

THREE HANDBOOKS FOR PALLIATIVE CARE TEAMS

REVIEWED BY JAMES SHAW, MD

Three recent books directly related to the field of palliative medicine are outstanding candidates for the bookshelf of any health care practitioner and required reading for professionals directly engaged in palliative care.

Making Health Care Whole is useful not only for its worthwhile content but for the resources gathered for an appendix, which include tools for spiritual screenings and spirituality case studies.

Palliative Care provides in some 26

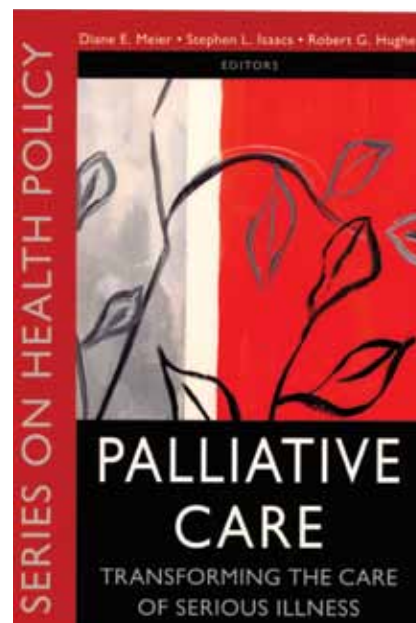
essays a solid summary of the growth and development of the philosophy and practice and contributions of palliative care over the last four decades.

Care at the Close of Life consists of 42 articles and 23 codas that originally appeared in *JAMA* from 2000-2008 as “Perspectives on Care at the Close of Life.”

The strength of the first and third books, in particular, is their attention to evidence and inclusion of patient stories, giving readers immediate take-aways for improving patient care.

The Puchalski and Ferrell book, *Making Health Care Whole*, can serve as an excellent resource to help our ministries achieve the goal of consistently providing high-quality spiritual care. One of Catholic-sponsored health care’s goals should be availability and uniformity of spiritual care to patients and families across all settings. Yet this is often lacking, despite guidelines from multiple national quality organizations, including The Joint Commission and the National Consensus Project for Quality Palliative Care.

The book developed from a conference and follow-up work engaging 40 national leaders, including physicians, nurses, psychologists, social workers, chaplains and clergy, other spiritual care providers and health care administrators, who honed a consensus document establishing a common language and model for interdisciplinary spiritual care. They identified resources and tools that have practical applications to health care settings and developed recommendations that will advance the practice of spiritual care in palliative care settings.

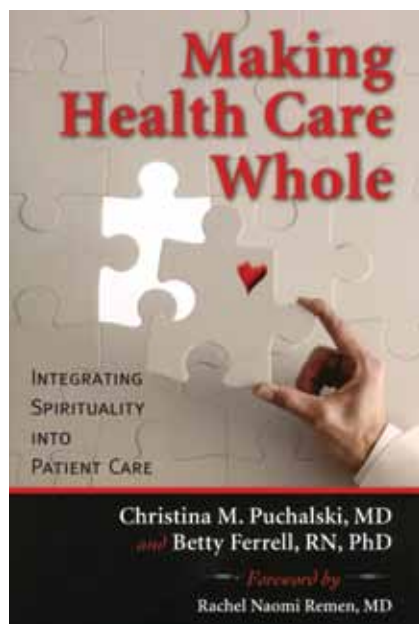


PALLIATIVE CARE: TRANSFORMING THE CARE OF SERIOUS ILLNESS

BY DIANE E. MEIER, MD
STEPHEN L. ISAACS, J.D., AND ROBERT G. HUGHES, Ph.D., EDITORS

Jossey-Bass, 2010
464 pages, \$75

Christina Puchalski, MD, is the founder and executive director of the George Washington Institute for Spirituality and Health and professor of medicine and health sciences at the George Washington University School of Medicine. She is an internationally recognized pioneer in the field of spirituality and health and is the author of *Time for Listening and Caring: Spirituality and the Care of the Chronically Ill and Dying* (Oxford University Press USA). Betty Ferrell, RN, Ph.D., is



MAKING HEALTH CARE WHOLE: INTEGRATING SPIRITUALITY INTO PATIENT CARE

BY CHRISTINA M. PUCHALSKI, MD,
and BETTY FERRELL, RN, Ph.D.

Templeton Press, 2010
288 pages, \$34.95

a research scientist at the City of Hope medical and research center in Duarte, Calif. She has devoted more than 30 years to oncology nursing and research in the areas of quality of life, palliative care and spiritual care.

In addition to offering a comprehensive review of the history and research in spirituality in health care, *Making Health Care Whole* clearly articulates the need for spiritual care: "... attending to the spiritual needs of patients is not just a moral option, it constitutes a moral imperative."

It also offers this consensus definition of spirituality: "Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose, and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred." Ideally, such consensus can lead to further standardization in research, education and training.

The authors do a thorough and sensitive job of not just presenting a lot of information, but also integrating many patient and health professional stories in every section to keep the discussion practical, relational and real.

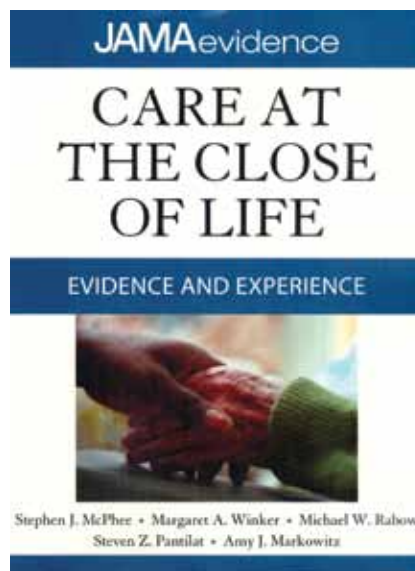
In the lead essay in *Palliative Care*, Diane Meier, MD, reviews development of the philosophy and practice of palliative care over the 35 years up to 2008. She highlights much of the important research that led to efforts to improve end-of-life care, particularly through the generous support of the Robert Wood Johnson Foundation, without which we would be many years behind where we are now.

It is useful to be reminded of such important historical events as the first American hospice, the landmark court case surrounding life support for Karen Ann Quinlan and the 1990 Patient Self Determination Act. Meier reviews our progress in attitudes and expertise in pain management and notes that we still have far to go. She follows the beginnings of hospice to the beginnings of modern palliative care in hospitals

and nursing homes and now, across the continuum of care, more truly patient/family-centered than institution-centered. It is exciting to see that research reported since this book was published continues to show the positive impact palliative care has on overall health care outcomes.

In addition to Meier's monograph, the editors have chosen 25 of the most influential and important articles relating to care of persons with serious illness. Overall, the collection is impressive and inspiring, and many pieces are timeless in their insights and urgencies.

The classics include Eric Cassell's "The Nature of Suffering and the Goals of Medicine," Daniel Callahan's "Death: The Distinguished Thing" and Balfour Mount's "Challenges in Palliative Care." Several more contemporary articles are included for their influence in advancing elements of palliative care philosophy and practice.



**CARE AT THE CLOSE OF LIFE:
EVIDENCE AND EXPERIENCE**

BY STEPHEN J. MCPHEE, MD, MARGARET A. WINKER, MD, MICHAEL W. RABOW, MD, STEVEN Z. PANTILAT, MD AND AMY J. MARKOWITZ, J.D.

MCGRAW-HILL, 2010

616 pages, \$70

Care at the Close of Life is an outstanding resource for teachers and clinicians in hospice and palliative care and will be much appreciated by both newcomers and experienced clinicians in the field, or by anyone caring for people with advanced disease. The *JAMA* articles were unique in presenting evidence-based approaches to patients with common, advanced life-limiting illnesses and their concomitant and often more impactful symptoms, distress and communication issues. The weaving together of evidence and experience, always keeping the patient, family and care team central, is expanded with well-known expert authors and discussants going deeper with both clinical and communication pearls.

The editors, Stephen McPhee et al., took this excellent series and fully updated each article with current evidence from the recent literature and additional resources, references and questions. Thus, each chapter is not only a comprehensive treatment of the subject, but it also is a comprehensive and holistic learning experience for the reader/learner.

The chapters are presented in the way palliative medicine is practiced. For example, the reader is taken right to the bedside of a patient in a pain crisis and led through pain assessment and treatment strategies.

The book depicts the importance of rapid pain control in a crisis, use of opioids including opioid rotation and IV methadone and the use of institutional resources to respond consistently to the patient's crisis in a timely and effective manner.

All members of interdisciplinary teams engaged in palliative care will find this an excellent resource, whether they are students, residents or experienced practitioners.

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