

**Friday 12 March 2010**

**11:40-12:40**

**Rehabilitation – living with disability**

**Dr Gail Eva, Research Fellow, University of Oxford**

**Dr Diane Playford, Senior Lecturer/Honorary Consultant Neurologist**

**UCL Institute of Neurology**

Rehabilitation is widely accepted as a useful response to the decline in physical function experienced by patients at the end of life. Patients value being able to maintain some level of independence, to participate in family and social life, and to have choice and control over their everyday affairs – all of which can be enhanced by rehabilitation approaches.

However, providing rehabilitation in palliative care can be challenging, for a number of reasons. Patients with life-threatening illnesses do not fit traditional models of rehabilitation service delivery. There are some interesting and significant differences between patients' adjustment to disability in longer-term conditions compared with life-threatening illness. There is also controversy over whether 'rehabilitation' is even a useful concept in this area: to what extent, for example, can mainstream rehabilitation strategies be imported into a palliative care context?

Goal-setting is a rehabilitation strategy which is widely used in longer-term conditions such as stroke, multiple sclerosis and spinal cord injury. It has been applied with varying levels of success in palliative care. Generally speaking, there is enthusiasm for using goal-setting with palliative care patients, but very little consensus on whether and how it works.

In this session, we will examine the applicability of mainstream models of rehabilitation and goal-setting to palliative care. We will draw on the latest research on goal setting in order to highlight some of the issues and controversies, encouraging the palliative care community to pay attention to the debates and discussions taking place in the mainstream rehabilitation field.

**Dr Gail Eva**

I graduated from the University of Cape Town in 1985 with a degree in Occupational Therapy. I spent the next five or so years working in and around Cape Town, setting up service-user led community projects with people with disabilities, particularly spinal injuries. In 1990, I moved to London and worked at the Royal Marsden Hospital where I became interested in rehabilitation in cancer and palliative care. I have worked in Oxford since 1997, initially developing an occupational therapy service on the oncology in-patient units, and then moving into specialist palliative care. Between 2002 and 2007 I managed the Hospital and Community Macmillan Nurse Teams at Sir Michael Sobell House hospice in Oxford. Throughout my career, I have had a strong interest in research, and I have now moved into teaching and research full-time.

My PhD centered on disability and rehabilitation in metastatic spinal cord compression. My current research focuses on the evaluation of a rehabilitation intervention for cancer-related fatigue towards the end of life.

**Dr Diane Playford** is Senior Lecturer at the Institute of Neurology and Honorary Consultant Neurologist at the National Hospital for Neurology and Neurosurgery. At the NHNN she leads the neurological rehabilitation service which has 28 in-patient beds for people with neurological disability including stroke, non traumatic spinal cord injury and progressive neurological disorders such as multiple sclerosis, as well as providing out-patient services.

Her research interests include the evaluation of rehabilitation processes and interventions including goal setting and vocational rehabilitation. She has recently been appointed Director of Institute of Neuropalliative Rehabilitation at the Royal Hospital for Neurodisability, Putney.