Occupational Therapy Australia

Position paper:

Occupational therapy in palliative care



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About Occupational Therapy Australia

Occupational Therapy Australia is the professional association for occupational therapists in Australia.

Our members are qualified occupational therapists employed throughout the public and private sectors. They provide health care, vocational rehabilitation, and consultancy to clients.

Our mission is to provide member benefits through access to local professional support and resources, and through opportunities to contribute to, and shape, professional excellence.

For more information about Occupational Therapy Australia, visit www.otaus.com.au.

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Summary statement of position

Occupational therapists working and researching in palliative care support living in the face of dying. They acknowledge the inevitability of death, the loss of function and the ongoing drive to be as active as possible for as long as possible[1-5]. Occupational therapists should be an integral part of palliative care teams and service provision.

Utilising core occupational therapy skills and working within interdisciplinary teams, occupational therapists help to optimise the individual's function, promote dignity and support participation in essential and valued activities[6-8]. Consistent with palliative philosophy, interventions are developed in consultation with people with life-limiting conditions and their circles of support to live and die in the place of their choosing.

Introduction: the occupational therapy profession

Occupational therapy is a person-centred health profession concerned with promoting health and well being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement[9].

Purpose of position statement

The purpose of this paper is to outline the role of occupational therapy in palliative care in Australia, the contextual factors experienced by the profession in this practice setting, and proposed recommendations to improve practice and relevant policy.

The intended use of this statement includes, but is not limited to, informing service and policy development at a local and national level. This position statement will be accessible to clinicians, academics, health service managers, professional associations and government bodies.

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Policy and environmental context

The World Health Organisation[10] acknowledges the importance of symptom control and care required in the dying process. It also states that palliative care 'affirms life and regards dying as a normal process" and "offers a support system to help people live as actively as possible until death" [10].

The Australian Institute of Health and Welfare[11] predicts that there will be a growing demand for palliative care services due to an ageing population and an increase in the population of people living with chronic disease. This means people are living longer with impaired function, and decreased ability to participate in everyday activities. The Australian government acknowledges the importance of addressing this demand and providing quality care at end of life[12-13]. *The National Strategy for Palliative Care 2010 – Supporting Australians to Live Well at the End of Life* was developed to guide palliative care service delivery and future initiatives[14].

Occupational therapists working in palliative care welcome international and national commitments to expanding the scope and quality of palliative care[15-17]. Current policy and environment sets a context for the role of occupational therapy, particularly in the profession's commitment to helping people actively engage in life until they die.

Statement of position taken by Occupational Therapy Australia

Occupational therapy services should be an integral part of palliative care. People and families living with a life-limiting illness require access to occupational therapy in order to provide ongoing assessment and intervention to address constantly changing need across the disease trajectory. Occupational therapists work with people with life limiting illnesses in a wide variety of settings, including; community health, aged care, community rehabilitation, outpatient clinics, acute care, tertiary rehabilitation centres, day hospice, hospice and inpatient palliative care units.

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The role of occupational therapy

This statement supports and underpins a range of occupational therapy roles in working with people and their circles of support living with life-limiting conditions:

- Optimises quality of life and promotes occupational performance over the course of disease progression through participation in meaningful occupations, via comprehensive assessment and intervention
- Promotes adaptation and coping with the challenges associated with life limiting illness, by reframing occupational goals and expectations in the face of impending death
- Supports capacity to attend to affairs and the development of legacy
- Assists with management of symptoms such as fatigue, breathlessness and pain through assessment, education, counseling, task redesign and equipment prescription
- Provides support to the person to remain in/return to the place of care of their choice through assessment, intervention and care co-ordination
- Provides expert assessment of the person's ability to manage safely within their own home. Targeted interventions, such as education and environmental modifications address identified goals. The occupational therapist's understanding of the illness enables planning for future needs
- Provides expert liaison within the care team to promote best outcomes
- Provides support, education and training to informal caregivers to reduce risk of injury, negative experiences and complex bereavement. The informal caregiver role can be challenging, generating anxiety and stress in an already uncertain situation[18].

Recommendations

In order to address the current and future needs of Australian people at the end-of-life, Occupational Therapy Australia make the following recommendations:

- Equitable access to occupational therapy be available for all people receiving palliative management for their illness, whether they be in hospice, acute, subacute or ambulatory care settings, residential care or at home
- Occupational therapists working across a range of settings have access to support and education that enables them to implement a palliative approach that is informed by best available evidence [19-21]
- Facilitation of research that will optimise outcomes in occupational therapy and palliative care
- The inclusion of both advanced palliative care training and a palliative approach into undergraduate and postgraduate curriculums. This approach should include, but not be limited to, symptom management and a rehabilitative approach that optimises function.

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Conclusion

Desire to participate in valued and essential occupations does not diminish at the end-of-life; in fact it is intensified. Occupational therapists play an integral role in enabling ongoing participation by optimising function and management of symptoms. Occupational therapists working with people receiving palliative care acknowledge the dual reality of living and dying and work within this context. Therefore, occupational focus may also include faciliation of participation in occupations related specifically to dying. The act of dying is a unique, individualised occupational activity and as such all occupational therapy interventions are informed by the priorities of the person and their circles of support.

Glossary of terms

Palliative care: An approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. [22]

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