

Broadening End-of-Life Comfort to Improve Palliative Care Practices in Long-Term Care

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This project (2014 - 2016) was funded by the Canadian Frailty Network (previously Technology Evaluation in the Elderly Network) and supported by Government of Canada through Networks of Centres of Excellence.



Canadian
Frailty
Network

Réseau canadien
des soins aux
personnes fragilisées

Known previously as Technology Evaluation in the Elderly Network, TVN

BACKGROUND

- As the Canadian population ages, particularly amongst those 80+, the prevalence of relocation to long-term care (LTC) is expected to increase dramatically
- Therefore, LTC homes will likely become a primary location of death for older adults in an advanced age and currently, 70% of residents living in long-term care (LTC) die in residency
- The majority of residents do not enter LTC homes with the primary goal of receiving end-of-life care, and most would prefer to live elsewhere due to long standing stigmas associating LTC with neglect, deterioration of health, and death

RESEARCH TOPIC

- To examine how palliative care principles (PCP) can best be integrated in LTC is a pressing issue by exploring the tensions associated with caring for the living and dying within one care community and informing how PCP may be improved

METHODOLOGY

- As a subset of a larger study aimed at strengthening a palliative approach to care in LTC, this paper reports findings from a series of focus groups with staff, families, and residents intended to explore their perspectives on the overlap between PCP and EOL care

KEY FINDINGS

- LTC home staffs', residents', and families' perspectives of end-of-life comfort applied to those who were actively dying and families who support them
- A general poor understanding of comfort limited the integration of palliative care principles to the final days of residents' lives

CONCLUSION

- Eliciting residents' perceptions of end-of-life comfort, sharing information about a fellow resident's death, and ensuring that residents, families, and staff have opportunities to constructively participate in PCP for dying residents, could extend the purview of end-of-life comfort and support an expanded integration of palliative principles within LTC