



**PCAG**

Palliative Care Association of Grenada

# PCAG

# Weekly Newsletter

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# Quality of Life During Palliative Care

The primary aim of palliative care is to improve the quality of life (QOL) of patients with serious illnesses. QOL is a subjective but measurable state of an individual’s health and well-being at a given time point. It encompasses many facets of one’s wellness including but not limited to fulfillment of personal goals, control of physical symptoms, emotional well-being, maintaining a sense of self, fulfillment of social roles, finding meaning in life, and remaining adaptable or resilient to challenges (Davis et al. 2017). In the context of palliative care, these individual components are often assessed by validated and reliable questionnaires that provide insight into a patient’s perception of their QOL. Periodic assessments allow healthcare providers to pivot and adjust to their patients’ needs and recruit additional support to address unmet needs that are significantly impacting their patients’ QOL. The overall goal is to ensure that all facets of a patient’s well-being are addressed appropriately and that any gaps are filled.

Of the many facets contributing to QOL, symptom control remains one of the hallmarks of palliative care and takes on a holistic approach to ensure that a balance is struck between symptom relief and patient autonomy (Gwyther et al., 2009). Some of the most common symptoms that require palliation are pain, nausea, vomiting, constipation, dyspnea (breathlessness), in addition to psychological symptoms such as depression and anxiety. Most symptoms are addressed through careful management of medications and potential interactions with existing

Domain	Content	Scales
Physical comfort	Pain Specific symptoms	Single item: headache, pain Single item: nausea, visual deficits <sup>a</sup> , motor dysfunction, fatigue, drowsiness, bladder control, seizures, dyspnea, dysphagia, communication deficits
Psychological well-being	Emotional well-being	Domain emotional functioning: anxiety, sadness, irritability, loss of interest <sup>a</sup>
Social well-being	Social connection	Single items: family life, social activities, support
Spiritual well-being	Acceptance of death Dignity	Single item: acceptance Single item: dying with dignity
Physical functioning	Mobility Ability to care for self	Domain physical functioning: mobility, self-care
Cognitive functioning	Ability to think, comprehension, attention Avoiding confusion	Domain cognitive functioning: memory, concentration, understanding, confusion, behavioral change
Overall quality of life	Overall rating quality of life	Single item: general quality of life

<sup>a</sup> Items excluded after validation

Figure 2: Domains covered in the WHO Health-Related Quality of Life (HRQOL) questionnaire

treatments. When addressing any symptom, it is imperative that the benefits of medication greatly outweigh the risks and that ample discussion with the patient and caregivers is performed to maintain patient autonomy (Gwyther et al. 2009).

Aside from symptom control, it is also crucial to support the psychosocial needs of patients and improve satisfaction in other facets of their life. This is usually done through counselling, assistance with living, promoting exercise and nutritional diets, providing opportunities for patients to connect with their loved ones and society, and respite care (relief for primary caregivers). By taking a holistic approach, palliative care ensures that patients remain resilient and have the highest possible QOL throughout the course of their illness.

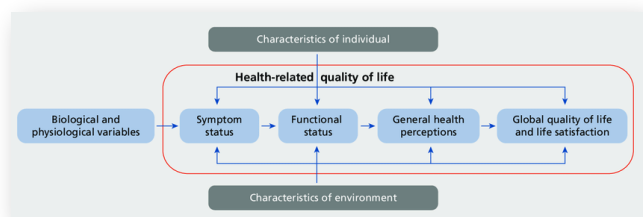


Figure 1: A conceptual model for health-related quality of life (HRQOL) that incorporates individual and environmental characteristics. Revicki, Dennis & Kleinman, Leah & Cella, David. (2014)

# References

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