

section 2.1.1: the role of the multidisciplinary team

4. Speech pathology

Speech pathologists bring specific skills to the areas of communication, cognition and swallowing function with interventions in palliative care settings focusing on enhancing and maintaining the client's quality of life.¹

Interventions include:

- developing communication skills to assist the patient's role in decision-making to maintain social closeness
- bringing to the health team specific understandings of the powerful and emotive role that food and nutrition play in our daily lives
- recognising the importance of the patient's satisfaction with eating and drinking
- assisting in optimizing swallowing function and ability to continue to have oral intake and maximise comfort.²

These interventions can play a valuable role in such life limiting illnesses as cancer, head and neck tumours, brain tumours, progressive neurological diseases, Chronic Obstructive Airway disease, mesothelioma and stroke.³

Specific interventions include:

- **assessment and management of dysphagia**
 - due to neurologic, functional or structural disorders
 - may give rise to dehydration, malnutrition and aspiration pneumonia
 - commonly reported in the palliative care setting⁴
 - diet modification – including viscosity, texture, bolus volume, taste and temperature of food and fluids
 - postural changes
 - swallowing manoeuvres
- **assessment and management of speech and communication**
 - assessment of expressive and receptive language using a combination of informal and standardised tools
 - speech disturbances of a neurologic origin including: dysarthria, apraxia and dysphonia, stuttering-like behaviour, aphasia-related speech disturbances
 - speech disturbances of non-neurologic origins due to musculoskeletal deficits, following laryngectomy or dysphonia due to vocal abuse and neoplasms
 - use of communication techniques and tools as:
 - unaided systems
 - drawing and writing
 - alphabet board
 - non-verbal vocalization such as gestures, mime, body language
 - sign or signalling

- aided systems
 - LightWRITER (Visual and voice output electronic communication aid)
 - visual or auditory scanning, eye gaze boards
 - communication board or book, chat book
 - request cards
 - Electrolarynx
 - voice amplifiers
 - talking mats
- **oral care**
- **input into decision making and advanced care planning** with specific reference to swallowing and nutrition
- advice regarding **secretion management**
 - oral swabbing
 - pharmacological interventions

references

¹ Eckman S & Roe J (2005) Speech and language therapists in palliative care: what do we have to offer? *International Journal of Palliative Nursing*, 11(4), 179-181.

² Pollens R (2004) Role of the Speech –Language Pathologist in Palliative Hospice Care. *Journal of Palliative Medicine* 7, 694-701.

³ Care and communication- The role of the Speech Pathologist in Palliative Care
<http://www.latrobe.edu.au/careandcommunication>

⁴ Sykes (2003) Gastrointestinal symptoms In Morrison, R & Meier D (Eds) *Geriatric Palliative Care*. 256-270. New York, Oxford University Press.