



Scan to know paper details and
author's profile

How to use Alternative and Natural Medicine in the 21st Century Part IV

Dr. Rebecca L. Burkett

ABSTRACT

Part IV of the article includes many sections of Palliative and Integrative care. It provides many sources on how to use this type of care. For example, the information is about guidelines and case studies on how to implement and assess the treatments, and goals for the patients' care.

Also mentioned are, the five stages of palliative care, The Pillars and Principles of Palliative care and Palliative Care Guidelines Practice Guidelines for Quality Palliative Care.

Keywords: NA

Classification: LCC Code: SF481

Language: English



Great Britain
Journals Press

LJP Copyright ID: 392826

London Journal of Medical & Health Research

Volume 25 | Issue 2 | Compilation 1.0



How to use Alternative and Natural Medicine in the 21st Century Part IV

Dr. Rebecca L. Burkett

ABSTRACT

Part IV of the article includes many sections of Palliative and Integrative care. It provides many sources on how to use this type of care. For example, the information is about guidelines and case studies on how to implement and assess the treatments, and goals for the patients' care.

Also mentioned are, the five stages of palliative care, The Pillars and Principles of Palliative care and Palliative Care Guidelines Practice Guidelines for Quality Palliative Care.

I. INTRODUCTION

This article will explain the difference between palliative care and integrative hospice medicine. In palliative care (IPC) uses conventional and complementary approaches. Together it provides care for a person facing serious illnesses and at the end of life.

II. THE ORIGINS OF PALLIATIVE CARE

Palliative care was founded by two origins, one from the UK in 1969 by Dr. Saunders. Dame Cecily Saunders, she is the sole founder of introducing the term "Total Pain." She states there are four areas to work with, which are: physical, emotional, social, and spiritual dimensions. She also, opened the St. Christopher's Hospice in London in 1967.

The US in 1974 by two couples are Dr. Florence Wald in 1974. She founded the first hospice in the US at Branford, Connecticut. Just a short note that most of the hospice care was home-based and volunteer led. Dr Balfour Mount, who was a surgical oncologist from the McGill University, he coined the term "Palliative Care" to distinguish it from hospice care. The way palliative care could be provided is to diagnose a serious illness and curative of life with prolonged treatment.

III. INTEGRATIVE PALLIATIVE CARE (IPC)

This is a new concept within the healthcare community. This new area of therapies is merging into palliative care settings. These fields are connected as both are rooted in a holistic model of care that focuses on caring for the person, multidimensional beings (mind-body-spirit-environment-relationships). IPC focuses on the integration of non- pharmacological approaches in the delivery of palliative care.

IV. INTEGRATIVE THERAPIES DEFINED

Integrative therapies are a combined use of conventional treatments (such as drugs and surgery) The therapies offer's a new approach to patient care that addresses the whole person. Integrative care primarily involves the use of non-pharmacological interventions including:

Whole medical systems such as naturopathy, these modalities are Traditional Chinese Medicine and Ayurveda acupuncture, acupressure, and tai chi.

Mind-body and interventions such as meditation, guided imagery, and hypnosis.

Expressive arts such as music, painting, sculpture, writing, etc.

Manipulative and body-based methods such as massage and reflexology.

Biofield or "energy therapies" such as reiki, therapeutic touch, and healing touch.

Biologically based treatments such as aromatherapy. This is widely used in Mind-body and contemplative interventions such as meditation, guided imagery, and hypnosis.

4.1 Integrative Hospice Palliative Medicine (IPC):

This field is ever emerging into the Palliative Medicine that treats the patient as a whole person. The multi-dimensional are the mind, body, and soul. This new field offers shared principles in its therapies along with the Palliative treatments for the patient with serious illnesses.

4.2 The Five Stages of Palliative Care are as Follows

Stable: Developing and implementing a personalized care plan.

Unstable: Adjusting the care plan and preparing emotionally.

Deteriorating: Shifting focus to end-of-life care.

Terminal: Providing intense care focusing on comfort and dignity.

Bereavement: Offering support for family members, loved ones, and carers

V. THE PILLARS AND PRINCIPLES OF PALLIATIVE CARE

There are three main pillars, they are:

1. The main goal of this type of treatment is during the patient's illness, it will promote the relief of pain. This is the first step between the healthcare staff to communicate the various modalities and therapies to be combined to treat the illnesses.
2. Education is the key when offering integrative palliative care and the different modalities used. Implementation of the treatment into realistic goals. This is where the general principle of symptoms of diagnosis and assessment. Also, is the pain management of the diagnosis, assessment.
3. Lastly, the important treatment used is integrative psychology and the spiritual modality for the patient care.

5.1 Where to Take the Courses in Integrative Palliative Care

1. Coursea <https://www.coursera.org>
2. Boardvitals to take exams. <https://www.boardvitals.com/hospice-palliative>. The Hospice & Palliative Medicine uses the question bank that follows the exam content outline for two exams they are the one.) American Board of Internal Medicine (ABIM), 2.) American Osteopathic Association (AOA) Hospice & Palliative Medicine Certification Exam.
3. Study.com <https://study.com/buy/academy/lesson/the-modern-hospice->

5.2 The Consensus Project for Quality Palliative Care Clinical Practice Guidelines for Quality Palliative Care 3rd Edition 2013

In 2004, the National Consensus Project for Quality Palliative Care first published the guidelines. During 2013 The National Consensus Project found the eight domains of care and they are:

- Structure and Processes of Care
- Physical Aspects of Care
- Psychological and Psychiatric Aspects
- Social Aspects of Care
- Spiritual, Religious and Existential Aspects of Care
- Cultural Aspects of Care
- Care of the Patient at the End of Life
- Ethical and Legal Aspects of Care

5.3 Palliative Care Guidelines Practice Guidelines for Quality Palliative Care 4th Edition 2020

This is a foundational document that defines the components of quality care for people with serious illness, regardless of setting and applicable to clinicians in all specialties. According to the guidelines of quality palliative care these changes have occurred, from the Institute of Healthcare Improvements. They have a whole new perspective on age-friendly care. The definition of age-friendly care is the age-Friendly Health System is a set of four evidence-based elements of high-quality care, known as the “4Ms,” to all older adults in the system are explained on the website:

What Matters, Medication, Mentation, and Mobility.)

VI. CASE STUDY FOR INTEGRATIVE PALLIATIVE CARE AND QUALITY PALLIATIVE CARE

The first study is from the PMC.NCBI group that approved the information from the facilities in France. They assessed the implementation and effectiveness of early integrative palliative long-term care. The way the French tackled this case study they used a multicenter interventional study utilizes a pragmatic research design: Which allows a parallel mixed-methods approach. 1.) Qualitative study (is a word research method) will use a case study design. 2.) Quantitative study (is a number research method) will use a stepped wedge cluster randomized trial.

Also, the case study will be the primary outcome which relates to the accurate identification of palliative care needs.

The secondary outcome will be the quality of care, for the residents and their families. The measurements will show how the quality of care will be performed by the staff, before and after the interventions are implemented. This will give a baseline reading to see if any treatments need to be adjusted.

6.1 Case Study two

Enhancing integrated palliative care: what models are appropriate? A cross-case analysis the methods used are the Longitudinal organizational case study methods that were applied that used the qualitative serial interviews (interval 3 months) with patients and family.

A previous model suggests that integration involves a cumulative process of engagement with other organizations which labelled as 'support, supplant or supplement,' but the extent to which this model currently applies in the United Kingdom is unknown. Most of these case studies for hospice and palliative care need more research and research methods to be completed. This will address what interventions that need to be for the patients.

According to all the case studies there are for alternative and natural medicine, complementary medicine, there is not enough information to provide which treatment will be the best one. It is considered a trial and error for the patient. Meaning with modality and treatment they will respond to.

6.2 In Home Hospice Care

This is another technique where the patient gets their care at home. The patient has this option, especially being close to family, which would be their best way to accept their illness and to get better. The staff are well-qualified personnel members that can talk to the doctor and the hospital to get information about any changes that have occurred. Listed in the resource area are the organizations that give certification information.

VII. CONCLUSION

The content of this article was very interesting to put together. It includes the origins of palliative care and integrative hospice care (IPC). The integrative hospice or IPC, in holistic model of care that focuses on caring for the person, multidimensional being (mind-body-spirit-environment-relationships). Also mentioned are, the five stages of palliative care, The Pillars and Principles of Palliative care and Palliative Care Guidelines Practice Guidelines for Quality Palliative Care 4th edition 2020.

RESOURCES

1. National Coalition HPC <https://www.nationalcoalitionhpc.org/clinical-practice-guidelines/>
2. AHA.ORG, <https://www.aha.org/standardsguide/2013-04-12>
3. Nia.nih.gov <https://www.nia.nih.gov/health/hospice-and-palliative-care/what-are-palliative-care-and-hospice-care>
4. Capc Org. (<https://www.capc.org/defining-and-measuring-quality/>)
5. IHI Org (<https://www.ihi.org/networks/initiatives/age-friendly-health-systems>)
6. Pmc.Ncbi, <https://pmc.ncbi.nlm.nih.gov/articles/PMC10077649>