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Review Article

Using the Principles of Chronic, Complex and Palliative Care Provides a Critical Analysis of Interdisciplinary Team-Work in Related Health Care Settings

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Abstract

Palliative care requires effective interdisciplinary teamwork to ensure effective holistic management of a patient in the long term. We determined that the thirteen principles for palliative care remain fundamentally consistent across disciplines. To ensure that the principles are adhered to it is important that a holistic approach is used where all stakeholders are represented in the decision-making process, and treatment is coordinated. Failure to establish effective communication and often be attributed to cultural and status barriers, and may lead to care deficits, such as delays in treatment. Effective communication between stakeholders can avoid treatment lapses, ethical dilemmas for care givers, and conflicts in treatments regimens as the patients care status changes with the illness progression.

Keywords: *Palliative Care; Health Care; Holistic Care*

Introduction

Chronic, complex and palliative care is defined as the active, holistic care of patients with an advanced prognosis, including both malignant and non-malignant long-term conditions [1]. All three-share effective symptom control as the primary goal and undertake interventions to assist with activities of daily living [2]. The use of interdisciplinary teams has been demonstrated to improve outcomes in the management of complex and palliative care cases through the provision of a holistic approach to assessment and management of symptoms and underlying disease [3]. Interdisciplinary teams can address the physical, psychological, socio-cultural and spiritual needs of the client and their carers and family which could not be fulfilled by one discipline [4]. Nurses in care-based team situations are often faced with alternative ethical values and this can lead to team friction and personal dilemmas for the nurses [5]. This paper will examine the role of interdisciplinary teams in the provision of chronic, complex and palliative care, examine principles that underpin that care, and discuss the ethical and cultural considerations in the team environment.

Principles and strategies

The provision of care in chronic, complex and palliative care situations shares many of the same principles even though prognosis for chronic and complex care may not be same as that for individuals in need of palliative care. According to the World Health Organisation provided the goals of chronic, complex and palliative care include the provision of relief from pain and other distressing symptoms, and the integration of psychological and spiritual aspects into patient care (WH0, 2002). The WHO (2002) also promotes the need for systems of support to enable patients to live as actively as possible, and the need to reinforce family and carer supports (WHO, 2002). These

international principles are reflected in the thirteen strategies and principles for the provision of palliative care [6]. The first is based on the uniqueness of each client's condition, and the different impacts that the illness has on the caregivers and their family. In addition, the acknowledgement of each stakeholder's needs and wishes to guide decision-making and care planning. The second principle addresses the holistic care needs of a client and their caregiver and family with a focus on the need for their inclusion in the health care planning process so as to address those needs. Third, an ongoing and comprehensive assessment and active care planning process ensures that the needs of the client's, and their caregivers and family are met. Fourth, there needs to be a coordination of care to minimise the burden on the client and their caregiver and family. The fifth principle deals with the provision of education on the conditions suffered by the client to all stakeholders. The sixth deals with the dignity of the client and a need to respect their unique needs to maximise comfort and preserve dignity. The seventh requires that compassionate and competent medical treatments are based on the appropriate philosophy, values, culture, structure and environment for the client's condition. Number eight deals with the facilitation of bereavement for the client, their family and caregivers through structured approaches. The ninth principle is linked to the community and its capacity to respond to the needs of clients, family and care givers through effective collaboration and partnerships. The tenth standard deals with access to palliative care for all individuals that is based on clinical need and is independent of diagnosis, age, cultural background or geography. Number eleven is the commitment to improve quality of care through research in clinical and management practices. The need for qualified staff and volunteers and the provision of ongoing professional development underpins the twelfth principle. The thirteenth principle underlines the necessity of support for staff and volunteers and the maintenance of effective self- care strategies. These principles for care can be visualised as a seamless approach to holistic care (Figure 1).

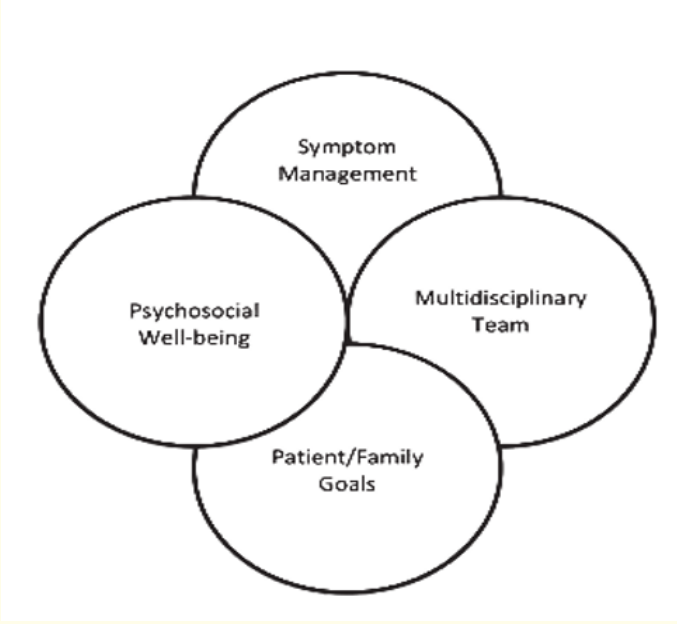

Figure 1: *The integrated approach to the provision of care for chronic, complex and palliative clients ([7], p. 644).*

Because quality of life is a subjective and individualised issue for those with chronic, complex and palliative conditions will have differing desires for access to specialist care during the course of their illness [6]. In order to fulfill the strategies and principles of chronic, complex and palliative care, and recognise the individual needs of the client, there needs to be a five pronged approach to the provision of

care and service delivery [7]. The needs to be a holistic approach to the provision of care that addresses all the physical and spiritual the needs of the client through all stages of the illness, within the context of their cultural practices and promotes a sense of well-being while alleviating fears related to the illness. There needs to be a responsive and proactive approach to the treatment of illnesses that seeks to alleviate and manage symptoms based on evidence with a focus on the stabilization and improvement of the client's conditions rather than the covering up of unpleasant symptoms. Recognition must be given that each individual is different in the needs and prognosis and care should be designed around the individual and their preferences. The provision of chronic, complex and palliative care often requires the collaboration and coordination of a multidisciplinary team which includes specialised medical and nursing staff, allied health professionals, and counselling. Finally, the role of the primary career and family needs to be considered in the provision of care in a collaborative approach to meeting the needs of the client. These five approaches to care need to be underpinned by a commitment by care server and professionals to quality improvement of services.

The assessment and management of symptoms in chronic, complex and palliative care situation is often complicated by the differing and interacting illnesses and is best dealt with in a multidisciplinary team framework. It is important that evidence-based assessment tools are used to determine the different issues that may face a client. It is often the case that more distressing symptoms, such as pain and depression may overshadow other problems such as constipation [8,9]. In providing management of symptoms it is important to take a holistic approach treats the underlying causes where possible. This holism includes pharmacology and non-pharmacological methods such as counseling, physiotherapy and occupational therapy [10]. Effective symptom management leads to enhanced functional status of the client and family, quality of life, and other clinical outcomes [11].

Critical analysis of interdisciplinary teamwork

The provision of chronic, complex and palliative care is multidimensional. This multidimensional care is best provided within an interdisciplinary framework. Such teamwork means that that physical symptoms can be addressed with expert assessment, diagnosis, pharmacological and non-pharmacological strategies, while psychosocial aspects of care can be attended to by allied professions with expertise in financial assistance, practical aids, counseling, and ongoing emotional support [12]. Interdisciplinary teams are able to create a holistic model of care and treatment which is problematic to achieve with care providers and specialists operating independently [13]. Also, interdisciplinary teams overcome the problems associated with a lack of communication between treating doctors. Yohannes [14] determined that there was often a lack of effective communication between treating physician in palliative care cases, and that this lack of communication was exacerbated through the clients unwillingness to share information provided by other specialists. Issues of confidentiality were often seen as a barrier to the free flow of therapeutic information, particularly in relation to allied health professionals and this often compromised the standards of care provided [14].

Spruyt [12] noted two forms of multidisciplinary teams: the first is the dedicated care team who meet to formulate a course of action; and the second, is virtual team which does not meet but is centered on a coordinating health care practitioner with whom the patient has a long standing relationship. In virtual teams, much of the chronic, complex and palliative care is community based with the general practitioner coordinating the interdisciplinary treatment team while community nurses often provide primary care support [1].

Communication is critical to achieving effective teamwork, yet studies indicate that general practitioners rarely effectively facilitate communication between differing specialist disciplines creating an environment where referral is based on the knowledge and attitudes of the generalist practitioner rather than on the patients clinical status [1]. This often leads to an overlooking of potential for allied health professionals in the delivery of care. Community nurses were also found to hold misconceptions regarding the roles of allied health professionals and there was a general reluctance to refer patients to services that were deemed by the nurse to be unnecessary [15]. This lack of inter-professional referral in the provision of care often based on the misconceptions of the value of rehabilitation or therapies

outside the specialist area of expertise [1]. Often when referrals are made, for example after the development of a crisis, delay impedes the effectiveness of treatment [1].

The membership of an interdisciplinary team is often based on medical assistance rendered and this can lead to exclusion of professions that have a valuable contribution to make to the care of the client. There is often a overlooking of the role of pharmacists in the provision care even though these allied health professionals are at the forefront of client contact and care [16]. The commission of allied health providers is often based on personal value judgement on those services by the individuals responsible for the coordination of care [1,15]. The size of the interdisciplinary team and referral of a client of allied care is often a reflection of geographical location. Rural residents are less likely to receive palliative and chronic care services and have access to health professionals than those individuals who live in urban centres [14].

Cultural and ethical considerations

Nurses are often faced with the need to make ethical decisions about how the treatment is provided in chronic, complex and palliative care, and this decision is often influenced by the treatment team. The nurses ethical competence is tested when conflicting professional issues and values of team members place the nurse in a dilemma [5]. de Casterle., *et al.* [5] noted that there were three primary dilemmas that nurse may face in the chronic, complex and palliative care. First is the conflict between the personal demand of the client and the organisational problems such as time or delegation of care. The second conflict is between the personal demands of the patient and the organisational and professional issues of team-based decision and the nurses ability to meet those demands. Finally, is the real ethical dilemma of conflict between the desires of the client and those of the family and where the nurse is obliged to weigh personal values. Nurses turn to principle-orientated frameworks that offer a philosophical frame of reference and guidance for decision making and behavior based on conventional statements removing the differences in personal education, and environmental variables [5]. Within the team environment dynamic interactions occur between team members. Decisions which are adverse to a person's individual value sets can have long term negative implication on the structure and order of the work place [5]. Lindseth [17] argues that personal communication is critical to resolving ethical dilemmas within the care team framework and this provides for a long term provision of standards of expected behavior. This communication can mitigate personal dilemmas and provide a specific framework for the provision of care [18].

Conclusion

The use of a team based approach to the provision of chronic, complex and palliative care enables the assessment and management of symptoms often complicated by the differing and interacting illnesses. Clients faced with complex health issues are often in need of multidimensional care which is best provided within a interdisciplinary framework where the physical symptoms can be addressed with expert assessment, diagnosis and pharmacological and non-pharmacological strategies. In order to achieve use of a treatment team there needs to be communication between differing specialists. However, the choice of membership to a interdisciplinary team is only based on the medical assistance rendered and this can lead to exclusion of profession that have a valuable contribution to make to the care of the client. In order to mitigate the changes of team based ethical approaches to situations nurse should use principle-orientated frameworks that offer a philosophical frame of reference and the guides decision making and behavior and reduces the personal choice of the ethic decision making situations. Finally the nurse in treating chronic, complex and palliative clients needs also to have a principle of self preservation in what is often emotional, stressful and challenging work place environment.

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