



POSITION STATEMENT

Occupational Therapy in End of Life Care

Introductory statement of the purpose

The purpose of this paper is to describe the World Federation of Occupational Therapists' (WFOT) position regarding occupational therapy's role in end-of-life care. Occupational therapists work with people who have health conditions, disabilities, and terminal illnesses, all of whom have the right to well-being and quality of life through engagement in meaningful occupations. Death is an unavoidable and natural conclusion of life, and occupational therapy practitioners have a unique role in supporting participation in desired occupations for people who are dying and their families.

Statement of the position being taken

The goal for occupational therapy services in end-of-life care is to optimize quality of life and well-being through occupational engagement (Pizzi, 2010). Individuals approaching the end of life may experience decline in body functions and structures over time, but not a loss of right in life participation. Even in the last phase of life, people may have a desire to maintain occupational roles and participation in valued activities of daily life as fully as possible. Occupational therapy practitioners understand the transactional relationship between person, environment, and occupation to support ongoing performance in desired occupations that promote quality of life for people who are dying, as well as for their loved ones (Pickens, O'Reilly, & Sharp, 2010). Regardless of clients' life expectancy, occupational therapists provide a unique service that enables function, comfort, safety, autonomy, dignity, and social participation through engagement in occupation.

Statement of the significance of issue to occupational therapy

Occupational therapy offers a distinct contribution to the care of those who are dying and their loved ones through skills in analyzing tasks, modifying activities and adapting the environment to minimize potential barriers and maximize strengths. Due to the nature and expectation of declining functional skills, individuals approaching the end of life benefit from ongoing evaluation of occupational performance to determine most appropriate strategies to facilitate participation in valued areas of daily life (Pizzi, 2010). Occupational therapists address declines in physical, emotional, and psychological functioning using skills for adaptation, compensation, modification, prevention, and education to maximize functional performance that facilitates engagement in valued occupations at the end of life. Occupational therapy services are contextually situated in the practices meaningful to the client, family, and their cultural context.

Statement of the significance of the position to society

The need for palliative care continues to rise due to the growth of life expectancy and increases in non-communicable diseases. Disparities in end of life care exist throughout the globe given challenges in government support as well as limited funding of care in many countries (Glass et al., 2010). Social, cultural, and religious influences also impact utilization of hospice and palliative care

services throughout the globe, requiring ongoing global policy engagement and education to advance palliative care services in developed and developing countries.

Occupational therapy services are overall under-utilized in hospice and palliative care. However, progress has been made in clinical practice, educational initiatives, and global research validating the benefits occupational therapists provide to clients at the end of life (Keesing & Rosenwax, 2011). Given advancement in clinical practice, there is an immediate urgency to continue building evidence and raising awareness of occupational therapy's role in end-of-life care. The occupational therapy profession demonstrates potential for growth in broadening its influence within end-of-life care teams and upon the occupational needs of society.

Substantiating rationale for the position

It is a misperception that clients with terminal conditions are not appropriate for occupational therapy services (Benthall & Holmes, 2011). With growing awareness and obligation, occupational therapists around the world will advocate for the clients and own profession to make occupational participation one of the core value of the end of life care team. WFOT recognizes that occupational therapy makes a direct impact on the lived experiences and quality of life of people at the end of life and that advocacy is needed to promote occupational therapy services in end-of-life care.

Challenges and strategies

The WFOT, along with Member Organisations, will continue to develop and promote occupational therapy's unique body of knowledge, in practice, education and research so that occupational therapy will be included in the intervention plans for clients facing life threatening illness and end-of-life care. Occupational therapy's fundamental approach toward occupation-centered practice and client-centeredness puts the profession in an ideal position to advocate for our role in end-of-life care.

Conclusion

Occupational therapists recognise that personal growth and development can occur even in the last phase of life and that participation in occupation can be transformational especially for those approaching the end of life. As experts in occupation, occupational therapists can make a substantial impact on end-of-life care teams and bring value to the understanding of how people wish to continue life in the face of declining function and terminal illness. The current landscape for occupational therapy's presence on end-of-life care teams is optimistic, but requires ongoing advocacy and support to meet the needs of society.

References

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