

Note: This was scored outstanding in all respects.

### Palliative Care

“Death is a natural part of life.” – Yoda

Medical advances have allowed humans to live increasingly longer lives, even in the face of serious illness and disease. Those who are facing a life-threatening illness are in need of a multi-faceted approach in order to ensure their continued life, however long or short it is, will be of good quality. Palliative care, as defined by the World Health Organization, is “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness” (World Health Organization, 2004). Unlike end-of-life care which deals with issues surrounding the very end of an individual’s life, palliative care seeks to improve quality of life for individuals and families facing life-threatening and terminal illness from onset through to the family’s bereavement. This is done using an holistic approach with focus on easing physical, psychosocial, and spiritual discomfort. Palliative care is a caring, not a curing, approach that is provided regardless of the age of the patient.

The history of palliative care begins with hospice<sup>1</sup>. Hospice, like most other social support, was first provided by religious groups, but has gradually become an important part of the healthcare system. The first hospices, St. Joseph’s and St. Christopher’s Hospice, were started in England in 1967 by a woman named Cicely Saunders who is considered the founder of the hospice movement (Beresford, Adshead, Croft, 2007). Saunders idea made it to the United States where, after nearly two decades, legislation was passed approving federal funding for

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<sup>1</sup> The word "hospice" stems from the Latin word "hospitium" meaning guesthouse. It was originally used to describe a place of shelter for weary and sick travelers returning from religious pilgrimages (What is Hospice?).

hospice programs. Palliative care grew from the hospice setting as it was realized that patients and their families displayed a need for a more holistic treatment plan. Throughout the short time since its beginning, palliative and end-of-life care have made great progress in obtaining support from the government and the public in the effort to provide better care for those with terminal illness. In 2007, the Worldwide Palliative Care Alliance was formed; one can ascertain that its creation is in response to the growing number of chronic illnesses, such as cancer and HIV/AIDs, and medical advances that are extending life spans.

While many different professions and disciplines are involved in providing palliative care, social workers have a special role to play in this area. First, social workers aid in the direct provision of services by working closely with the patient and families to obtain psychosocial, spiritual, and financial guidance during the span of the illness. In addition, the social worker also has the means to raise awareness and improve the quality of services offered. Because of social workers' often very direct contact with patients and their families during times of need, they are able to witness first-hand the areas of strength and weakness within the caring system. Armed with this knowledge, a social worker serves the additional purpose of "changing the society"<sup>2</sup> (Morales, Sheafor, Scott, 2007). Although there are a growing number of organizations – government and otherwise – that are devoting research funding to this topic, social workers are trained to be action-oriented in achieving change in society to assist vulnerable populations; they are not merely doing the research for results/confirmation sake. Social workers are able to create discussion in society that will have the possibility to lead to policy/law creation and change.

The World Health Organization, in their publication "The Solid Facts" about palliative care, mentions multiple areas of need, such as cultural sensitivity, reaching economically

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<sup>2</sup> "Social workers are committed to reforming existing laws, procedures, and attitudes until they are more responsive to the human needs...change negative public attitudes about vulnerable members of society...representing the interest of their clientele" (Morales, Sheafor, Scott, 2007).

repressed populations, and training “across all settings” (World Health Organization, 2004).

Social workers are adept at working with culturally diverse populations which allows them to help healthcare teams to cater to patients’ specific needs without interfering with their cultural beliefs and values. In addition to working with culturally diverse populations, social workers are also familiar with assisting economically-challenged individuals and families who may not know palliative care services are available to them, or do not know how to go about obtaining them. Currently, Medicare and most insurance companies cover palliative care costs (Palliative Care, 2010); however, financially-strained families may need additional assistance for things such as funeral costs and dealing with loss of income when a family member passes away. The State of New York recently enacted a bill called the New York Palliative Care Information Act which requires physicians to tell their terminally ill patients about palliative care options (Brody, 2010). While the law is an important step to palliative care being more widely discussed and available, the article mentions the same need for training that the World Health Organization identified. Social workers have an ethical obligation to obtain such training and knowledge if they are going to work in such a setting, and they could help and encourage others in the healthcare world to obtain such training.

Social workers, by necessity through their profession, have education and training in working with diverse populations on an individual, family, community, and policy-making level; therefore, they hold a unique and important position within this growing, specialized field. The National Association of Social Workers has published Standards for Palliative and End-of-Life Care as a guide for social workers within this field. Each standard listed, while tailored to show its relationship to palliative and end-of-life care, encompasses all facets expected of a social worker in their chosen field. Topics such as ethics, knowledge, assessment, treatment planning,

empowerment, teamwork, cultural competence, leadership, and training are all within the realm of social workers vast skill-set. Through this broad scope of standards, social workers are able to step into their role within a palliative care setting to assist clients (individuals and/or their families) and other healthcare practitioners, with a variety of issues in which they are well-versed.

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