

Advertorial

The value of home based palliative services for cancer patients

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Life is a gift, and its value infinite. Yet, most people only fully appreciate the miracle of life and its value at the end spectrums of life – at birth and at end of life. People closest to the new born (parents, grandparents and close friends) and to the terminally ill (children, grandchildren and close friends) are most sensitised to the wonder and meaning of life.

Life, most especially during these periods, is very much a family affair. It is small wonder, that homecare (as opposed to in-patient hospital care) of the terminally ill patient is internationally recognised as best care and most appropriate in terms of dignity, privacy and family involvement.

Centuries ago the unwell were all cared for at home. Thereafter, technology intense hospitals became part of society. More recently, more and more patients and doctors are opting for homecare.

There are compelling reasons for the international trend to treat conditions at home in lieu of admission to an acute hospital, to discharge patients early from acute hospitals, and to provide homecare services instead of admitting to in-patient step-down or rehabilitation facilities. Here we are not only talking about terminally ill patients, but rather patients who require intravenous infusions, wound care, after-hospital care, step-down or rehabilitation care following major illnesses or operations.

The advantages of homecare rather than in-hospital care are obvious: Patients recovery quicker, physically and mentally, there is better compliance with medications and therapy, and patients are happier at home. Families appreciate not having

to stick to hospital visiting hours or pay for travel to hospital.

Funders also welcome homecare: Hospital costs are reduced due to reduced hospital length of stay, hospital infections and bed sores. Homecare is at least one third the cost of in-hospital care.

Palliative homecare brings all the above mentioned advantages. Palliative patients tend to have more quality of life at home, surrounded by children and grand-children. There is opportunity to resolve untoward personal and family dynamics, resulting in closure, with the terminally ill patient passing on at rest with family and the world.

As with everything in life, not every treatment option gains full acceptance. In a minority of cases, patients or families resist homecare, even after counselling, and their wishes need to be respected.

Homecare operates best when there is a multidisciplinary team in attendance. SA Home Care, a South African homecare organisation with a national footprint and using international guidelines, follows this process: Patients are referred by oncologists or medical schemes. Our palliative care trained registered nurse will visit the patient and assess the patient's needs. Her report is verified by medical advisors, who will discuss the patient with the oncologist and GP. The validated report is forwarded to the medical scheme, authorisation for homecare obtained, and the care plan implemented.

The medically coordinated care plan depends on the individual patient's needs – physical and psycho-social – and may include registered nurse visits for pain symptom relief; carers day and night to help with activities of daily living, nutrition and hydration,

and prevent bed sores; social workers or counsellors to support patients and families; physiotherapists to help with chest problems and mobilisation; nutritionists to advise on feeds; and medical equipment - oxygen, suction, syringe drivers, commodes, wheelchairs and hospital beds if needed.

Advantages of one-on-one home nursing cannot be over-emphasised: patients respond to eating or drinking a teaspoon of food or fluid at a time and this usually obviates need for tube feeding; similarly, patients are more comfortable, requiring less continuous pain relief.

For patients receiving homecare in lieu of in-patient step-down and rehabilitation care, the full multidisciplinary team will attend to the patient, with similar outcome to in-patient care.

Funding of homecare services – especially homecare palliative care services – is comprehensive in those overseas countries such as the UK, where National Health Insurance covers all care. In the South African private health sector, many medical schemes will fund part or all of palliative homecare services, thus enabling families to be with and cherish the lasts moments in this world with their departing loved ones.



For more information, and references to international research, please visit www.sa-homecare.co.za.