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Influence of equipment availability on the OT practice model in Palliative Care: differences between developed and developing countries

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Introduction:

Througout 15 years of practice (Buenos Aires, Argentina; Bogota, Colombia and Sydney, Australia) I have encountered that equipment availability has a strong impact on the OT practice model in palliative care settings.

Objectives:

To share regional histories of how practice models are influenced by the resources available. I'll compare how OT addresses the needs of the palliative care population in Tornu Hospital Buenos Aires, Instituto Nacional Cancerologico (INC) Bogotá and Sacred Heart Hospice (SHH) Sydney.

Description:

I've observed great differences in equipment availability and training OTs receive about equipment prescription Buenos Aires and Bogotá compared with Sydney.

Their circumstances model the focus of OT interventions: in Buenos Aires and Bogotá it is based on the search for meaningful activity and psychosocial interventions, if equipment is needed the common practice in the public sector is to fabricate it with recycled materials.

At SHH most community referrals are equipment related. Due to time and staffing constraints other aspects of the care can less often be addressed. On the inpatient unit more time is allocated to approach patient's needs of closure and search for meaningful occupations, because personal care needs and the environment is already set up.

Discussion:

The psychosocial practice model used in the Hospital Tornu and INC addresses issues that have been strongly identified as attributes of a good death impacting directly on the quality of life of this population. On the other hand, the appropriate use of equipment can enable occupations; reduce risk of falls and pressure areas.

Conclusion:

We are aware that in developing countries many patients struggle to have their basic needs covered; but it is within our role to advocate and create strategies to provide equipment which will impact on the functionality of the patient and therefore on their quality of life. We also need to advocate in developed countries for the recognition of the benefit end of life interventions can provide, with the consequent provision of resources.

Contribution to the practice:

Both OT practice models observed in developed and developing countries have positive and negative aspects to reflect on.