

Palliative Care and the Recreation/Activity Professional's Role

Anthony F. Vicari EdS, AC-BC, ADC/EDU, CADDCT, CDCM, CDP
NAAP Vice President

What is palliative care and what is its purpose? First, palliative care is not hospice care and the thought that palliative care serves only residents/clients with cancer is a misnomer. Other diagnoses include congestive heart failure, kidney failure, chronic obstructive pulmonary disease, AIDS, and Alzheimer's disease. Joseph Chan, MD and palliative care physician states, "It's the whole spectrum." According to Meier and Cassel, "Palliative care is medical care focused on relief of symptoms including pain, fatigue, anxiety and depression." (Meier & Cassel, 2011). The resident's palliative care team includes doctors, psychiatrists, nurses, dietitians, social workers, clergy, counselors and the Recreation/Activity therapist.

Currently, as cited by the American Hospital Association, there are 1,299 palliative care programs across the United States. This is 31% of 'available space' in hospitals across our nation (American Hospital Association, 2011). More importantly, this percentage shows significant increase each year as more research, education and training is offered to health care professionals in all types of health care environments; i.e., hospitals, skilled nursing and rehabilitation centers, adult day communities, and behavioral health settings.

As Recreation/Activity Professionals, we are charged to work and serve residents with many different diagnoses. Our responsibility, as Inter-Disciplinary team members, is to carefully craft and develop recreational/leisure approaches that address a resident's physical, emotional, social and spiritual needs and interests in an effective and proactive manner.

It is important that we know and understand that one of the primary purposes of palliative care is to help relieve the individual's suffering and pain along with improving his/her Quality of Life. Knowledge and research regarding Quality of Life has greatly improved over the last twenty years. The creation and implementation of a palliative care team focusing on the resident's comfort level, which includes personal preferences and interests to live a full and active life is a very important 'piece of the puzzle' that must be continually addressed throughout the planning and delivery stages.

"When it comes to Quality of Life, each resident has his or her own vision. Each individual is unique, and each family and the dynamics are unique," Chan says. And, this is why we, as Quality of Life Champions, lead and provide our residents with person-centered priorities, goals, and programs. If it is important to the resident, it is important to us! Services that we as Recreation/Activity Professionals may be asked to initiate and further assist our residents with upon discharge and return home into the community include:

- Education of recreation/leisure community programs and activities
- Transportation services, shopping and dining venues
- Volunteerism
- Library services
- Church & Synagogue locations and contacts

This article on palliative care would be incomplete, if I did not include a personal reflection. I first became introduced to palliative care during my service as an Activity Therapist at a geriatric behavioral health hospital in the Las Vegas valley. Prior to this, I worked as a Director of Activities at a skilled nursing and rehabilitation center. During my time as Director of Activities, hospice care was an area primarily lead and orchestrated by the nursing and social services departments. The Activity Team was asked, intermittently, to help serve these residents with special music, relaxation techniques, and other

comfort-providing services. There was no ‘official’ palliative care team at this nursing community. In comparison, as an Activity Therapist, a whole new world was opened before me! I quickly became acclimated to my new working environment learning and implementing specific strategies to help behavioral health patients deal with anxiety, stress, depression and other mental health illnesses. I truly became an active leader and ‘equal player’ of the hospital’s Inter-Disciplinary Team creating, planning and delivering palliative care services to our behavioral health patients. Additionally, part of my job duties was leading an activity therapy out-patient group session 3x a week. This group was comprised of patients suffering with a myriad of behavioral disorders. I leaned on my experience as a school educator, principal and administrator. In its simplest and purest form, teaching new concepts to students, helping children deal with the effects of bullying on the school playground, and leading the charge with new curriculum and instruction for educators, helped me realize the correlation of my new job and what I needed to do as an activity therapist.

The following poem, Hope, by Kurt Marti, helped me understand and realize what I needed to do as part of the palliative care team. I hope the message does the same for you.

Hope

~ Kurt Marti, 1995

Hope goes on foot	Hope rides a bicycle
Hope travels by train	Hope looks at the clouds
Hope greets the moon	Hope finds time
Hope falls and raises itself again	Hope climbs over mountains
Hope swims through the ocean	Hope can do without
Hope knows enjoyment	Hope stokes the fire of love
Hope can get furious	Hope can be sad
Hope laughs subversively	Hope fights for the rights of others
Hope celebrates and dances	Hope is tender
Hope has nothing	Hope has nothing
Hope wants everything	Hope wants everything.