



The Role of Speech-Language Pathologists, Audiologists and Communication Health Assistants in End-of-Life Care

Position Statement

Speech-Language and Audiology Canada believes that all people should have access to comprehensive end-of-life care, which includes communication health services and resources. Communication health professionals – speech-language pathologists, audiologists, and communication health assistants – are uniquely qualified to provide essential services in end-of-life care. These services aim to support autonomy and improve quality of life while considering the physical, emotional and spiritual needs of patients or clients, families and caregivers.

Rationale

In February 2015, the Supreme Court of Canada ruled unanimously in favour of amending the criminal code to allow for physician-assisted death. The new legislation has prompted many discussions amongst health-care professionals, patient advocacy groups and other concerned Canadians about not only the right to die, but also the importance of quality end-of-life care.

Communication impairments and dysphagia (swallowing disorders) are common in the end-of-life population. These issues contribute to poor social-emotional health and often cause distressing symptoms that may influence people in their decision to seek physician-assisted death. Furthermore, the wishes and directives of patients or clients who are unable to communicate verbally are frequently misunderstood or overlooked by health-care practitioners and family members. The timely identification of communication, hearing and swallowing issues and the implementation of appropriate, evidence-informed interventions can alleviate many of these symptoms and improve quality of life.

This position statement aims to raise awareness about the important role of communication health professionals in comprehensive end-of-life care.

Role of the Communication Health Professional

Communication health professionals educate and collaborate with patients or clients, families, caregivers and members of interdisciplinary teams to assess, monitor, prevent and manage communication, hearing and swallowing problems at the end of life. They may provide services across the age continuum, from infants to seniors. Communication health professionals may be members of palliative care teams or be consulted externally when communication and/or swallowing issues are identified. Practice settings include long-term care facilities, community health centres, outpatient clinics, patients' or clients' homes as well as tertiary care facilities, including hospitals and palliative care centres.

Communication health professionals may be the first health-care providers to identify and assess the initial symptoms and/or progression of life-limiting conditions. This facilitates consultations with physicians for diagnostic follow-up and referrals to other health-care providers, as well as the initiation of timely interventions and access to education and resources. Communication health professionals may provide services at all stages of a life-limiting illness, including rehabilitative and/or life-prolonging care when it will positively influence disease progression and/or help maintain a level of independence and quality of life.

Hearing and Communication: Communication health professionals provide diagnostic assessment, direct treatment and strategies, environmental modifications and devices or aids to support patients or clients in living as actively and independently as possible. Optimizing communication (including hearing) may facilitate:

1. Determination of capacity/competency for making health-care and other decisions;
2. Comprehension of prognosis and the risks and benefits of treatment options, which allows for informed decision-making;
3. Self-expression and autonomy, so patients or clients can clearly indicate pain, symptoms, needs and preferences;
4. Socialization, sharing and closeness with loved ones;
5. Advance care planning, including helping patients or clients express their wishes about goals of care and physician-assisted death;
6. Fulfillment of end-of-life goals.

Feeding and Swallowing: Speech-language pathologists monitor changes in swallowing function and modify treatment plans that may aim to:

1. Maintain pleasure while eating and drinking;
2. Reduce the risk of choking and respiratory complications related to aspiration;
3. Promote regular oral care to reduce discomfort and risk of illness;
4. Respect and support patient or client choices related to hydration and nutrition, including continuing oral intake despite known risk, foregoing texture modified diets, foregoing or discontinuing artificial hydration and nutrition and ceasing oral intake altogether; and
5. Provide education and guidance on issues like the natural cessation of intake in the final stage of dying and alternatives to artificial hydration and nutrition, such as individualized **comfort feeding** plans.

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Other References

These resources provide additional information about end-of-life care and were considered in the development of this position statement.

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Online Resources

[Canadian Hospice Palliative Care Association](#)

[Canadian Society of Palliative Care Physicians](#)

[Canadian Virtual Hospice](#)

[eHospice](#)

[Government of Canada Palliative and End of Life Care](#)

[Hearing Loss of Canadians, 2012 and 2013](#)

[Quality End-of-Life Care Coalition of Canada](#)

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