

# Palliative care at end of life in Tshwane District Hospital



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## INTRODUCTION

Death is unpredictable and as much as one prepares for it, sadly, no one is ready for the choices that have to be made at end of life. PC aims to improve the quality of life for both patient and family by managing the patient holistically- body, mind and soul.

**ACROMYN LIST:**  
1. PC- Palliative Care  
2. TDH- Tshwane District Hospital

## BACKGROUND AND OBJECTIVES

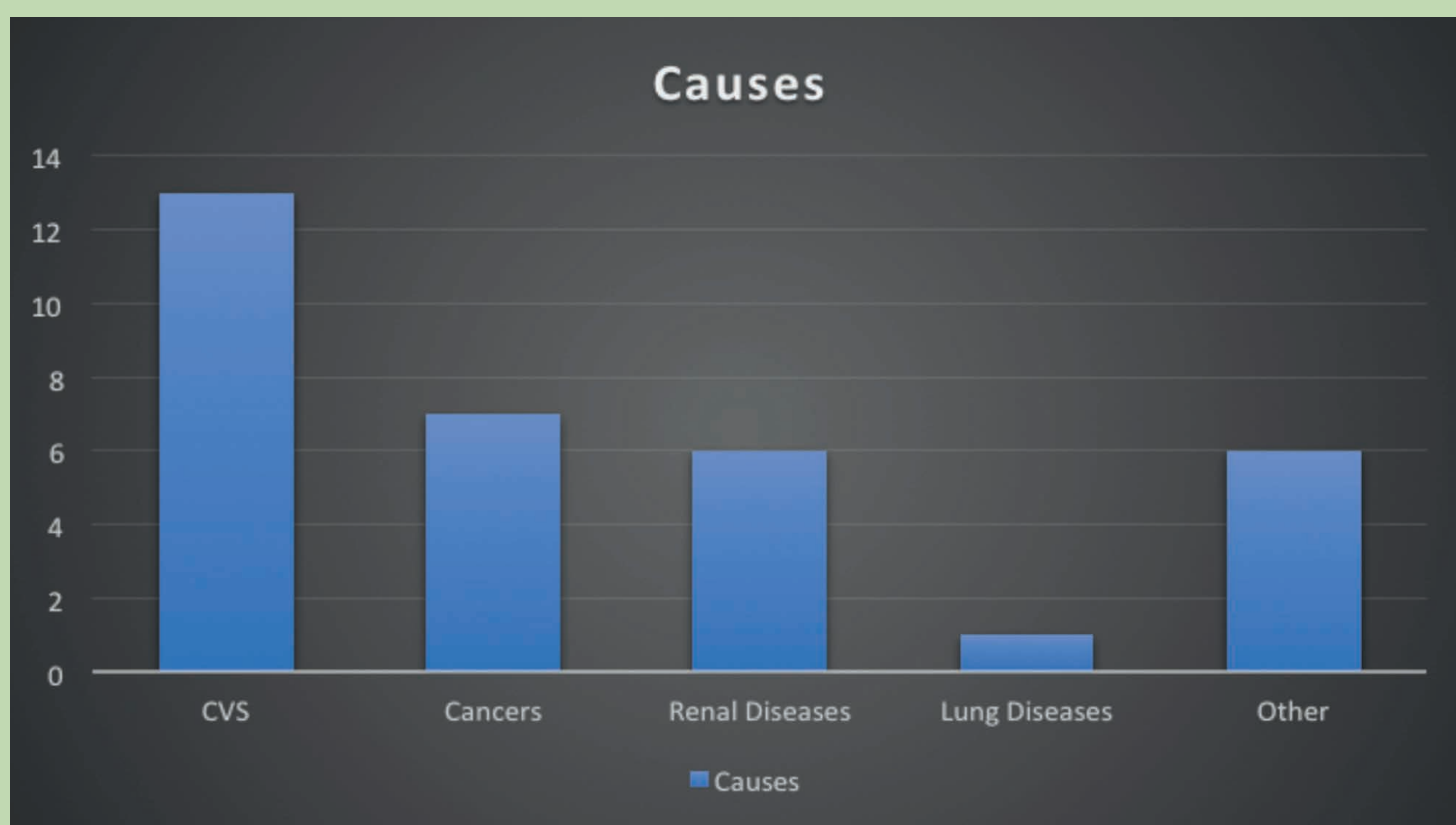
TDH is a district hospital located in Pretoria. They manage more PC patients than they realize however, they are unable to provide adequate PC for these patients. The aim of this project was to provide decent PC services by adequate training of staff and by maximizing facility usage.

## METHOD

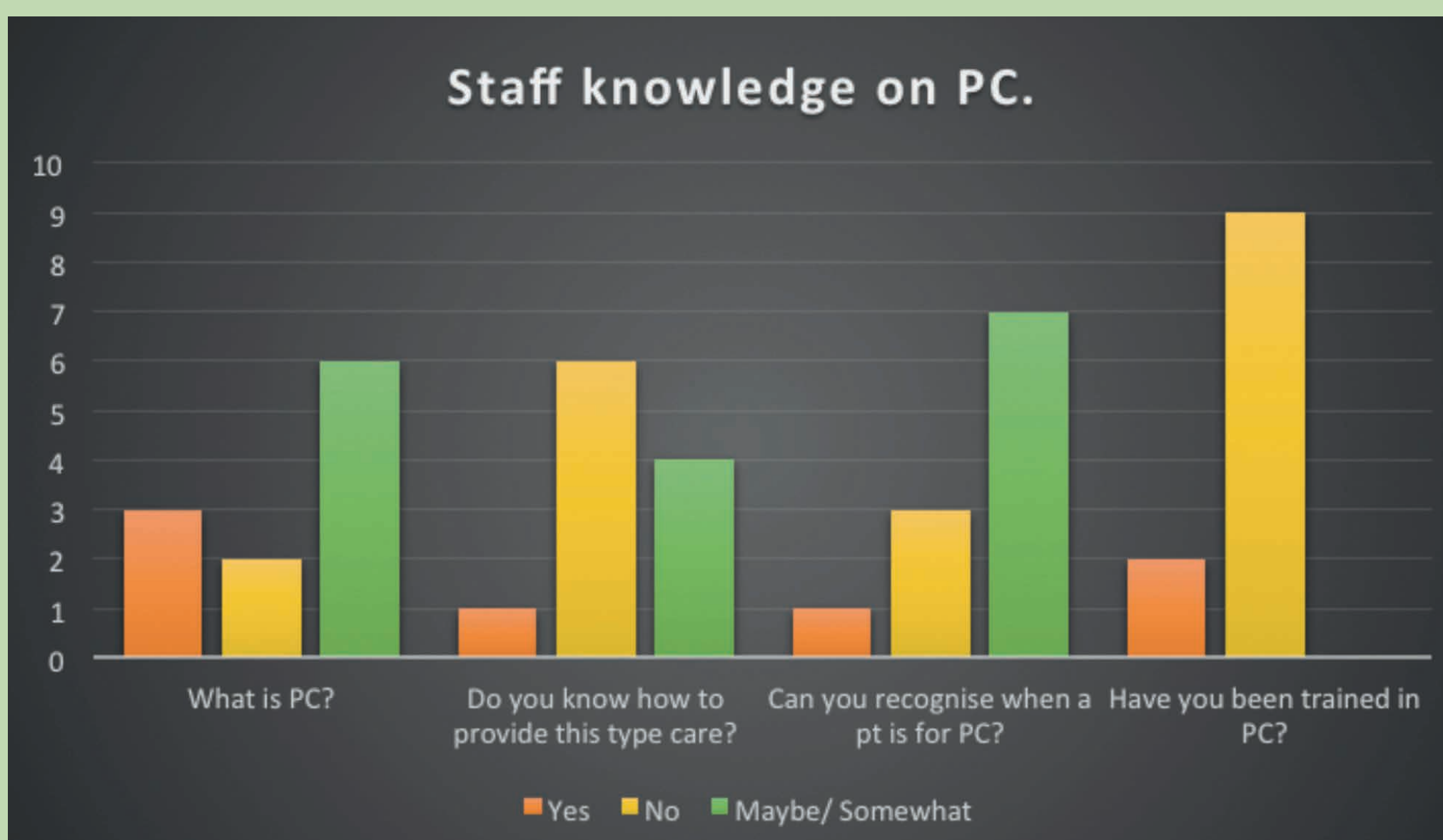
The data was collected from inpatients between ward 3 and 5 (male and female medical wards). Data collected were specific for known and unknown PC patients that could have benefitted from PC at end of life.

## RESULTS

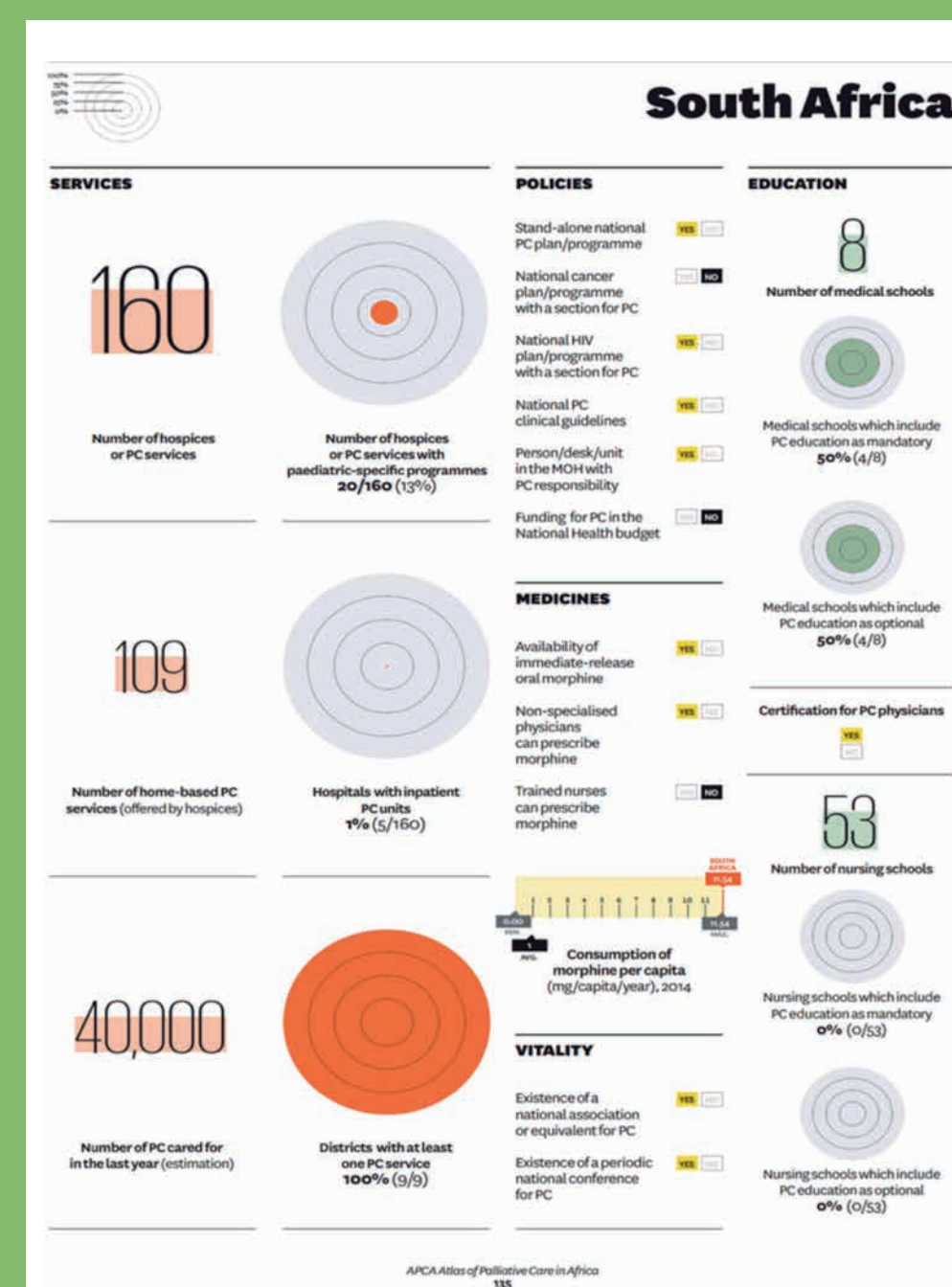
Total no. of demised patients: 33 (time period: 03/17- 06/17) Causes: CVS: 13, Cancers: 7, Renal diseases: 6, Lung diseases: 1 and Other: 6



**Figure 1:** patients with CVS conditions had highest mortality rate than other conditions. These patients can benefit most from PC.



**Figure 2:** this portion of the project was conducted informally to protect identities of workers and maintain quality of project. Each workers was asked these four questions among others and this was the responses. Both doctors and nurses participated in it (total of 11 staff).



## CONCLUSION

This project showed that staff had minimal knowledge about PC and therefore unable to provide proper PC at end of life. The plan forward is to host a workshop to train staff and make use of the algorithm as first steps in providing decent PC services at TDH.

### Acknowledgements:

Dr. Martin Bac. Family Physician.  
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## Algorithm

Patient for palliative care (decided by palliative care consultant or trained staff and communicated to consultant). There should be a ward round once a week with the PC consultant so that he/ she can make an appropriate decision.

**Yes.**  
Explain to patient the situation, then arrange a family meeting to discuss patient's condition (if patient decides against this, respect wish.) Get relevant help from indicated departments- dietician, physiotherapy, ophthalmology, ENT, oncology, gastroenterology, neurology, occupational health, social worker, psychologist and pastor/ religious leader at this point.

**No.**  
Continue with current hospital treatment and follow up with appropriate department.

Disposition- give patient/ family options.

**Decided.**  
Options: Home, hospice, family, friends, or hospital.

**Undecided/waiting for transfer/ waiting for a bed.**  
Options: Remain at hospital until decided.

**Discharge prescription.**

If the patient/ family is undecided, give them time. If the patient decides that he/ she would prefer dying at hospital, make use of the isolation rooms in ward 3/5. If patient is in a dilapidated state, involve dieticians if they are not feeding well/ or at all.

If the patient decides to stay at hospital/ while they wait to be transferred. Adequate pain management. Adequate management of symptoms using HPCA guidelines 2012. Sedation where indicated.

Take details of mortuary or funeral home and/ or burial wishes if any. This will help if the patient demises at hospital to know what to do. Also details of the family or people responsible for the patients burial so we know what to do when the patient dies.

The rare case if a patient is homeless, or the patient wants to donate his/ her body, offer them the option to donate their body to the anatomy department.

Lastly, it's courtesy to offer last meal requests. TV, cigarettes, alcohol (to be provided by family or friends).

## REFERENCES

1. Rhee JY, Luyirika E, Namisango E, Powell RA, Garralda E, Pons JJ, et al. APCA Atlas of Palliative Care in Africa. USA: IAHP Press; 2017. [https://www.africanpalliativecare.org/images/stories/pdf/APCA\\_atlas.pdf](https://www.africanpalliativecare.org/images/stories/pdf/APCA_atlas.pdf) (accessed 07 July 2017).
2. National Policy Framework and Strategy on Palliative Care 2017 – 2022, NDoH, Pretoria.



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