



PCAG

Palliative Care Association of Grenada

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Palliative Care- A way to improve the life quality of people living with HIV/AIDS

We cannot change the outcome, but we can affect the journey- Anna Richardson

The World Health Organization defines palliative care as medical treatment that prioritizes the alleviation of suffering, affirms life, and views dying as a natural process rather than something that must be hurried or postponed. It is personalized care with the patient or individual at its centre. The receiver is a person diagnosed with a chronic, life-threatening disease that is not responding to curative treatment; examples of such diseases include HIV infection and associated disorders, cancer, irreversible end-stage organ failure, and others (Spencer et al., 2019). Any major illness should be managed with palliative care, not just those that are terminal.

HIV/AIDS is an incurable, long-term illness. Individuals with this illness experience severe effects in every aspect of their lives. The disease itself has numerous complications such as pain, nausea, vomiting, diarrhea, mouth sore, fever, weight loss, sleep disturbances and respiratory symptoms. Most are interlinked to the adverse effects of drugs used to treat the illness. Also due to the growth in efficacy of antiviral medications, there is now a longer life expectancy for people living with HIV/AIDS. A 2016 study, for example, projected a 44% increase in infection-unrelated malignancies over a 5-year period and a 28% reduction in infection-related malignancies. In addition, the aids stage of the disease itself not only puts strain on the patient but also on the patient's family and friends. All this points to palliative care being an important component in improving the lives of people living



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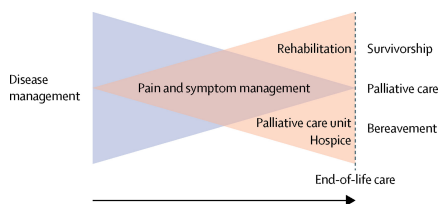
with this disease, especially when it comes to dealing with HIV/AIDS-related diseases.

Palliative care should be integrated with health care focused on the cure or management of the disease through its course and not only in the terminal phase. According to Souza, et.al (2016) there is a delay in offering palliative care even to HIV/AIDS patients in the terminal phase. The study shows that this delay contributes to an increased mortality of HIV/AIDS patients in the ICU. Therefore, offering palliative care with intensive care earlier should be considered to improve patient outcomes.

According to Areri, (2018), the integration of palliative care to standard HIV patient care has been shown to:

1. Promotes better health outcomes, adherence, and retention and prolongs survival.
2. It reduces hospitalization periods for patients.
3. It boosts satisfaction among patients, families and caretakers.
4. Reduces overall cost of disease.

In conclusion, palliative care just doesn't focus on alleviating pain it also enhances the life quality of people living with HIV by improving the overall physical, emotional, social and spiritual welling being of the person. A strong collaboration between curative care and palliative care should be the future for the management of patients and improving patient outcomes.



<https://images.app.goo.gl/>

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