

Palliative Care Need of All

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Palliative care is exercised in all people and at all ages, what happens is that we are not aware of this; if we think since a woman is giving birth or is being operated on so that her child is born from there both with her and with her newborn what we do is, avoid pain, the baby is attached to his mother, he is fed from his own mother, he is kept in a comfortable place, he is cleaned when he does his physiological needs and is kept as clean as possible, if his mother cannot feed him the health personnel or his relatives give him milk while his mother can do it, as we see this type of care we do them unconsciously in all the people who need us.

But what happens if we know that concerned parents approach us from the prenatal because they know that their son or daughter brings problems detected by the Gynecologist that are of varying severity and also they have located a lot of information about the problem of their baby and want us to help them. Regardless of how the baby is born the answer will always be Palliative Care, Palliative Care is also doing something for the baby and his family.

Fortunately, 90% of the newborn are healthy, 1/10% will have some problem that merits some resuscitation maneuver and 1% will require advanced resuscitation maneuvers.

Are there in this age group some patients in whom advanced resuscitation is not given but palliative care is given? Of course, those who we know will be born with severe malformations incompatible with life, extreme preterms between 21 and 23 weeks with an approximate weight of less than 400 grams. Those with proven chromosomal pathologies of 13 Patau or 18 Edwards.

Follow life and pass from newborn to infant minor and we know that in the first three months of life the most fearsome health hazards are microorganisms both viruses and especially bacteria that is why washing your hands is the golden rule. It is important to always promote and encourage health, with the simple fact of emphasizing to parents that hand washing prevents 50% of deaths in childhood is of great impact for them, since a child who develops sepsis has a high probability of dying up to 50% of probabilities.

There appear children with sepsis that if you diagnose and treat them early they can survive, but some the infection will advance so fast that despite the efforts of all health personnel they will reach such a state and severity and some will die, there also when you detect that the therapeutic effort has already reached its maximum limit and the response of the baby is not as expected, is but there is no answer to intensive therapy, also in these moments you go from intensive care with the possibility of cure to palliative care therapy with the high possibility of reaching clinical death, you have to prepare yourself, your team of collaborators, the nursing staff and all the health personnel to accept that the patient despite the effort of all is at a stage that you do what you do, putting what you put there are no results and it is useless, futile. It is very important the constant dialogue with the relatives so that they also accept and join the team and give palliative care among all.

Within the life of the human being, there are various moments during which care is necessary, both general exercised by our parents and relatives and when there is a health problem, that is, a disease occurs at any age and that is when we go alone or taken and accompanied by our parents or relatives to a doctor to help us solve that health problem, that most of the time it is resolved with drugs that help solve it and then we receive a treatment aimed at curing us that is to say curative and effectively restores our health to 100%, this is in most cases of infections either viral or bacterial and self-limit or with a cycle of Antibiotic, also our immune system ends up resolving.

But there is a group of patients who for some reason suffer from diseases that tend to be chronic and that at first try to give a Curative Treatment, but with the passage of time it is seen that the treatment is not achieving the proposed goals to solve the disease and from the diagnosis of the same palliative care is also initiated although not as a priority, if as an option that initially has a less priority role than care with the tendency to seek to cure our patient as a priority. That is to say doctors and health personnel know that a patient, for example with cancer has the option of being cured, if the diagnosis and treatment are early, but that if the time of diagnosis is in stages 2, 3 or 4 there is also the possibility that despite the efforts of all the disease can improve a little, but continue to advance silently, so from the moment of diagnosis both curative and palliative treatment begin together, if it improves until healing then excellent, the patient is cured of that disease, but if the disease persists slowly and progressively palliative care is becoming more important, especially to provide our patient with better quality of life while it is with possibilities to live with quality and until the end of life also die with dignity, that is to say live well (as best as possible, according to the circumstances) and also to die well (that is, with dignity) considering death as part of that of life, when dying one is born to another life, life is eternal.

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