

Transcript

Not intervening as a form of care

Learning from palliative and end of life care

Voiceover: When someone is dying, especially in places where people have access to advanced healthcare, there can be an expectation to just keep on treating them.

Pressure can come from the family, society and even within healthcare itself - to try a different drug, or attempt surgery, or undertake an experimental intervention.

But as more and more treatments are given it can be difficult to know when or how to stop - even when the person shows no sign of improvement and may be suffering. In our research, we observed first-hand how difficult just suggesting a different approach can be.

We worked with palliative care teams who support people at the end of life. Often they are brought in when other medical professionals say 'there is nothing more that can be done'.

The problem with this statement is that it implies failure or resignation.

But we found palliative care staff actually do a great deal.

They care for the person in a wide variety of ways, including addressing physical pain or distress. They seek to understand them as a person, not only a body with a disease to treat. Their care also extends to the relatives and loved ones.

A key part of the care they provide is to help decide when certain treatments or interventions are actually doing more harm than good, and should be reduced or even stopped.

Discontinuing treatment does not mean nothing is being done – quite the opposite. It often takes a great deal of work to not provide treatment in a system designed to keep on intervening.

The care provided is a response to thinking about what really is best for a particular person in their current situation.

By focusing on more than just the length of someone's life, or the medical interventions attempted, our research emphasises a much broader idea of care.

And this invites us all to think about living, wellbeing and what it means to be a person - even when dying.