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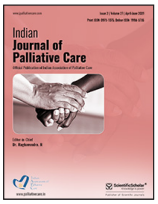

Commentary

Integrating the Various 'M' Principles of Management into the Establishment of a Palliative Care Service

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ABSTRACT

When it comes to medical caregiving, palliative care (PC) is a multidisciplinary strategy that has the goal of improving quality of life while also alleviating suffering. The doctrine of care for persons with life threatening or debilitating illnesses, as well as bereavement assistance for their families, is based on an organised, highly structured system of providing care to people with life-threatening or debilitating illnesses for the course of their lives. A coordinated continuum of care must be guaranteed throughout multiple healthcare settings, including the hospital, the patient's home, the hospice and long-term care institutions. It is essential for patients and clinicians to communicate and make decisions jointly. It is the goal of PC to provide pain relief and emotional and spiritual support to patients and the people who care for them. The best way to ensure the plan's success is to have an interdisciplinary multidimensional team of medical professionals, nurses, counsellors, social workers and volunteers coordinate it. Due to the alarming projections of cancer incidence over the next few years, a lack of hospices in developing countries, inadequate inclusion of PC, high out-of-pocket expenses for cancer treatment and the resulting financial burden on families, there is a critical need for PC and cancer hospices. To establish PC services, we stress the importance of the various M principles of management, which are divided into the following categories: Mission, Medium (setting), Men, Material including medications and Machines, Methods, Money and Management. These principles are discussed in greater detail later in this short communication. We believe that if we follow these principles, we will be able to establish PC services ranging from home-based care to the provision of care in tertiary care centres.

Keywords: Palliative care, Hospices, Palliative therapy, Health planning

INTRODUCTION

When it comes to medical caregiving, palliative care (PC) is a multidisciplinary strategy that has the goal of improving quality of life while also alleviating suffering. The doctrine of care for persons with life-threatening or debilitating illnesses, as well as bereavement assistance for their families, is based on an organised, highly structured system of providing care to people with life-threatening or debilitating illnesses for the course of their lives. A coordinated continuum of care must be guaranteed throughout multiple healthcare settings, including the hospital, the patient's home, the hospice and long-term care institutions. It is essential for patients and clinicians to communicate and make decisions jointly. It is the goal of PC to provide pain relief and emotional and spiritual support to patients and the people who care for them. The best way to ensure the plan's success is to have an interdisciplinary multidimensional team of medical professionals, nurses, counsellors, social workers and volunteers coordinate it. Due to the alarming projections of cancer incidence over the next few years, a lack of hospices in developing countries, inadequate inclusion of PC, high out-of-pocket expenses for cancer treatment and the resulting financial burden on families, there is a critical need for PC and cancer hospices.

To establish PC services, we stress the importance of the various M principles of management, which are divided into the following categories: Mission, Medium (Setting), Men, Material including medications and Machines, Methods, Money and Management. These principles are discussed in greater detail later in this short communication. We believe that if we follow these principles, we will be able to establish PC services ranging from home-based care to the provision of care in tertiary care centres.

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MANUSCRIPT BODY

Mission of establishing PC services

After a terminal illness is diagnosed, PC should begin immediately and continue throughout treatment, post-treatment and until the individual's death and the mourning period.[1] It includes a range of services. PC necessitates a multidimensional approach to eliminate the individual's and his or her family's psychological, social, spiritual and physical problems and to alleviate pain.[2] Achieving a constant flow of care from one facility to another: Collaboration between PC and healthcare systems is essential (such as hospitals, emergency services, hospices, home care facilities, community and schools). All patients, regardless of race, ethnicity, gender, religion, socioeconomic status or geographic location, should have equal access to PC. The PC team is amenable for making this service available to all. Imagining a world in which everyone has access to high-quality healthcare that helps them deal with their problems and accomplish the things they value most.

Medium setting

The settings in which medical services are provided are critical. Patients' and families' preferences should be taken into consideration whenever possible. Hospitals, nursing homes, hospices, outpatient PC clinics and a variety of other specialised clinics, as well as patients' homes, can all offer PC. Patients with life-limiting chronic progressive diseases are given access to a home-based PC for use while they are still living at home. The advantages include a familiar setting, efficient care and cost-effectiveness. On the other hand, an institute for PC with a dedicated staff can provide the best care and serve as a location for clinical research and education as well.

Men

No organisation can prosper even in a fully automated world if it does not have sufficient human resources. Recruiting and retaining hospice (trained staff) and PC specialists have been difficult because the field is still relatively new. With the help of a PC team, patients, their families and their doctors can receive medical, social-emotional and practical support from a variety of experts. Social workers, nutritionists, counsellors and chaplains make the perfect PC team, which is supported by doctors and nurses with specialised skills. All stakeholders involved in the care of a dying person, their caregiver and/or their family must work together to provide the best possible medical, emotional and spiritual support. One of the hospice staff makes regular visits and a live person is usually on call 24 h a day all 7 days a week, to assist with any questions or concerns. It is important to educate primary caregivers and those from other disciplines about hospice care. Providers can help patients by providing basic care such as dressing and oral hygiene, as well as preventing and treating bed sores. They can also keep feeding tubes in place and manage catheters. The psychologist hired by the patient's family could well address both the patient's and the family's needs.[3]

METHODS

When drafting rules and procedures for any procedure, we begin with a description of the fundamental structure, including its mission, goals and main components. Following that, the organisational structure is created, as per its staffing requirements and their duties and responsibilities. Next is the consideration of the patients who will be enrolled, defining the referral process, admission requirements and enrolment method, including details of the care planning process, the services offered to patients and their families, and the processes to be followed on discharge. At the end of the segment, include a plan for quality assurance and programme evaluation. Determine the obstacles to implementation, as well as the tactics for overcoming them. To quantify the severity of symptoms, many scales can be utilised. The Edmonton Symptom Assessment Scale is one such scale, and it consists of eight visually rated visual analogue scales that range from 0 to 100 millimetres (mm). Scores range between 0 and 10 and reflect the absence of symptoms and the worst possible symptoms, respectively.[4]

Material and machine

The most important consideration when purchasing a machine is understanding the organisation's requirements. Other considerations include selecting the most appropriate technical machine and equipment, ensuring the availability of spare parts, evaluating after-sales services and substituting products and technologies among other things. In the present example, this will comprise basic physiotherapy exercises, oxygen in the event of respiratory distress and a dedicated PC emergency unit. To bridge the distance between patients and hospitals and doctors, adequate transportation facilities should also be made available.

Medications

All the activities associated with palliative medications, including their prescription, distribution, dispensing and administration, are grouped under the term 'availability of palliative pharmaceuticals'. Opioid availability for the treatment of chronic pain is critical for pain management. The availability of drugs is affected by a variety of factors, including government regulations, cultural norms and religious beliefs. The availability of medications has an impact as well. Morphine administration training for medical facility workers and also preparation of powdered morphine solutions at medical facilities should be included in the training of PC workers. Patients and caregivers should be able to receive professional and social assistance as fast as possible using mobile phones. By complying with

national and local rules and the World Health Organization's national policies for controlled substances, we can ensure proper access to controlled medicines while reducing the likelihood of diversion and abuse. Consideration should also be given to symptomatic treatment such as anticholinergics (atropine) for secretion decrease, dopaminergic agents such as haloperidol or metoclopramide for nausea and vomiting and other medications for end-of-life care.

Money

The issue of money in management comes from the moment an organisation is created and the founder commits his or her personal money to the management of the company. A budget must be established and fundraising initiatives may be performed to raise funds. Need based or comprehensive budget may be required depending on the need of providing

Table 1: Summary of various 'M' principles of management in different settings.

Home setting	Ambulatory palliative care clinics	General palliative care	Specialist palliative care/ hospice care
Motive			
Provision of PC at patient's own home.	Provision of PC in inpatient units, nursing homes, clinical establishments, patients can visit these places for once or twice a week for palliative care	Provision of PC in private centres or nursing homes	Provision of PC to complex patients who require more time and need more care and require higher education and more staff and resources
Mission			
Holistic care provision that is, addressing the individual's psychological, spiritual, social and physical needs while also addressing pain management is essential. *Ensuring inter-institutional care continuity*: Palliative care should collaborate with health systems (such as hospitals, emergency services, hospices, home care, community and school). *Palliative care teams* must provide services that are *accessible to all*, regardless of colour, ethnicity, gender, socioeconomic level, place of residence or cultural attitudes			
Men			
Healthcare professionals or family/volunteer caregivers	Healthcare professionals/ doctors, or non-professional caregivers with basic knowledge and skills	Diverse group of collaborators, including psychologists, pharmacologists, religious officials (chaplains), mourning consultants, dietitians, physics/vocational/art/ game and music therapists, case managers, trained volunteers, home care assistants and voluntary organisations	Certified palliative care experts or palliative care specialists
Material and Machine			
Need based	Services such as medical support such as blood transfusion and pain treatment	Symptomatic treatment, social services such as shower and bath physiotherapy/vocational training, rehabilitation, massage or psychosocial and spiritual support	From basic to advanced palliative care services
Methods			
Traditional medical care and a supportive institutional model (hospital)	Centres offer low-cost care	Standards, guidelines, and outcome measures to guide palliative care practice	Benchmarking/accreditation process to compare and improve palliative care services
Money			
Need based	Funding for healthcare professionals providing palliative care	Depending on the service provision	Comprehensive budget is required depending on the provision of services
Management			
Symptom control and terminal care services and basic needs of cancer patients	Symptom control and nutritional support are provided, and patients and their families are supported psychosocially and morally. Families of patients are also trained in care	Symptomatic treatment and nutritional advice, support is provided, and patients and their families are supported	Multidisciplinary approach

of PC either in the home setting or tertiary care setup as summarised in [Table 1].

Management

PC aims to optimise the physical and cognitive function of the patient through the treatment of underlying symptoms and attention to each patient's values and needs. The patient also needs psychosocial care that addresses their emotional, social and financial well-being just as carefully as physical symptoms. Social suffering arises due to a lack of basic necessities such as food or clothing or housing, poverty and stigma due to underlying disease. Families may face financial crisis due to the serious illness of a family member. In such scenarios, PC workers can give some information on funding sources. Besides, this social suffering can be alleviated by providing food packages, housing assistance and ways to fight stigma and discrimination. Similarly, a spiritual carer may help to deal with spiritual distress and existential concerns.[5]

CONCLUSION

To conclude, the above-mentioned 'M' principles of management can be beneficial tools to establish a wide range of PC services, from home-based care to the establishment of tertiary care centres. We have divided the requirements according to the care set-up for ease of referral.

Declaration of patient consent

Patient's consent not required as there are no patients in this study.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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