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

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


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