

GERIATRIC PALLIATIVE NURSING CARE

Lenora Smith, PhD, RN

Associate Professor

University of Alabama, Huntsville

According to the US Census Bureau (2019), the aging population is increasing and is now predicted to surpass the number of children in the US. Baby boomers will be older than 65 years of age by 2030, which means that 1 in 5 residents will be retirement age (US Census Bureau). Aging adults, who experience more chronic complex problems and comorbidities, report symptoms as the underlying cause of their disabilities (Patel et al., 2019). Indeed, the Center to Advance Palliative Care (CAPC, 2019) reported that 81% of individuals over the age of 65 are currently living with multiple chronic conditions. Older adults also rank symptom relief or management as a priority for their health (Fried, et al. (2011). With this rise of the older adult population, comes an increase in the use of healthcare services, especially the 911 system and emergency department visits, increasing healthcare costs (CAPC, 2019). While there have been studies that examine symptom management in patients with specific diseases like cancer, there are few studies that explore symptom management in the general population of older adults (Patel et al., 2019), who may have concurrent symptoms from their chronic diseases.

Palliative care (PC) is a holistic approach that supports the best quality of life for patients and their families by preventing or relieving suffering through symptom management in life-threatening and serious illnesses (O'Neill & Morrison, 2020; Vounard, 2018; World Health Organization [WHO], 2020). Using a multidisciplinary team approach, PC focuses on the needs of patients and families and is appropriate early in the course of any serious or chronic illness while still providing curative treatments to prolong life, such as radiation therapy (O'Neill & Morrison, 2020; WHO, 2020). According to O'Neill and Morrison (2020), PC is not limited to end-of-life care and is intended to neither hasten or postpone death, but affords relief from disturbing symptoms of their illness, such as relief from pain or breathing difficulties (WHO, 2020).

One component of PC, communication and establishing goals of care in this population, is critically important. PC discussions tend to occur later rather than earlier in an illness trajectory, which decreases the benefits one could experience with services. Early PC discussions are correlated with less aggressive treatments for patients with chronic illnesses and a better death experience based on patient and family wishes and values (Starr et al, 2020),

which may decrease any unwanted or costly care or treatments. Earlier PC consultations and discussions often decrease healthcare costs (O'Connor, et al, 2018). In fact, a large number of hospitals now have palliative care teams, a trend that is consistently rising (CAPC, 2019). However, nurses caring for older adults are in a pivotal position to start these conversations and request a PC referral from primary physicians.

Because older adults have unique and complex care needs, PC discussions are an important component of gerontological nursing care to ensure a better quality of life for the individual experiencing symptoms as well as to ensure a 'good' death. In addition, further research is greatly needed to examine whether better symptom management with palliative care can assist in preventing or delaying functional decline or disability in older adults.

REFERENCES

Center to Advance Palliative Care. (2019). America's care of serious illness: A state-by-state report card on access to palliative care in our nation's hospitals. Retrieved from <https://www.capc.org/capc-reports-and-publications/>

Fried, T., Tinetti, M., Iannone, L., O'Leary, J., Towle, V., & Van Ness, P. (2011). Health outcome prioritization as a tool for decision making among older persons with multiple chronic conditions. *Archives of Internal Medicine*, 171(20), 1854-1856.

O'Connor, N., Junker, P., Appel, S., Stetson, R., Rohrbach, J., & Meghani, S. (2018). Palliative care consultation for goals of care and future acute care costs: A propensity matched study. *American Journal of Hospice and Palliative Care*, 35(7), 966-971.

O'Neill, L., & Morrison, S. (2020). Palliative care: Issues specific to geriatric medicine. In K. Schmader & R. Arnold (Eds.), *UpToDate*. Retrieved from <https://www-uptodate-com/contents/palliative-care-issues-specific-to-geriatric-patients>

Patel, K., Guralnik, J., Phelan, E., Gell, N., Wallace, R., R., Sullivan, M., & Turk, D. (2019). Symptom burden among community-dwelling older adults in the United States. *Journal of the American Geriatric Society*, 67(2), 223-231.

Sarocino, R., Bai, M., Blatt, L., Solomon, L., & McCorkle, R. (2018). Geriatric palliative care: Meeting the needs of a growing population. *Geriatric Nursing*, 39(2), 225-229.

Starr, L., Ulrich, C., Appel, S., Junker, P., O'Connor, N., & Meghani, S. (2019). Goals-of care consultations are associated with lower costs and less acute care use among propensity-matched cohorts of African Americans and Whites with serious illness. *Journal of Palliative Medicine*, 23(9), 1204-1213.

REFERENCES CONTINUED

United States Census Bureau. (2019). *Older people projected to outnumber children for first time in US history*. Retrieved from <https://www.census.gov/newsroom/press-releases/2018/cb18-41-population-projections.html>

Vounard, R., Truchard, R., Benaroyo, L., Borasio, G., Büla, C., & Jox, R. (2018). Geriatric palliative care: A view of its concept, challenges, and strategies. *BMC Geriatrics*, 18, 220.

World Health Organization. (2020). *Palliative care*. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/palliative-care>