

Palliative Care Requirements of Individuals with Neurological or Neurosurgical Problems are a Core Function for Stroke Neurosurgeons

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Introduction

Palliative care is used by many people with non-cancer diseases. Palliative care requirements of individuals with neurologic and neurosurgical diseases are poorly understood. Overall stroke mortality has decreased as a result of improvements in acute stroke care, particularly in specialist facilities. If a patient with an acute ischemic stroke arrives to the hospital early enough, mechanisms should be in place to deliver tissue-type plasminogen activator within an hour of arrival, effectively tripling the patient's odds of future autonomy. Stroke palliative care is a critical component of high-quality stroke care and should be a focus of our investigation as well as internship and fellowship training.

Palliative care and stroke

After a stroke, palliative care demands are prevalent and significant, but there is little research on the specific nature of these requirements and the best techniques for identifying and managing them. The majority of the research on palliative care and stroke is on end-of-life care and dying, with a focus on symptomatic treatment for the dying and assistance for family members dealing with tough decisions and loss. In-patient charts and computerized data of patients with neurologic or neurosurgical diseases were evaluated. Cancer patients were not allowed to participate. According to one comprehensive survey, there is a significant information gap about the specialized palliative care needs of stroke patients, and "collaborative research involving practitioners in specialist palliative care and stroke communities" is needed [1].

Palliative care integration with primary and specialist care

Multiple members of the multidisciplinary care team perform palliative care. Because the role of palliative care has expanded and the popularity for early palliative care is growing across the bandwidth of chronic conditions, an approach has been developed that separates primary palliative care (skills that all clinicians should have) from specialized palliative care (provided by clinicians who are boarded on specific criteria). Severe stroke, on the other hand, is described as a stroke that cannot be survived without intensive medical or surgical intervention, such as intubation and mechanical breathing or brain surgery, or necessitates long-term institutional care. Ischemic strokes, as well as

Formulating personal treatment objectives

An accurate diagnosis is the first step in formulating personal treatment objectives.

Stroke neurosurgeons are extremely adept medical detectives. As we implement primary palliative care into our practices, we must hone our storytelling skills so that we can extract not just objective data but also the patients' or their families' personal knowledge of the condition, as well as their aspirations and anxieties. The ability to engage genuinely with the patient and family, to listen empathetically, and to suffer alongside them helps to build a courteous and cost-effective relationship.

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Received November 04, 2021; **Accepted** November 18, 2021; **Published** November 25, 2021

Citation: Joy H (2021) Palliative Care Requirements of Individuals with Neurological or Neurosurgical Problems are a Core Function for Stroke Neurosurgeons. *J Palliat Care Med* 11: 439.

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References

1. Koton S, Schneider AL, Rosamond WD, Shahar E, Sang Y, et al (2014). Stroke incidence and mortality trends in US communities, 1987 to 2011. *JAMA* 312:259–268.
2. Mozafarian D, Benjamin EJ, Go AS, Arnett DK, Blaha MJ, et al (2015). American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics–2015 update: a report from the American Heart Association. *Circulation* 131:e29–e322.
3. The National Institute of Neurological Disorders and Stroke rt-PA Stroke Study