

Occupational Therapy and End-of-Life Care

What is Occupational Therapy?

Life is made up of meaningful everyday activities or occupations such as walking the dog, gardening, preparing a meal, painting, doing the laundry and playing games. Occupations are part of life; they describe who we are and how we feel about ourselves. Occupations help bring meaning to life.

When we can't participate in daily occupations, due to injury, illness, disability or social and environmental circumstances, occupational therapists help find solutions to address the meaningful everyday activities of life. Occupational therapy also helps prevent disability or illness and enhances the way we participate in our communities and lives. Occupational therapy helps us engage in the occupation of living.



Why is end-of-life or palliative care so important?

End-of-life care aims to relieve distress that is often associated with death and improve the quality of life for both those diagnosed with an advanced or terminal illness and their loved ones. End-of-life care is appropriate for individuals of any age and/or their families, who are living with or at risk of developing a life-threatening illness.

Statistics Canada estimates that approximately 247,000 deaths occur each year. It has been proposed that each death can affect the wellbeing of five other people. This means that every year, death and dying can potentially affect over 1.4 million Canadians.

How do occupational therapists help?

Occupational therapists play an important role in supporting clients, their loved ones and caregivers in maintaining and fostering a sense of cohesion, participation, and living, even in the midst of dying. At end-of-life, occupational therapy values client-centered and holistic approaches that involve reframing and tailoring interventions to adapt to the client's changing goals, as well as addressing the client's physical, social, emotional and spiritual needs and occupational pursuits.

What do occupational therapists do?

- Support and educate clients, their families, caregivers, other health care professionals and policy makers about the importance of remaining engaged in occupations and activities that are valued and provide a sense of purpose.
- Work with clients to address activities of daily living, psychological and emotional issues (including stress and anxiety), occupations, splinting and positioning, energy conservation, relaxation techniques, seating and mobility, comfort, adaptive and assistive equipment.
- Connect patients with community services and supports, and conduct home assessments.
- Advocate for clients to die with dignity, free of pain, surrounded by their loved ones, in a setting of their choice.
- Promote and engage in occupational therapy- specific and interdisciplinary research that expands the knowledge base for end-of-life care in Canada, including the development of end-of-life care strategies or programs.

Where do occupational therapists work?

Occupational therapists work with health care and other professionals in a variety of places, such as long term care facilities, community support services, family health teams, hospitals and clients' homes. Occupational therapists also work with organizations such as government, policy makers, care providers and community agencies to develop programs and resources.

Occupational therapy works!

Cali is 78 years old and was diagnosed with breast cancer several years ago. Unfortunately the cancer spread into other organs and into her bones. Cali felt depressed and scared of dying alone and in pain. Her primary care physician suggested she speak with an occupational therapist. Cali's occupational therapist helped her find a facility where she can receive assisted living support. Although she's not able to live independently, her occupational therapist helped her recognize the value of finding pleasure in reflecting on many good memories such as days traveling, dancing, gardening, and her dogs. She started engaging in the facility's activity programs and spending time with visitors (friends, therapists, hospice volunteers) and socializing with the other tenants. Cali's life has slowed down and she's not able to physically do the things she did before her illness but she can still enjoy life and do as much as she is able. Because of occupational therapy, Cali has come to terms with her illness.

