



Editor Note on Life Limiting Illness

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Description

A chronic disease or disorder that does not lead to curative medications, resulting in a terminal diagnosis, is referred to as a life-limiting illness. A patient qualifies for hospice care whether he or she has a terminal illness. Severe illnesses are affecting a growing number of people's functional capability, emotional well-being, and quality of life. The most common life-limiting conditions are cancer, chronic obstructive pulmonary disease (COPD), and congestive heart failure (CHF). Palliative care study includes patients with a wide range of diagnoses, many of whom are suffering from severe and incurable conditions that may lead to death. Treatments must be chosen sparingly in the time leading up to death, making profits while minimizing damage. Specialist palliative care providers' experience communicating in stressful circumstances can be beneficial to patients with life-limiting illnesses who are struggling with uncertainty. Dying is an unavoidable stage of life that holds the potential for pain as well as significant discernible opportunities for personal development. It is a time when medical attention should be concentrated on the patient and the family. Patient-centered treatment represents the principle that, barring absolute medical futility, patient needs should direct the timing of changes in care objectives. Satisfaction was identified as a top priority for developing new initiatives. One patient may prefer aggressive treatment that maximizes function, while another may prioritize relationship completion and life closure. Reasonable individuals with the same medical conditions will

have different expectations when it comes to what is important to their quality of life and medical treatment. However, there are significant concerns about existing satisfaction measures, both in terms of content and their ability to discriminate care quality.

A wide variety of palliative care, such as home visits or remote assistance delivered over the phone or the Internet, can help with social support. Opportunities to get out of the house and interact with others in a structured setting, on the other hand, are thought to be beneficial to one's well-being because they alleviate both physical and psychosocial isolation. As a patient's symptoms escalate, more vigorous palliation can be needed. As comfort steps become more intense, so does the support given to the family of a dying patient. Palliative care's function after death is mainly based on support for the patient's family and bereavement.

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