



Model of Human Occupation

Archived List Serv Discussion

Palliative Care

January 28, 2009

Hi,

I'm OT student making research in Palliative Care and I've sent already one mail asking for discussion about the theme. The only subject related I found in the archive list is "Palliative home care and OPHI-II" but it wasn't what I was looking for. What I could take out from that discussion was related with "'therapeutic' effect itself- re-discovering the strength and resources with aim to re-gain occupational identity and competence-(....) 'meaningful occupation' of sharing own story and life experience... (by Maria Kapanadze). Also find important "Clients find that it gives them insights to their life situation and helps them find meaning, sort out priorities and so on" (by Kielhofner). So I conclude that MOHO sees that in the end of life is important to have a meaning life behind and if not OTs will try to help the clients to find that meaning through MOHO. That's really important! Anybody can tell me if no theory written already about Palliative Care related with MOHO? I've been making reflexion and writing about that, relating to the client that is dying. For me OTs in Palliative Care make sense in helping people realising their last desires a and I've been trying to fundament this. Does this make any sense to any of you?

Kind regards,
Ana Costa

February 6, 2009

Hi Ana

This reminds me of a Tibetan saying that the most important thing is "To live and die without regrets."

I strongly agree with your assertion that OTs can help people who are dying, sort out their priorities, "realize their last desires", and find meaning.

This is a way for people who are dying to discover Peace.

The discovery of Peace is the most important preparation for the journey at death.

(Ref: "The Tibetan book of Living and Dying" by Sogyal Rinpoche).

Warm regards

Simon Mc Vay

February 10, 2009

Dear colleagues interested in Palliative Care,

First of all, thanks to Gary Kielhofner, Simon Mc Vay, Vanessa, Julia Peggs, Lisa Olsen and Deidre Burgess' answers.

I'm first interested in imminently terminal ill relating with my belief of "realising the last wishes" and that will be point that will guide my job when I'll start to work in this area. Lately I hope to reflect about the non imminently terminal people. Regarding to the work I made called "MOHO and Palliative Care" I mostly associated the philosophy of Palliative Care with the concepts of the Later Adulthood in MOHO book. I think it fits very well in several points. In spite of that I cannot forget how pediatric palliative care is important. And that will be my next step to reflect. And then I should be more specific. I would appreciate the sharing of your experience in pediatrics palliative care too.

Although, for me OT in Palliative Care isn't just helping the client to realise their last wishes but it's one point that differs from all the areas of intervention.

That's why I think it's a good point, important to not forget and in a way regarding to the sentence of Bye (1998): "Affirmation of life: preparing for death."

And this sentence I totally agree I can relate with the sentence: "To live and die without regrets." of Sogyal Rinpoche in "The Tibetan book of Living and Dying" cited by Simon Mc Vay. I read this book some years ago and it made a lot of sense to me too.

The concept of "purposeful activities" and "feel purpose in the final months" suggested by Lisa makes a lot of sense to me too and very related to MOHO concepts. That "meaning" that MOHO enhances. If not this way, the client can feel that lost his/her own identity has it's commented in La terapia occupazionale in hospice: una esperienza preliminare "sent by Vanessa.

Regarding to assessments as I'm ending my studies I have no much experience but I found one assessment that seems to be helpful. It's OTNA (Occupational Therapy Needs Assessment). Anybody have or knows it? I don't have it but regarding to the articles and research with that it seems worthy. It was build by occupational therapists and applicated to clients with cancer. I will reflect about OSA too as Deidre suggested.

P.S.- Deidre, I would appreciate the reference of Jacques & Hasellku. Thanks.

Kind Regards,

Ana Costa

February 11, 2009

Dear colleagues

I have enjoyed the OT discussion about our place in palliative care. In my experience "being" becomes more important and "doing" less important in the final stages of life. In support of "being" however, I guess there is a lot of "doing" to be done. Such as ensuring comfort, reducing stress for all involved in the processes of a palliative care approach (carers, families etc).

I believe that a sensitivity of the transitions and changes of this period of time is of absolute importance for the Occupational therapist and the results of an assessment may only give the results of the day that the assessment was carried out.

Thanks for holding this discussion on the list serve.

Jane Shamrock

February 14, 2009

Hi Ana,
the reference details for you are as follows

Jacques, N. D., & Hasselkus, B. R. (2004). The nature of occupation surrounding dying and death. *Occupational Therapy Journal of Research*, 24(2), 44-53.

They pick up on a point you made that occupation activities when palliative are not a normal everyday activities. They are one off never to be repeated occurrences & quite unique.

I have only worked with people from 18 yrs up so cannot share any paediatric pall experiences although agree with you that this is equally important.

Re needs assessments there are a number of pall care specific needs assessments that are not OT focused and many of these focus on QOL. While needs assessments can yield valuable insights into patient needs you need to consider whether they are developed by clinicians from their perspective of patient needs or informed by patient feedback. In my clinical work I found I was continually guided by what was important to the patient at that particular point in time (which could change rapidly as illness progressed). The value of MOHO here is that it explores motivation & meaning for the person along with performance needs. I believe eliciting motivation & meaning to be critical in pall as it is so easy to assume we know what is important and assume what motivates underlying behaviour. When looking at the OTNA it might be helpful to consider those things.

If you can tell me which references referred to the OTNA I might be able to help you some more. There was a checklist drawn up by a group of OTs in the UK and was in a book called *Occupational Therapy in Oncology & Palliative Care* but this was not standardised.

all the best with your studies

kind regards

Deidre