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Living with care: the older person

Part 1: Presentation slides.

A presentation on exploring end of life care and support that is available in the UK today

Introduction

Presentation focuses on end-of-life care and support available in the UK, with a particular focus on euthanasia/assisted suicide.

It will look at how end-of-life care is defined, the sorts of assistance and care that are offered in various contexts, the huge disparity between demand and supply for end-of-life care, ageing policies, preparing for the end of life, and indeed the contentious topic of doctor assisted suicide.

It will be exploring the arguments for and against these practices, and critically examining their potential implications (Pentaris and Thomsen, 2018).

What is End-of-Life Care?

End-of-life care is the assistance and attention given to people who are bordering on the end of their lives, often as a outcome of a terminal illness or age-related illnesses.

Palliative care is a crucial component of end-of-life care but is given to people with incurable, life-limiting diseases (Pentaris and Thomsen, 2018).

Hospice care's main objective is to enhance patients' quality of life by controlling its ailments and giving them spiritual and emotional help.

Types of Support and Care Available

Those who are on the verge of the end of their lives have access to a variety of assistance and medical options, includes care homes, hospitals, treatment centers, and home care.

Care homes provide 24-hour care and support for individuals who are unable to live independently due to their illness or condition

Care homes can be a good option for individuals who require around-the-clock care, but they may not always provide the same level of medical support as hospitals or hospices

Home care is giving attention and care to people who are approaching the end of their lifespans in their own homes (Pentaris and Thomsen, 2018)

Hospice care

Hospice care provides specialized end-of-life care and support to individuals with life-limiting illnesses

Hospice care is geared on improving patients' living conditions by attending to their medical, emotional, and religious needs (Gijsberts et al., 2019)

Hospices offer a range of services to patients and their families, including symptom management, emotional and spiritual support, and respite care

The Gap Between Need and Availability of End-of-Life Care

In the UK, there is a big disparity between the demand for end-of-life healthcare and also the supply of such care.

End-of-life care requires a variety of specialised resources, including medical tools, drugs, and skilled medical personnel (Gijsberts et al., 2019)

In general, the disparity between the demand for and supply of end-of-life care is a complicated problem that is affected by a number of variables.

Legislation and Policy

Other relevant legislation and policy relating to end-of-life care includes: The Care Act : This legislation sets out the legal framework for adult social care in England, including the provision of end-of-life care

Through the use of the Human Rights Act, the European Committee on Human Rights is integrated under UK law (Gijsberts et al., 2019)

The UK End of Life Care Strategy : This strategy sets out the government's vision for improving end-of-life care in the UK, with a focus on promoting choice and control for individuals, and improving the quality of care provided by healthcare professionals

Theories of Ageing

Biological theories can be relevant to end-of-life care in terms of understanding and managing physical symptoms and conditions that are commonly associated with aging, such as chronic pain, mobility issues, and chronic diseases

Psychological theories of ageing focus on the cognitive, emotional, and behavioral changes that occur as a person ages (Gijsberts et al., 2019)

Social theories can be relevant to end-of-life care in terms of understanding the social and cultural factors that may influence an individual's experience of aging and end-of-life care, including issues related to family dynamics

Planning for End-of-Life Care

Making arrangements for end-of-life care is crucial to guaranteeing that people get the support and attention they need as they approach their last days.

When care is provided in friendship with a one's values and preferences, their desires may be honoured with the aid of planning ahead for care (Hökkä et al., 2020).

Development care scheduling can also involve discussions with healthcare providers and family members about an individual's predilections for end-of-life care

Euthanasia and Assisted Suicide

Although assisted suicide refers to giving someone the tools to terminate their own life, such as by giving them fatal medications, euthanasia refers to the purposeful taking of someone's life in order to alleviate their suffering.

The freedom to self-determination and the reduction of needless suffering are only two justifications for euthanasia and assisted suicide (Hökkä et al., 2020).

Euthanasia and assisted suicide are criticised as being incompatible with the core principle of life preservation and that palliative care is a better option.

Arguments For Euthanasia and Assisted Suicide

Autonomy is a key argument for euthanasia and assisted suicide (Hökkä et al., 2020)

People should have the option to decide how and when they pass away, according to proponents, especially if they are going through severe pain.

Additionally, advocates argue that euthanasia and assisted suicide may help to reduce the burden on healthcare systems, as it may be less expensive to provide these services than to continue providing palliative care to individuals who are unlikely to recover

Arguments Against Euthanasia and Assisted Suicide

The sanctity of life is a key argument against euthanasia and assisted suicide

Opponents argue that life is a precious and valuable gift, and that intentionally ending a life, even at the request of the individual, is morally wrong (Robertson et al., 2020)

Moreover, opponents claim that current pain management can successfully control sorrow and struggling at the end of life, negating the need for assisted suicide and euthanasia.

Laws Governing Euthanasia and Assisted Suicide in the UK

Euthanasia and voluntary euthanasia are now prohibited in the UK so under Suicide Act.

However, there have been recent high-profile cases of individuals who have sought legal permission for assisted suicide or euthanasia (Robertson et al., 2020)

Another instance included Noel Conway, a motor neurone patient who alleged that the present assisted dying statute violated his Human Rights Act-guaranteed right to either a personal and familial existence and was discriminating.

Comparison with Other Countries

Euthanasia and assisted suicide are permitted in several nations, including the Netherlands and Belgium, under specific circumstances.

In the Netherlands, for example, euthanasia is allowed if the patient is experiencing unbearable suffering with no prospect of improvement and if the request is made voluntarily (Robertson et al., 2020)

Euthanasia and assisted suicide are prohibited in many other nations, including the UK, and are regarded crimes.

Critically Examining Euthanasia and Assisted Suicide

Legalizing euthanasia and assisted suicide raises important ethical, legal, and social questions

Supporters contend that people need to have the freedom to live their own lives, including the freedom to put an end to their own pain (Watson et al., 2019)

Each choice must take into account the implications for end-of-life care and support for persons with life-limiting conditions, as well as the legal, ethical, and societal problems at play.

Conclusion

Understanding what constitutes end-of-life care, especially the tenets of palliative care, is crucial for enhancing this sort of treatment.

Palliative care is a sort of specialist treatment that focuses on symptom management, offering psychological and spiritual support, and improving superiority of life for publics who are triumph the end of their lives.

End-of-life care may be given in a variety of places, such as hospitals, skilled nursing facilities, treatment centers, and at home.

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