

Greater occupational therapy emphasis needed for palliative care patients

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The researchers note only 1.6 per cent of OTs in Australia work in palliative care, compared to 8 to 12 per cent in Canada, with a ratio of one OT per 875 people in WA. Credit: Henry Rabinowitz

Local researchers are calling for a greater role for Occupational Therapists (OTs) in end-of-life palliative care in Western Australia.

Curtin University experts Sharon Keesing and Professor Lorna Rosenwax say internationally accepted 'standards' for best practice in are not being implemented, and that unlike in the US and UK, OTs are not viewed as essential members of [palliative care](#) teams.

"It is estimated that by 2016, the demand for [palliative care services](#) will outweigh available services in WA," Ms Keesing says.

"[This] means policies, models of service delivery and organisational strategies must be developed so that dying people and their carers are able to receive quality, timely and easily accessible care, including occupational therapy.

"Currently no OTs are employed in private community hospice or community 'hospice in the home' services.

"Similarly, limited opportunities for OTs are available to provide palliative care for people living in residential aged care facilities."

The researchers say service referral is problematic, including uncertainties around if and when to refer, and a lack of understanding exists about what OTs can provide to those approaching death.

"Even towards the end of life, there are so many activities people can participate in: their own personal care, tasks around the home, attending appointments, meeting with friends and family, hobbies, and many others," Ms Keesing say.

"OTs assist people to continue in all these activities by modifying tasks, the impact of symptoms and the home environment.

"Sometimes, clients are also involved in short-term rehabilitation to improve quality of life in their last few months."

The researchers say that OTs are essential for those wishing to die at home, rather than a hospital, an option which is currently limited in the state.

"Dying people may prefer to be in their familiar [home environment](#), with access to their family and friends, maintaining as many of their familiar tasks and roles as possible," Ms Keesing says.

"With assistance from an OT, people can continue to make choices about what they want to do each day and are not dictated by hospital routines. This in effect, helps them to achieve 'a good death'."

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"As Australian [occupational therapists](#) and researchers in end-of-life care, we are determined to bring about change for dying people and their carers," Ms Keesing says.

More information: Keesing, S. and Rosenwax, L. (2013), "Establishing a role for occupational therapists in end-of-life care in Western Australia." *Australian Occupational Therapy Journal*, 60: 370–373. doi: 10.1111/1440-1630.12058

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