Shaping the Future: The Role of the Speech and Language Therapist in Specialist Palliative Care Services

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Introduction:

Although difficulties with swallowing (dysphagia) are known to be a common feature of life-limiting conditions, the role of the Speech and Language Therapist (SLT) within specialist palliative care services remains unclear (Kelly et al, 2016). Further information regarding the actual practice of SLTs working in this area will be a useful starting point from which more formal research studies can be developed (Chahda et al, 2017).

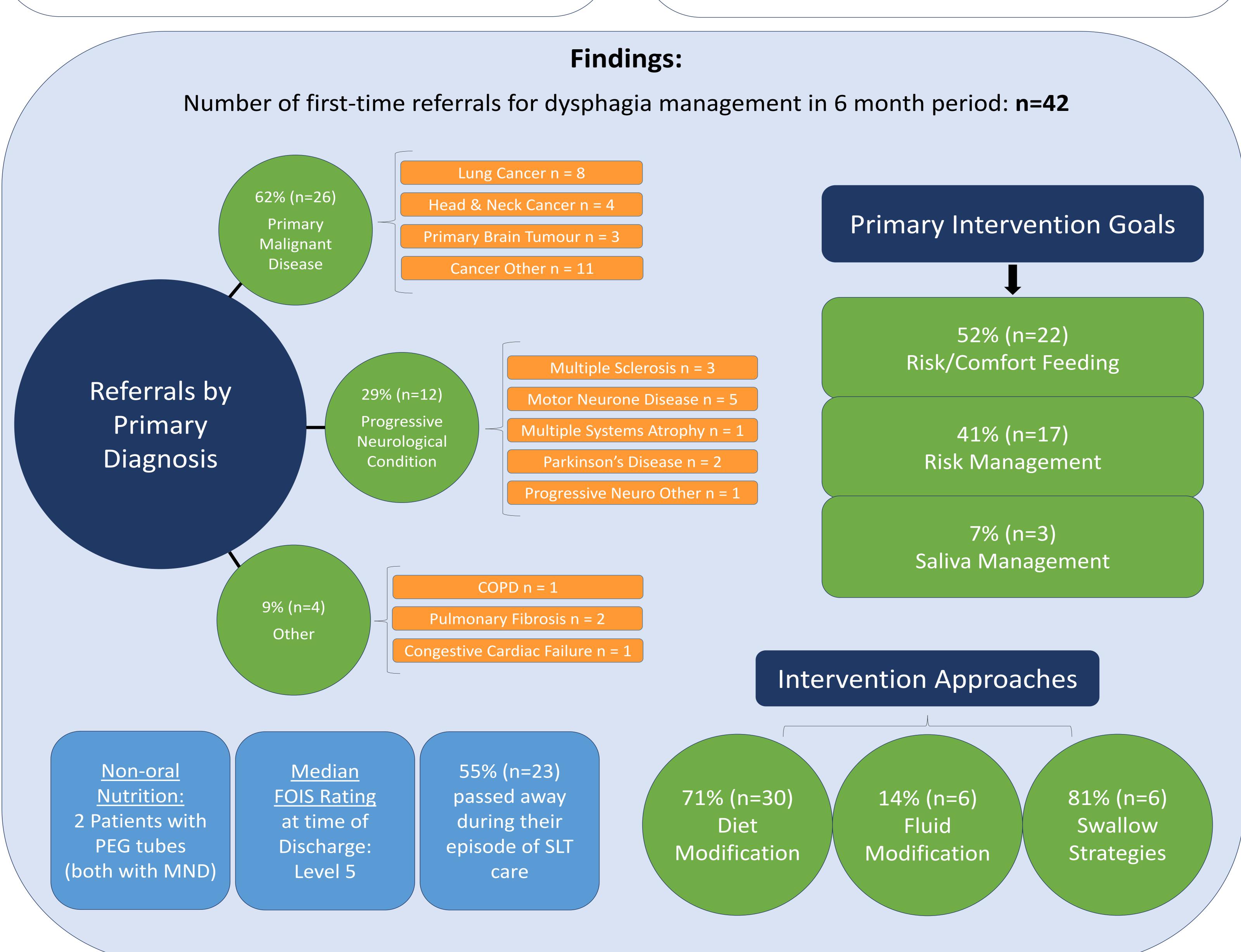
Milford Care Centre is a specialist regional palliative care centre in the west of Ireland. The developing SLT department in this centre provides specialist services to a 30 bedded inpatient hospice unit and a 3 day-a-week palliative day care unit.

Aims and Objectives:

This study aims to profile the dysphagia practices of a developing SLT service within Milford Care Centre, a specialist regional palliative care facility in the west of Ireland.

Methods:

A retrospective chart review of all persons referred to the specialist palliative SLT service in Milford Care Centre for dysphagia management for the 6 month period between September 2017 and February 2018 was completed. Patient cohorts and relevant subgroups were identified. Patterns in approaches to treatment and intervention were characterised. Clinical outcomes were noted.



Discussion and Conclusions:

Further dissemination of SLT practices will continue to support and increase awareness of the important role the profession can play in the management of dysphagia in specialist palliative care services.

References:

Chahda, L., Mathisen, B.A. & Carey, L.B. (2017). The role of speech-language pathologists in adult palliative care. International Journal of Speech-Language Pathology, 19:1, 56-68. Kelly, K., Cumming, S., Corry, A., Gilsenan, K., Tamone, C., Vella, K. & 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.







