Palliative Medicine: A Practical Guide

BUMC-P Medicine Grand Rounds

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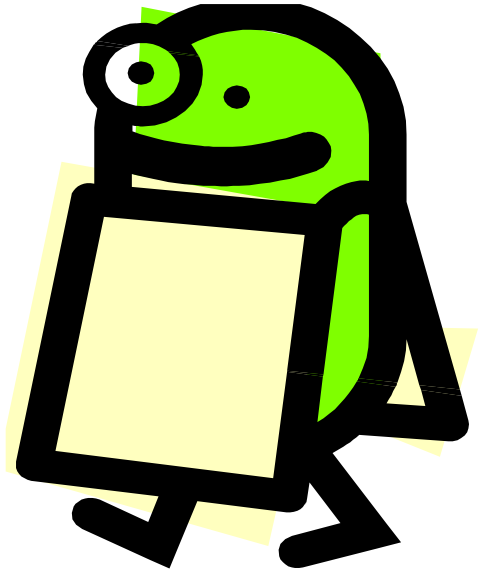
DISCLOSURES: Who Am I?

- Financial conflict of interest
  - None
- Board Certifications
  - Internal Medicine, Rheumatology, Hospice and Palliative Medicine
- Prior lives:
  - Medical Director, Hospice of Northern Colorado ~5 years
  - Private practice rheumatology, Colorado ~17 years
  - Cleveland Clinic 3 years: Clinical Ethics and Palliative Medicine
- Current life
  - Palliative Medicine, Baywood/Heart
  - Clinical Ethics Consultant – System Wide
  - Faculty: UA COM-P, Mayo, Case Western Reserve, Union/Mt Sinai



Today's Plan

- Definition of Palliative Medicine
- Palliative Care consultations
- Hospice
- Overlap with ethics
- Goals of care discussion
- Communication Pearls
- The Hot Seat

WHO Definition of Palliative Care

- Palliative care is an approach that improves the quality of life of patients and their families facing the problem 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. Palliative care:
- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patients illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

My definition

- Palliative Care sees patients who are
  - Chronically ill
  - Seriously ill
  - Terminally ill
- In order to provide
  - Symptom relief
  - Advance care planning
  - Discussion of goals of care
  - Resources
- Within a system that is
  - Multi-disciplinary
  - Supportive
  - Focused on quality of life

Hospice vs Palliative Care

- Palliative Care sees patients who are
  - Chronically ill
  - Seriously ill
  - Terminally ill
- Hospice cares for patients who are
  - Terminally ill
  - “Six months or less”
  - Medicare Hospice Insurance Benefit

Quiz: Who qualifies for palliative care?

- 95 y/o man with “failure to thrive”
- 65 y/o woman with recurrent breast cancer who is confused about treatment options
- 17 y/o undergoing chemotherapy for curable lymphoma with poorly controlled nausea
- 56 y/o man s/p PEA arrest undergoing testing for brain death
- 30 y/o woman s/p kidney transplant with continued pain
- 45 y/o with end stage renal disease refusing dialysis
- 6 y/o with cystic fibrosis
- 28 y/o with incurable metastatic cancer whose family expects a cure
- 72 y/o woman with end stage COPD and severe spiritual distress
- 62 y/o intubated sedated, no clear surrogate, large family in conflict

So…everybody qualifies?

- No, of course not
- It is a consult service
- Use it like one

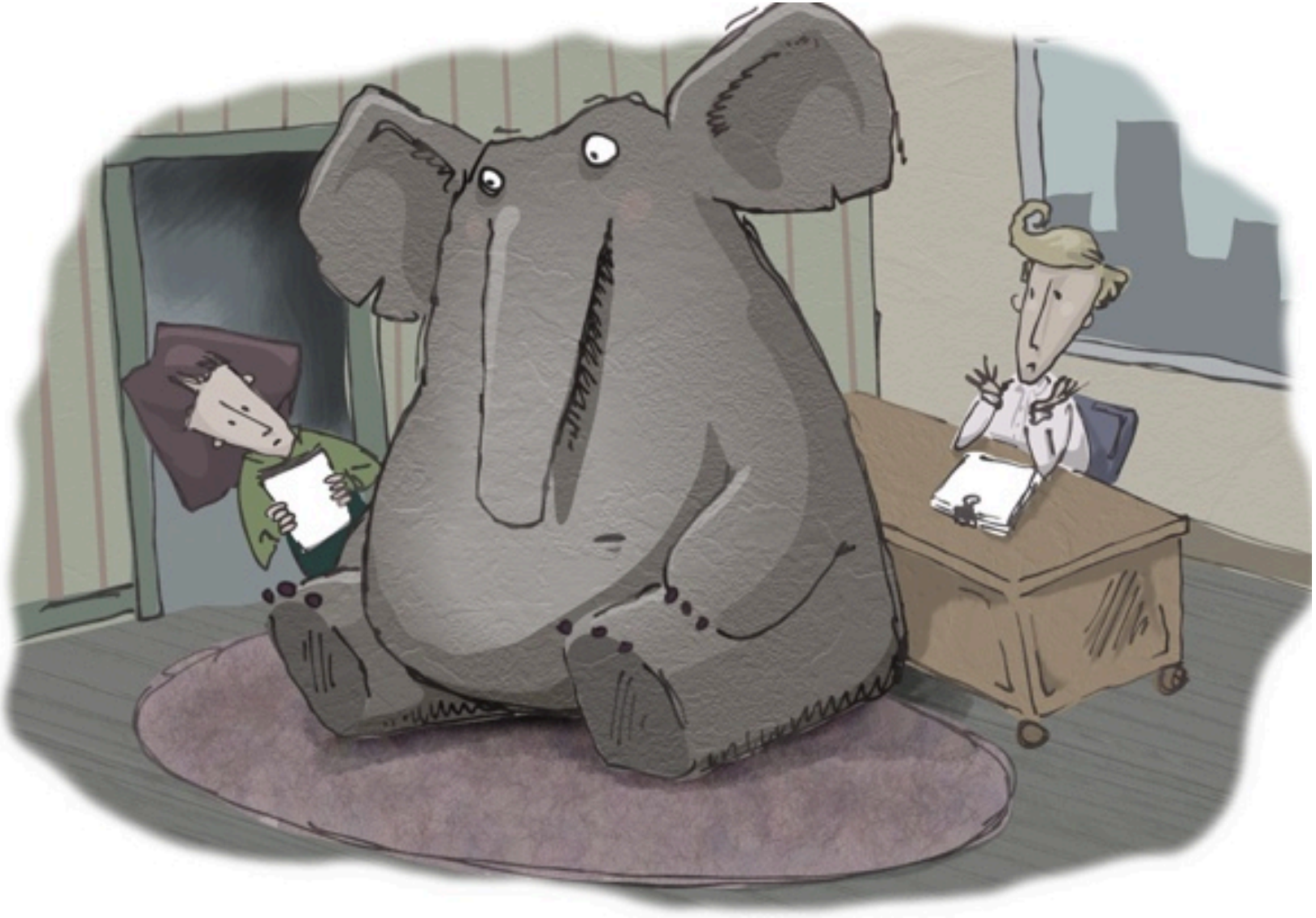
When Do I Call for a Consult?

- Complicated end of life/serious illness conversations
- Goals of care that are unclear in spite of your efforts
- Lots of conflict (families/teams)
- Uncontrolled symptoms (cancer pain, dyspnea, N/V)
- Multiple consults/seriously ill/need coordination
- Unclear/complex advance directives

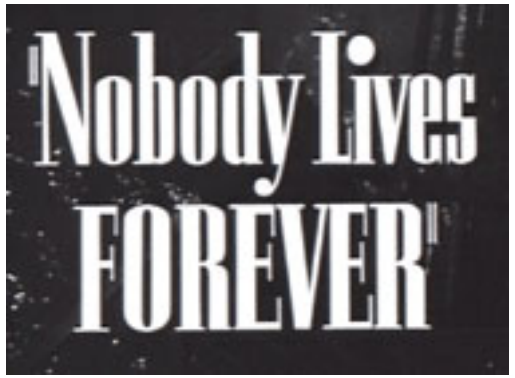
What to Expect

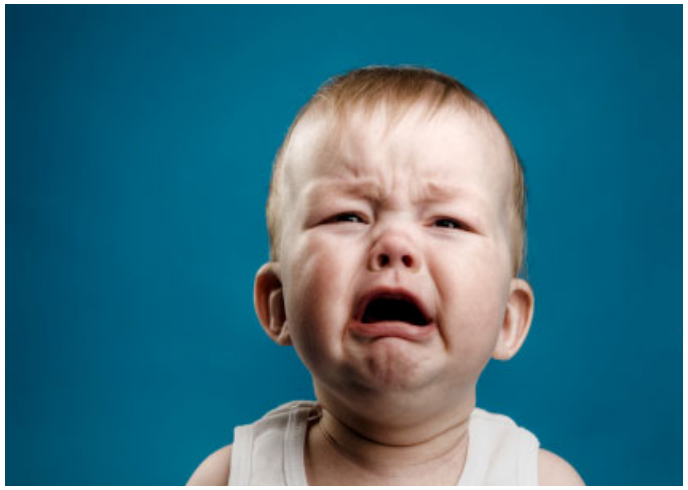
- Address the concerns of the referring physician
  - Goals of care?
  - Symptom control?
  - EOL?
- Palliative Medicine pays special attention to
  - Goals
  - Code status
  - Advance directives
  - Surrogacy
  - Symptom control
  - Spiritual/existential concerns
  - Care coordination
  - Follow-up after hospitalization

A word about elephants



WHY DO WE HAVE TO TALK ABOUT THIS?





Goals of Care Conversations

- What kind of conversations are we talking about?
  - Things might not go as planned
  - Deteriorating clinical condition
  - Death/dying
  - Not a candidate (surgery/chemo/transplant/LVAD…)
  - DNR/DNI
  - Hospice
- Why is this so hard?
  - Strong emotions
  - Natural avoidance of unpleasantness
  - Blame the messenger fears
  - Professional failure
  - Death denying culture/medical miracles
  - Medico-legal fears
  - **LACK OF TRAINING**

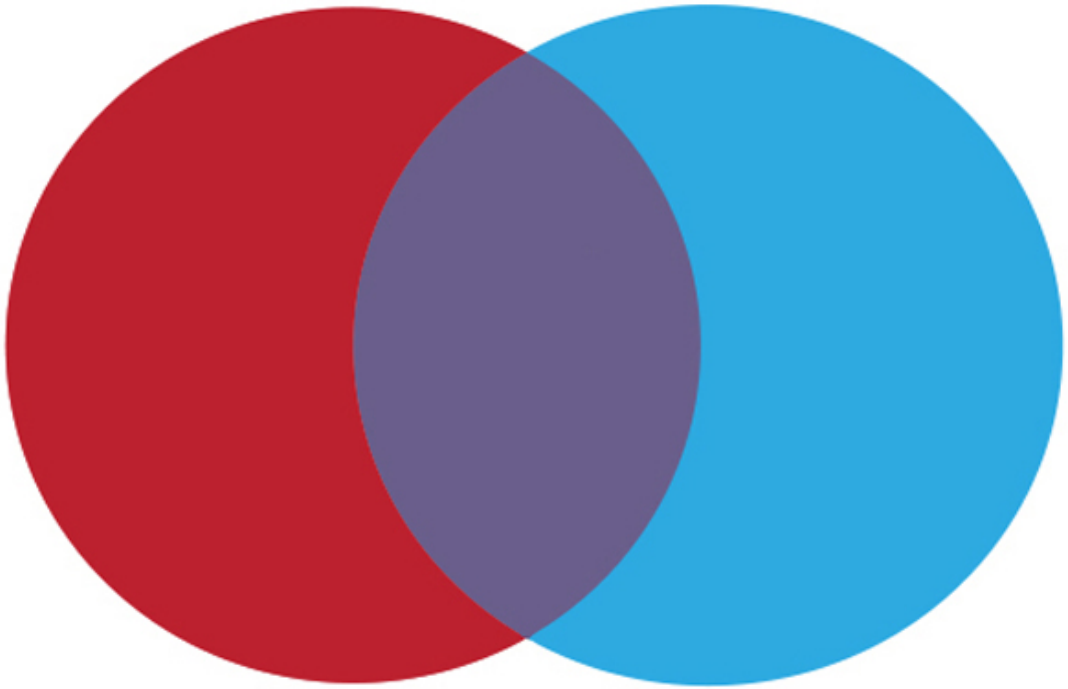
Goals of Care

- What are the goals of health care?
  - Curing disease
  - Preventing illness
  - Prolonging life
  - Relieving suffering
  - Improving quality of life
  - Marking milestones
- Whose goals?
  - Patient
  - Family
  - Medical teams

Goals of Care: Helpful phrases

- What is your understanding?
- What concerns you most?
- How is treatment going?
- What is the best that could happen? The worst?
- What is most difficult for you?
- What are you hoping for?
- What is most important to you?
- What do you still want to accomplish?

Ethics and Palliative Care



The Ethics Question

What OUGHT we to do?

Isn’t ethics just a matter of opinion?

NO!!

Ethics vs Morals

	Ethics	Morals
What are they?	Rules of conduct for a particular group	Personal compass of right and wrong
Where do they come from?	External source (social, professional)	Internal source (self)
Why do we do it?	Socially or professionally accepted as correct	Personal belief that something is right or wrong

Ethics vs Morals: Mustard

vs Morals: M


TRUFFLE MUSTARD


inglehoffer
EXTRA HOT
SRIRACHA
MUSTARD
NET WT. 10 oz. (284g)


Edmond Fallot
MOUTARDE DE BOURGOGNE
FABRIQUÉE À LA MEULE DE PIERRE
Edmond Fallot
MOUTARDE DE BOURGOGNE


French's
Classic
YELLOW
365
ORGANIC
Organic
Yellow Mustard

Palliative Medicine Consult

- An elderly woman is hospitalized after a severe stroke. She requires a ventilator and a feeding tube, and the team believes she will never go back to independent living.

- Question posed by the team: Should we proceed with tracheostomy/PEG ?

You are the consultant…….

- Who will you talk to?
- What do you want to know?
- Other questions…..

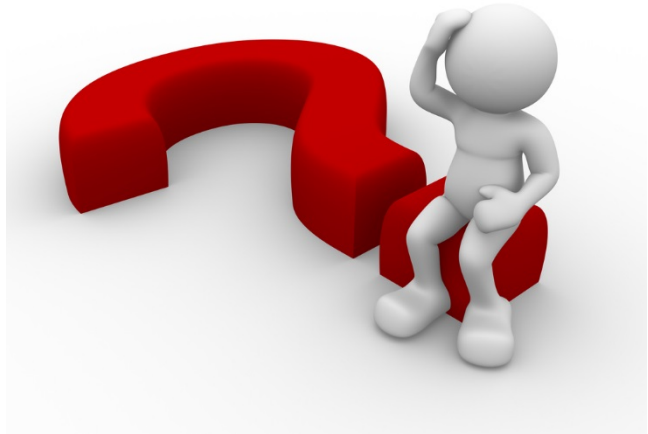
Considerations

- Capacity
- Decision maker
- Advance directives
- Goals
- Medical options available
- Code status
- Standard for decisions
  - Patient wishes (autonomy)
  - Substituted judgment
  - Best interests
- Symptoms
- Spiritual concerns

Back to our example

- An elderly woman is hospitalized after a severe stroke. She requires a ventilator and a feeding tube, and the team believes she will never go back to independent living.

- Should we proceed with tracheostomy/PEG (or allow natural death)?



Two different patients

- Patient A
  - Never wanted to live in LTC – told “everyone”
  - Took care of mother after a stroke – “not for me”
  - Most important activities riding bike and working in garden
  - Has strong LW; surrogate reports patient would refuse procedures
- Patient B
  - Always enjoyed visiting friends in LTC
  - Has always been sedentary
  - Favorite activity is sitting quietly with family
  - No LW; surrogate sure patient would want LTC

Two different decisions?

Two different decisions

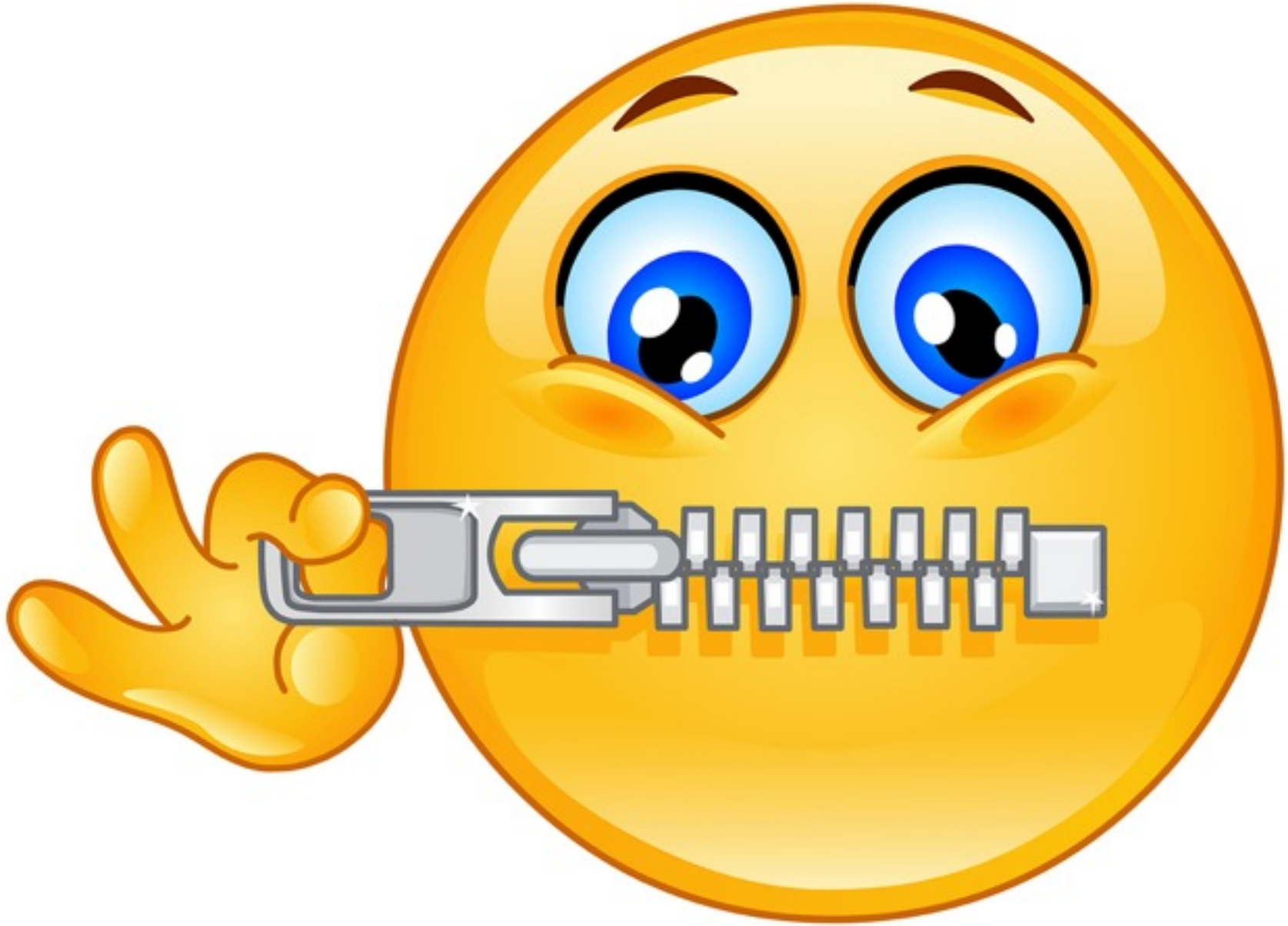
- Patient A: remove technology, allow natural death
- Patient B: trach and PEG, proceed with LTC

Communication Pearls

- **NEVER** phrases
  - There is ~~nothing~~ we can do.
  - Withdraw ~~care~~
- **EFFECTIVE** phrases
  - We no longer have cure as a goal
  - Here is what we CAN do
  - Our goal now is comfort
  - Withdraw
    - Technology that is no longer helping
    - Treatments that are no longer effective
    - Painful/unwanted treatments/technology/medications/tests…..

Communication Pearls

- Be direct
  - I have some difficult news
- Use short clear phrases
  - Your mother is much worse
  - We do not expect him to survive
- Do not use euphemisms or jargon
  - ~~Very, very critical~~
  - ~~No longer with us~~
  - ~~More acidotic, less responsive~~
- Talk less, listen more
- When in doubt……



Common issues

- Conflicts between what the patient wants and what others want
- Uncontrolled symptoms – especially at end of life
- Decision-making authority
- Capacity questions
- Patients with no/problematic surrogate
- Requests for aid-in-dying
- Code status
- Switching to comfort care
- Treating physicians disagree

Hot Seat

THANK YOU FOR YOUR ATTENTION

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