Integrating a Palliative Approach Earlier for Complex Chronic Conditions

Meet Maria Costa

Age: 76 years

Location: Edmonton, Alberta

Maria Costa is a 76-year-old woman living alone in Edmonton, Alberta. She was recently diagnosed with congestive heart failure after two emergency department visits for shortness of breath, leg swelling, fatigue, and reduced activity tolerance. She also lives with chronic kidney disease, type 2 diabetes, and osteoarthritis. Maria receives AHS Home & Community Care twice weekly for bathing support and medication reminders while she adjusts to changes in her health and daily routines. Her daughter, Elena, visits on weekends, and her son, Daniel, joins appointments by phone when possible. Maria is receiving active treatment for heart failure, but a palliative approach has not yet been introduced as part of her ongoing care.

Background and Living Situation

- Maria values independence, familiar routines, and being involved in decisions about her care.
- She wants to remain at home, continue managing daily routines, and understand what this new diagnosis means for her future.
- Family support is meaningful but limited; Elena provides weekend support, while Daniel participates remotely when able.
- No structured conversation has taken place about what matters most to Maria, what quality of life means to her, or what supports would help her feel confident and safe at home.

Medical History and Functional Status

- Maria's heart failure is newly diagnosed and is being actively managed through primary care and specialist follow-up.
- Chronic kidney disease, diabetes, and osteoarthritis affect her energy, mobility, and ability to manage daily tasks.
- She is experiencing ongoing fatigue, breathlessness with stairs and short-distance walking, and reduced confidence leaving her apartment.
- Her emergency department visits have been treated as acute episodes, but they are also early cues that comfort, symptom management, planning, and care priorities should be addressed now.

Current Concerns

- Maria recently told her home care nurse, "I do not want to keep ending up in emergency. I want to understand what is happening and what I can do to stay well at home."
- Care is focused on diagnosis, medications, monitoring, and follow-up appointments, but less attention has been given to how the illness affects Maria's comfort, function, confidence, and daily life.
- Maria has not been asked what outcomes matter most to her as treatment begins, or what trade-offs she would or would not accept if her condition changes.
- There is no clear home-based plan for worsening breathlessness, when to call for help, or how primary care, home care, specialist care, and family will communicate as needs evolve.
- This is an opportunity to introduce a palliative approach early—not because Maria is at end of life, but because she is living with a new serious chronic illness where comfort, quality of life, goals of care, caregiver support, and planning should begin alongside treatment.

Caregiver and Care Team Perspectives

- Elena is concerned about how quickly Maria's health and confidence have changed since the heart failure diagnosis and is unsure what support is available at home.
- Daniel wants reassurance that a palliative approach does not mean stopping treatment or "giving up."
- The home care team recognizes that earlier conversations could help Maria and her family understand what to expect, manage symptoms proactively, and plan for care that reflects Maria's priorities.

Challenges

- How can Maria's team introduce a palliative approach at the time of a new serious chronic illness diagnosis, alongside active treatment, so comfort, quality of life, goals of care, caregiver support, and home-based planning are addressed early rather than later?
- What team-based actions would help Maria identify what matters most, manage symptoms proactively, reduce crisis-driven care, and feel supported to remain at home as her care needs evolve?