

## The Role of Occupational Therapy in Palliative and Hospice Care

*Palliative care* is an interdisciplinary team approach used for people with serious or life-threatening illnesses to enhance their quality of life. The goals of palliative care include providing pain relief and symptom management, offering support systems to clients and their families, and integrating psychological and spiritual aspects of care with the necessary medical treatments. Depending on the stage of the disease process, clients may receive palliative care for months or even years (Guo & Shin, 2005).

Occupational therapy practitioners play an important role on palliative and hospice care teams by identifying life roles and activities (“occupations”) that are meaningful to clients, and addressing barriers to performing these activities. Unlike other health care providers, they consider both the physical and psychosocial/behavioral health needs of the client, focusing on what is most important to him or her to accomplish, the available resources and support systems, and the environments in which the client wants and is able to participate.



### Occupational Therapy Intervention

The unique perspective of occupational therapy in promoting participation in meaningful life activities complements palliative and hospice care; its holistic and client-centered approach fosters a sense of independence and self-efficacy amidst the challenges of living with symptoms that can be debilitating.

Occupational therapy with an emphasis on palliative and hospice care can be provided in a hospital setting, a specialized hospice facility, an individual’s home, or an outpatient setting. Occupational therapy practitioners use a client-centered approach to evaluate the needs of the client in his or her occupational roles (e.g., parent, spouse, worker), identify current and potential abilities, and determine barriers to engaging in occupations, including activities of daily living, instrumental ADLs, rest and sleep, leisure, and social participation. They also help prevent contractures and maintain joint integrity with stretching routines or splints that don’t interfere with daily activities. The following are examples of occupational therapy interventions that can be effective in palliative and hospice care.

#### Activities of Daily Living (ADLs)

- *Dressing:* Use adaptive equipment, modified techniques, energy conservation principles, and proper body mechanics to minimize fatigue, overexertion, and pain (e.g., getting dressed in bed to maximize independence and safety).
- *Bathing and showering:* Use specialized or adaptive equipment to maximize safety (e.g., grab bars, shower bench) and incorporate energy conservation principles.
- *Functional mobility:* Incorporate falls prevention strategies (e.g., remove hazards like scatter rugs, improve lighting) and foster awareness of safety issues and limitations within the environment, while reinforcing confidence and capabilities. Provide optimal positioning and mobility devices to increase comfort and safety, while decreasing risk for pressure sores.

#### Instrumental Activities of Daily Living (IADLs)

- *Meal preparation:* Incorporate energy conservation principles and activity modifications such as using wheeled carts and reorganizing kitchen storage for easier access. Encourage a healthy diet and provide resources for nutrition management.
- *Home management:* Assess activity tolerance and body mechanics with tasks such as house cleaning or doing laundry, if appropriate. Suggest activity modifications, support systems, adaptive equipment, pacing, and energy conservation techniques.

- *Health management:* Provide strategies on how to manage symptoms associated with fatigue, pain, anxiety, or shortness of breath during daily activities.
- *Religious or spiritual activities:* Modify activities or resources to help develop or maintain spiritual involvement, if desired (Pizzi, 2010).

### Rest and Sleep

- Assess sleeping habits and the person's sleep/wake cycle, and develop pre-sleep routines to facilitate longer restorative sleep periods.
- Provide relaxation techniques and positioning to increase comfort, improve ability to rest, and reduce skin breakdown from pressure.

### Leisure Participation

- Identify and facilitate ways to participate in enjoyable leisure and community activities despite altered capabilities and roles through modifications and/or by exploring alternatives.
- Use relaxation techniques, coping strategies, anxiety management, time management, and activity pacing to facilitate participation in desired activities.
- Identify and facilitate ways to maintain cognitive function (e.g., memory and concentration) to participate in meaningful activities.

### Psychosocial/Behavioral Health

- Engage clients and their family in discussions about their feelings, fears, and anxieties. If appropriate, provide support and resources to assist in creating a client-centered, end-of-life plan, and staying organized during the process (Pizzi, 2010).
- Encourage communication and family involvement to support the client's wishes, and promote continued social connections (Park Lala & Kinsella, 2011).
- Support the role of the caregiver, including communication about realistic expectations, and education on safe body mechanics and techniques during daily activities and transfers, management, and resources to decrease burnout (e.g., caregiver support group, or adult hospice day care).

## Conclusion

Improving quality of life as defined by each client and optimizing his or her functional abilities are integral to the philosophy and practice of occupational therapy. The incorporation of valued everyday activities and a holistic, client-centered practice make occupational therapy an integral member of the hospice and/or palliative care team. Occupational therapy services in these areas integrate the physical, cognitive, emotional, and spiritual aspects of clients' experiences so they may participate in their life roles regardless of the stage of their disease process.

## References

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Occupational therapy enables people of all ages live life to its fullest by helping them to promote health, make lifestyle or environmental changes, and prevent—or live better with—injury, illness, or disability. By looking at the whole picture—a client's psychological, physical, emotional, and social make-up—occupational therapy assists people to achieve their goals, function at the highest possible level, maintain or rebuild their independence, and participate in the everyday activities of life.

