Palliative Medicine Update Opportunities and Challenges

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Objectives:

- Define Palliative Medicine and distinguish similarities and differences with Hospice Care.
- Distinguish primary palliative care from specialty primary care.
- Discuss opportunities and challenges related to complex care/life altering/life limiting disease.
- Discuss opportunities and challenges related to serving patients who are contemplating end of life circumstances.
- Discuss the diverse benefits of Palliative Medicine for all patients with life altering disease.

- Disclosures: None.

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"There's no easy way I can tell you this, so I'm sending you to someone who can."

Case to consider:

- Mrs. RC is a 67-year-old woman with a complex medical history including congestive heart failure, chronic kidney disease requiring hemodialysis, coronary artery disease with prior myocardial infarction, type 2 diabetes mellitus, and chronic obstructive pulmonary disease. She presents for a routine annual primary care visit.
- On exam, she appears withdrawn, anxious, and reports persistent feelings of depression. She voices frustration about her fragmented care, noting that she is followed by multiple subspecialists who "don't seem to talk to each other." She expresses uncertainty about the value of ongoing dialysis, stating that although she understands its role in prolonging life, the treatment is exhausting and consumes most of her week. She pauses before adding,
- ***"Doc, I'm just not sure if I want to do this anymore. What do you think I should do?"***

- Questions to consider:
  - Is this patient ready for hospice?
  - Is this patient ready for palliative care?
  - What can a busy doc do in the next 5 minutes before my schedule that is already 30 minutes behind get completely torn to shreds?

What do you think of when you hear the words: Palliative Medicine/Care?

- Do you think:
  - Hospice
  - End of Life
  - Pain management
  - At the end
  - After the fight is over
  - After we lost the battle
  - Sad/despair
  - Negative
- Is it possible:
  - Patient autonomy
  - Patient satisfaction
  - Symptom control
  - Advanced illness navigation
  - Preparing for the battle
  - Making contingency plans
  - Gratitude
  - Positive

What is Palliative Care?

Palliative care means **patient and family-centered care** that **optimizes quality of life** by anticipating, preventing, and treating suffering. **Palliative care throughout the continuum of illness** involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice.

— 73 FR 32204, June 5, 2008

Medicare Hospice Conditions of Participation – Final Rule

CENTER TO ADVANCE PALLIATIVE CARE

What is Hospice?

Hospice is a model and philosophy of medical care that focuses on providing palliative care to patients with life-limiting illness, palliating patients' pain and other symptoms, attending to the emotional and spiritual needs of patients/families/loved ones, and providing support for their caregivers.

Pure Palliation at the End Of Life

NHPCO 2011

Palliative Medicine

An approach to medical care that improves the quality of life of patients and their families facing the problems associated with life-threatening illness. WHO

Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family. CAPC

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The Relief of Suffering

- *Physicians' failure to understand the nature of suffering can result in medical intervention that (though technically adequate) not only fails to relieve suffering but becomes a source of suffering itself.*

- *- Eric Cassel, 1982*

To cure sometimes,

To relieve often,

To comfort always.

Primary Palliative Care

- Palliative care rendered by all health care providers, not only palliative care specialists.
  - PCPs
  - Hospitalists
  - Non-Palliative subspecialists
    - Oncology
    - Cardiology
    - Nephrology

- General assessment
- Goals of care
- Family meetings
- Pain/Symptom Management
- Advance care planning
  - Code Status
  - DPOA
- Distress Management
  - Psychosocial
  - Spiritual/Existential

Abernathy AP, Quill TE. 2013

Abernathy AP, Quill TE. 2013

Representative primary and subspecialty palliative care skills in each domain

Primary palliative care skills	Subspecialty palliative care skills
Assessment/treatment of physical symptoms	
▪ Basic pain management ▪ Basic management of other physical symptoms ▪ Basic use of adjuvant pain relievers ▪ Equianalgesic dose conversion	▪ Management of refractory pain ▪ Management of other refractory symptoms ▪ Methadone transition when large doses of opioids are being used ▪ Patients with addiction problems and serious illness
Psychological, social, cultural, and spiritual aspects of care	
▪ Basic management of depression/anxiety ▪ Exploration of psychosocial suffering ▪ Basic exploration of spiritual and religious views ▪ Basic exploratory family meeting	▪ Management of more complex depression, anxiety, grief, and existential distress ▪ Severe religious/spiritual suffering
Serious illness communication issues	
▪ Exploring patient goals in light of circumstances ▪ Making recommendations about code status ▪ Seeking consensus among treating professionals ▪ Seeking consensus among the patient and family	▪ Dying patients who want "everything" ▪ Major conflict among family members ▪ Major conflict among treating teams ▪ Requests about assisted dying
Care coordination	
▪ Coordinating care among specialists ▪ Clearly defining the primary treating team ▪ Managing transitions to hospice care ▪ Managing transitions out of the hospital	▪ Transition to hospice with no clear provider ▪ Patient/family major resistance to discharge ▪ Conflict with the designated outpatient provider

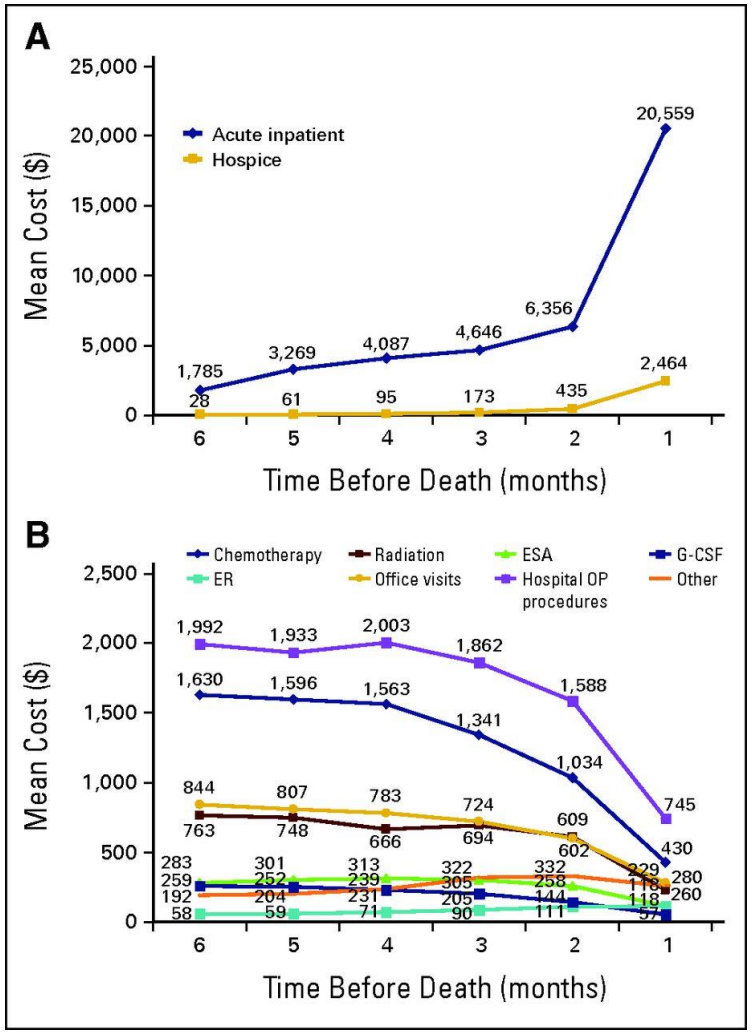
Benefits of Early Palliative Care

- Physical Symptom Management
  - Pain
  - Dyspnea
  - Nausea/Vomiting
  - Constipation
- Time savings for hospitalists and other medical specialists
- Office efficiency
- Emotional Symptom Management
  - Anxiety
  - Depression
  - Existential Crisis
- Advance Care Planning
- Quality of Life
- Quantity of Life

Muir, C. et al. 2010
Temel, J. et al. 2010

The Value of Palliative Providers

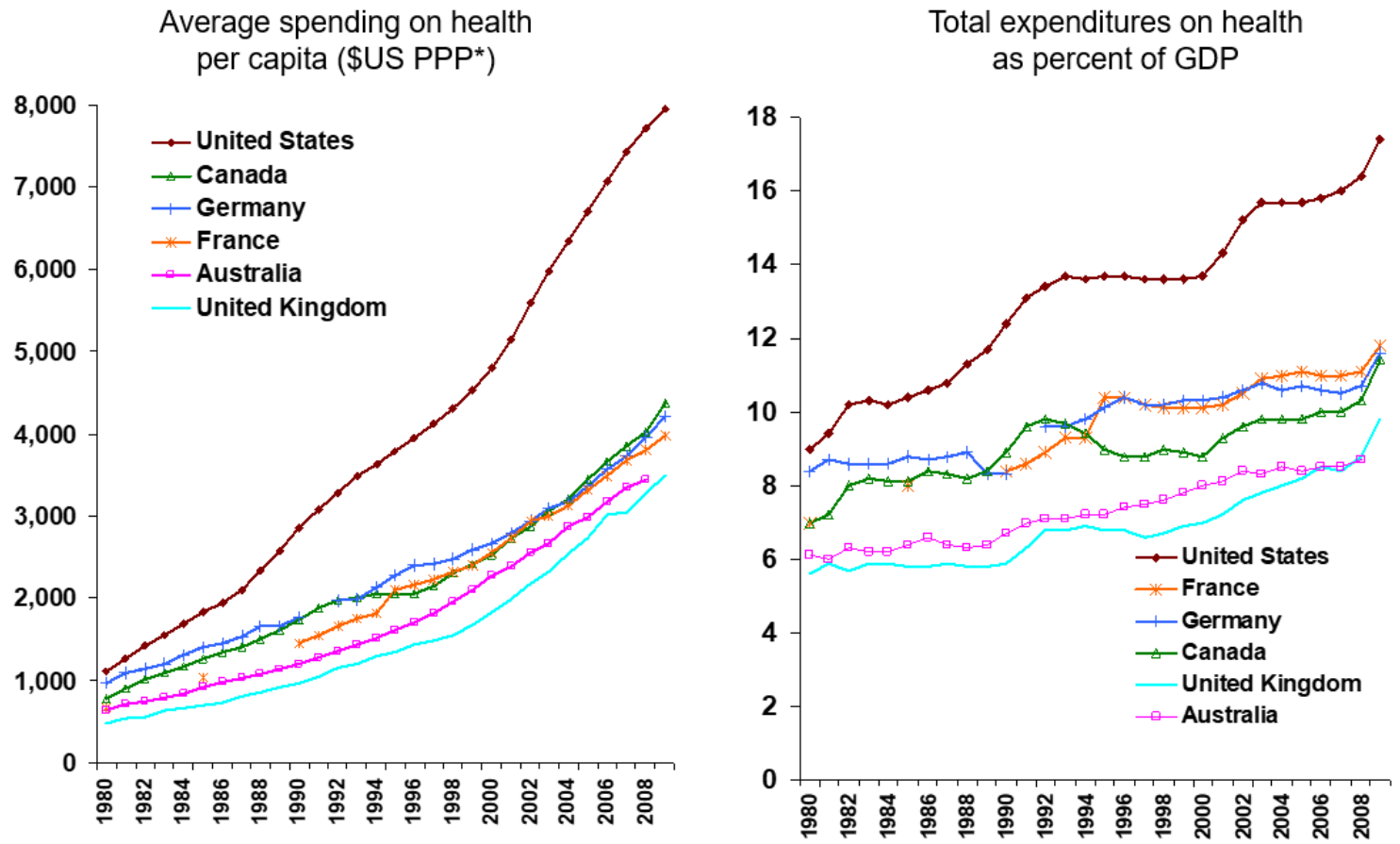
Mean total cancer-related costs for each of the last 6 months of life for (A) inpatient and hospice and (B) outpatient (OP) services.



Chastek B et al. JOP 2012;8:75s-80s

JOURNAL OF ONCOLOGY PRACTICE

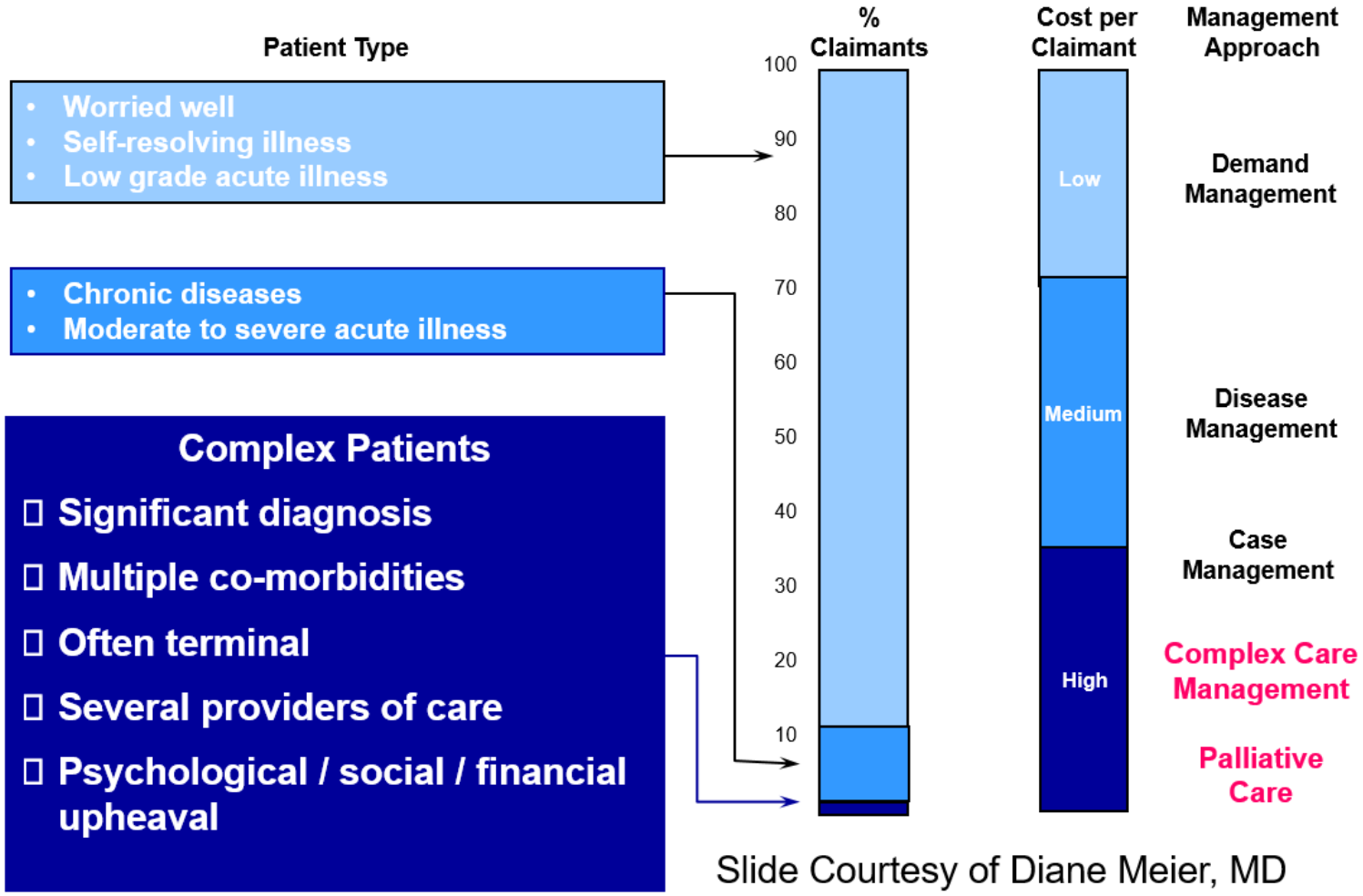
International Comparison of Spending on Health, 1980–2009



* PPP=Purchasing Power Parity.
Data: OECD Health Data 2011 (database), version 6/2011.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2011. Slide courtesy of Diane Meier

Payer Perspective:
Care Management Targeted to Needs of Patients



Slide Courtesy of Diane Meier, MD

Goals of an initial Palliative Consultation

- Get invited back
- Earn the patient's trust

- If the situation allows:
  - Establish DPOA
  - Establish Goals of Care
    - Absolute Dos
    - Absoulte Do nots

- Dr. Jay's Four Questions
  - How are you doing?
  - What is most important to you?
  - What is your intuition/gut/heart telling you?
  - Are you scared?

Building Trusting Relationships Palliative Medicine ABCs

- A - Allyship
- B - Build Rapport
- C - Cede Control

The Four Questions:

1. How are you doing? No really, HOW are you doing?
2. What is most important to you?
3. What is your gut, your heart, your intuition telling you?
4. Are you scared/anxious?

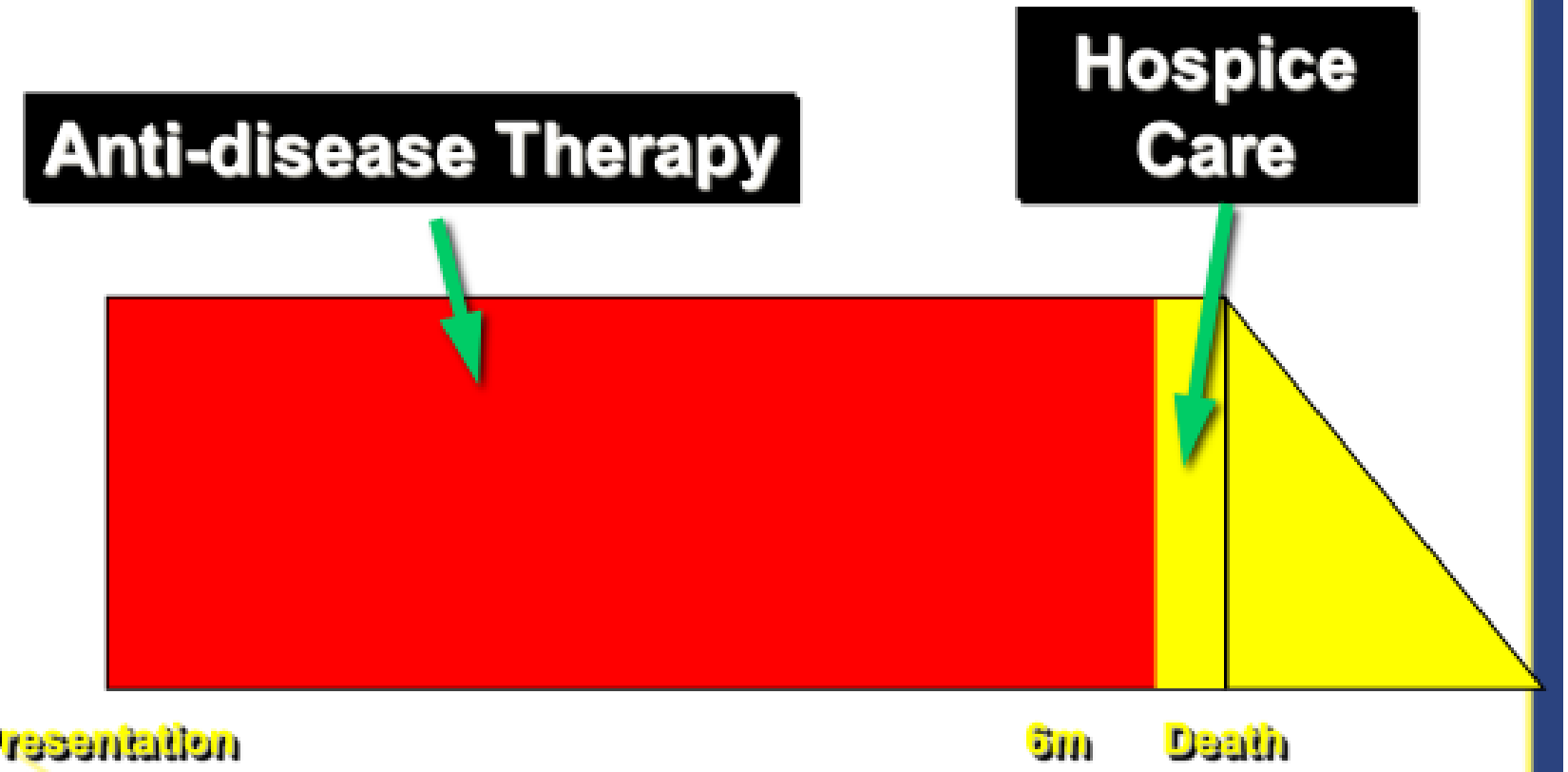
Ihrig, T. et al 2024

WHAT IS MOST IMPORTANT TO YOU?

WHAT IS MOST SACRED TO YOU?

- Answer may be medical in nature, and it may not.
- Educating patients on their situation and options.
- Empowering patients to make treatment choices most appropriate for them at this most critical time.

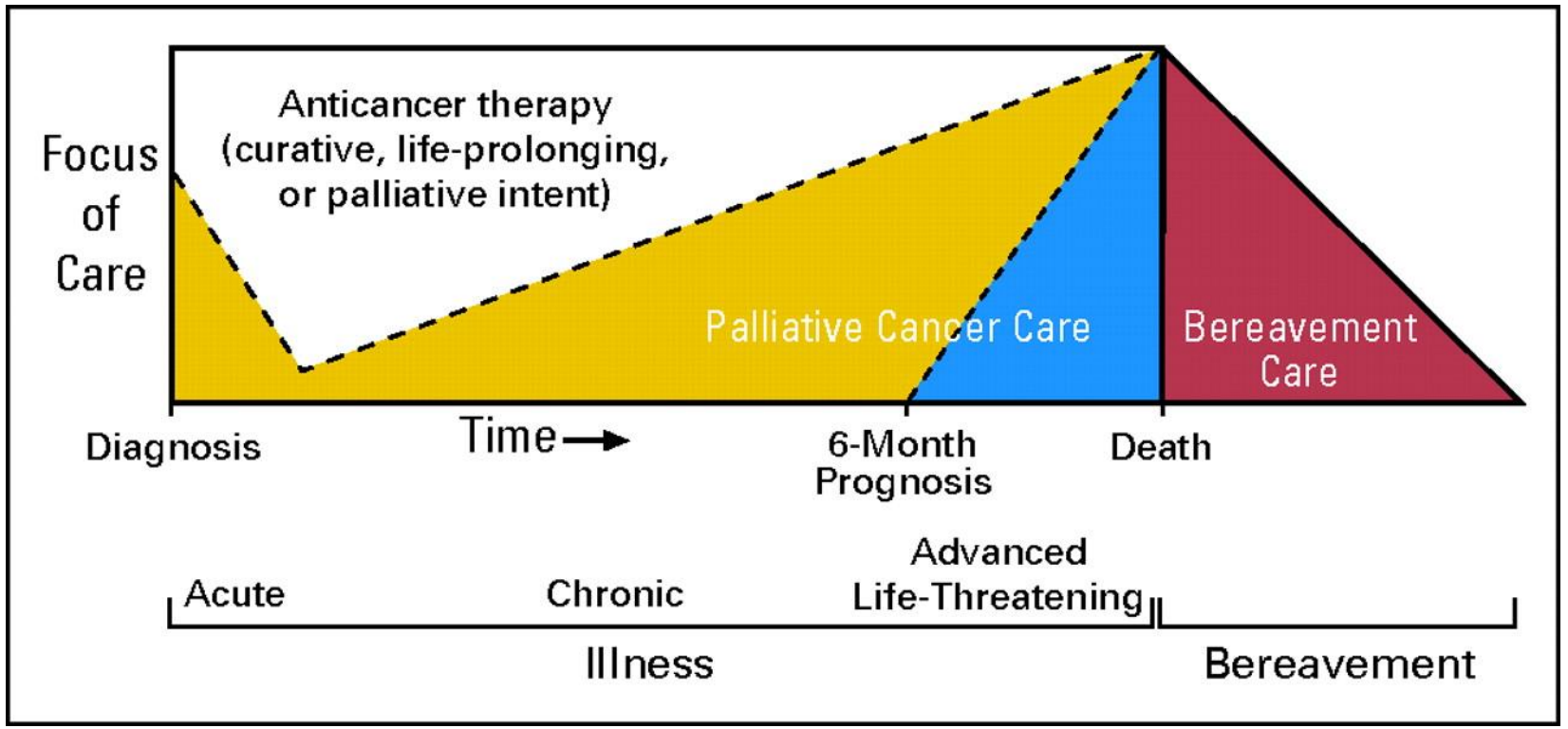
Treat or Quit



Slide Courtesy of Charles von Gunten, MD
Provost, San Diego Hospice

Lighthouse oncology

The Power of the Pause Button



Ferris F D et al. JCO 2009;27:3052-3058

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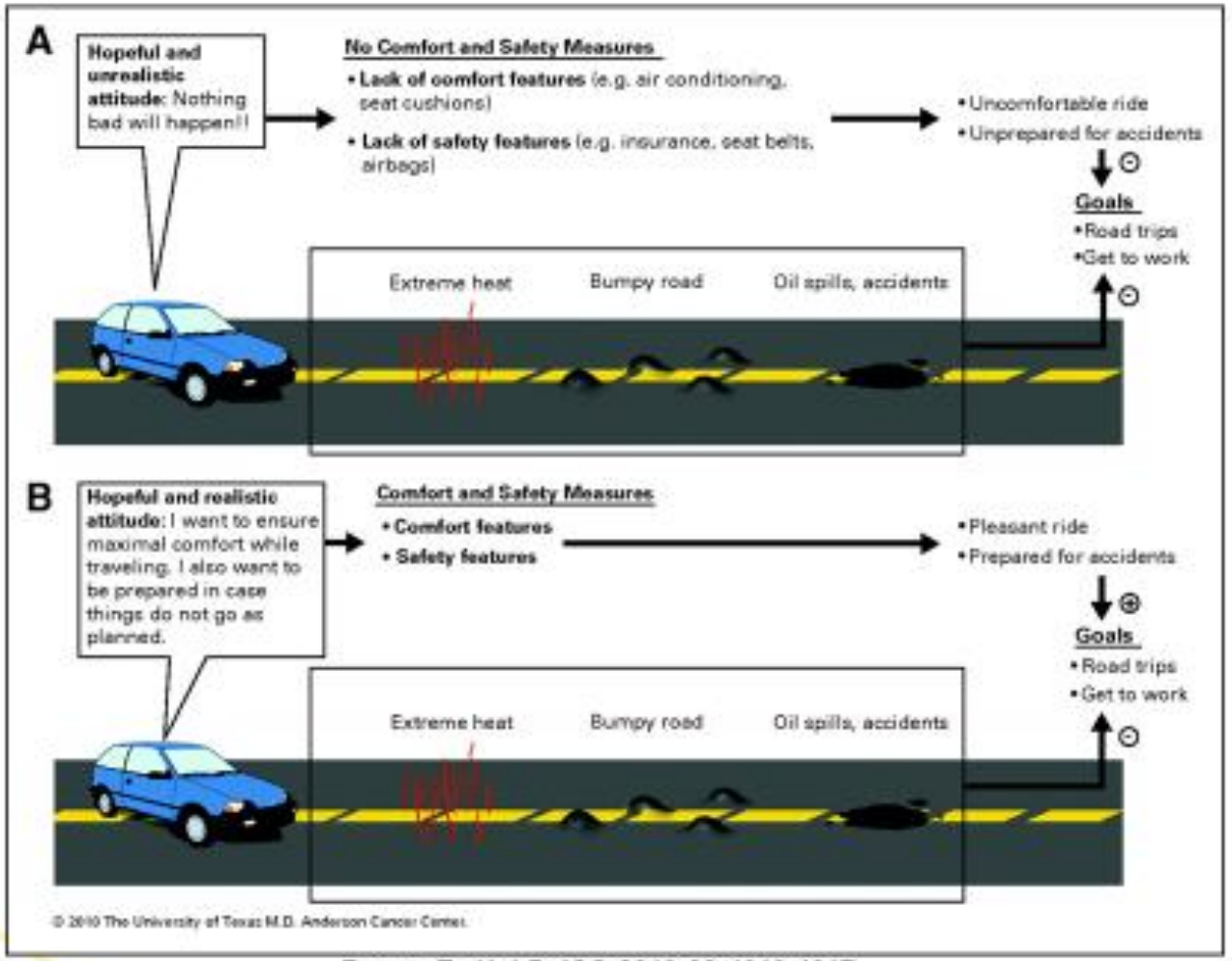
The use of a car is an analogy for setting goals of care.



Bruera E , Hui D JCO 2010;28:4013-4017

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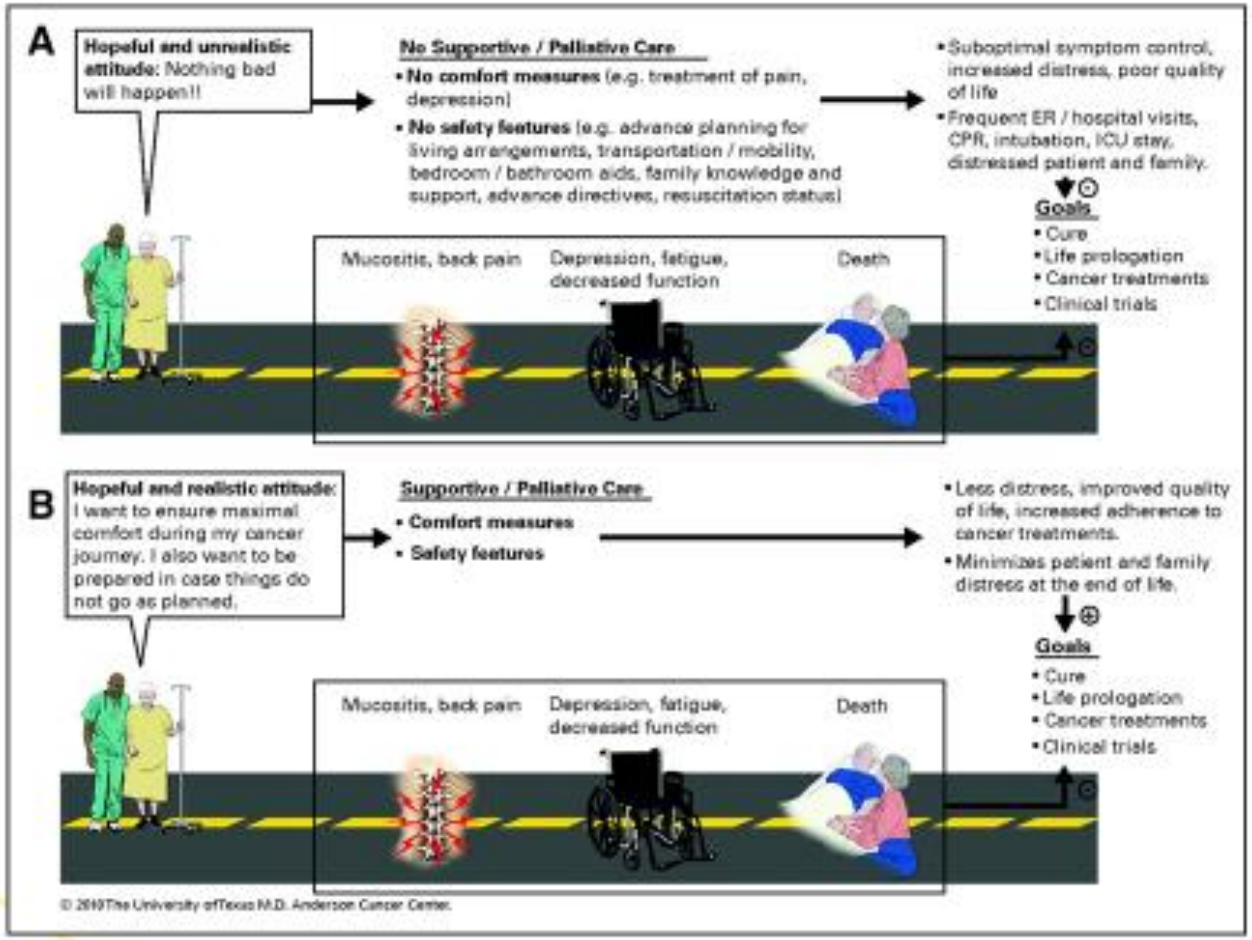
(A) A hopeful and unrealistic patient focuses on cancer cure and life-prolongation measures, without paying attention to her symptoms and advance care needs.



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Lighthouse oncology

Patient Communication:

Discussing Serious News

Serious News vs. Bad News

- Any information likely to alter drastically a patient's view of his or her future.
- Results in a cognitive, behavioral, or emotional deficit in the person receiving the news that persists for some time after the news is received.
- Alternative term for "breaking bad news" is "sharing life-altering information".

Back AL et al 2011
Ptacek JT et al 1996

- Respect for patient's values, preferences, and expressed needs.
- Limited/General agenda.
- Coordination of care and integration of services within the clinical setting.
- Communication between patient and providers: dissemination of accurate, timely, and appropriate information and education about the long-term implications of disease and illness.
- Celebrate the work already done by colleagues.
- Manage expectations.
  - Under promise/Over deliver.
  - The Disney Way.

I Finally Feel Heard

Allshouse, KD et al 1993

Palliative Medicine
Where do we go from here?

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