

The rationale and benefits of a holiday for people living with a terminal illness: A summary from thesis findings

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Palliative care

Palliative care does not aim for patient survival, rather optimising wellbeing during the time patients have left. It supports people to stay well for longer and makes the most of the expertise, capacity and potential of people, families, and communities in delivering better outcomes and experiences when unwell (1,2). Many patients want to “live a meaningful life”, which includes talking about and achieving last personal wishes beyond medical matters (3,4). Limited NHS resources means that addressing all aspects of care becomes a challenging. As such, these wider non-medical needs are often deemed non-essential, and the focus is on patient’s physical care rather than holistic aspects (5,6).

Good palliative care is holistic, providing care not only for the disease but also the person living with it (7). Evidence shows (8) that holistic palliative care must consider:

- fulfilling personal goals,
- satisfying emotional well-being,
- the ability to lead a normal life and maintain a sense of self,
- sociability (role within the family and society),
- maintenance of hope and pleasure,
- spending time with loved ones.

Healthcare providers may find discussing care wishes at the end of life uncomfortable, yet failure to engage in such conversation denies patients the fulfilment of these wishes (2).

Patient's wishes

Research has identified seven themes of 'last wishes' of patients with life-limiting illnesses (4).

- travel,
- regaining health,
- activities,
- quality of life,
- being with loved ones,
- a comfortable death,
- taking care of financial matters.

Bereaved families also identified seven themes, with many similarities, which they felt a person at the end of life would consider important for a good quality of life (9). These are:

- physical and psychological comfort,
- living at the preferred location,
- maintaining pleasure and hope,
- having good family relationships,
- maintaining independence as long as possible,
- being respected as a person,
- feeling fulfilled in having achieved life goals

Health benefits of a holiday

A holiday has been medically advised since the 18th century, with doctors recommending the 'cures of the sea' or the 'change of air' in times of illness. Yet in the 20th century, the potential health benefits of travel are rarely researched, due to the perception of holidays being a luxury (10). A more recent 'Holiday Health experiment' showed significant improvement in quantifiable symptoms including people's ability to recover from stress, improve sleep quality and blood pressures amongst people who had been on an annual holiday compared to those who had not (11). Another study over a period of 40-years found that men who took shorter holidays had a higher risk of dying from heart disease (12).

A holiday for palliative care

Travel is the most common last wish for patients nearing the end of their life, with a third of terminally-ill participants stating travel as a top preference (4). This research found travel to be interwoven with notions of spending time with family and friends, another commonly identified last wish important to dying patients, as well as taking care of financial matters, all pointing to the importance of holidays for patients with a terminal diagnosis. Chung and Simpson (13) reported that the benefits of holiday-taking towards the end of life include:

- a sense of normality,
- escapism,
- time to relax,
- an opportunity for uninterrupted family discussions,
- fulfilment of last wishes.

This list wholly concurs with factors considered important at the end of life from patients such as saying good-bye to loved ones, time with family, completing unfinished business, being independent and not 'feeling like a patient' (14). Holidaying can also bring intrinsic benefits such as relieving worries about diagnosis and treatment, optimism, boosting physical energy, social effectiveness,

maintenance of personal identity and regaining independence (10). These patient benefits highlight the opportunity for doctors to advocate for and 'prescribe' holidays in a palliative care context, whether through a third sector organisation or simply as a 'good idea' (13).

Barriers to such a holiday

Physical capabilities and logistical considerations can make it difficult to plan a holiday when living with a terminal illness. Health professionals may need to help manage patient expectations (15) and many people with a terminal illness choose not to book holidays despite their wishes (13). Travel insurance is notoriously difficult to arrange for such people due to their increased health risk (16) so choosing the UK as a holiday destination may be an important enabler (8).

Social prescribing

Is there an opportunity in modern healthcare for holidays 'on prescription'? Social prescribing involves referring patients to services and groups providing practical and emotional support, rather than a medical prescription. Benefits of social prescribing in the UK have been shown to include improved mood and mental wellbeing (including confidence, optimism, and self-esteem) and reduction in anxiety and depressive episodes, and loneliness (17). Marie Curie suggests that social prescribing can enrich the life of someone living with a terminal illness by reducing loneliness, psychological distress, and carer burden (18). It can also improve patient's sense of identity, mental motivation, maintenance of independence and fulfilment of patient's 'regular' roles or activities. Here lies compelling evidence for viewing and incorporating holidays into modern healthcare delivery as fundamental to achieving an optimal palliative care service.

A role for charities

More than 2000 charitable organisations in the UK complement NHS palliative care provision to support individuals and families living with a terminal illness (19). Such third sector organisations assist the NHS in meeting holistic needs (20) and A Bit of a Break is a charity which aims to do exactly this, through a gifted holiday.

Changing attitudes towards palliative care and earlier referral into palliative care services to increase the reach and utilisation of third sector organisations that focus on providing for individuals living with a terminal illness would make an important difference and enable charities to provide continued and inspired support, to the struggling and often inadequate NHS services (21).

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