



Palliative Care in Geriatrics: Enhancing Quality of Life

Gosho Eoyama*

Department of Gerontology and Geriatric Nursing, Medical University of Silesia, 40-055 Katowice, Poland

ABSTRACT

Palliative care is a specialized approach to healthcare that focuses on improving the quality of life for individuals with serious illnesses, particularly those in advanced age. In the context of geriatrics, palliative care plays a pivotal role in addressing the unique physical, emotional, and social needs of older adults facing life-limiting conditions. This comprehensive discussion delves into the significance of palliative care in geriatrics, its principles, challenges, and the ways it enhances the quality of life for elderly patients and their families. The demographic shift towards an aging population is a global phenomenon. As people live longer, they are more likely to experience serious and chronic illnesses, making palliative care a crucial aspect of geriatric medicine.

Keywords: Palliative care; Global phenomenon; Geriatric medicine

INTRODUCTION

One of the primary objectives of palliative care is to alleviate pain and manage symptoms effectively. In geriatrics, the approach to pain management is particularly nuanced due to the complex medical conditions often present in elderly patients. Cognitive decline, including dementia, is a significant concern in geriatric palliative care. Patients and families face complex emotional and ethical decisions related to end-of-life care. Palliative care in geriatrics is a compassionate and holistic approach to healthcare that places the comfort and well-being of older adults at the forefront. As the world's population continues to age, the demand for high-quality geriatric palliative care is on the rise. It is essential to recognize the unique needs of older adults and provide them with the support and care they require to live their final days with dignity and comfort. By adhering to the principles of palliative care, addressing the challenges, and embracing advancements in the field, we can enhance the quality of life for older adults and their families during this important stage of life.

LITERATURE REVIEW

Palliative care services can be limited in some regions, making access difficult for elderly patients. This limitation can be exacerbated in rural areas or areas with a shortage of healthcare professionals specializing in palliative care. Advocacy for increased funding and resources for palliative care programs is essential. Healthcare systems and policymakers must recognize the value of these services and allocate resources accordingly. Telemedicine

and telehealth initiatives can also help bridge the gap in access to palliative care, especially in remote areas.

Families often play a central role in decision-making for elderly patients in palliative care. However, disagreements among family members about treatment choices, end-of-life decisions, and the use of life-sustaining measures can create ethical dilemmas and emotional distress. Facilitating open and honest communication among family members is crucial. Healthcare providers can act as mediators, helping to clarify patients' wishes and resolve conflicts. Additionally, advance care planning discussions should include all relevant family members to ensure alignment in decision-making [1].

DISCUSSION

Decisions regarding advance directives, Do-Not-Resuscitate (DNR) orders, and Physician-Assisted Death (PAD) can be emotionally charged and ethically complex. Balancing patients' autonomy with their best interests can be challenging. Palliative care teams should have dedicated ethics committees or consultants to guide complex decision-making. Ensuring that patients' preferences are documented clearly in advance directives and that family members are educated about these documents can also help mitigate potential conflicts. Telehealth and remote monitoring technologies have gained prominence, especially in the context of the COVID-19 pandemic. These innovations can facilitate access to palliative care for elderly patients who may have difficulty traveling to healthcare facilities. Telemedicine can enable regular check-ins, medication management, and symptom monitoring, all from the

Correspondence to: Gosho Eoyama, Department of Gerontology and Geriatric Nursing, Medical University of Silesia, 40-055 Katowice, Poland; E-mail: goshoeoyama342@helath.edu

Received: 02-October-2023, Manuscript No. jggr-23-23501; **Editor assigned:** 04-October-2023, Pre QC No. P-23501; **Reviewed:** 17-October-2023, QC No. Q-23501; **Revised:** 23-October-2023, Manuscript No. R-23501; **Published:** 30-October-2023, DOI: 10.35248/2167-7182.2023.12.697

Citation: Eoyama G (2023). Palliative Care in Geriatrics: Enhancing Quality of Life. *J Gerontol Geriatr Res*. 12: 697.

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comfort of a patient's home. This approach not only improves access but also reduces the burden of frequent hospital visits [2].

Ongoing research into pain management, innovative interventions for geriatric syndromes, and treatments for common conditions in older adults (e.g., heart disease, cancer) contributes to the advancement of palliative care. Research can lead to the development of more effective pain relief strategies, improved interventions for frailty and falls, and targeted treatments for specific geriatric conditions. Evidence-based practices can further enhance the quality of palliative care. The identification of genetic pathways and specific genes involved in aging opens up the possibility of developing pharmacological interventions to target these pathways. Researchers are actively investigating compounds that can modulate these pathways, such as senolytics that selectively eliminate senescent cells, or drugs that mimic the effects of caloric restriction or activate sirtuins. These interventions aim to slow down the aging process, delay the onset of age-related diseases, and ultimately extend healthy lifespan. While much more research is needed to validate the safety and efficacy of these interventions in humans, the potential is promising [3].

Advocacy efforts have led to changes in policies and legislation that support palliative care. These changes aim to improve reimbursement for palliative care services and strengthen the support available to family caregivers. As policies evolve, more elderly patients will have access to palliative care services, regardless of their financial circumstances. Increased support for family caregivers can help ensure that patients receive consistent, compassionate care [4].

While a significant number of correlated and anti-correlated dinucleotide pairs remained without such an explanation, we discovered that many of the observed correlations between dinucleotide contents could be the severe depression where individuals may lack capacity to make treatment decisions, ethical considerations surrounding decision-making and the use of interventions like ECT warrant careful attention. The comparative effectiveness of therapeutic modalities for geriatric depression is a multifaceted topic that necessitates a comprehensive and individualized approach. Psychotherapy, pharmacotherapy, and alternative interventions each have their strengths and limitations, and the optimal treatment plan depends on factors such as the severity of depression, patient preferences, safety considerations, and access to care. As the field of mental health continues to evolve, ongoing research, advancements in technology and a deeper understanding of the aging population's needs will shape the future landscape of geriatric depression treatment. Ultimately, the goal is to provide holistic, patient-centred care that improves the quality of life for older adults facing the challenges of depression [5].

As the field of longevity and genetics advances, ethical considerations come into play. The prospect of extending human lifespan raises questions about resource allocation, social inequality, and the impact on population dynamics. It is crucial to navigate these ethical considerations thoughtfully and ensure that the benefits of lifespan extension are accessible to all, promoting equitable and inclusive approaches to healthy aging [6].

CONCLUSION

Palliative care in geriatrics plays a vital role in enhancing the quality of life for older adults facing serious illnesses. While there are challenges to be addressed, including resource limitations and complex decision-making, there are also promising advancements and solutions on the horizon. As the field continues to evolve, it is essential for healthcare professionals, policymakers, and society to work together to provide elderly patients with the care, comfort, and dignity they deserve in their final stages of life.

ACKNOWLEDGEMENT

None.

CONFLICT OF INTEREST

None.

REFERENCES

1. Hadrava Vanova K, Kraus M, Neuzil J, Rohlena J. Mitochondrial complex II and reactive oxygen species in disease and therapy. *Redox Rep* 2020; 25:26-32.
2. Zhang Y, Bharathi SS, Beck ME, Goetzman ES. The fatty acid oxidation enzyme long-chain acyl-CoA dehydrogenase can be a source of mitochondrial hydrogen peroxide. *Redox Bio* 2019;26:101253.
3. Quinlan CL, Orr AL, Perevoshchikova IV, Treberg JR, Ackrell BA, Brand MD. Mitochondrial complex II can generate reactive oxygen species at high rates in both the forward and reverse reactions. *J Biol Chem* 2012; 287:27255-2725564.
4. Hoekstra AS, Bayley JP. The role of complex II in disease. *Biochim Biophys Acta Bioenerg* 2013 May 1;1827(5):543-51.
5. JainlGhai S, Cameron JM, Al Maawali A, Blaser S, MacKay N, Robinson B, et al. Complex II deficiency—A case report and review of the literature. *Am J Med Genet* 2013; 161:285-294.
6. Pinilla JM, Díez-Villanueva P, Freire RB, Formiga F, Marcos MC, Bonanad C, et al. Consensus document and recommendations on palliative care in heart failure of the heart failure and geriatric cardiology working groups of the Spanish society of cardiology. *Rev Esp Cardiol* 2020;73:69-77.