



## Quality Assurance Criteria for Medical Social Workers in Palliative Care

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### Background:

WHO created a definition of palliative care that was translated to Swedish in 2002:

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, psychosocial and spiritual. Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- 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;
- 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.

(Ref: World Health Organization, “WHO Definition of Palliative Care”, <http://www.who.int/cancer/palliative/definition/en/>, last accessed 2010-03-14)

There are several health care programmes concerned with palliative care within the regions and counties of Sweden.

The philosophy of palliative care is built on four cornerstones, which are: control of symptoms, support for the patient’s loved ones, teamwork and communication.

Palliative care is under constant development and the psychosocial achievements of palliative care need to be continually developed, evaluated, and clarified.

The Swedish Health and Medical Service Act states that health care should be carried out with a comprehensive view of the patient. The Swedish Priority Setting Commission shows that health care at life’s final stage is classified in priority group 1 and has the highest priority in health care (SOU<sup>1</sup> 1995:5).

In 2001, the government report, “Care with Dignity at the End of Life” (SOU 2000:6) was published, a description of palliative care in Sweden which offered suggestions and possibilities for improving care. Social workers/counsellors are an integral part of the palliative care team. Work within different professional categories revealed a need for a specialized national workers’ union. In 2002, the Association for Medical Social Workers in Palliative Care (SiP) was created with the purpose of developing the role and qualifications of social workers in the palliative field.

In 2004 the Swedish Council for Palliative Care was formed. Its members are the various national unions and networks operating within palliative care. The Council works to promote coordinated palliative care and put discussion of palliative care issues to the fore at different levels of society.

More and more, various professional groups are driving demand for the expertise of medical social workers in providing education, consultation and supervision on psychosocial issues. Within SiP, the need has grown for a document that describes the different aspects that the psychosocial work of medical social workers in palliative care should constitute.

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<sup>1</sup> SOU - Swedish Government Official Report

Quality assurance criteria can also be seen as a base level for medical social workers' work in palliative care.

### **The Aim of the Quality Assurance Criteria:**

The aim is to clarify the role, contributions and expertise of the medical social worker in psychosocial work within palliative care, and to provide an instrument that can be used in development and quality assurance work.

### **The Professional Work of the Medical Social Worker in Palliative Care**

The four cornerstones in palliative care – control of symptoms, support for loved ones, teamwork and communication – constitute the foundation for the work of the medical social workers. Through his/her education, the medical social worker has a basis from which he/she can see the patient in context, where physical, psychological, social and existential factors are taken into consideration. These four factors should permeate their work.

“Loved ones” are defined by the patient him/herself. They may consist of a wider circle than just the immediate family and can consist of people of all ages. Society as a whole also has an effect on a patient's circumstances.

This means that the medical social worker works on several different levels: the individual, the family, the group, and the community- and organizational levels.

### **1. Ethics and Attitudes**

The treatment provided by social workers/counsellors should be based in the professional ethical guidelines for social work that the Swedish Association for Social Workers has compiled. For medical social workers in palliative care, this means that they should uphold an ethical approach that includes but is not necessarily limited to the following:

- To interact with the patient in such a way that reflects the principle of human beings' equal worth
- To be prepared to deal with ethical dilemmas related to illness and death
- To have an outlook that acknowledges that death is a natural part of life
- To have an empathetic attitude toward both the patient and his/her loved ones
- To have respect and humility for each individual's integrity and needs
- To protect particularly vulnerable patients and their loved ones.

## **2. Qualifications**

Medical social workers are educated in the theories and methods of working with individuals, groups and communities and the interrelationships between them. This expertise also includes the ability to see the person in the context of the systems he/she is a part of.

Several knowledge areas that are particularly meaningful for medical social workers in palliative care are:

- Knowledge of symptoms from a physical, psychological, social and existential perspective
- Developmental psychology
- Crisis theory
- Grief theory
- The process of illness in its early and late phases and its consequences
- The death process
- Family systems
- Patients and loved ones with special needs
- Culture, life philosophy and values
- Societal support measures
- Social, economic and legal questions relevant for the palliative care patient and his/her loved ones
- Different care alternatives
- Regulations and guidelines for social workers/counsellors in palliative care

## **3. Treatment**

Analysis and assessment of the psychosocial situation of the patients and their loved ones are the bases for the medical social worker's practical work in palliative care. Treatment is based on assessments, which should be continuously evaluated and changed according to new conditions. Areas for continuous analysis, the psychosocial anamnesis, can include:

- Social networks
- Resources within networks
- Communication and teamwork patterns
- Life philosophy and values
- The expectations the patient and his/her loved ones have of palliative care
- Previous experiences of illness, hardship, death and loss
- Coping strategies
- Treatment for patients and loved ones with special needs

- Control of symptoms from a physical, psychological, social and existential perspective

Following analysis, an assessment is made of which measures the medical social worker can undertake. Part of the assessment is control of symptoms from a psychosocial perspective. Treatment in palliative care take place through dialogue and practical measures and can include:

- Psychosocial counselling, for example, crisis and grief counselling
- Structured counselling based in various theories
- Advice and support with regard to social, economic and legal issues
- Information and education for the patient and his/her loved ones
- Mediate communication between patients, loved ones and members of various teams
- Survivor support
- Support groups for patients and/or their loved ones
- Rehabilitation treatments
- Coordination with other public authorities
- Create opportunities for encounters that bring unquantifiable benefits

#### **4. The existential dimension in social work**

To provide support during a crisis is an important task for social workers in palliative care. It is often the existential crisis we encounter in palliative care. The definition of an existential crisis is when someone is unable to cope with existential challenges. One is therefore emotionally exposed when confronted with the reality of death, the existential loneliness, meaninglessness, questions about freedom, choices, responsibility and possible guilt.

#### **5. Multi-professional Teamwork**

Teamwork is a necessary condition and one of the cornerstones of palliative care. Medical social workers should be one part of a multi-professional team and should strive for close cooperation with the other team members. Based on their psychosocial expertise, medical social workers should assist the team with suggestions for treatment and highlight the values, rights, and psychosocial needs of the patient and his/her loved ones for the rest of the team.

#### **6. Eligibility and Education**

To be eligible to work as a medical social worker in palliative care, a person should have a university degree in social work.

Medical social workers are responsible for and should cultivate opportunities for their own further education and development in the psychosocial fields of palliative care. This can take place through:

- Reflecting on one's own work; for example, through a supervisory process
- Recognizing and taking part in development and research in palliative care
- Taking part in or contributing to meetings, conferences and educational opportunities within palliative care
- Carrying out research on the role of medical social workers in palliative care
- Working toward a specialization of the medical social worker's role in palliative care within the university's social institutions

## **7. Knowledge Mediation**

Medical social workers in palliative care should be able to provide education about psychosocial work and attitudes in palliative care. This can take place through:

- Training, supervision and consultation with individual and groups in organizations that work with palliative care
- Supervision and mentorship for future and newly employed medical social workers in palliative care
- Contributing to the psychosocial aspects of research, teamwork and interaction with other personnel categories.

Authorized 20130412