



# PALIATIF CARE

Desy Andari

FK-UMM

## SEJARAH

- Gerakan hospitium → khusus pasien terminal th 1879
- Inggris → Oxford Textbook of Medicine (bab khusus ttg paliatif th 1983)
- Spesialis paliatif (th 1987)
- Peralatan modern (-)
- Euthanasia (-)
- Berkembang di rumah → keluarga



# DEFINITION

- Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual (Watson et al., 2009)



## PENGERTIAN

- Perawatan paliatif adalah perawatan kesehatan terpadu yang bersifat aktif dan menyeluruh, dengan pendekatan multi disiplin yang terintegrasi antara dokter, dokter spesialis, perawat, terapis, petugas sosial medis, psikolog, rohaniawan, relawan dan profesional lain yang diperlukan.
- Holistik atau bio-psiko-sosial-spiritual



## KEPENTINGAN

- Salah satu tugas dokter (selain promotif→rehabilitatif) → SKDI
- Sikap agresif dan tidak mau menyerah
- Tidak perlu merasa “kalah”→ bagian dari kehidupan



## TUJUAN

- Agar pasien dapat menghargai kehidupan dan menganggap kematian sebagai proses yang normal.
- Pasien dapat merasakan kualitas hidup yang lebih baik walaupun sedang dalam kondisi kesehatan yang tidak baik.
- Mengurangi beban penyakit dan meringankan penderitaan.



- Meninggal dengan baik (peacefully) → dokter tidak lepas tangan
- Cure → care
- Symptom control → pain control
- Tidak etis membiarkan pasien menderita lebih



# SIAPA SAJA YANG MEMERLUKAN?

- Pasien dengan nyeri
- Pasien kanker stadium lanjut
- ODHA (orang dengan HIV/AIDS)
- Pasien penyakit degeneratif
- Pasien dengan kelainan bawaan dan gangguan dalam aktivitas



# KONSELING

- Psikologis
- Oleh psikolog, ahli agama atau keluarga yang komunikatif.
- Melalui 5 fase:
  - Penyangkalan,
  - Pemberontakan,
  - Tawar menawar
  - Depresif → paling sulit
  - Pasrah



# PRINSIP



Watson et al., 2009

No single sphere of concern is adequate without considering the relationship with the other two. This usually requires genuine interdisciplinary collaboration



## MENURUT WHO

- Paliatif Care:
- Affirms life and regards dying as a normal process
- Neither fasten nor postpones death
- Provides relief from pain and other distressing symptom
- Integrates the psychological and spiritual aspects of patient care



- Offers a support system to help patients live as actively as possible until death.
- Offers a support system to help the family cope during the patient's illness and in their own bereavement.



# OXFORD HANDBOOK OF PALLIATIVE CARE (WATSON ET AL., 2009)

- Uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated
- Will enhance quality of life, and may also positively influence the course of illness
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications



**Wassalam....**

