What You Need To Know About Palliative Care

" TO CURE SOMETIMES, TO RELIEVE OFTEN, TO COMFORT ALWAYS" -SIR WILLIAM OSLER-

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None of the faculty, planners, speakers, providers, nor CME committee members have any relevant financial relationships with commercial interests.

There is no commercial support for this CME activity.

Major Causes of Death in America

Chronic Diseases

- Heart disease
- Cancer
- Respiratory Disease
- Stroke

Acute Conditions

- Infections
- Trauma
- Homicide/suicide

Dying in 21 Century

Where Do People Die?

- Hospital – 50%
- Nursing Home – 30%
- Home – 20%

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Why are we not in control of dying the way with would like? (asleep & at home with family)

- Forces exist in our advanced health care delivery system together with the values related to health and illness, that propel the physician, patient, family towards aggressive, life prolonging care far longer than is medically appropriate; such care typically is provided in the hospital environment, up until shortly before death.
- These forces can impact the a patient's ability to have a “good death” that takes into considerations their goals of care, dignity of life/death and perhaps even cultural/ethnic/ethical values of the patient/family.

How do Patients View What is a "Good Death"

- Dying not be prolonged
- Pain and symptoms controlled
- Not being a burden to others
- Control over decision-making
- Strengthening relationships

What is Palliative Care?

- *"…an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual."*

"World Health Organization statement of Palliative Care…"

Philosophy of Palliative Care

- Affirms life and regards death as a normal process
- Neither hastens nor postpones death
- Relief from pain and other distressing symptoms
- Integrates the psychological and spiritual aspects of care
- Offers a support system to help patients live
- Offers a support system to help the family cope and plan for long term needs (i.e. counseling, community caregiving support, legal, financial resources planning, spiritual guidance, etc.)

Comparing
Palliative Care vs. Hospice

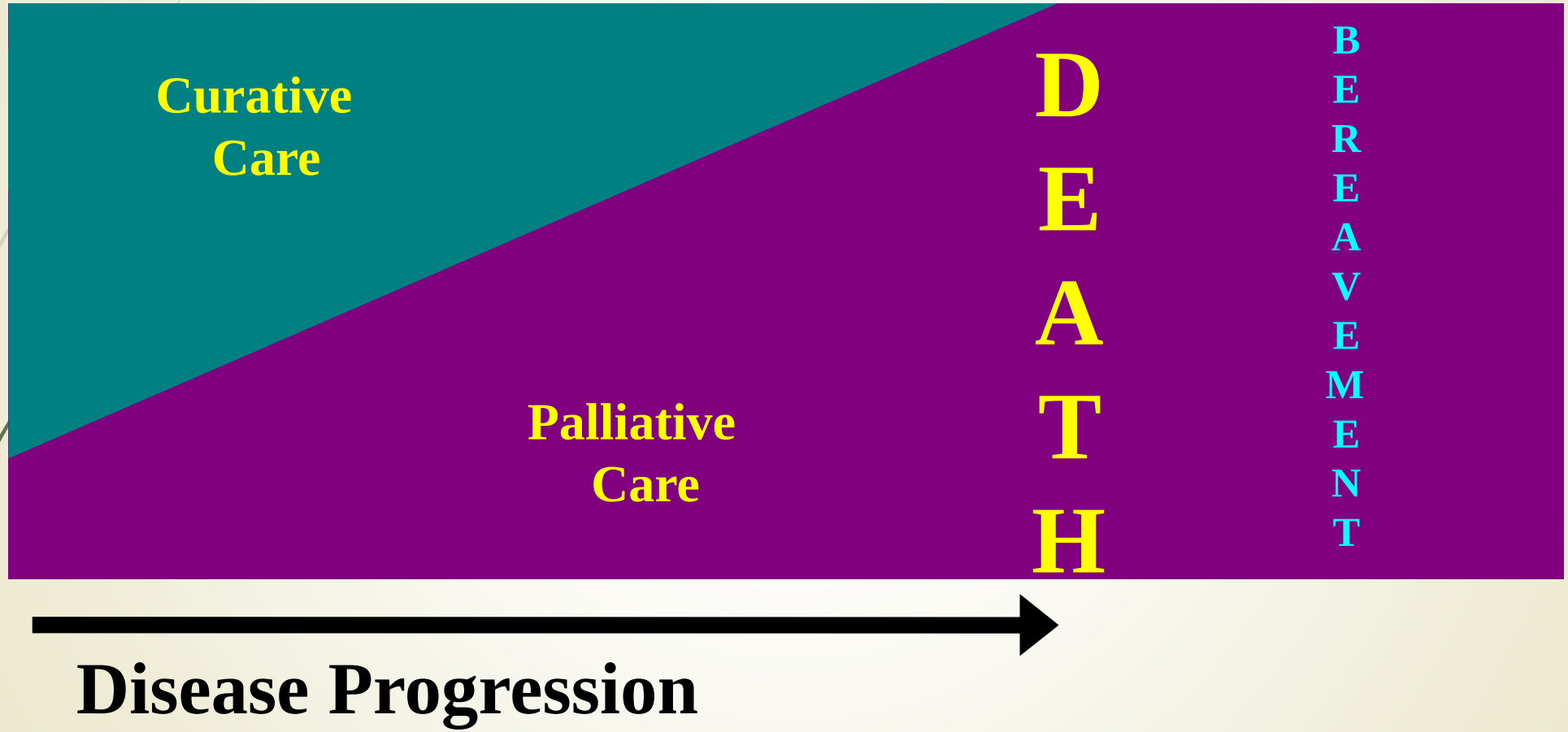
Palliative Care

- Any time during illness
- May be combined with curative care
- Independent of payer
- Health care professionals
- Community resources support
- Coordination care transitions & education for patient/family during the course of illness. (From hospitals, clinics, community agencies and spiritual programs)

Hospice Care

- Prognosis of 6 months or less
- Focus on comfort care when decisions are made not to seek curative care
- Insurance hospice benefit
- Typically offered in home or in nursing home
- Coordinates Caregiving support & bereavement counseling after the death of the loved one.

Continuum of Care Model



Goal of Palliative Care

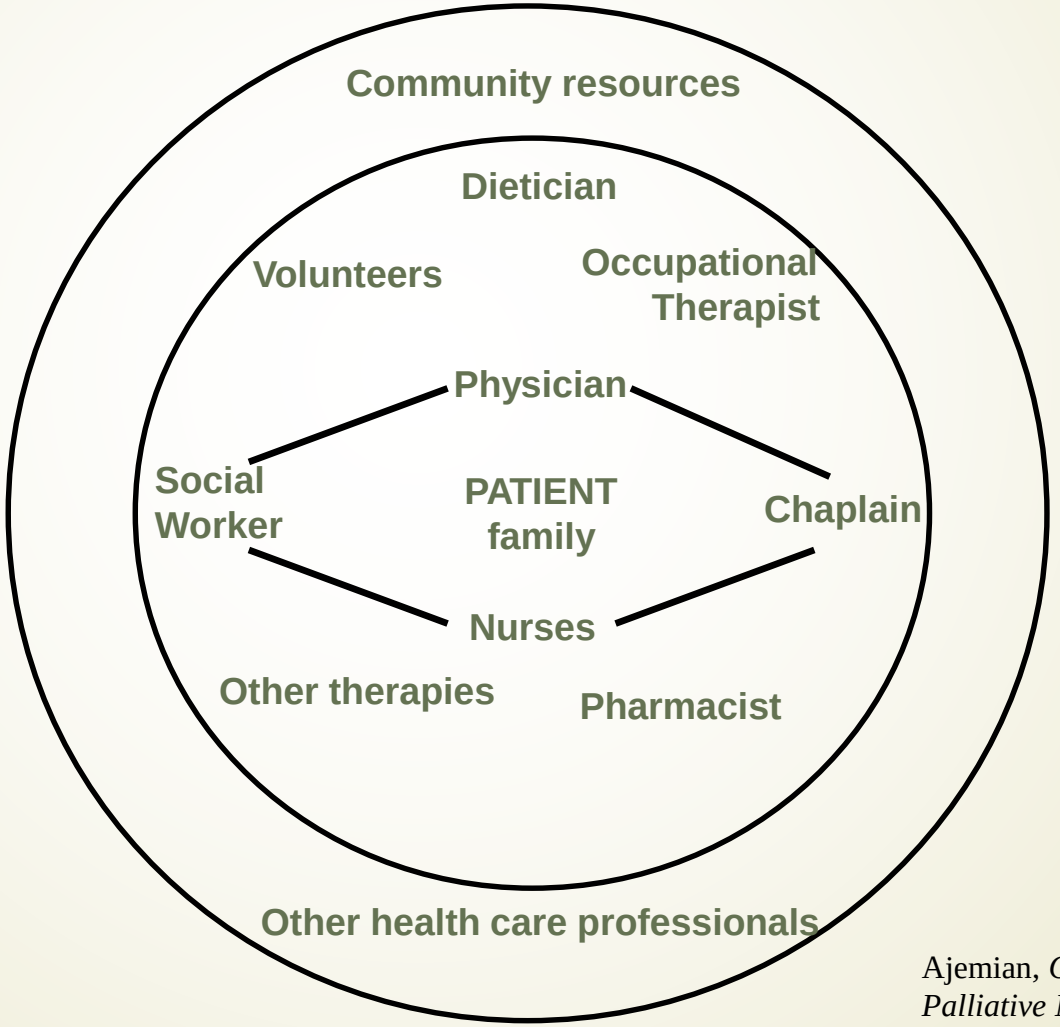
To achieve the best quality of life for patient and their families by managing pain and symptoms:

- Goals of care is the focus and discussions encouraged
- Provides guidance with complex treatment choices.
- Emotional and spiritual support of the patient, family, friends, and caregivers.
- Allowing the patient to preserve his/her dignity while making their wishes known.
- Refer to home health agencies, hospices, support groups, and other supportive services.
- Pain and other symptoms are treated effectively and compassionately.

RUHS Medical Center Palliative Care Team

- The palliative care team is an interdisciplinary team of professional (ie Physicians, resident physicians, nurse practitioner, nurses, social workers, pharmacy staff, chaplain)
- It is initiated as an inpatient service offered to adult patients diagnosed with any life-threatening or life-limiting condition.
- The service can be offered to patients at any stage of their illness, including in conjunction with curative treatment.
- Care transitions from Inpatient support to Outpatient continued care management at various levels of care. (i.e. Outpatient Palliative Care Clinic, Nursing Home follow-up, Physician Home visits and transitions into Hospice services when necessary.)
- The goal is to achieve the best quality of life for patient and their families by managing pain and symptom control, psychological, social and spiritual distress.

The Palliative Care Team



Ajemian, *Oxford Textbook of Palliative Medicine*, 1993

Essential Components of Palliative Care

- Communication
- Decision Making
- Management of Complications
- Symptom Control
- Psychosocial Care
- Care of the Dying

Palliative Care Patients

- CHF, COPD, Cancer, etc
- Expected prognosis ≤12 months
- Homebound
- Deteriorating medical condition at risk for needing symptom management
- Family conflicts
- Emphasis of care in the home setting
- 2 or more ED or Inpatient admissions in the last year
- Functional or Performance Scale Score Low

Improved Clinical Outcomes

- Palliative care relieves pain and distressing symptoms.
- Palliative care helps with difficult decision-making.
- Palliative care helps patients complete life-prolonging or curative treatments.
- Palliative care boosts patient and family satisfaction.

Self Awareness Help Professionals & Caregivers for Clients in Palliative Care:

- Understanding dying as a normal life cycle event
- Personal Awareness of your own experiences/values about death
- Making the transition from living to dying
- Knowledge/Training Issues
- Necessary Skills / Compassion
- How to move forward
- Understanding Terms (i.e. medical, patient language, spiritual values)

Understanding Death Anxiety

Fear of:

Abandonment and isolation

Being a burden

The unknown

The after-life

Pain and suffering

Unfinished business

Being buried alive

Financial concerns

Legacy issues

How Do You Know Someone is Dying?

- “that look”
- not eating
- poor function
- skin changes

Activities of Daily Living (ADL's)

- Bathing
- Dressing
- Ambulating
- Feeding
- Toileting
- Transfer

Where Do We Go From Here?

- Education/Training
- Clinical Care across Continuum
- Performance Improvement
- Patient Education/Community Outreach
- Research

Case Examples:

- 70 Year Old single Hispanic Male with history of liver cirrhosis and newly diagnosed stage 4 lung cancer. Past history of drink, lived with his sister. Decided to begin chemotherapy but as treatments were initiated his kidneys began to shut down and needed dialysis. Extended family living locally and across several states with furthest relative living in Alaska.

- 75 year old married Hispanic woman was transferred to a local hospital to RUHS medical center for advance care opportunities. Prior to going to the hospital she had experienced that she thought was abdominal cramping symptoms for months as part of possible pre-menopausal symptoms and developed recent severe pain in her back. It had turned out she was diagnosed with Stage 3 Ovarian Cancer with metastasis to her spine. Lives with her husband and has 2 adult children. Extended family lived near by.

Questions???

Questions regarding this conference please contact:

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