

Combining Geriatric and Palliative perceptions to create a rational, comprehensive approach for the treatment of frail / disabled elderly people

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Introduction:

There is an alarming increase in the portion of the population who suffer from disabling, non-curable diseases, thus creating exponentially increasing medical, economic and social age-related problems. This resulted in an increased demand for health professionals of a variety of fields and served as an incentive for the rapid development of both geriatric medicine and palliative care. Unfortunately, although these two modalities have a lot in common, they have developed along different lines, each apparently having its own perceptions, principles, knowledge, guidelines, education and literature. We believe, that combining palliative principles in geriatric education and vice versa, would significantly improve the knowledge of both, “geriatric” and “palliative” inter disciplinary teams, and would eventually lead to much better overall health care for adults and elderly people.

Methods:

An educational program named “Paliative aspects in Geriatrics” of 5 full day conferences, two weeks apart, was carried out. The lecturers were leading figures of several specializations in medicine, geriatrics, nursing, palliative care, social work, law, ethics and a chaplain. They were instructed to concentrate on palliative aspects of their unique specialty (eg. palliative aspects of: dementia, pressure sores, osteoporosis, osteoarthritis, end stage heart, lung or renal failure). Discussions involved speakers of a variety of fields who do not usually meet thus contributing to the comprehensive, holistic educational perception while enreaching the audience knowledge in a large variety of subjects; these included coordinating patient/team expectations, multidisciplinary team problems, communication, medical, financial, social, spiritual and ethical end of life issues. The program plan have been distributed to a variety of professionals involved in care for the elderly in the north part of Israel.

Results:

80 professionals working in the community, long term care facilities and hospitals participated in our new educational program (43 nurses, 35 physicians, 2 social workers). Although many of the participants were experienced professionals of high positions, they all concluded they have learned much and gained new knowledge from the program for their daily work. The anonymous feedback questionnaires revealed a very high score of satisfaction regarding the educational atmosphere, quality of lectures, originality of the program and its contribution to the participants’ daily work.

Conclusions: Educational programs that combine geriatric and palliative principles of several professions have potential for creating knowledgeable professionals of different fields who care for elderly patients. Promoting such programs will eventually result in improved overall care of elderly patients.