

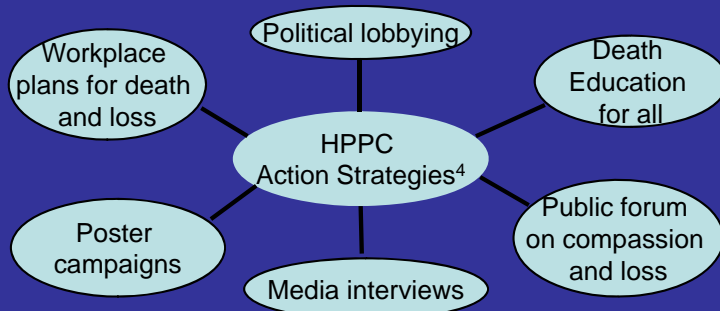
Health Promoting Palliative Care

Joanna Beveridge, Head Occupational Therapist, Borders General Hospital

Introduction

The Ottawa Charter¹ outlined health promotion strategies involving education, encouragement of behaviour modification, community development and policy change. These strategies were related to palliative care^{2,3} Health promoting palliative care's (HPPC) main objectives are to:

- Enhance a sense of control and support for those living with a life limiting illness
- Encourage interpersonal reorientation i.e. to assist, facilitate and enable those living with a life limiting illness to adjust to some lifestyle changes
- Build public policies that support dying, death, loss and grief
- Reorientate palliative care services, by linking with public health colleagues, utilising education opportunities, research activity, community and policy development
- Alter community attitudes to health, death, dying and loss³



HPPC and the history of palliative care

HPPC may be a relatively new concept, however it can be argued that throughout history care of the dying has had a health promotion ethos. The origins of contemporary palliative care evolved from religious orders concerned with care of the dying, where relatives and friends would be with the dying, offering support and comforting each other. Death was seen as the signature of a meaningful life, and was part of family and community traditions, rather than a medicalised, hidden event⁵. 'You matter because you are you, and you matter until the last moment of your life. We will do all we can, not only to help you die peacefully, but also to live until you die'⁶ demonstrates that palliative care has always looked beyond direct bedside care, which HPPC aims to do. It is recognised that palliative care should be introduced in the early stages of illness to prevent or reduce suffering⁷, in any sense, which is a central tenet of HPPC.

HPPC and the philosophy of palliative care

Palliative care has been defined as an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual⁸. There are links to be made between this definition and the principles of HPPC. Central to both are quality of life for patients and families, and holistic care. However, this definition is very service-led, whereas HPPC takes a wider view, including patients, families and the community as a whole. Palliative care services need communities to be involved in dying, death and loss and care issues so that support for families is maximised beyond the simple provision of services⁹.

Policy context of HPPC

'Living and Dying Well: a national action plan for palliative and end of life care'¹⁰ has led to the establishment of a working group to explore HPPC. At present, this work is in its infancy but models of practice are being trialled¹¹. A recent survey¹² indicated that Scotland may be ready to embrace HPPC ideas. Within a wider policy context¹³ health promotion techniques are being utilised which can only enhance this agenda within palliative care.

Using HPPC to advance practice

HPPC presents a challenge in relation to advancing practice¹⁴ within the NHS as an altered professional style, broader, community orientated goals, political action and research all need to be part of the advanced HPPC practitioners every day work³. This is very challenging in an organisation that is service-driven, and target focussed. It has been suggested that Occupational Therapists should extend their professional thinking and view their practice in tandem with health promotion concepts¹⁵. However, this view of health promoting OT is narrow as it does not include influencing policy development or strengthening community actions.

Conclusion

HPPC can be linked with the history and philosophy of palliative care, and policy is in place to ensure its implementation in Scotland. Adopting HPPC approaches will challenge staff to move from direct service provision to a community focussed approach to death, dying and loss.

References

1. World Health Organisation (1986). *The Ottawa Charter for Health Promotion*. Ottawa: Canadian Public Health Association.
2. Kellehear, A. (1999). *Health Promoting Palliative Care*. Melbourne, Oxford University Press.
3. Kellehear, A. (1999). Health-promoting palliative care: developing a social model for practice. *Mortality* 4 (1) 75-82.
4. Kellehear, A. (2005). *Compassionate Cities: Public health and end-of-life care*. Milton Park: Routledge.
5. S. Randall, F and Downie, RS, (2006). *The Philosophy of Palliative Care: Critique and Reconstruction*. Oxford, Oxford University Press.
6. P. B. Saunders, C. (1970) Foreword in Doyle, D, Hanks, G, Macdonald, N eds (1988). *Oxford Textbook of Palliative Medicine*, 2nd Ed. Oxford, Oxford University Press.
7. Doyle, D (2003). Editorial. *Palliative Medicine* 17, 9-10.
8. World Health Organisation (2002). *National cancer control programmes, policies and managerial guidelines*, 2nd ed. Geneva: World Health Organisation.
9. Kellehear, A and Young, (2007) Resilient communities. In: Monroe, B and Oliviere, D, eds. *Resilience in Palliative Care: Achievement in Adversity*. Oxford, Oxford University Press, pp 223-238.
10. Scottish Government (2008). *Living and Dying Well: A national action plan for palliative and end of life care in Scotland*. Edinburgh: Scottish Government.
11. Ireland, E. (2009). *The Political Context 2: Living and Dying Well* (presentation) 26th March 2009. Edinburgh, St Columba's Hospice.
12. Wallace, J. (2003). *Public awareness of palliative care*. Edinburgh, Scottish Partnership for Palliative Care, p17.
13. Scottish Government (2008). *The Delivery Framework for Adult Rehabilitation*. Edinburgh: Scottish Government.
14. Skills for Health (2007) *Career Framework for Health definition*. Available from: www.skillsforhealth.org.uk/ Accessed April 6th 2009.
15. VanderPloeg, W. (2001). *Health promotion in palliative care: An occupational perspective*. *Australian Occupational Therapy Journal*, 48, 45-48.