

PALLIATIVE CARE FOR A DIALYSIS PATIENT FROM THE VIEWPOINT OF A SOCIAL WORKER

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INTRODUCTION

The issues involved in dialysis treatment have changed considerably, especially as a result of changes in the demographic structure of the population (population ageing). Palliative and hospice care should be considered in terminal patients.

A renal social worker has an important role to play as part of a renal care center team. Social workers are highly educated and trained to help patients and their families by providing support in all areas of their lives including: emotional, financial, career, lifestyle adjustment and more. Other social worker tasks are: to create links between the patient, health care professionals, the patient's family, the community they live in, and supporting organizations; to coordinate psycho-social care for the patient and the patient's family; to identify and assesses specific problems and the social, financial and practical needs of the patient; to offer the patient and his family supportive care.

OBJECTIVE

Based on a case study of a 53-year-old patient with pancreatic cancer and chronic renal insufficiency, the role of a social worker in renal care center in the palliative care process of a patient enrolled in a regular dialysis program is demonstrated.

CASE REPORT

MEDICAL HISTORY:

A 53-year-old man with chronic kidney failure along with adenocarcinoma of the pancreatic head spread to the liver, dilatation cardiomyopathy, chronic heart failure and arterial hypertension.

May 2016 investigated for back pain, detected pancreatic head carcinoma with metastases in the liver, a non-functional left kidney was found

October 2016 contrast CT scan showed the failure of the right kidney

November 2016 dialysis therapy was initiated

December 2016 Home Care nurse begins to visit the family

January 2017 Cesta domů – community palliative care unit was involved in the palliative care team

The patient undergo dialysis treatment until his death in March 2017 – he died at home in the presence of his family.

SOCIAL HISTORY:

Construction worker. Partial disability pension. He lived alone in a cottage near Prague. Due to health problems, he moved to his parents' domicile (mother 72 years old, father 75) in a two-room apartment on the 2nd level without a lift. He slept on a sofa in the kitchen.

METHODS

1. IDENTIFYING PATIENT AND HIS FAMILY NEEDS:

Patient's expressed wishes

- To die at home in his natural environment, as he had bad experience with hospital care. At the same time, he was reluctant to burden his mother with the care that would have to be provided to him.
- To continue with dialysis treatment. Although the travel and the dialysis therapy itself was physically very demanding he needed a change of environment. He appreciated being in contact with doctors, nurses and other patients
- To have the opportunity to visit his cottage one last time. We planned to meet his wish with the help of volunteers from the hospice, but this did not happen.
- The patient needed an adjustable hospital bed for home and help with care for personal hygiene and self-care.

- The mother of the patient, who previously provided home care to her father with lung cancer, was aware of her son's condition and was determined to take care of him at home. However, she gradually got weaker and needed help caring for her son and household.
- His father did not engage in caring for him, as he himself had health problems (prostate cancer).
- The patient wants to die at home and his family was determined to fulfill his dearest wish.

2. SHARED DECISIONS ON TREATMENT AND SOCIAL CARE:

In addition to the principle of shared decision-making, it was especially important for the patient (and his mother with his consent) to be fully informed about the prognosis and treatment options, to establish a treatment plan, to evaluate the patient health status continuously during the treatment and to modify the treatment. They both participated in the decision-making process, increased home care and nursing care, and the involvement of the community palliative care unit Cesta Domů in the care and treatment.

3. DEVELOP COMPREHENSIVE TREATMENT PLAN THAT IS MEDICALLY SOUND AND CONCORDANT WITH THE PATIENT'S WISHES AND VALUES:

In cooperation with the patient and his family, a plan was developed to provide care in home environment and to provide adequate assistance and support.

The social worker encouraged the patient to accept this difficult phase and to find ways to enable the best and full experience for his remaining time, but also attempt to understand the patient's personal crisis and his reluctance to change anything. It was necessary to take it step by step with the patient and to respect his time.

CONCLUSION

The share of palliative treatment in haemodialysis patients increases with increasing multi-morbidity and the increasing age of the patients. Providing palliative treatment often presents ethical challenges to families and health care providers. This is an active treatment and cannot be interchange with nursing care. Dialysis centers' are not capable of offering comprehensive palliative care but knowledge in general palliative care should belong to the Nephrologists' professional portfolio. Solution could be based on a multi-disciplinary approach – collaboration with all concerned parties:

- family
- general practitioner
- home care
- nursing service
- home hospice care

We cannot forget the psychological support for the patient and his family. A social worker may be the one who co-ordinates the collaboration between the partners and makes sure that no decisions are made without the patient's knowledge, preserving their dignity and autonomy.

Thanks to this mutual cooperation, the patient's and his family's last wish for him to die at home was fulfilled.

