IASLT | The Irish Association of Speech + Language Therapists

IASLT position statement on the role of speech and language therapy in specialist palliative care

Drafted by IASLT Board: 25-11-2024

Date approved by Board: 07-01-2025

Table of Contents

1.0 Introduction

Palliative care improves the quality of life of people and families facing the challenges associated with a life limiting illness. This is achieved through the prevention and relief of suffering by means of early identification, impeccable assessment and intervention for physical, psychosocial and spiritual concerns (WHO, 2002). Speech and language therapists (SLTs) uniquely understand speech, language, communication and swallowing disorders across the lifespan. This perspective is imperative when providing person-centred optimisation of function, comfort and quality of life for the person who presents with a communication and/or swallowing impairment; and in aiding the family and professionals who are supporting the person (Silva et al, 2017). This position paper aims to outline the role and benefits of SLT in specialist palliative care in Ireland, identify the current challenges and make recommendations for future developments within the field.

2.0 Context

In Ireland, specialist palliative care services (Level Three, as defined by The National Advisory Committee on Palliative Care, 2001) are provided by the HSE in conjunction with the voluntary sector. In alignment with Sláintecare (2023) 'Right Care, Right Place, Right Time', these services are delivered in acute hospitals, specialist palliative care units (hospices) and in a person's home (HSE National Service Plan, 2023). Specialist palliative care services have broadened in scope and complexity, from a traditional oncology focus, to include vulnerable and medically complex infants and children, and adults with life limiting neurological and respiratory illness (Kane et al 2015, Krikheli et al, 2021). This, combined with an ageing population, has resulted in increased prevalence of persons presenting to these services, with communication and swallowing difficulties.

The National Adult Palliative Care Policy (NAPCP) (Department of Health (DOH), 2024, p. 35) recommends that palliative care services will respond to 'the unique needs of different population groups to ensure equity in access, experience, and outcomes.' The NAPCP (DOH, 2024, p. 26) further recommends that 'Healthcare

professionals will offer people who are receiving palliative care regular opportunities to understand and consider their illness' To achieve these recommendations for persons with communication and/or swallow impairment; to fulfil the vision of Sláintecare (2023); and to optimise communication and swallow related quality of life outcomes for persons and their families within specialist palliative care, it is imperative that there is timely access to appropriate and properly resourced SLT services, within a person's geographical area, irrespective of their place of care.

However, currently access to quality specialist palliative care services is inequitable across the country for persons with communication and/or swallowing impairments. This is in direct contravention of the central tenets of palliative care, and in breach of each of the eight Foundations of the National Clinical Programme for Palliative Care [NCPPC], Palliative Care Model of Care (NCPPC HSE 2019), which recognises SLT as a core member of the specialist palliative care multidisciplinary team (MDT). Furthermore, existing SLT services within specialist teams are under-resourced and have no capacity or succession planning incorporated into their workforce planning.

3.0 Role of speech and language therapy in specialist palliative care

The objective of SLT services is to work with people to improve their quality of life by optimising their ability to communicate and/or swallow in their natural environment (IASLT, 2023). Communication and/or swallow impairments in persons with life limiting illness, may manifest as a result of the primary diagnosis, the effects of treatment, a secondary diagnosis, or as a consequence of the dying process (Luckett & Reid, 2021).

Tan et al (2021) in a study of 81 people in specialist palliative care, demonstrated higher symptom burden in persons with dysphagia, when compared to those without dysphagia. Hawksley et al (2017) espouse that communication impairments in persons with life limiting illness can result in: increased social isolation, increased reliance on others, and difficulty making their will and preferences known.

Within the context of specialist palliative care, SLTs provide equitable, person-centred care as part of the multidisciplinary team. They do this through continuous

assessment, palliative rehabilitation, advocacy and counselling, anticipating and expertly responding to dynamic communication and swallow processes, in the context of progressive illness (O'Reilly and Walshe 2015).

Salt et al (1999) emphasised that the effective use of speech and language intervention, and the development of SLT services in palliative care in the future, could significantly alleviate distress and contribute meaningfully to a person's quality of life and, as much as possible, restore a sense of dignified independence.

The Irish Association of Speech & Language Therapists (IASLT) endorsed the multidisciplinary Palliative Care Competence Framework (Ryan et al, 2014). This was developed as part of the National Clinical Programme on Palliative Care, and outlined clearly the skills and knowledge required for each healthcare discipline, including SLT, working across three levels of palliative care.

4.0 Benefits of SLT in specialist palliative care

1. Support for the MDT and family in the provision of holistic, person-centred care, to the person with communication and/or swallow impairment, encompassing the total needs of the person including their physical, emotional, psychological, social and spiritual needs (Oliver, 2016).
2. Optimisation of the ability of the person with a communication and/or swallowing impairment to: maintain autonomy and independence; actively participate in symptom management, decision-making and care planning; maintain social closeness/participation, reduce isolation; and fulfil end of life goals (Pollens, 2012, Chahda et al 2017).
3. Maximising, in the person with dysphagia, eating and drinking comfort; enjoyment and satisfaction; promoting positive feeding interactions and improved quality of life (Kelly et al 2016, Pollens, 2012).
4. Reduction in the risk of experiencing chest infections/aspiration pneumonia and choking in the person with dysphagia, through person-centred dysphagia management plans which align with the person's values and wishes (Chahda et al 2017).

5. Increasing the MDT, person and family's understanding of the person's overall medical status, illness trajectory and prognosis by signposting the presence or progression of specific communication and/or dysphagia symptoms (Kelly et al 2016, Chahda et al 2017).

6. Provision of seamless transitions in care between acute, hospice, continuing care settings, and other specialist services, for the person with communication and/or swallow impairment.

5.0 Recommendations

- Provide equity and quality of access to SLT for persons with communication and/or swallowing impairment, within in-patient and community-based adult and paediatric specialist palliative care services, across the country (NCPPC, HSE 2019).
- Develop a career pathway for SLTs working in specialist palliative care; inclusive of all grading structures (staff, senior, clinical specialist, advanced practitioner, clinical manager) to retain staff, and to build capacity to develop a highly skilled and competent workforce (HSE- Human Resources Division, 2019).
- Integrate palliative care training, including clinical placements, into SLT undergraduate and post graduate training programmes, based on the Palliative Care Competence Framework, (Ryan et al 2014, Pascoe et al 2018, Collins, 2022).
- Build the evidence base for the benefits of SLT interventions in specialist palliative care, through engagement with all stakeholders, including academic institutions, employers, SLTs, other members of the MDT, and patient and public involvement (O'Reilly and Walshe 2015, Kelly et al 2016, Krikheli et al, 2020).

6.0 References

Chadha, L., Mathisen, B.A & Carey, L.B. (2017). The role of speech-language pathologists in adult palliative care. *International Journal of Speech-Language Pathology, 19,* 58–68.

Collins, C. (2022) 'There's this big fear around palliative care because it's connected to death and dying': A qualitative exploration of the perspectives of undergraduate students on the role of the speech and language therapist in palliative care. *Palliative Medicine, 36*(1), 171–180.

Department of Health and Children (2001) Report of the National Advisory Committee on Palliative Care. Dublin: Department of Health and Children.

Department of Health (2024) The National Adult Palliative Care; Available at: Policyhttps://www.gov.ie/en/publication/611ad-national-adult-palliative-care-policy/ [Accessed on 20 September 2024]

Hawksley, R., Ludlow, F., Buttimer, H. & Bloch, S. (2017) Communication disorders in palliative care: investigating the views, attitudes and beliefs of speech and language therapists. International Journal of Palliative Nursing, 23, 543–551

Health Service Executive – Human Resources Division (2019). People Strategy 2019–2024. Dublin, Ireland: Health Service Executive. Available at: extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.hse.ie/eng/staff/resources/hrstrategiesreports/health-services-people-strategy-2019-2024-final-working-draft1.pdf [Accessed on: 22 July 2024]

Health Services Executive (2023) National Service Plan, Available at: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://about.hse.ie/api/v2/download-file/file_based_publications/National_service_plan_2023.pdf/ [Accessed on: 22 July 2024]

Kane, P.M, Daveson, B.A, Ryan, K., McQuillan, R., Higginson, I.J. & Murtagh, F.E.M. (2015). The need for palliative care in Ireland: A population-based estimate of palliative care using routine mortality data, inclusive of nonmalignant conditions, *Journal of Pain and Symptom Management, 49,* 726 – 733.

Kelly, K, Cumming, S, Corry, A. Gilsenan, K., Tamone, C., Vella, K. and Bogaardt, H. (2016) The role of speech-language pathologists in palliative care: Where are we now? A review of the literature, Progress in Palliative Care, 24:6, 315-323

Krikheli, L., Erickson, S., Carey, L.B., Carey-Sargeant, C.L. and Mathisen, B.A., (2021). Speech-language pathologists in pediatric palliative care: an international study of perceptions and experiences. *American Journal of Speech-Language Pathology*, *30*(1), pp.150-168.

Irish Association of Speech and Language Therapists (2023) IASLT Scope of Practice. Available at:https://www.iaslt.ie/media/2fadkivn/scope-of-practice-april-2023.pdf [accessed on August 14th 2024]

Luckett, T., Reid, K.L.P. (2021). *Speech and language therapy in palliative care*. In Cherny, N.I, Fallon, M.T, Kaasa, S, Portenoy, R.K, Currow, D.C (Ed.) Oxford Textbook of Palliative Medicine (6th ed) pp. 1-24. Oxford: Oxford University Press.

National Clinical Programme for Palliative Care Health Services Executive (2019) Adult palliative care services, model of care for Ireland. Dublin: Available at: https://www.hse.ie/eng/about/who/cspd/ncps/palliative-care/moc/ncp-palliative-care-model-of-care-24-04-0219.pdf [Accessed on: 22 July 2024]

Oliver, D., Borasio, G., Caraceni, A. de Visser, M., Grisold, W., Lorenzl, S., Veronese, S. & Voltz, R. (2016). A consensus review on the development of palliative care for patients with chronic and progressive neurological disease. European Journal of Neurology, 23, 30–3

O'Reilly, A. & Walshe, M. (2015). Perspectives on the role of the speech and language therapist in palliative care: An international survey. *Palliative Medicine, 29*(8), 756–761.

Pascoe, A, Breen L.J & Cocks, N. (2018). Research Report: What is needed to prepare speech pathologists to work in adult palliative care? International Journal of Communication Disorders, 53, 542-549.

Pollens, R. D. (2012). Integrating speech-language pathology services in palliative end-of-life care. Topics in Language Disorders, 32(2), 137–148.

Report of The National Advisory Committee on Palliative care (2001). Department of Health. Retrieved from https://www.gov.ie/en/publication/06aecd-report-of-the-national-advisory-committee-on-palliative-care/ (Accessed August 2023)

Ryan, K., Connolly, M., Charnley, K., Ainscough, A., Crinion, J., Hayden, C., Keegan, O., Larkin, P., Lynch, M., McEvoy, D., McQuillan, R., O'Donoghue, L., O'Hanlon, M., Reaper-Reynolds, S., Regan, J., Rowe, D. & Wynne. M. (2014). *Palliative Care Competence Framework Steering Group*. Health Service Executive: Dublin.

Silva, C.L.M., Bertoncelo, C., Barros, A.P.B. and Padovani, M., (2017). Characterization of the communication resources used by patients in palliative care-an integrative review. Revista CEFAC, 19, pp.879-888.

Tan, L.L.C., Lim, Y., Ho, P., Lim, L.Y., Lim, Y.Y. and Low, J.A., (2021). Understanding quality of life for palliative patients with dysphagia using the swallowing quality of life (swal-qol) questionnaire. *American Journal of Hospice and Palliative Medicine®*, *38*(10), pp.1172-1176.

World Health Organization. WHO Definition of Palliative Care. (2002) Retrieved from http://www.who.int/cancer/palliative/definition/en (Accessed January 25th 2022)