Introduction to Palliative Care

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Palliative Care

- What is palliative care?
- How is palliative care different from hospice?
- Who should get palliative care and when?
- What does a palliative care assessment look like?
What is Palliative Care?

- **WHO Definition.**
- Palliative care is an approach that improves the quality of life of patients and their families facing 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.
What is Palliative Care?

- Palliative care
  - 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.
  - will enhance quality of life, and may also positively influence the course of illness;
What is 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;
What is Palliative Care?

- Helps patients and families navigate an increasingly complex healthcare system by aligning treatment to goals and values.
- Uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
Difference Between Hospice and Palliative care?

- Hospice is a subset of palliative care
- The nature of care is essentially the same
- Hospice requires
  - A terminal diagnosis
  - A defined time frame of expected survival
  - Hospice requires forgoing curative treatments
- Hospice does not require
  - A DNR
  - Forgoing all life prolonging treatments
The Traditional Model

Curative Treatment

Diagnosis

Incurable/"Terminal Care"

Death

Palliative Care

Hospice
Who gets palliative care?

- Too often this is left to clinician determination
- This often results in patients and families getting too little palliative care and too late
- A more patient centered approach would be a system that identifies and refers appropriate patients independent of clinician values.
Intensity of Acute Medical Services Provided to Medicare Enrollees in the Last Six Months of Life by Hospital Referral Region (2000-03 deaths)

Access to Palliative Care

- Nationwide palliative care programs grew by 138% between 2000 – 2009
- 81% or more of hospitals with 300 or more beds have a palliative care program
- 72% of midwest hospitals with 50 beds or more have a palliative care program
- Despite this growth there will not be enough palliative care specialists to meet all the needs of patients and families
Benefits of Early Palliative Care

- Earlier, patient-centered communication is the key to
  - Improved Quality-of-Life at the End of Life
  - Less Aggressive care at the End of Life
  - Decreased non-beneficial resource use
  - No worse or greater survival

Triggers for Palliative Care

- CAPC National Consensus Recommendations for primary palliative care triggers on admission include:
  - A potentially life-limiting or life threatening condition AND one of the following…
    - The ‘Surprise’ question
    - Frequent admissions
    - Difficult to manage symptoms
    - Complex care requirements
    - Decline in function or weight
What does a palliative care assessment look like?

- **Pain/Symptom Assessment**
  - Are there distressing physical or psychological symptoms?
  - “What bothers you most”?

- **Social/Spiritual Assessment**
  - Are there significant social or spiritual concerns affecting daily life?
  - “When you think about your life today, what concerns you most”?

- **Understanding of illness/prognosis**
  - Does the patient/family/surrogate understand the current illness, prognostic trajectory, and treatment options?
  - “What is your understanding of what is going on with you”? 
What does a palliative care assessment look like?

• Identification of patient-centered goals of care
  o What are the goals for care, as identified by the
  • patient/family/surrogate?
  o Are treatment options matched to informed patient-centered goals?
  o Has the patient participated in an advance care planning
  • process?
  • Has the patient completed an advance care
  • planning document?

• Transition of care post-discharge
  o What are the key considerations for a safe and
  • sustainable transition from one setting to another?
Summary

• Palliative care is focused on relieving suffering of patients and families coping with advanced illness
• Palliative care requires early identification of appropriate patients and can be offered regardless of patients’ treatment goals
• Palliative care relies on effective communication between patients and clinicians
• Role specific primary palliative care can be offered by all providers involved in patient care
Other Resources

• Northwestern Medicine Palliative Care Clinic
  • Ms. Kathleen Derov RN, Outpatient Clinic Coordinator. Tel 312 926 0001

• Midwest Palliative & Hospice Carecenter
  • [www.carecenter.org](http://www.carecenter.org)
  • 847 467 7423

• Other online resources
  • [www.getpalliative.org](http://www.getpalliative.org)
  • [www.lifemattersmedia.org](http://www.lifemattersmedia.org)