Communication challenges in palliative care

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Palliative care is an approach whose aim is to help improve the quality of life of patients and their families who are faced with problems related to a life-threatening illness as well as prevention and relief of their suffering through early recognition and suppression of pain and identification of other problems, including physical, psychosocial, and spiritual issues. Palliative care uses a team approach to alleviate suffering through early identification, proper assessment, treatment and taking care of the patient's needs whether at home or in an institution¹. Important and indispensable item in palliative care is communication. Good communication improves patient care, makes patient feel comforted and satisfied with health care, acts as a therapy, and provides a better working atmosphere among care providers. Communication in palliative care requires broad knowledge, competences, and skills in the specifics of everyday work, though frequent obstacles in the provision of palliative care, among others, are lack of training and awareness of palliative care among healthcare professionals². Family members expect from doctors and nurses to help them learn what to expect when their loved one is dying. Regardless of the causes, there is a common final path that most patients go through. The needs of dying patients and their loved ones are very complex and at the same time very individual. The four main domains of needs of a person at the end of life are: physical, emotional, social, and spiritual. For this reason, palliative care is provided by interdisciplinary teams of experts and volunteers, striving for this care to be based on individual needs and personal choice, and to provide the patient with pain relief, dignity, peace, and stability at the end of life³.

Among the most common challenges in palliative medicine is selecting a method of communicating bad news, which includes the verbal and non-verbal component of those who deliver the news, recognizing and responding to the patient's emotions, involving the patient in decision-making process, and finding ways to inspire hope and provide support⁴.

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