

Editorial Open Access

ا _{ادما}د کهد^{(ا}د ا

While death is an inevitable aspect of life, it is frequently viewed as a disease. As a result, many people die alone and in pain in hospitals. Palliative care focuses on helping patients and their families make medically essential decisions by anticipating, avoiding, diagnosing, and treating symptoms experienced by patients with a serious or lifethreatening illness. Regardless of the condition, the ultimate goal of palliative care is to improve the patient's and family's quality of life. Although palliative care, unlike hospice care, is not dependent on the patient's prognosis, as death approaches, the function of palliative care becomes more important and focuses on aggressive symptom treatment and emotional support.

A vital part of palliative care near the end of life is assisting patients and their families in understanding the nature of their illness and prognosis. Palliative care professionals also assist patients and their families in determining appropriate medical care and aligning the patient's care goals with the healthcare teams. Finally, palliative care at the end of life includes determining the need for a medical proxy, advance directives, and resuscitation status. Forum, isy, servic Fdel . ry systemethifedel . rse the patient on a regular basis and make modi cations to control symptoms [4].

Providers should be aware of the signs and symptoms of delirium-related restlessness at the end of life [5]. Medication is the most common cause of delirium in hospitals: anticholinergics, sedative-hypnotics (e.g., benzodiazepines), and opioids. Anguish (alsn. - OPAV O-1.2 ID (treatment include repositioning the patient's head and employed

erences Kuebler KK, Heidrich DE, Esper P (20	006)			