

GERICON 2013



13th, 14th & 15th December 2013

Madras Medical College & Hotel Green Park, Chennai

15th Dec. 9.00-9.20 **need and possibilities of palliative care in geriatric practice** Jochen Becker-Ebel, Ph.D.

www.mediacion.de/index.php/vortraege

Abstract

Palliative Care is mostly known to be helpful for cancer patients. But since 20 years palliative Care for the multimorbid/aged patients is a common need too.

The German palliative Care trainer and specialist Dr. Becker-Ebel points out the need and possibility of a palliative care approach for the aged within the international frame. Within his 6-years work experience in India he dares to point out practical suggestions on pain relief, ethical issues, breaking the bad news, doctorpatient-family communication and end-of-life-support.



Dr. Jochen Becker – Ebel, CEO

- studied religion, philosophy and psychology and in addition for 6 years to be a communication trainer.
- is supporter of the Shanthimalai Trust from its beginnings in 1985. He stayed more than six years at Tiruvannamalai, in the last three years in the position of CFO /RDO of Sri Ramana Maharshi R&D Trust
- Lecturer at five German universities, author, end-oflife-care specialist, trainer, owner of MediAcion

10.12.2013



MediAcion

- a) Is a large Palliative Care Training Institute in Northern Germany with more than 900 doctors, 1.200 nurses and 400 other staff trained in approved certified 4-weeks courses. Courses are supported by European Commission funds.
- b) Is a leading training Institute of Dementia Care supported by DED and caretaker-training supported by the Alzheimer Gesellschaft (similar to ARDSI). Runs projects of Federal Ministry of Work and Social Affaires in cooperation with State organizations of Hospice Care and Alzheimer Care.
- c) Is interlinked with 10 other nurses and doctors training institutes and more than 250 institutions of German Health Care Industry .
- d) Is supporting/conducting palliative care training in India since 2012.

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WHO definition on palliative care

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with lifethreatening 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 spiritual.



II. WHO

physical pain (doctors, nurses, physiotherapist)

Psychological pain: emotional, (therapists, psychologists)

> SPIRITUAL PAIN: religious, existential, spiritual, (spiritual

(ediAcion

Social pain: financial, existential, relationship (social workers)

Palliative Care – patient centered



Cicely Saunders: palliative care is:

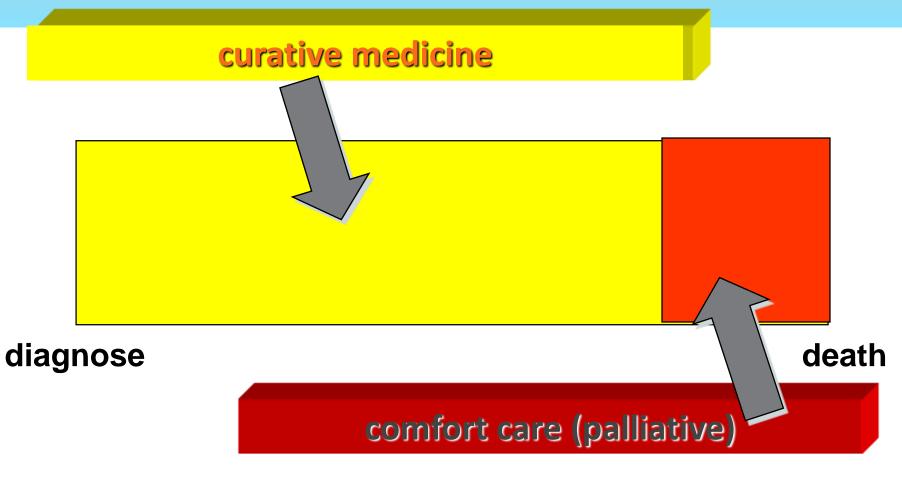
Multi – professional and Inter - professional;

Works with lean hierarchies

And is radically oriented on the patients will and needs

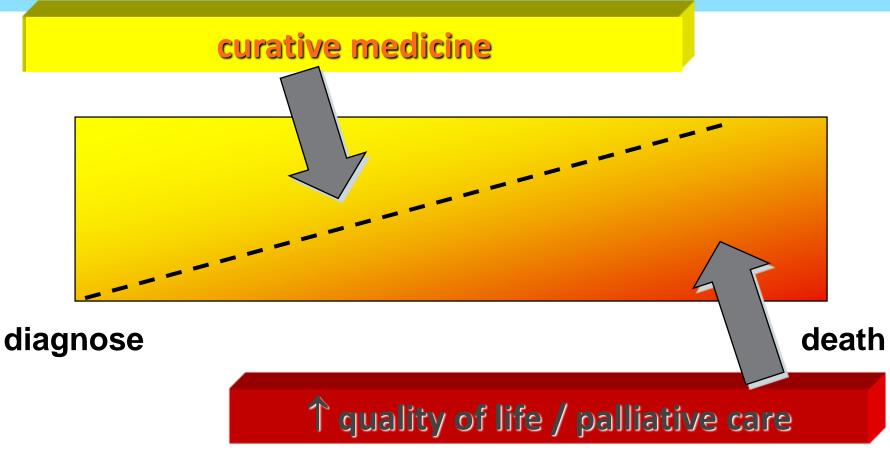


Palliative-medicine: the old concept



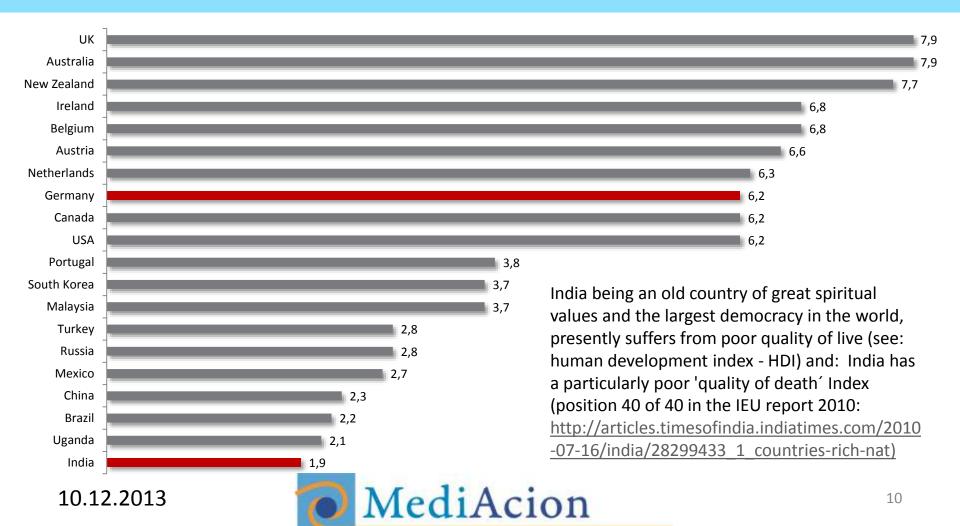


Palliative-medicine: the new concept





End-of-live - care index (positions 1-10 and 31-40)



India`s challenges

In the next 25 years India will see:

- a) A growing need for better health care services and geriatric care (NPHCE, scarcely any specific geriatric support /Times of India, Sept 18th 2012)
- b) 80 % increase of need for palliative care
- c) 150 % increase of need for dementia care



palliative care needs

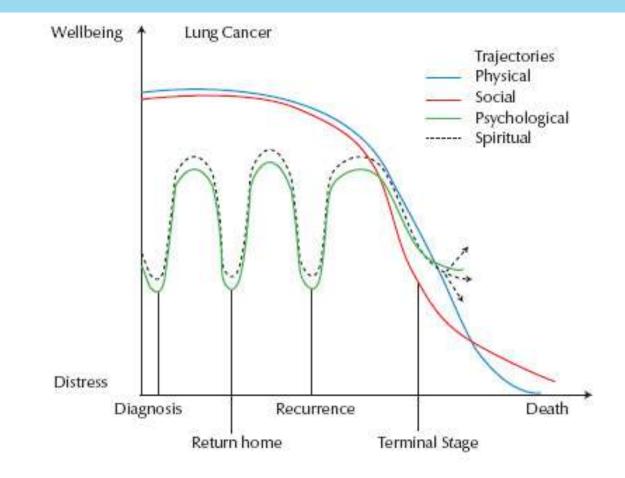
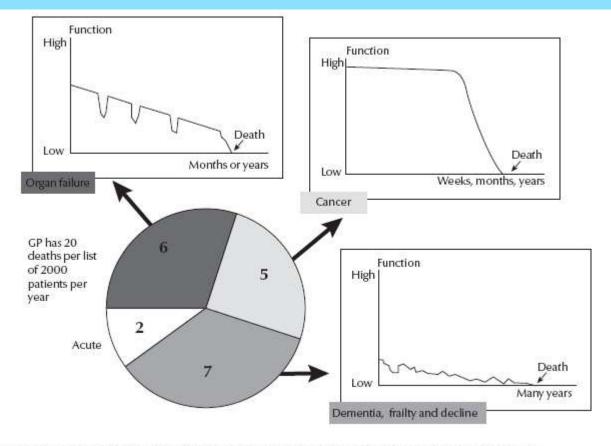


Figure 3 Lung cancer - physical, social trajectories and psychological, spiritual trajectories from diagnosis to death. Source: [24]

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Need for care: disease related



http://www.emro .who.int/emhjvolume-18-2012/issue-2/article-11.html

Figure 1 Causes of death in the United Kingdom and trajectories of function of chronic illnesses. Source: [8]

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Caregivers: the palliative-care-team

- palliative-care-nurses
- palliative care doctors
- voluntary workers
- spiritual guides
- therapists
- psychologists
- social workers
- household assistants





Present Research (examples)

http://edoc.ub.uni-muenchen.de/5433/1/Bauer_Stephan.pdf:

- **a)Religious believers** do have <u>in general LESS</u> fear connected with dying - but only <u>active</u> believers with <u>prior</u> personal exposure to the topic.
- **b)Religious/spiritual persons** with <u>first exposure to</u> <u>an incurable cancer</u> situation have **MORE** fear connect with dying than non-believers.

Munich University appointed a professor for Spirituality within Palliative Care in 2010.



Physical care: What can we do?





Physical

Pain due to disease location
Other symptoms eg nausea
Physical decline & Fatigue

Social

- Relationships with family/carers
 Role in family
- Work life

Pain

Financial problems

Psychological

- Grief, Depression
- Anxiety, Anger
- Adjustment to condition

Spiritual

- Existential issues
- Religious faith
- Meaning of life and illness
- Personal value as a human being



Spiritual pain: problems / needs

- intrapsychic conflicts like: "Why me?"
- need for spiritual meaning of sickness/pain
- loss of meaning of (present) life
- negative life balance
- fear future negative remembrance
- uncertainty about the "beyond"
- loss of "home" / secure foundation
- feel of divine punishment or abandonment
- extinction of being/self



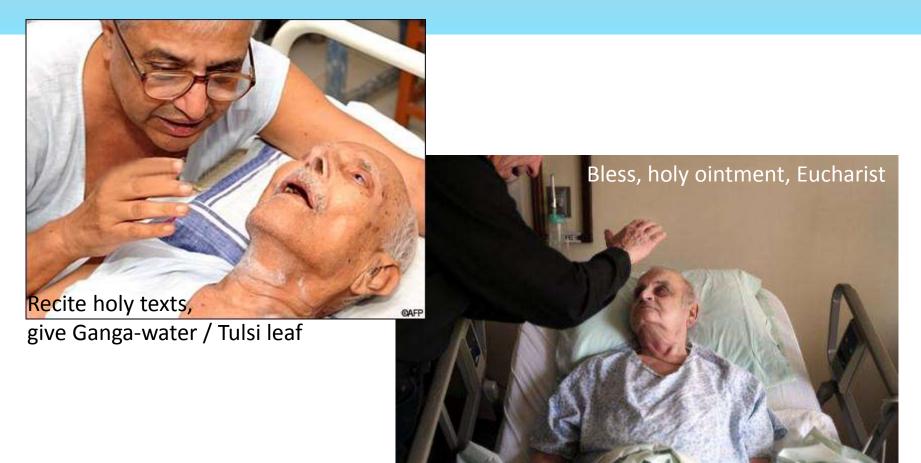
Spiritual Care: What can we do ??? 1. Pray





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2. Rituals





3. Speak and listen

4. Meditate

V. Accompanying the "inner growth"

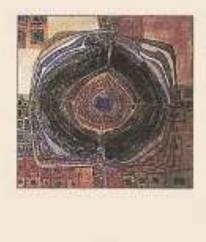


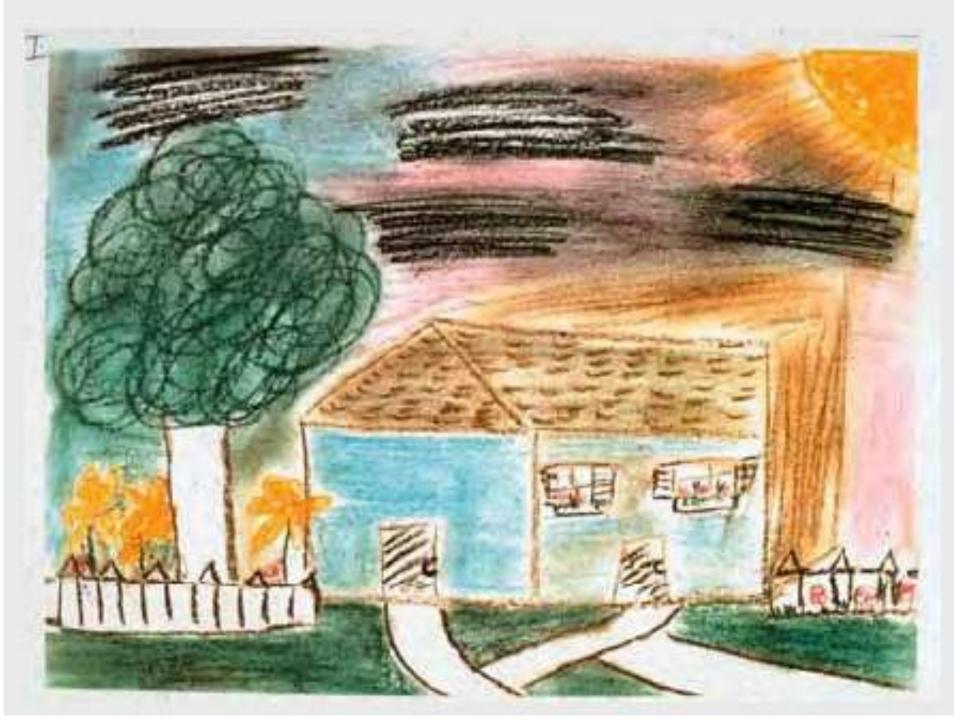
Monika Müller, a German Spiritual Palliative Care Pioneer meets

Mr. B., a baker from profession, five days after hospital admittance with an unclear diagnosis Hubert Bilko - Lene Knudsen - Monika Müller

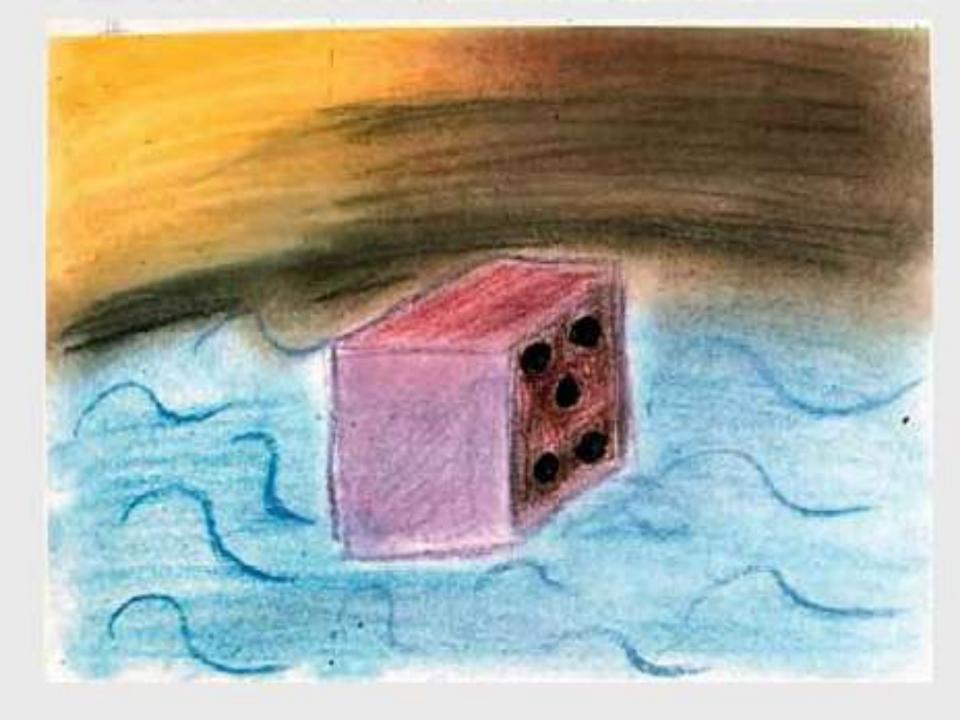
NACH INNEN WACHSEN

Ein Begleiter zum Leben und Sterben



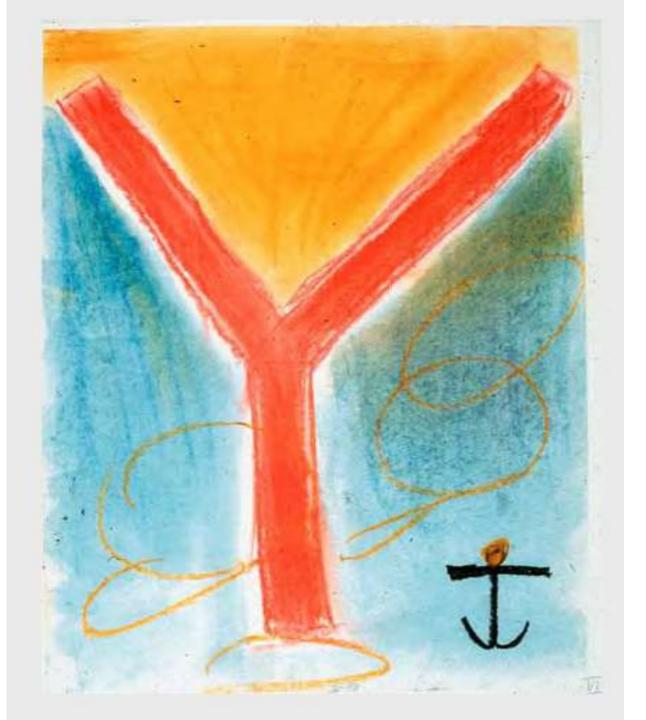








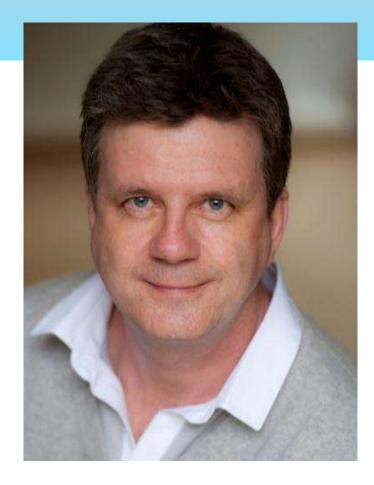








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