**

3 enormous palliative care blind spots

- **Equity of access-** Access to Palliative Care Reimagined https://www.rcpjournals.org/content/futurehosp/early/2021/09/22/fhj.2021-0040
- **What matters most-** ACP Reimagined https://journals.sagepub.com/doi/full/10.1177/2632352420934491
- **Bereavement -** Community sources of bereavement support https://blogs.bmj.com/spcare/2021/10/01/community-sources-of-bereavement-support/

Evolutionary history of social relationships in humans

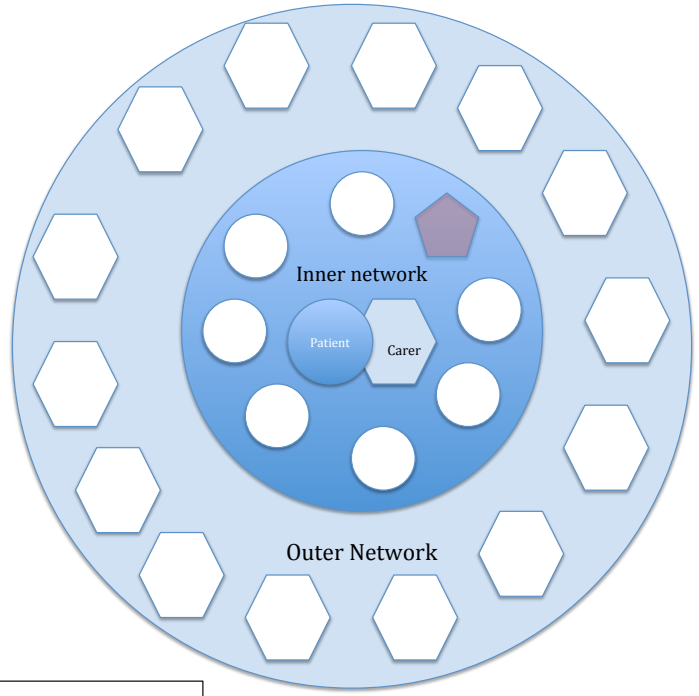
Survival of the kindest is a much more appropriate term than survival of the fittest.

Human social genomics

The presence of socialising hormones, including oxytocin, and biochemical cascades, physiology and social behaviour all point towards compassion being part of evolution, not just in man, the most social of animals, but throughout the animal kingdom.

Kinship – all my relations
Every person is equally important

Ecomap of network and relationships



Network organiser

Frequency of visits F
Relationship type eg son/daughter R
Strong relationship _____
Weak/ vulnerable relationship ----------
Stressful/adverse relationship -/-/-/

Practical support = P

Emotional support = E

Version 2 JA 7/5/2016

Who can help?
Anyone and everyone

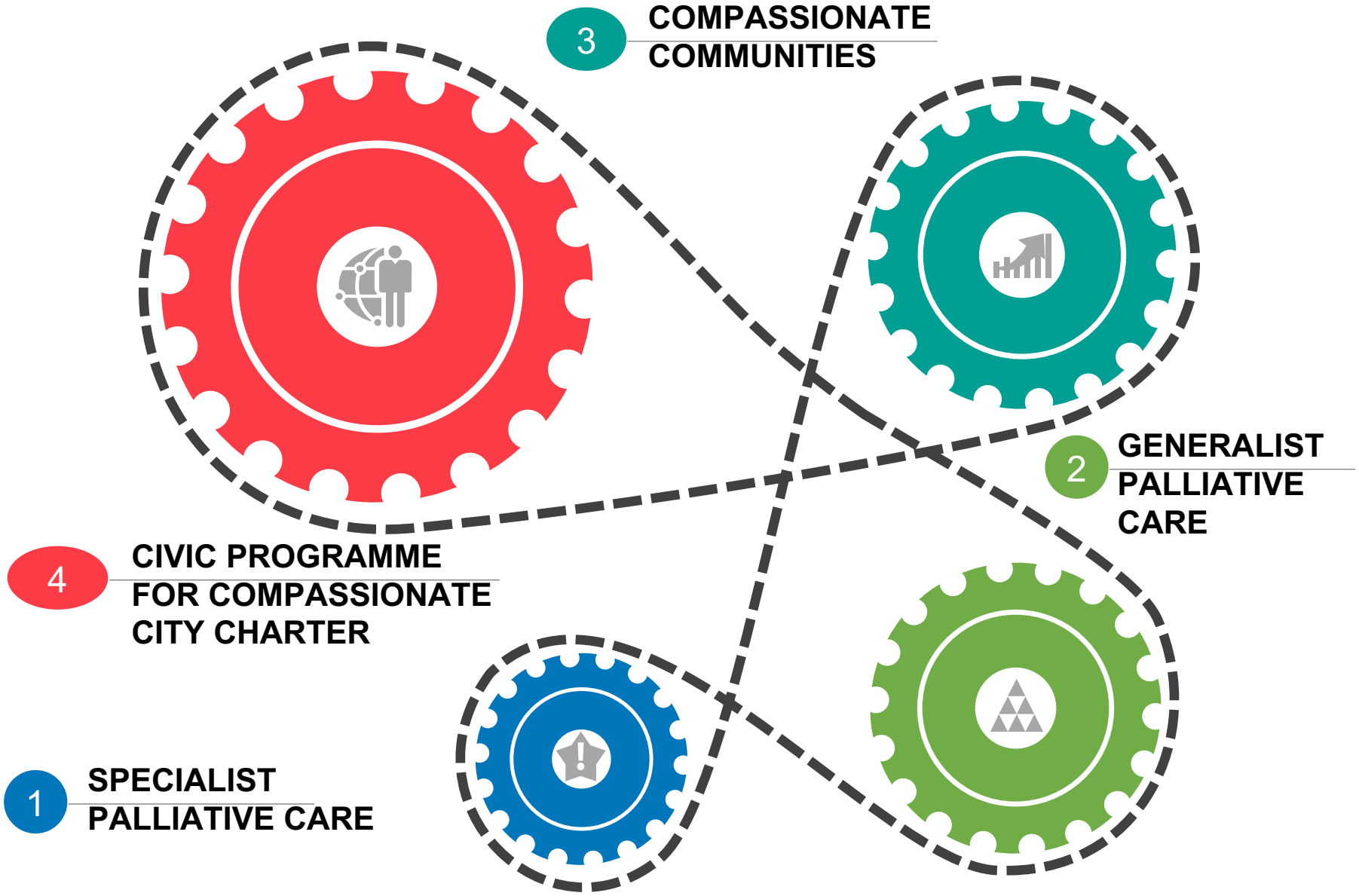
- Friends
- Family members
- Neighbours
- Pets
- Community
- Groups

- Colleagues
- GP
- Social Media
- Pharmacist

What helps?
Love, laughter and friendship

- Shopping
- Phone calls
- Friendly chat
- Company
- Cooking
- Gardening
- Cleaning
- Going for a walk
- Personal care
- Transport
- Leisure and activity
- Looking after pets
- Pain relief

Palliative Care – The New Essentials



Specialist Palliative Care

- Ease of contact with palliative care services – Zoom, Teams, Facetime, video link.
- Immediacy of advice and visits
- Specialist beds open to all
- Training of carers in the community – network development, manual handling, injections
- Participation in implementation of compassionate city charter

Generalist palliative care/primary care

- Proactive identification of people in need of support
- What matters conversations
- Linkage and coordination with community resource at point of contact
- Systematic after death audits for continuous improvement (QI methodology)
- Community development workers are part of the clinical team

Compassionate Communities
The neighbourhood is the unit of change (Cormac Russell)

- Building of resilient networks of support around families of care, main emphasis is love, laughter and friendship with practical tasks
- Skilling up of caring networks
- Increasing neighbourhood capacity to care for those who experience death, dying and loss
- Integration and building of trusting relationships with health and social care teams
- Develop of service directory
- **Community development worker as professional role**

Compassionate City Charter

Systematic way of ensuring we build compassionate communities in all sectors

Educational institutions, workplaces, trade unions, health and social care institutions, religious institutions, neighbourhoods, homeless and vulnerable amongst others

Incentive schemes and awards at civic level

Policy change to support compassionate communities

Yarning about Sad News and Sorry Business
Know the community you are going into

- For many non-Indigenous Australians there has been limited opportunity to interact with and learn about Aboriginal and Torres Strait Islander peoples and their diverse cultures, including communication styles, family structures, lived experiences and beliefs.
- A failure to appreciate diversity and acknowledge complexities within communities *'condemns policies and programs to failure'.*
- Knowing the community is the best way to ensure the most effective method of consultation, which extends to more than geography, language or health statistics, to include consideration of politics, key stakeholders, other current and past engagement processes and topics, and other important issues taking place in the community.

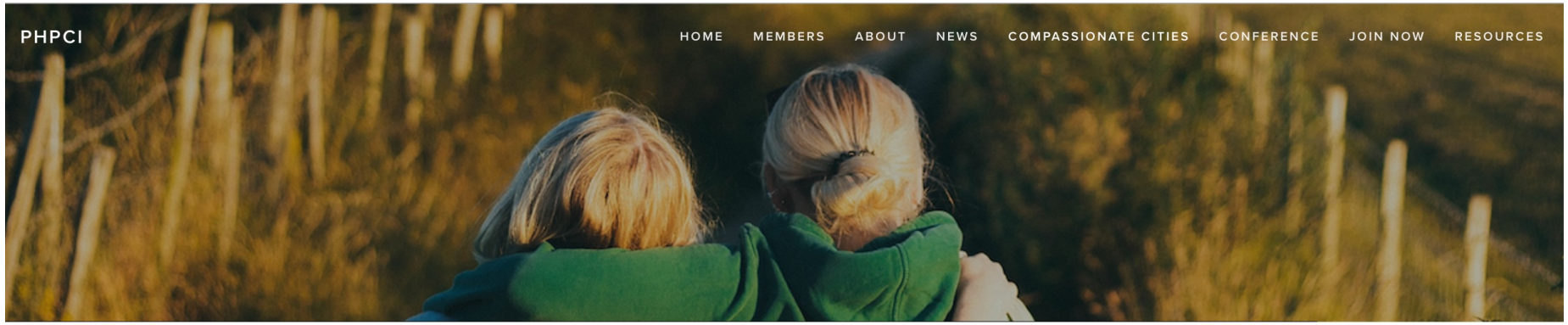
Yarning about Sad News and Sorry Business

- ***It is different in each community and you just don't know if you are getting it right.***
- ***I would be ok in my community but if I went to another place and had to talk I'd make sure I talked to some other people quietly first so I could work out what the people in the room expected or thought was ok***
- ***Don't think that individuals or organisation represent everyone, talk to all people and the right people about the topic, the ones who are part of the topic and living it***

Yarning about Sad News and Sorry Business

- ***There needs to be more of a focus on health and wellbeing combined, and look at how Aboriginal and Torres Strait Islander people do things when they die. You get these eyes of authority looking at how we do things when loved ones are dying. We need to get rid of this***
- ***The service providers are restricted in what they can do for our quality of life, it is up to volunteers and family to help create this.***
- ***Palliative care outside of family or community can be a culturally distancing experience - we as a caring community can do better.***

Compassionate Cities PHPCI



Compassionate Cities

BECOME A COMPASSIONATE CITY

CITIES

Kozhikode, INDIA

Population: 600,000

Brief: Compassionate Kozhikode is located in Kozhikode, also known as Calicut. It is a city in Northern Kerala (India). Kozhikode was the first place in South India to start a palliative care service. The program started in 1993 and later developed further to have a regular outpatient clinic, inpatient unit, eight home care units, and a training centre. One of the eight home care units is a 24/7 home care program. Programs are supported by trained volunteers, the majority of whom are young people. These activities are coordinated by Institute of Palliative Medicine (www.instituteofpalliativemedicine.org) In 2015, the District Administration decided to build further activities on this social capital and floated a platform called 'Compassionate Kozhikode'. This programme included other marginalised groups such as older people, differently abled, and people with mental illness, all under the umbrella of compassionate care through community participation. The program is three years old now. Regular community support is being provided

Why we should use a compassionate communities approach in clinical practice

Increases enormously the range of interventions we can talk about and use

Changes the nature of the clinical consultation to focus on what is most meaningful

Works directly with patients and caring networks

How this increases the range of our practice

Network mapping and enhancement

Resource directory – social connectedness, what people are interested in, creates the possibility of love, laughter and friendship

Direct link to palliative care resource in the community – help and support of friendship groups and schemes, travel, peer support bereavement groups

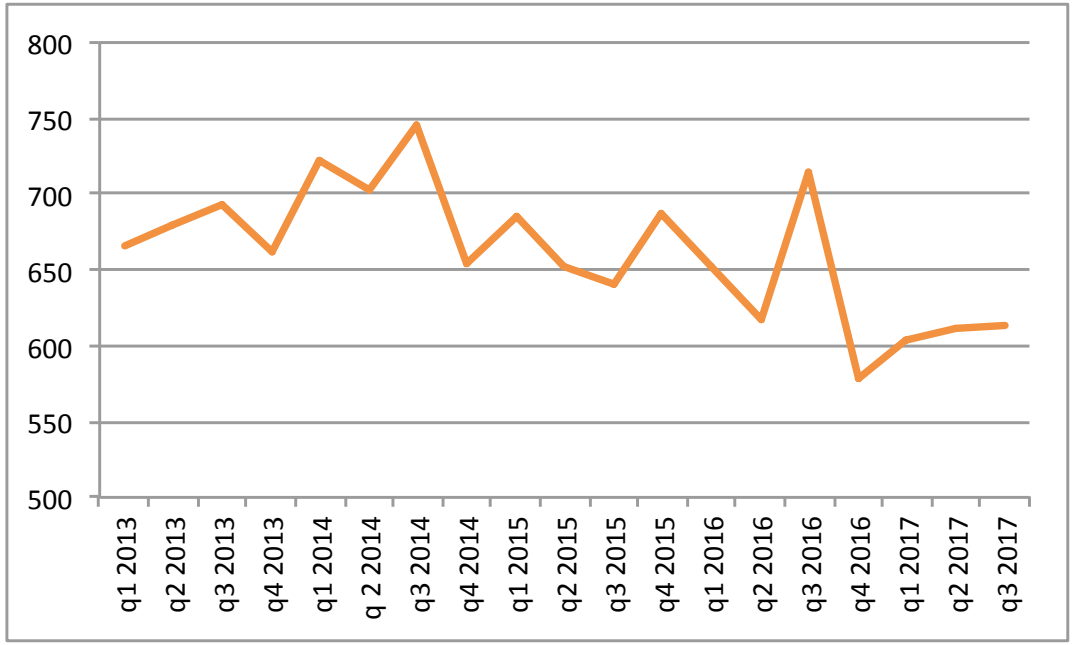
End of life care for all

- Was the patient identified before death?
- Did they have goal setting/care planning?
- What is the resilience of the supportive network and has this been enhanced?
- Were they connected to community resource?
- Review of every death in the practice to learn the lessons

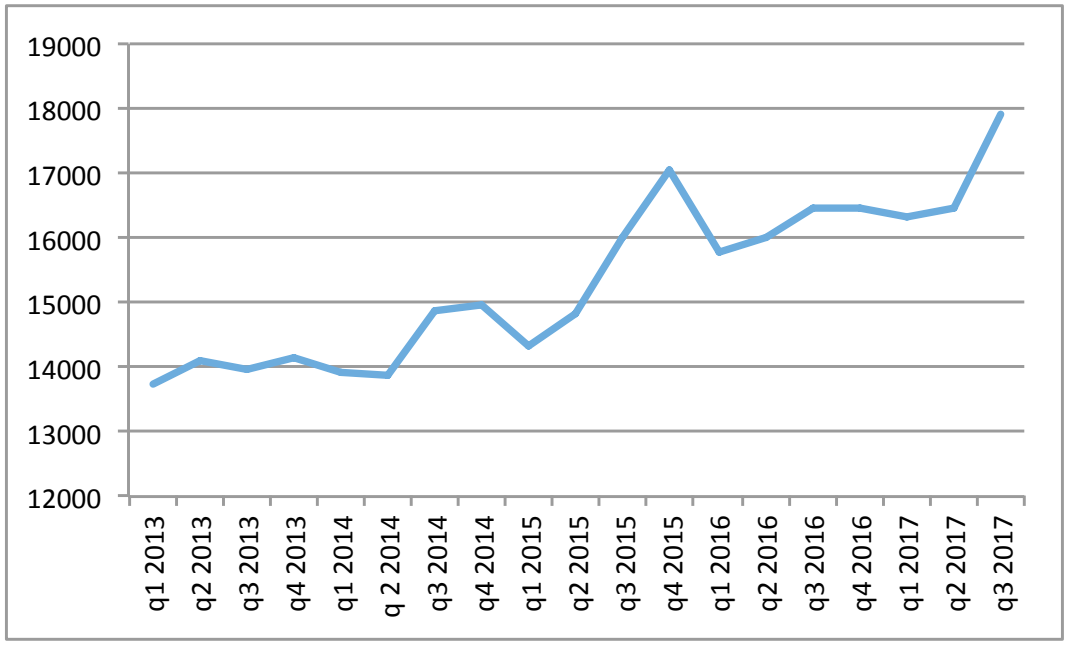
Aims

- Palliative and end of life care for all, irrespective of diagnosis and age
- Includes all forms of death – sudden, suicide, accidents, pet loss
- Integrates chronic illness with death and bereavement
- Transforms communities – inclusive of neighbourhoods through to institutions and workplaces

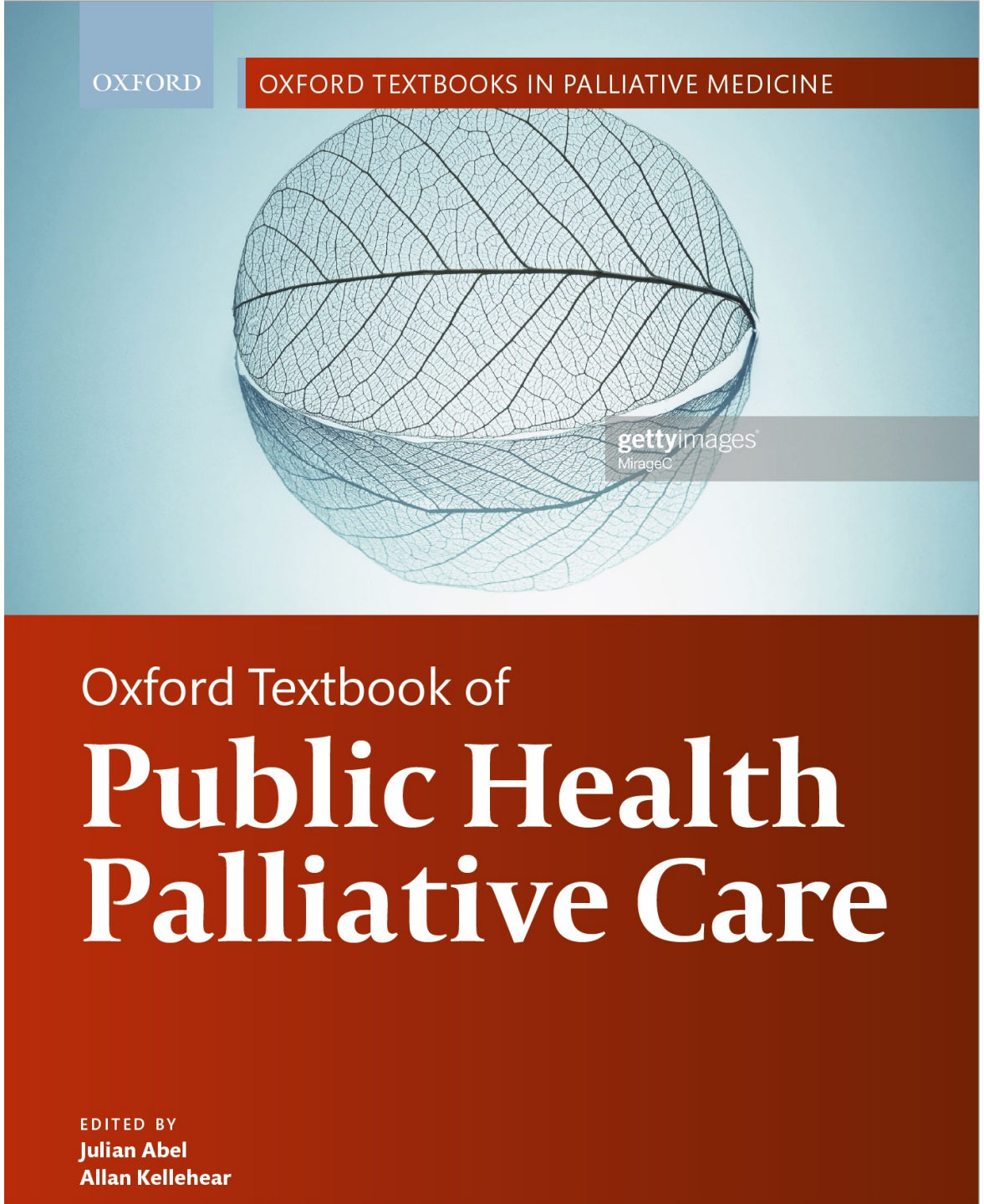
4. Quarterly emergency admissions Frome compared to the rest of Somerset 2013 - 2017



Frome emergency admissions



Somerset emergency admissions

1. Abel, J., Kingston H., et al., *Reducing emergency hospital admissions: a population health complex intervention of an enhanced model of primary care and compassionate communities.* Br J Gen Pract, 2018: p. bjgp18X699437.

What does palliative care look like reimagined?