Rehabilitation & Palliative Care: Oxymoron or new opportunity?

Deidre Burgess. Supportive Care Conference 2009
Would people with a palliative diagnosis benefit from rehab?
Method

Focus groups & Interviews

Clinical Disciplines
- Medicine
- Nursing
- Physio
- OT

Clinical Specialties
- Rehabilitation
- Oncology
- Aged Care
- Palliative care
WHO definition of rehab

Enables people to reach & maintain their **optimal** physical, sensory, intellectual & social functional levels

Provides people **with tools** they need to attain independence & self determination

http://www.who.int/topics/rehabilitation/en/
Outline

Clinician perceived challenges & opportunities for patients, clinicians & health services

Benefits of rehab for a palliative population
Clinician perceived challenges

Patient
Time limited future
Demonstration of rehab ‘potential’
Symptom palliation needs
Unrealistic expectations
Communication
Competing priorities
Clinician Perceived Opportunities

Patient
Motivation
Time
- adjustment/reconciliation
- r/v home & equipment
Hope
- contingency plans
- optimal function
Expectations

I THINK MY WORK HERE IS DONE.
Clinician perceived challenges

Clinician
Beliefs, attitudes, knowledge & comfort
- around death & dying
- cancer knowledge
- what other health services offer

Communication
- prognosis not discussed
- between facilities
Clinician perceived challenges

Clinician
Limited clinical guidelines
- fear of worsening condition
- will I break their bones?
- RIB vs SOOB

LOS/discharge pressures
- funding related: advocacy
Clinician perceived opportunities

All aim for best outcomes
Flex & follow
Practice potential
Communication
Clinician perceived system challenges

Definitions
Physical location of rehab & pall services
Funding
Health service culture
Staffing
Clinician perceived system opportunities

Co-location
Modes of delivery, E.g. RITH, GEM
Funding
Culture change
Common definitions/language
Palliative rehab aims to “…improve the quality of survival, so patients’ lives will be as comfortable & productive as possible…& function at a minimum level of dependency regardless of life expectancy.”

(Dietz, 1981)
Palliative rehab opportunities

Cancer & palliative rehab programs currently exist
Sharing of specialist knowledge
Allied health assistants
Consider…

How many people you have you cared for the last week who could have benefited from rehabilitation?
Acknowledgements

This study is funded by an NHMRC scholarship

Supervisors
Professor Sanchia Aranda
Professor David Currow
Assoc Professor Linda Denehy

d.burgess@pgrad.unimelb.edu.au