



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

KEY POINTS

- Seventy percent of residents living in long-term care (LTC) die after months or years of residency
As the population ages, particularly amongst those 80+, the prevalence of relocation to LTC is expected to increase dramatically
- Within this context, LTC homes will likely become a primary location of death for older adults in an advanced age
- 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
- Examining how palliative care principles can best be integrated in LTC is a pressing issue

RESEARCH TOPIC

- As a subset of a larger Canadian 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
 - (1) explore how palliative care in LTC is currently being realized to address the tensions associated with caring for the living and dying within one care community
 - (2) inform how palliative care practices may be improved to better address the needs of all residents living and dying in LTC as well as those of the families and staff that support them

KEY FINDINGS

- Our study findings revealed that LTC home staffs' residents' and families' perspective of end-of-life comfort applied to those who were actively dying and families who support them
- This understanding of comfort limited the integration of palliative care principles to the final days of residents' lives
- Our study findings further suggested that eliciting residents' perceptions of end-of-life comfort, sharing information about a fellow resident's death in more personal ways, and ensuring that residents, families, and staff have opportunities to constructively participate in the provision of comfort care for dying residents, could extend the purview of end-of-life comfort and support an expanded integration of palliative principles within LTC

References:

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