

## S-analysis and interdisciplinarity

The six S-categories have their origins in the American psychiatrist, Avery Weisman's work. He pointed out in the 1970s the importance of a holistic approach where both the patient's and family's roles were important. He also stressed the importance of teamwork and a multidisciplinary approach. Through surveys he made, he identified a number of factors that have had a decisive influence on the quality of the past life.

Swedish researchers have redefined AW's work and summarized it for the six S's shown on frontpage. The six categories form a sort of criteria for a good death and support an overall palliative care.

The idea is that the seriously ill and dying people are strongest possible within the six areas that constitute the foundation to provide good quality of the past life.

S-analysis supports the interdisciplinary collaboration in a hospice, so the work in every respect is grounded in the knowledge of the patient and satisfy the patient's participation, wants and needs. The intention is that the patient's experience to be seen as humans with their own thoughts and choices to the last day.

To fulfill the hospice philosophy, information is collected in dialogue with each patient in the six categories. In this way we clarify who the patient is as a person. It is an on-going process to obtain knowledge about the patient, and all the members of the interdisciplinary team take part in documenting their knowledge.

The following questions are a few examples of the questions for every S-dimension we may use to obtain knowledge and understanding of the individual patient.

### Symptom control

*Which symptoms are you experiencing?*

*What troubles you?*

*Are you satisfied with the present treatment?*

*Do your symptoms or troubles prevent you from doing something, you would like to do?*

### Self-image

*How do you describe yourself?*

*What do you find to be important for us to know about you?*

*What are the most important roles of your life: regarding to family, work and society?*

*What has given you joy, strength and pride in your life?*

### Self-determination

*What are your expectations to your stay at hospice?*

*Who will be making decisions on your behalf, if you become unable to make your own decisions? How do you experience being depending on help?*

### Social relationships

*Who is special to you?*

*Do you worry about someone?*

*Do you experience your nearest relations to be a resource or a burden?*

### Strategy/surrender

*Have you been able to talk to your nearest relations about death being near?*

*Do you have any worries/speculations about death?*

*Would you like to talk to a professional from our interdisciplinary team?*

### Sense of coherence

*Do you feel a need to clear up or to finish themes from your life?*

*What gives you meaning and hope right now?*

*Do you need to talk to anyone about your view of life or existential matters?*

At the hospice a diversity of thanatological items can be put into play. And by all professional groups contributing knowledge, in order to illuminate the patient's S-status, the S-analysis, when conducted interdisciplinary, is a good tool to set a direction for the specific palliative initiatives, each patient can benefit from.

### **Literature**, Swedish and Danish

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# An Interdisciplinary Assessment Tool



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- ◆ To improve Quality of Life for patients at the end of life, WHO has pointed out, that we need to offer a support system, working in a team. To meet patient's different needs, it is necessary that several disciplines cooperate as a team.
- ◆ This can be done in a parallel way, where the involved disciplines are working apart from each other, or in an interdisciplinary way.
- ◆ As a well qualified and well-going interdisciplinary team, we wish to support our patients in a way, so that they may be able to experience their last part of life as positively as possible.
- ◆ For that purpose we use the S-analysis at Hospice Djursland.
- ◆ We gather information in order to be able to analyse our patient's well-being and situation, regarded from the following six dimensions:

#### Symptom control:

Palliation according to the symptoms and needs of the patient. Thorough anamnesis. Use the relevant assessment tools (EORTC, ESAS, VAS, etc.)

#### Self-image:

How does the patient describe him- or herself? What is important to him or her? Habits? Vulnerability? In which ways has the disease affected the person's self-image? Resources? How can we help the patient to the self-image, in spite of increasing dependence?

#### Self-determination (Integrity):

Expectations and wishes? In which decisions will the patient take part, if able to? How does the patient experience the rising need for help and influence on the help offered? What can be done to support the patient's autonomy? Possible supportive measures?

#### Social relationships:

Relations of importance for the patient. The will and ability of the patient and near relations to speak openly to each other about the situation. Need for support and help to preserve integrity?

#### Strategy/surrender:

Accept of death closing in? Does the patient want to talk about death? Which needs are there to prepare for death? Religious rituals of importance? After death: traditions in culture and family; which clothes to wear; religious rituals, etc.

#### Sense of coherence

The patient's need to experience synthesis and meaning in and with his or her life and death. The possible wishes of the patient to clear up, or to finish themes from life? The need of the patient to discuss existential matters?

- ◆ Research has shown that the six S-dimensions affects quality of life experienced by the dying persons.
- ◆ The interdisciplinary palliative care is based on knowledge of the patient as a person.
- ◆ In the interdisciplinary cooperation all professionals contributes to knowledge of the patient's strengths in relation to each S-dimension. And it builds on the knowledge that other colleagues have provided.
- ◆ The S-approach strengthens the interdisciplinary efforts to provide a holistic person-centered palliative care.
- ◆ Thinking S-dimensions as criteria for a good death serves as a guide to assess which of the possible relevant professional groups, that can help the patient best.

What is the practice at your place?