

Palliative care in policy documents for adults with cancer and non-cancer diseases with potential palliative care needs: A document analysis

Anna O’Sullivan R.N., PhD ^{1,2} , Linnéa Carling R.N., MScN ³, Joakim Öhlén R.N., professor ^{4,5,6}, Stina Nyblom MD, PhD ^{6,7},Anneli Ozanne R.N., associate professor ^{8,9}, Ragnhild Hedman R.N., associate professor ¹, Carl-Johan Fürst MD, professor ^{10,11}, Cecilia Larsdotter R.N., professor ¹

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Conclusion

- There are large variations in how palliative care is conceptualised in national disease-specific policy documents, as disclosed by this Swedish case.
- Limiting palliative care to disease-specific medical treatments or to the care of dying persons limits its scope in ways that are contrary to current evidence in support of early integrated palliative care.
- To promote equal access to palliative care regardless of patients’ diseases or medical conditions, the importance of how palliative care is included in national policy documents needs to be further acknowledged and discussed — with palliative care consistently included in such documents.

Aim

The aim for this study was to examine how palliative care is included in national disease-specific policy documents for adults with chronic conditions, cancer and non-cancer, with potential palliative care needs.

Methods

A document analysis of 96 Swedish policy documents for different disease-specific groups was performed. Of all the documents, 43 documents for different cancer types and 10 documents concerning severe non-cancer chronic conditions included palliative care formulations feasible for further analysis.

Results

The inclusion of palliative care in the text segments varied, from none at all to quite substantial chapters dedicated solely to palliative care.

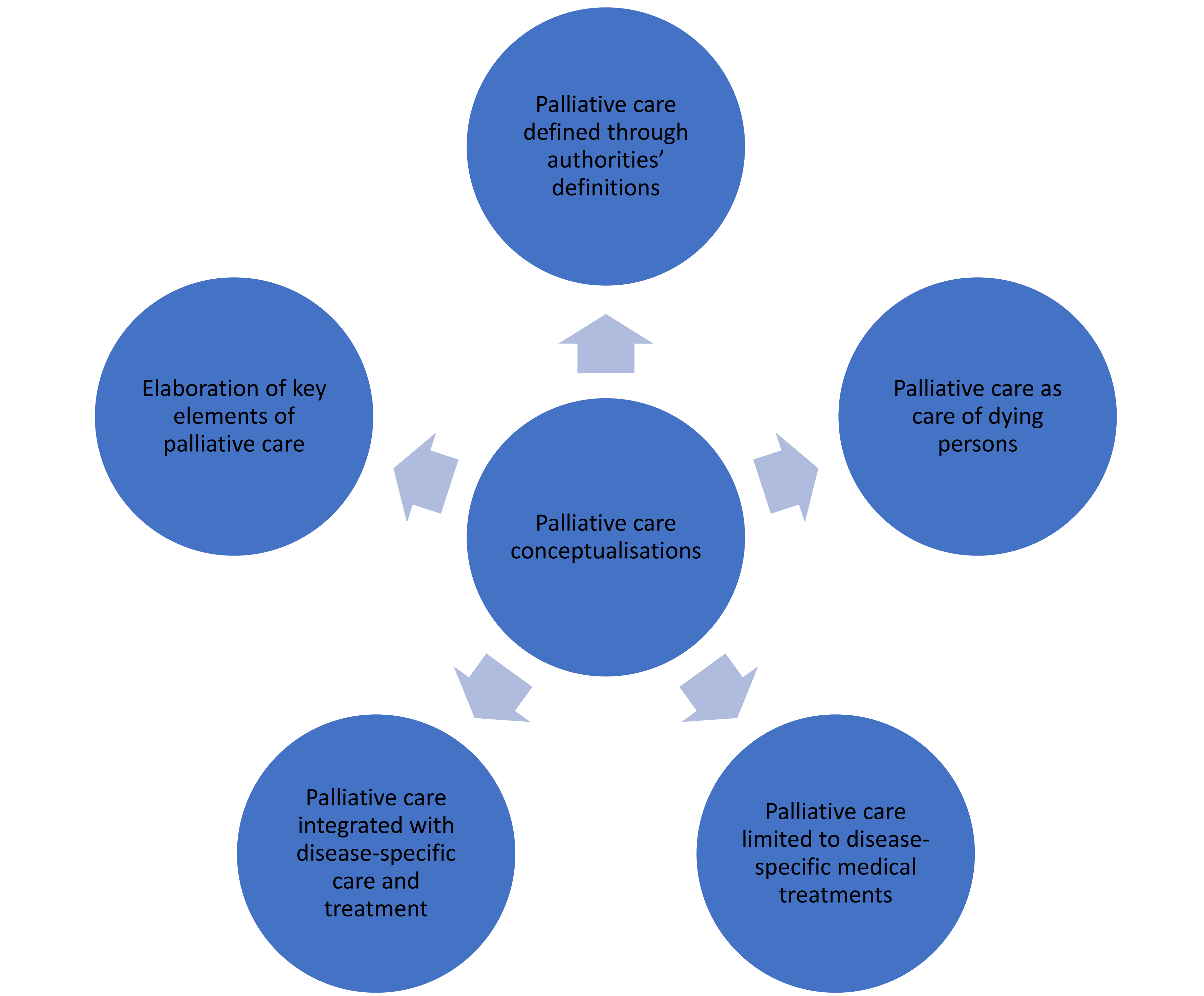


Figure 1. Overview of the result

Results continued

Variations in how palliative care was included encompassed conceptualisations of palliative care defined through authorities’ definitions. WHO’s definition of palliative care, was a common reference. Further conceptualisations of palliative care displayed in the documents were palliative care as care of dying persons; palliative care limited to disease-specific medical treatments; palliative care integrated with disease-specific care and treatment. Some documents had included palliative care through elaboration of certain palliative care key elements e.g. communication or specialised palliative care (Figure 1 and table 1).

Conceptualisations of palliative care	Examples of text excerpts
Defined through authorities’ definitions	The palliative approach is based on the physical, psychological, social and existential dimensions of life and also includes support for the family
Care of dying persons	When a dementia disease has progressed to later and more severe stages, it may be appropriate to switch to palliative care
Integrated with disease-specific care and treatment	Palliative interventions can advantageously be integrated with the cancer-specific treatment already early in the course if the patient has cancer symptoms
Limited to disease-specific medical treatments	In some patients, supportive treatment without chemotherapy may be the wisest palliative strategy. In other patients, the best palliation is achieved through a combination of good supportive treatment and low-intensity symptom-relieving cytostatic treatment or radiotherapy
Elaboration of key elements of palliative care - Specialised palliative care	Patients in the palliative phase with complex symptoms or whose life situation entails special needs should be cared for by personnel with special knowledge and competence in palliative care, e.g., within a specialised palliative practice

Table 1. Exemplary text excerpts from policy documents



1. Sophiahemmet University, Department of Nursing science, Stockholm, Sweden
2. Marie Cederschiöld University, Department of healthcare sciences, Stockholm Sweden
3. Department of Palliative care, Sahlgrenska University Hospital and Institute of Health and Care Sciences, University of Gothenburg, Gothenburg Sweden
4. Centre for Person-Centred Care, University of Gothenburg, Gothenburg Sweden
5. Institute of Health and Care Sciences, Sahlgrenska Academy at the University of Gothenburg, Gothenburg Sweden
6. Palliative Centre, Sahlgrenska University Hospital, Gothenburg Sweden
7. Sahlgrenska Academy, Institute of Medicine, University of Gothenburg, Gothenburg Sweden
8. Institute of Health and Care sciences, Sahlgrenska Academy, University of Gothenburg, Gothenburg Sweden
9. Department of Neurology, Sahlgrenska University Hospital, Gothenburg Sweden
10.Faculty of Medicine, Department of Clinical Sciences Lund University, Lund Sweden
11. The Institute for Palliative Care, Respiratory Medicine, Allergyology and Palliative Medicine, Lund University, Lund, Sweden

