



Palliative Care Physician's Discernments of Conditions Required to Supply Early Palliative Care

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DESCRIPTION

Palliative care and cancer treatment are not mutually exclusive; they can and should be integrated. Palliative care can be initiated at the time of diagnosis alongside curative treatment and continue throughout the treatment process. This approach ensures that patients receive comprehensive care addressing both their disease-specific treatment needs and their overall well-being. Studies have shown that early integration of palliative care alongside cancer treatment can significantly improve outcomes. Patients receiving concurrent palliative care experience better pain control, reduced hospitalizations, improved symptom management, and enhanced quality of life. Furthermore, early integration of palliative care does not impede cancer treatment; instead, it complements it by addressing the patient's physical, emotional, and psychosocial needs. By embracing a patient-centred approach that prioritizes physical comfort, emotional well-being, and open communication, we can provide compassionate care that supports both patients and their loved ones throughout the cancer journey. Collaborative efforts are necessary to integrate palliative care into standard heart failure management protocols and ensure that it is readily available to all patients who can benefit from its comprehensive approach. By coordinating with oncology teams, palliative care specialists ensure that patients receive the necessary medical interventions while also addressing their palliative care requirements. The continuity of care minimizes gaps and enhances the patient's experience. Cancer affects not only the patients but also their caregivers, who play a vital role in providing support and assistance. Palliative care recognizes the needs of caregivers and offers support, education, and respite services. By addressing caregiver burnout and providing practical guidance, palliative care helps maintain a supportive environment for both the patient and their loved ones. Furthermore, research into the effectiveness of palliative care in heart failure is essential to provide evidence-based guidelines and

promote its integration into routine care. This includes studying the impact of palliative care on patient outcomes, quality of life, healthcare utilization, and healthcare costs. This proactive approach helps identify and address changes in physical, emotional, and psychological well-being, ensuring that interventions are timely and effective. Pain is common in individuals with advanced dementia but often goes unrecognized and undertreated. Palliative care teams prioritize pain management through a combination of pharmacological and non-pharmacological interventions. This includes using medications, physical therapies, massage, aromatherapy, and other techniques to alleviate discomfort and improve overall well-being. Advanced dementia can be emotionally challenging for both individuals and their families. Palliative care teams provide emotional support, counselling, and guidance, assisting families in navigating grief, loss, and difficult decision-making processes. They also encourage open communication and facilitate family meetings to ensure that everyone is on the same page regarding care goals and end-of-life preferences. Individuals with advanced dementia benefit from a familiar and supportive environment. Palliative care teams work with families and caregivers to create a calm and comforting space that promotes engagement, sensory stimulation, and emotional well-being. This may involve incorporating familiar objects, photographs, and music, and ensuring proper lighting and noise control. By effectively managing symptoms, addressing emotional needs, and providing personalized care, palliative care significantly improves the quality of life for individuals with advanced dementia.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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