Stroke Care - More Than Just Saving Brain

Jessica Simon, Martin J. LaBrie, Shelagh B. Coutts
Calgary, Alberta, Canada

“...the study and management of patients with active, progressive, far-advanced disease, for whom the prognosis is limited and the focus of care is the quality of life...”

Language is very important when discussing palliative interventions. The authors point out how families express the “recurring idea that "palliative care" meant "no care"”, and yet the article itself refers to treatment as “active” or “palliative”. It may be better to speak in terms of goals of care as “comfort orientated” or “comfort and life prolonging” in intent. Note that attention to comfort is present in both goals and is not the exclusive preserve of patients who are dying. Interventions and support intended to maximize quality of living should be provided concurrently with interventions intended to control disease, where appropriate, or they can be the entire focus of care when no disease-modifying interventions are available.

Frequent, recurrent, compassionate communication with patient and their families after a sudden, devastating stroke is a necessity. This needs to be a core part of any guideline or care pathway in palliative care. By understanding and appreciating the beliefs and values of our patients and their families, it is usually possible to find the consensus between their goals of care and what it is medically appropriate to provide. The knowledge, skills and attitudes required in order to provide comfort, manage symptoms and support individuals and families are not necessarily intuitive and are very frequently not well taught in medical schools. Opportunities exist to improve collaboration between neurologists, the inter-professional team and specialist palliative care providers to address gaps in the provision of palliative care for stroke.

This work from Halifax helps those of us who practice stroke medicine remember that our role is not just to provide disability preventing treatments such as thrombolysis, but also to treat people who are at the end of their life after a stroke, with the goal of maintaining dignity and comfort.

REFERENCES
1. Author’s quote – Simon J.


