



# Best Practice...

## *in Palliative Care*



### QUALITY OF LIFE

“In the hospital, they seemed to think that being terminally ill meant you have to crawl into a corner and die, but there is still a quality to my life.”  
(Sandra C. - a patient)<sup>1</sup>

Healthcare professionals commonly use the term quality of life when trying to help patients and their families make decisions about end-of-life care. It is important to remember that quality of life cannot be assessed by observation because it is subjective as well as multi-dimensional.

When it is not possible to increase the quantity of time a person has remaining, most patients and physicians look to maximize quality of life. A good quality of life generally can exist when the hopes of a person are realized. What is important varies significantly from person to person. The key is that the person determines what constitutes a good quality of life for him or her.

Physicians can help a patient assess his or her quality of life by reviewing the person's world on many different levels. Asking several open-ended

questions can be helpful when talking to a patient. Examples of questions appropriate to ask are:

- ◆ How has your disease interfered with your daily activities? (Functional)
- ◆ How are you getting along with family and friends as a result of your illness? (Social)
- ◆ Have you been feeling worried or sad about your illness? (Emotional)
- ◆ How much or which symptoms bother you the most? (Physical)

Open dialogue between the physician and their patient suggests to the patient that the physician is interested in their well-being beyond their disease diagnosis. A majority of patients appreciate the opportunity to discuss these issues with their physician. Physicians who have a more complete picture of how a disease impacts his or her patient, will be better prepared to care for the patient who is near the end of life.

<sup>1</sup> *Notes on Symptom Control in Hospice & Palliative Care, Peter Kaye*

---

**For more information, visit our website at [www.unityhospice.org](http://www.unityhospice.org)**

Did you know?

**There are several websites that address clinical and program issues related to hospice and palliative care.**

**In fact, most of the information shared in Best Practices is taken from Fast Facts, a publication found on the EPERC website.**

[www.eperc.mcw.edu](http://www.eperc.mcw.edu)

[www.nhpco.org](http://www.nhpco.org)

[www.capc.org](http://www.capc.org)



LEADERS IN HOSPICE AND PALLIATIVE CARE

A Caring Not-for-Profit Partnership of Bellin Health, St. Mary's and St. Vincent Hospitals

---

916 Willard Drive • Green Bay, WI 54304

PRSR STD  
US POSTAGE  
PAID  
PERMIT NO. 460  
GREEN BAY, WI

*Best Practice* is a publication for physicians, printed quarterly by Unity. To share your comments, please call Rance Hafner, MD at 920.494.0225.