WHEN CURE IS NO LONGER THE FOCUS; OCCUPATIONAL THERAPISTS FACILITATE LIVED EXPERIENCES THROUGH MEANINGFUL ACTIVTY AND ENGAGEMENT

Vanessa Orton [1] GNC Community Occupational Therapist, Tomaree Health Centre
Helen Ware [2] GNC Community Occupational Therapist, Westlakes Community Health Centre

KEYWORDS

Occupational Therapy, Therapeutic Use of Self, Client Centred Practice, Holistic

EXECUTIVE SUMMARY (100 words maximum)

This presentation will illustrate the contributions of community Occupational Therapy within Palliative Care and demonstrate that along with equipment prescription, Occupational Therapist are experts at supporting meaningful activities for those approaching the end of their life. Consumer experiences will showcase the therapeutic tools and resources that we carry in our tool-bag and demonstrate how holistic, client centred practice and therapeutic use of self, facilitates participation, engagement, and quality in our clients' days.

INTRODUCTION

Prescription of adaptive equipment and environmental modifications is synonymous with the work of a Community Occupational Therapist. For clients approaching the end of their life, Occupational Therapists provide a unique expertise to enhance daily function and quality of life. Met at various points in their palliative journey, clients are commonly challenged by symptoms of breathlessness, discomfort, fatigue, impaired thinking and reduced physical capacity, contributing to reduced engagement and value as a person. Occupational therapists are dedicated to upholding the self-respect and autonomy of their clients, empowering them to retain as much control over their daily activities as possible. Encompassing a framework underpinned by the therapeutic use of self and holistic, client centred care, Occupational Therapy crafts moments that facilitate client purpose and meaning whilst determining this profession an essential ingredient of palliative care.

YEAR CASE STUDY WAS IMPLEMENTED

2022 - 2024

CASE STUDY DETAIL

When we ask "what is the most important thing to you right now?" we open a conversation that facilitates self-determination towards meaningful participation in occupations. The following case examples aim to demonstrate three key professional frameworks, holistic and client centred care and therapeutic use of self that guide occupational therapy interactions with clients approaching the end of their life at home. Through this we will reveal that our clinical toolkit is multifaceted and dynamic. With a commitment to ongoing clinical and professional-reflection, we build confidence and skill allowing us to become completely connected with our clients, facilitating them to make their own healthcare choices.

Occupational therapists adopt a client-centred approach, viewing each person as a unique individual with specific needs and life experiences. Engaging closely we collect insights, not information about a person, devising a therapeutic plan where their wishes remain the focus.

Serious illnesses often rob individuals of their ability to do daily tasks, negatively affecting their self-worth. 47 year old Ryan, father to Ruby who attends year 2 at the local public school is aware he is in his last months of life due to metastatic tongue cancer. Each day he continues to push beyond the burden of his pain, fatigue and darkened thoughts to create a fun and loving home life. With rapidly growing lung disease, walking Ruby to school was Ryan's favourite and most dreaded part of his

day. He would literally spend the 6 hours she was at school, recovering in bed to prepare himself to meet her at the school gate to walk her home. Through hearing Ryan's needs, the community rallied and a second-hand mobility scooter was purchased. Ryan continued to walk Ruby to and from school every day, allowing him to maintain control and comfort in his final days, achieving the most meaningful task to him. It is certain that walking to and from school with dad will remain the most valuable memory for Ruby also.

When we engage therapeutically, a feeling of connectedness and unconditional positive regard is achieved. The meaningful relationship that is established between clinician and client becomes the catalyst for creating new opportunities for client interaction, engagement in occupation.

Using active listening, I learnt that John had an abundant love for music and an eclectic collection ranging across many eras. With John approaching the last weeks of his life due to metastatic renal cancer, the thought of leaving his 13yo grandson, whom he had a very special relationship with, became overwhelming for him. Through subsequent visits to John, we engaged in some memory activities, sparking a meaningful conversation around the sharing of music with his grandson. In the days that followed, endless hours were shared between John and his grandson listening to music, reflecting on experiences and creating new memories. The outcome of this was very special for the both of them and with John's passing, his grandson holds a playlist of grandad's favourite songs for ever.

This clearly demonstrates the therapeutic value of a conversation. When occupational therapists consider clients purpose and interests in planning care, a profound sense of meaning is achieved and outcomes that matter the most to the client.

Occupational Therapists have a unique expertise in evaluating and enhancing daily function, ensuring clients maintain participation and quality of life, even at the end of life. Their holistic evaluation considers each client as a unique individual with specific needs, desires, and life experiences, not just the medical condition and the symptoms it presents with.

It became apparent through holistic evaluation of Bill, that he had likely been experiencing a series of panic attacks. This 78yo man with end stage liver cancer was living alone on a 6 acre property on the outskirts of Morrissett with no direct family around. While exploring his emotional response to his diagnosis, Bill admitted to calling his ex-wife at 3am the previous morning, asking her to come and sit with him as he thought he was dying. The symptoms of his heart thumping in his chest had stemmed from his fear of dying alone. Through subsequent visits we spoke more around Bill's perceptions of what his death would look like. Together, we rehearsed some window breathing techniques and grounding strategies until Bill felt familiar and comfortable to employ these in times of heightened anxiety.

Through this example, the clinician built trust and understanding allowing Bill to feel heard and understood. This framework allows occupational therapists to provide the best possible care, aimed at improving the client's comfort and quality of life during their final days.

While occupational therapists will always consider equipment and modifications core interventions to facilitate client comfort, access and participation, we become acutely aware that the most valued interventions do not need to be sophisticated or costly. Within our time pressured health system, we must create an unhurried space, to explore and learn what is truly important to our client right now. As clinicians we achieve new learnings from every interaction and continue to grow our therapeutic tool-bag. A valuable profession in care of our palliative clients at home, we will continue to find quality and value in a person's day and make living the focus.