Interprofessional Palliative Care COP

Beyond the Myths: A Multi-Disciplinary Look at Palliative Care

Project ECHO
Palliative Care - Canada
BY Pallium Canada

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Territorial Honouring

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Series Learning Objectives

After participating in this series, you will be able to:

- Understand the roles of different disciplines in palliative care
- Integrate palliative principles into your own practice
- Collaborate effectively across professions, including timely referrals
- Support and validate colleagues during difficult situations
- Use case studies to address discipline-specific challenges collaboratively
- Explore the psychosocial and spiritual aspects of care

Overview of Sessions

Session #	Session Title	Date/ Time
Session 1	Interprofessional Rehabilitation – Engaging in a Palliative Approach	Feb 7th, 2025 from 12-1pm ET
Session 2	Integrating Spiritual Care Through Psycho-Spiritual Needs Assessments in a Palliative Approach	June 20th, 2025 from 12-1pm ET
Session 3	Communication Access in Palliative Care	Sept 19th, 2025 from 12-1pm ET
Session 4	Beyond the Myths: A Multi-Disciplinary Look at Palliative Care	Nov 21st, 2025 from 12-1pm ET
Session 5	Nursing engaging in a palliative approach	Jan 23rd, 2026 from 12-1pm ET

Introductions

Host
Holly Finn, Senior Manager Program Delivery, Pallium Canada

Presenters
Bonnie Cooke
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Occupational Therapist - Primary Healthcare, NLHS

Julie Wilding
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Certified Spiritual Care Practitioner CASC/ACSS

Welcome and Reminders

- Please introduce yourself in the chat! Let us know what province you are joining us from, your role and your work setting
- Your microphones are muted. There will be time during this session when you can unmute yourself for questions and discussion.
- You are welcome to use the chat function to ask questions and add comments throughout the session
- This session is being recorded and will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session

Session Learning Objectives

Upon attending this webinar, participants will be able to:

- Identify common myths and misconceptions related to palliative care from the perspectives of audiology, speech-language pathology, occupational therapy, and spirituality.
- Describe the role each of these professions plays in supporting people with life-limiting illnesses and their families.
- Explain how interprofessional collaboration helps dispel misconceptions and improve holistic, person-centered palliative care.
- Recognize the impact of discipline-specific myths on patient care and communication within the healthcare team.
- Summarize key messages and strategies to address common myths encountered in their own professional contexts.

Myth Busting through an Audiologist's Lens

Audiology Myth #1: Hearing loss is the least of my concerns for my palliative care patient.

Benefits of addressing hearing loss:

- Maintains patient autonomy
- Promotes interpersonal communication and fulfillment of end-of-life goals
- Reduces cognitive effort involved in listening
- Increases participation in health-related decision-making
- Improves connection with loved ones and care providers, easing frustration with communication difficulties
- Can improve participation and enjoyment of activities offered such as music therapy, art therapy, spiritual therapy etc…
- Being able to watch/enjoy TV programs without disturbing roommates

Audiology Myth #1: Hearing loss is the least of my concerns for my palliative care patient.

IN FACT:

- Evidence from electroencephalography (EEG) studies suggests that hearing may be one of the last senses to be lost at the end of life, supporting the practice of talking to dying patients.
- A study from the University of British Columbia found that some patients who were unresponsive still showed brain activity patterns in response to sound similar to how healthy individuals' brains responded.
- This preliminary evidence indicates that even if a person cannot communicate or respond, they may still be able to hear, making it important to continue speaking to them

Audiology Myth #2: To effectively communicate with my patient who has hearing loss, I simply need to speak louder!

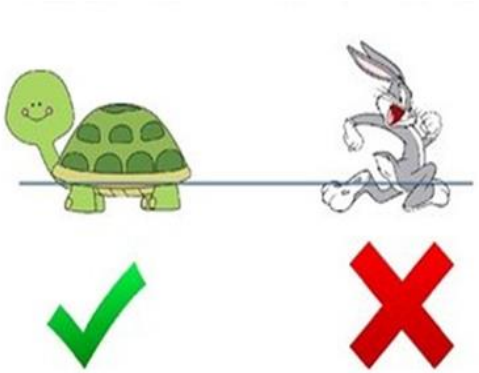
Just "speaking louder" is often not better, because:

- If your patient has a sensorineural hearing loss (most common)- speaking louder may be uncomfortable for the patient (due to loudness recruitment).
- If the patient has any sound tolerance issues (often associated with hearing loss and tinnitus)- speaking louder may in fact be painful for the patient.
- In your efforts to speak louder- you may be obscuring your facial movements, creating an obstacle for lip-reading which many people with hearing loss rely on.
- **Speaking loudly may reduce patient dignity if privacy is not maintained**

Intervention - Communication Strategies

Tip#1 Get attention first

Tip #2 Face the speaker



Tip #3 Speak Slowly

Tip #4 Reduce background noise

"Would you like some tea?"

"Would you like some tea?"

"Can I get you something to drink?"

Tip #5 Repeat then Rephrase

Tip #6 Confirm names, dates, times by repeating back

Audiology Myth #2: To effectively communicate with my patient who has hearing loss, I simply need to speak louder!

Hearing aids do more than amplify sound, they also process sound to help improve a patient's access to speech and sound within their environment. For some of your patients, hearing aids will be the best option. Hearing aids are available at several different price points- **the most expensive ones are not necessarily the best for your patient**. Consult with an audiologist to understand what would be best for your patient.

For many patients, there are other safe and effective assistive listening devices that can be used, instead of hearing aids. Some examples are:

- Pocket Talker
- Smart Phone can act as an amplifier (e.g., Sound Amplifier, Live Listen, etc)
- Speech to text apps: NALscribe, Live Transcribe, etc.)
- Other assistive devices (e.g., TV headsets, Amplified telephones,

Myth Busting through a Speech-Language Pathologist's Lens

S-LP Myth # 1: The primary goal of swallowing management in palliative care is to prevent aspiration.

- 80% of patients in palliative care have dysphagia, as reported by their caregivers (Bogaart et al., 2015)
- This represents a considerable burden on family members and caregivers that can benefit from professional support
- Speech-language pathologists reduce this burden and stress by educating and counselling patients, caregivers and other team members regarding expected communication and swallowing changes at the end of life.
- At the end of life, a "curative approach" often switches to a "comfort approach" and we focus on maintenance of dignity and QOL in line with the goals of the patient, family, and medical team. Care goals related to eating and drinking often change.

Consider this scenario

- Andy is an 86-year-old man with advanced head and neck cancer
- Up until the palliative phase of his illness he had been working with S-LP on rehabilitating and compensating for lost function based on prior instrumental swallowing assessments.
- He is currently on a minced diet with nectar thick (IDDSI 2) fluids
- Despite documented aspiration with thin fluids, Andy reports that he would like to share a rum and coke with his son in his final days, as this is how they used to bond and connect at the end of the day after work. The son reports that this time was very important to him as well.

- How can an S-LP help?

Speech-Language Pathologists can help by:

- Providing strategies that reduce the risk of respiratory complications related to aspiration, if that is a concern
- Identifying and re-evaluating care goals related to eating and drinking
- Offering strategies for pleasurable eating and drinking
- Counselling regarding the patient's level of consciousness in relation to eating or drinking
- Supporting patient choices related to hydration and nutrition
- Offering alternatives to artificial hydration and nutrition, such as comfort feeding
- Providing strategies to address dry mouth and secretion management
- Providing education and guidance on issues like declining swallowing function and the natural reduction or discontinuation of eating and drinking in the final stages of dying

S-LP Myth #2: Restoring functional communication is not worthwhile in the palliative phase of an illness, unless there are obviously severe deficits.

- Even mild communication or cognitive impairments can limit the patient's ability to participate in decision-making, communicate regarding pain and discomfort with the medical team, and maintain social connections with family. Reduced ability to communicate can also lead to anxiety and a reduction in emotional well-being.

- Even small gains in communicative ability can improve patient autonomy, comfort, and dignity at the end of life.

Consider this scenario

- Blanche, a 75 year old woman with ALS
- Moderately reduced speech intelligibility (50-60% intelligible) noted due to dysarthria. There were also breath support issues that led to decreased volume.
- Blanche reports to a family member that she often feels left out when unable to join conversations about her care and end-of-life wishes, as well as connecting with her family during visits.
- This is causing anxiety and frustration during care interactions, and family members note that Blanche is initiating communication less and becoming increasingly withdrawn.

- How can SLP help?

If your patient is having difficulty communicating, a speech-language pathologist can help by:

- Developing a functional communication system
- Educating caregivers and the health-care team about strategies to support communication
- Facilitating comprehension of prognosis as well as the risks and benefits of treatment options
- Helping the patient express care goals and end-of-life wishes
- Facilitating advanced care planning
- Contributing to competency or capacity assessments
- Offering communication strategies to support sharing, closeness and socialization with loved ones

Myth Busting through an Occupational Therapist’s Lens

Occupational Therapy Myths

There is often a belief that there is no reason to include Occupational Therapists on multidisciplinary teams because our scope is so limited as outlined in the myths below.

- What can occupational therapy provide to someone who is palliative? Are there any goals?

Truth: Occupational Therapists help support occupational participation in someone's meaningful activities all through the trajectory of their illness.

Occupational Therapy Myths

- The Occupational Therapist's role is ONLY physical or environmental.

Truth: Occupation Therapists are trained to provide psychosocial support for the patient and family such as anxiety management or supporting spiritual and/or religious practices.

- Occupational Therapy's primary role in palliative care is only about recommending assistive devices and other equipment.

Truth: Occupational Therapists work with clients and their family to support meaningful occupation through an assessment and intervention of their physical, cognitive, social, emotional and spiritual needs.

Occupational Therapy Myths

- Only a few Occupational Therapists are positioned to work in palliative care

Truth: Working in collaboration with the care team, client and family, the role of any occupational therapist can be to integrate a palliative approach to care.

- If people are not engaged in paid employment, why would they need an occupational therapist?

Truth: An occupation is any activity the client needs and wants to do. It can include paid employment, volunteer work, activities of daily living, and hobbies.

Breaking the Myths about Spiritual Care and Psychospiritual Therapy

Spiritual Care and Psychospiritual Therapy Myths

Myths

Myth # 1	REALITY
Spiritual Care and Psychospiritual Therapy is: **only in hospitals for patients.**	**Spiritual Care Practitioners and Psychospiritual Therapists** are part of an interdisciplinary care team, in diverse settings, attending to the needs of clients, patients, families and staff. In addition to all patients or clients, Spiritual Care Practitioners and Psychospiritual Therapists are available to families, friends, and staff. Everyone can benefit from the healing impact of spiritual care and psychospiritual therapy at all stages of life.

Clinical Spiritual Care

Myths

Myth # 2	REALITY
Spiritual Care and Psychospiritual Therapy is: **<u>only for the dying or very ill.</u>**	Anyone can experience spiritual distress at any stage of life and benefit from the healing impact of spiritual care and psychospiritual therapy. (reframe to include bio-psycho-social distress) Patients, clients, families and staff can benefit from the healing impact of spiritual care and psychospiritual therapy at all stages of life. **Spiritual Care and Psychospiritual Therapy** attends to the physical, mental, emotional, social and spiritual dimensions of people at all stages of life.

Q & A

Session Wrap Up

- Thank you for joining us!
- Our next session is on January 23rd, 2026 from 12:00 to 01:00 pm ET
- Please fill out the feedback survey following the session—a link has been added into the chat!

Thank You

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