Survive and Thrive: Palliative Care

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Objectives

• Define Palliative Care
• Differentiate Palliative Care from Hospice
• Describe the history of Palliative Care
• Discuss the evidence supporting the benefit of Palliative Care
• Describe how palliative care can help with advance care planning
Video
What is Palliative Care?

• Specialized medical care for people with serious illness
• Team focused on improving quality of life for patient AND family by providing:
  – Expert symptom management
  – Emotional and spiritual support
  – Guidance in navigating the healthcare system
  – Assistance with difficult medical decisions
What is Palliative Care?

- Any life-threatening diagnosis
- Any age
- Any stage
- Partnership with treating physicians
- Extra layer of support
- Provided alongside curative treatment
Different from Hospice

- Hospice is an insurance benefit
- Hospice provides intense palliative care for terminally ill patients with <6mos to live
- Hospice patients:
  - Must sign on to hospice
  - Must stop curative treatment
Conceptual Shift for Patient-Family Centered Care

Modified from CAPC, 2008
Case Examples

• 62 year old woman with endometrial cancer admitted with a bowel obstruction
• 87 year old man with heart failure and prior strokes with difficulty swallowing
• 68 year old woman with breast cancer
• 38 year old woman with ovarian cancer
Christine’s Story
History of Palliative Care
1967- St. Christopher's Hospice: first research and teaching hospice
Balfour Mount, MD

1975: Palliative Care Service at Royal Victoria Hospital, Montreal
Palliative Care Nationally

Growth of Palliative Care

Source: 2002 to 2012 American Hospital Association Annual Hospital Surveys for FY 2000 to 2010; and data from the Center to Advance Palliative Care's (CAPC) National Palliative Care Registry®
Subspecialty Recognition-2006

- 10 Sponsoring boards:
  - Anesthesiology
  - Emergency Medicine
  - Family Medicine
  - Internal Medicine
  - Obstetrics and Gynecology
  - Pediatrics
  - Physical Medicine and Rehabilitation
  - Psychiatry
  - Neurology
  - Radiology
  - Surgery

- First boards exam 2008
Palliative Care Nationally

- 98% of NCI cancer centers have palliative care\(^1\)
- NCCN Cancer Centers\(^2\)
  - 100% of inpatient palliative care
  - 91% have palliative care clinics
- Palliative Care in Illinois\(^3\)
  - 67% of hospitals with more than 50 beds
  - 90% of hospitals with more than 300 beds
- Commission on Cancer (CoC)
- Joint Commission Advanced Certification for Palliative Care- 2011

1. Hui et al, JAMA, 2010
3. CAPC
Palliative Care in Ovarian Cancer

- Inpatient palliative care
  - Increased from 2.7% in 2004 to 11.1% in 2011

- Outpatient palliative care
  - One clinic reported that 12% of their cancer patients had gynecologic malignancies

Bischoff et al. Supportive Care Cancer. 2013.
The Evidence
Is Palliative Care Beneficial?

Outcomes of Palliative Care:

• Reduction in symptoms
• Care that matches wishes
• Improved patient and family satisfaction
• Prolonged life
Improvement in Symptoms in Ovarian Cancer

- 95 patients
- 52% had ovarian cancer
- Significant decrease in pain, anorexia, fatigue and nausea with most of improvement within one day of seeing palliative care

Lefkowitz C et al. Gynecol Oncol. 2015.
Temel et al. NEJM. 2010.
• New York Times: "Palliative Care Extends Life, Study Finds”
• Wall Street Journal: "Study: Advanced Cancer Patients Receiving Early Palliative Care Lived Longer”
• USA Today: “Palliative Care Can Help Cancer Patients Live Longer”
Why might Palliative Care improve survival?

- Better symptom control and better support
- Better decisions
Advance Care Planning

• “Advance care planning is a process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals, and preferences regarding future medical care. The goal of advance care planning is to help ensure that people receive medical care that is consistent with their values, goals and preferences during serious and chronic illness.” Sudore et al. JPSM. 2017
Advance Care Planning

- Think about it before your visit (consider PREPARE, Stanford Letter Project)
- Meet with your doctor along with your power of attorney
  - Understand your health conditions
  - Convey your goals and values
  - Agree upon a plan
- Complete an advance directive
- Keep the advance directive accessible
- Readdress over time if things change
Advance Directives

- Health Care Power of Attorney
- Living will
- 5 wishes
- DNR
- POLST
A show of hands

• Who has a living will/5 wishes?
• Who has a health care power or attorney?
• Who has talked about their wishes to their:
  • Power of attorney
  • Doctor
  • Power of attorney and doctor together
Advance Care Planning in Gynecologic Cancer

- Survey of 110 gynecologic cancer patients
- Ovarian cancer: 46.4%
- 75% had heard about advance directives
- 49% had completed an advance directive

Decision-Making

- Patients want surrogates to help in decision making if they are unable\textsuperscript{11}
- Advance directives and advance care planning are often not completed\textsuperscript{15}
- Surrogate named by law often not who patient would name\textsuperscript{16}
- Patients wishes known in 20\% of discussions\textsuperscript{14}
- Surrogates often are not able to predict patient preferences\textsuperscript{17}

15. Tulsky, JAMA, 2005
17. Engelberg, J Pain Symptom Manage, 2005
Caregivers

- Conflict
- PTSD 69%
- Anxiety 67%
- Depression 56%
- Started on psychiatric medicines
- Feel guilty

Lautrette A et al. NEJM. 2007
Benefits of Advance Care Planning

- Better communication
- Less conflict
- Less caregiver burden
- Wishes followed

Wood GJ, Arnold RM. In: Goldstein NE, Morrision RS eds. Evidence-Based Practice of Palliative Medicine. 2012
What Does Palliative Care Mean from The *Patient* Perspective?

For patients, palliative care is key to:

- Relieve symptom distress
- Navigate a complex and confusing medical system
- Understand the options and their pros and cons
- Choose care options that fit their goals
- Allow simultaneous palliation of suffering along with continued treatment (no requirement to give up curative care)
- Practical and emotional support for exhausted family caregivers
Resources

- Northwestern Palliative Care
  - Inpatient consultation
  - Outpatient clinic: 312-926-0001
- www.getpalliativecare.org