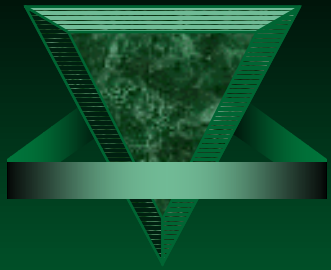




Palliative Care Conversation Pearls

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Med Director, Palliative Care
Sept 10, 2007



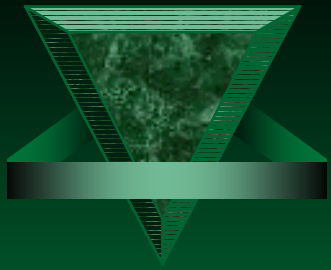
DISCLOSURE STATEMENT

- ✓ Relevant Financial Relationships

- NONE

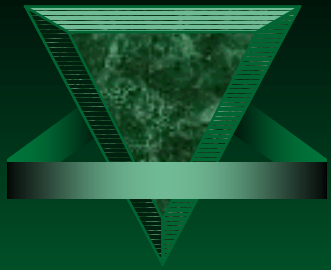
- ✓ Off Label Usage

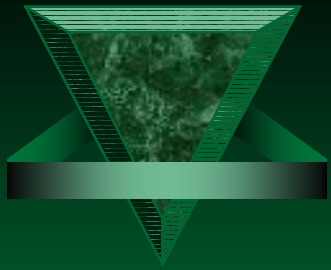
- NONE



Learning Objectives

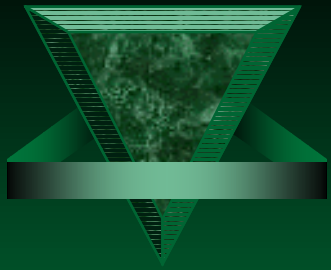
- ✔ Define Palliative Care
- ✔ Identify key points in patient's illness in which to discuss palliative care goals
 - Clarify treatment goals with the patient and family
 - Breaking Bad News
- ✔ Identify appropriate times to discuss comfort care and hospice





Palliative Care Definitions

- ✓ Comprehensive care of patients who are living with a chronic illness - -
 - Alleviate symptoms (physical, emotional, spiritual, social)
 - *START* at time of diagnosis
 - *BLEND* palliative tx with curative tx.
 - Focus on patient goals and QOL
 - Requires a team approach
 - Involve the family and close friends



Palliative Care Descriptions

✓ Goals of Palliative Care

- Determined by patient goals, values and choices
- Primary Goal is to relieve the patient's symptoms and suffering whenever possible
 - Achieve the best possible quality of life for patient and family
 - Assist patient and family to live well with their illness during curative and palliative phases

✓ Maintain hope and reassess goals of care



When To Discuss Palliative Care

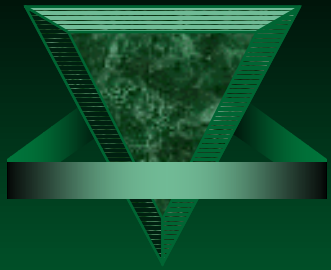
- ✓ At the time of sharing diagnosis of a chronic illness
 - Relief of symptoms
 - Impact on person's lifestyle
 - Impact on person's self-image and concept of self
 - Uncover the meaning that patient places on how to live with their illness



When to Discuss Palliative Care

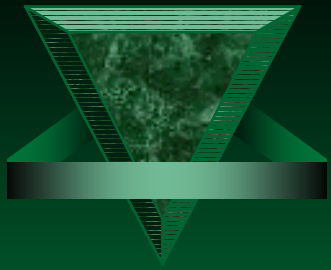
- ✔ Major Changes in Course of Disease
 - Lack of benefit of standard treatments
 - Change in patient's personal experience of illness -
 - change in patient's goals
 - Disease changes that affect family dynamics
- ✔ Physicians: "Would you be surprised if this patient died within the next year?"
- ✔ Patients: "Tell me – what is it like to live with your illness, now?"





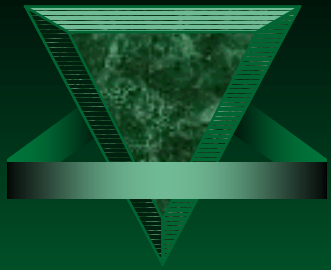
Spectrum of Palliative Care

- ✓ ACUTE CARE: Focus on aggressive treatments for cure.
 - May relieve symptoms within hours, days or weeks
- ✓ PALLIATIVE CARE: Focus on relief of symptoms for comfort and improvement of QOL.
 - Active, comfort and urgent palliation



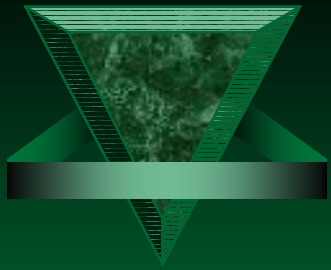
Spectrum of Palliative Care

- ✓ Active: active investigations and treatments that modify the disease and relieve symptoms
 - Chemotx, hormonal tx, antibiotic therapy, steroids for tumor edema
- ✓ Comfort: Tx goal is comfort and relief of suffering
 - Opioids, benzos, NSAIDS, antidepressants
 - Relaxation tx, meditation, prayer and counseling



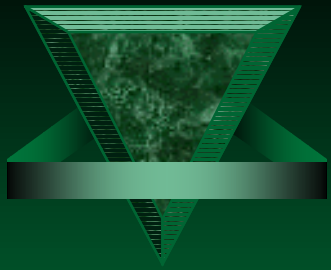
Spectrum of Palliative Care

- ✓ Urgent: Symptom emergencies
 - Pain crises ($\geq 4/10$)
 - Sudden complications: severe dyspnea, anxiety, restlessness, severe nausea, seizures, severe mental status changes, etc
- ✓ Treat with appropriate doses of meds for relief of symptoms
- ✓ Use of non-pharmacologic approaches for symptomatic relief



Sharing Bad News

- ✔ Getting Started
- ✔ Assessing patient's knowledge
- ✔ Assessing how much patient wants to know
- ✔ Sharing the information
- ✔ Responding to the patient and family's feelings and responses
- ✔ Follow-up Plans



Clarification of Treatment Goals

- ✓ Prepare for the Conversation
 - Review the case facts, identify concerns of patient, family, nurses, doctors
 - Know family dynamics
- ✓ Prepare the Interview Atmosphere
 - Arrange for uninterrupted time in a private room
 - Silence phones, beepers, radio, t.v., mp3...
 - Include appropriate family members
 - Sit close to patient and use appropriate touch during interview discussions



Clarification of Treatment Goals

- ✔ Arrange Emotional Atmosphere
 - SIT DOWN
 - Make appropriate introductions
 - Be sure facial tissues are in the room
- ✔ Assess the patient's knowledge and emotional response to current illness and treatments
- ✔ Assess how much the patient wants to know



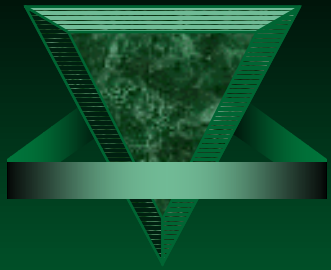
Clarification of Treatment Goals

- ✔ Sharing Information:
 - Use plain language
 - Adapt to patient's style
 - Fire "warning shots" – "I'm afraid the situation is worse than we thought.."
- ✔ Stop frequently to assess patient and family's understanding of shared info
- ✔ Provide information about prognosis



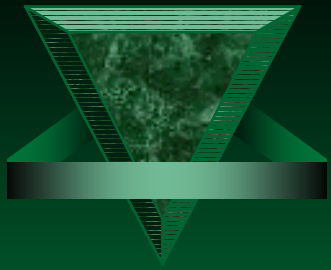
Clarification of Treatment Goals

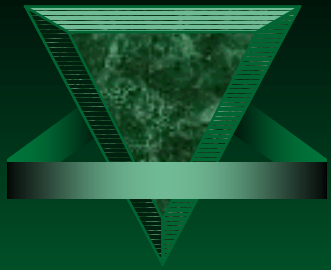
- ✔ Elicit and respond to patient's feelings
- ✔ Use therapeutic silence and touch appropriately
- ✔ Provide reassurance, support and hope
- ✔ Make a follow-up plan



Clarification of Treatment Goals

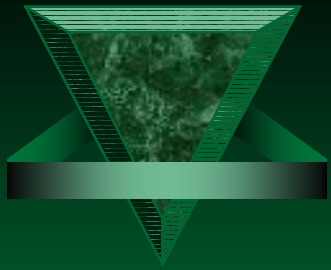
- Help patients and families understand the diagnosis and prognosis
- Identify key concerns of patient and surrogate/family members concerning the disease progress, current sx, and need for rethinking tx goals
- Work on an interdisciplinary treatment plan
- Provide ongoing guidance and support





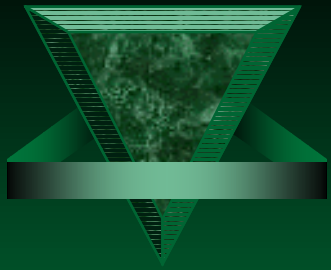
Comfort Care and Hospice Discussion Points

- ✓ Relief of symptoms and patient comfort are goals throughout the illness
- ✓ Clues for doctor to switch from aggressive curative to palliative care approach:
 - E.g. “Would I be surprised if this patient died within the next year?”



Comfort Care and Hospice Discussion Points

- When the patient is exhibiting physical signs of end-stage illness, significant physical decline, or is not responsive to curative treatments....
- Need to discuss palliative care, comfort care and hospice care as the best path of comprehensive and compassionate care for the patient and their family at this point of their illness journey.



Comfort Care and Hospice Discussion Points

✓ CHF:

- recurrent episodes of HF or angina at rest, symptoms with any activity
- optimal treatment with ACEI/ARB's, Aldactone, diuretics, β -blockers, etc

✓ COPD:

- disabling dyspnea at rest
- Increasing ED visits or ICU admits, Vents
- $pO_2 \leq 55$ or $O_2 \text{ sat} \leq 88$ on O_2 or $pCO_2 \geq 50$



Symptoms Of Impending Death

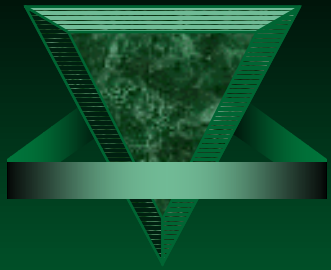
- ✓ Progression to terminal phase:
 - Repeated ED visits/admits
 - Wt. loss – 5% in 1 month/ 10% in 6 months
 - Multiple stage 3 or 4 decubiti
 - Serum Albumin <2.5 g/dl
 - Recurring life-threatening infections; pneumonia, pyelonephritis, sepsis





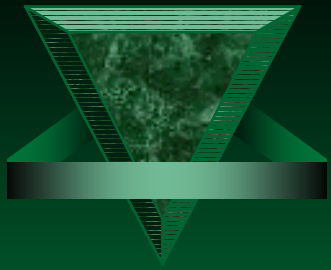
Symptoms of Impending Death

- ✓ Increase in fatigue or weakness
- ✓ Decrease in fluid and food intake
- ✓ Appetite and thirst sensations decrease
- ✓ ↓ C.O. and intravascular volume:
 - Tachycardia, hypotension, peripheral cooling, cyanosis, skin mottling
 - ↓ U.O. , eventual anuria
- ✓ Tachypnea, breathlessness
- ✓ ↓ LOC, eventual coma



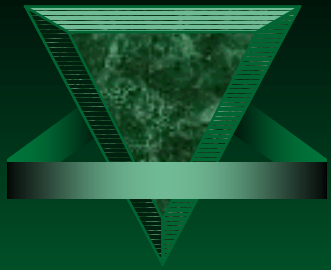
Symptoms of Impending Death

- ✓ Breathlessness
- ✓ Excessive oral secretions
- ✓ Restlessness
- ✓ Terminal Delirium
- ✓ Re-evaluate current drugs
- ✓ Re-evaluate use of PEG tube
 - Artificial nutrition vs. med route



Hospice Discussion Points

- ✔ Demystify hospice - - not a place to die, it is a comprehensive program of coordinated and compassionate care for the patient and family for patients with a life-limiting illness
- ✔ Hospice recognizes the patient as a complex human person with many dimensions – spiritual, physical, emotional and social.



Discussion Points

- ✔ Demystify and correct misconceptions regarding diagnosis, prognosis and beneficial treatments
 - REMEMBER, CPR is a treatment!!
 - Use reframing to help the family or patient recognize other perspectives
- ✔ Help the family and patient identify sources of personal and spiritual strength



Summary Points

- ✔ Palliative care is the comprehensive care of patients living with a chronic illness and their families.
- ✔ Hospice is a comprehensive program of compassionate services to assist the patient with a life-limiting illness and their families.
- ✔ Both focus on relief of symptoms and improving the QOL of the patient
- ✔ Both recognize the importance of an interdisciplinary team
- ✔ Both recognize that human persons is the focus, in all our complexity, not a physical disease to be "conquered".
- ✔ Importance of recognizing signs of impending death.

