The Benefits of Palliative Care

Dr. Jessica Evert
Palliative & Supportive Care Department
St. Luke's Health System
Idaho

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- Marcia is 78 years old, she has heart failure that is increasingly affecting her daily life. She is having more difficulty breathing with walking and she's finding she can't go out to lunch with friends or go to church like she used to.
- David is 68 years old, he has a chronic lung illness called COPD, he is on oxygen and taking a lot of inhalers. He has started to loose weight and get weaker.
- Donna is 46 years old, she has liver failure from Hepatitis C. She was in the hospital and the doctors told her she might die. She improved and got out of the hospital, she is being considered for a liver transplant. While she waits for the liver transplant she is having itching, confusion, and abdominal pain.
- Emmet is 98 years old. He hasn't taken medications or had to go to the doctor in years. He trips on a rug in his house and falls. He sustains a hip fracture and is in the Emergency Room. He and his daughter are facing the decision of whether to get surgery or not for his fracture.

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Addressing suffering is a global issue!

- Palliative care is a crucial part of integrated, people-centered health services. Relieving serious health-related suffering, be it physical, psychological, social, or spiritual, is a global ethical responsibility.
- It is estimated that globally only 14% of patients who need palliative care receive it

World Health Organization

Source: https://www.who.int/health-topics/palliative-care

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What is Palliative Care?

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.

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What are your experiences with palliative care?

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Myths & Misconceptions

- Palliative care is only for those who are dying
- Palliative care is only for those who have no chance for cure
- Palliative care means giving up hope
- Patients who chose palliative care die faster
- Pain relief from palliative care creates addiction
- Palliative care is the same as hospice

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What's the difference between Palliative Care and Hospice?

Palliative Care

- No life-expectancy criteria
- Traditional medical insurance/Medicare/Medicaid
- Focus on quality of life and patient's goals of care
- Occurs alongside curative/life-prolonging treatment
- Reduce illness symptoms

In Common

- Reduce stress
- Complex symptom relief related to serious illness
- Physical & psychosocial relief

Hospice Care

- Life-expectancy <6 months
- Medicare/Medicaid
- Comfort care to manage symptoms
- Excludes curative treatment

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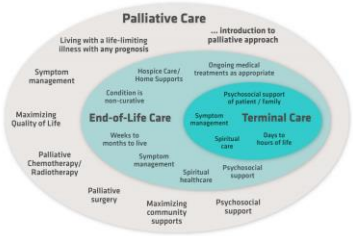
The phases and layers of care



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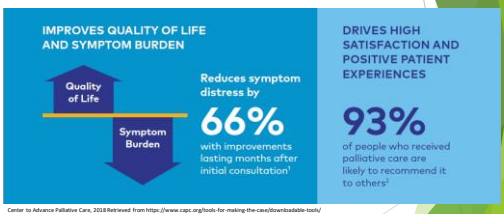
Palliative Care Improves Quality of Life



Center to Advance Palliative Care, 2018 Retrieved from https://www.capc.org/tools-for-making-the-case/downloadable-tools/

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So, what does palliative & supportive care actually do?

- Recognize symptoms such as:
  - Pain
  - Nausea or vomiting
  - Anxiety or nervousness
  - Depression or sadness
  - Constipation
  - Difficulty breathing
  - Anorexia
  - Fatigue
  - Trouble sleeping

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So,- what does palliative & supportive care actually do?

- Identify patient's goals and needs so a treatment plan can be developed
- Understand that many patients and their families struggle to make decisions. We help to facilitate difficult conversations between all parties so that trust can be established, and relationships strengthened.
- Assist with advance care directives to help people formulate and communicate their preferences regarding care during a future incapacity.

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How does palliative care support patients and families?

- Palliative care regards death as a normal process
- Palliative care integrates the psychological and spiritual aspects of care
- Palliative care helps patients live as actively as possible
- Palliative care helps the family cope during the patients' illness and their own bereavement
- Palliative care can help at any point in patients' illness- from time of diagnosis through end-of-life.

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Common conditions referred to palliative care

- cardiovascular diseases
- cancer
- chronic respiratory diseases
- diabetes
- kidney failure
- chronic liver disease
- multiple sclerosis
- Parkinson's disease
- rheumatoid arthritis,
- neurological disease,
- dementia
- congenital anomalies

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Where might you see a palliative care specialist?

- When admitted to the hospital (they serve as a "consultant")
- Outpatient (usually by referral from primary care or a specialist)
- Virtual Care/Telehealth
- Home-based care
- Skilled Nursing Facility

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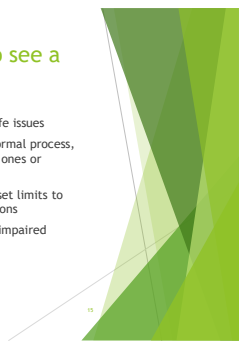
Why might you feel reluctant to see a palliative care specialist?

- It can be difficult to discuss suffering and quality of life issues
- Even though palliative care considers death to be a normal process, most of us still have fears around dying, loosing loved ones or discussing death
- Fear that the medical system will give up on us if we set limits to what we want in terms of aggressiveness of interventions
- Its can be sad to discuss how our health and lives are impaired
- Other reasons…



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What can you feel after seeing a palliative care specialist?

- Improvement in symptoms (better sleep, less pain, easier breathing, less anxiety)
- That you have an understanding of your "prognosis" or trajectory of disease; knowing what to expect; being prepared for the journey.
- Having an ally in your court when navigating healthcare.
- Have longer time with a doctor/medical provider to consider medical decisions and what is the best course for you.
- Taking care of documents that help your family and medical team know what you want if you are in a serious condition or your body is shutting down.
- That your medical plan reflects YOUR priorities and wishes
- That you have more control over what is happening and going to happen to you

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Choices may exist that others don't bring up….

Richard is 86 years old, he has high blood pressure, and came to the hospital with a stroke. The stroke affected the muscles of his throat and the doctors have an order in that he is not allowed to eat by mouth in the hospital. Richard really wants to eat and gets much enjoyment out of eating. He asks the doctors to let him eat and they say its not safe to do so.

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Choices may exist that others don't bring up….

Richard's daughter Emily is a physical therapist. She comes to visit him in the hospital and her father tells her how much he wants to eat. Emily is familiar with Palliative Care and asks the doctors to have Palliative Care meet with her father. The hospital doctor tells Emily the only way her dad can get nutrition is through a feeding tube.

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Choices may exist that others don't bring up….

The Palliative Care specialist meets with Richard and Emily. They discuss the risks of eating, which are "aspiration" or food going into the lungs instead of the stomach. This can cause pneumonia which can lead to lung failure. Richard decides eating is so important he wants to do it even with the risks. The Palliative Care doctor talks to him about whether he would want to be intubated if the food goes down the wrong pipe into the lungs. Richard decides he would not want that. The Palliative Care doctor allows Richard to eat and helps create documents that alert healthcare workers of Richard's preferences around intubation.

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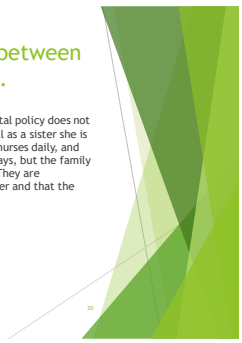
Communication can get clunky between patients, families, and doctors…

Bea has COVID-19 pneumonia, she is on a ventilator. The hospital policy does not allow for visitors. She has as husband and four children, as well as a sister she is very close to. A single family member is getting updates from nurses daily, and the hospital doctors are calling only one person every couple days, but the family is not feeling like they understand what is going on with Bea. They are concerned the doctors are not doing all that they can to help her and that the hospital will get paid more if she dies of COVID.



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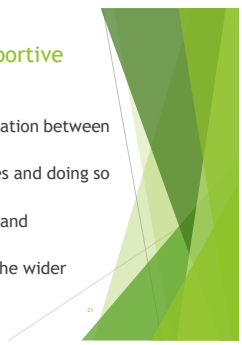
The Support in Palliative & Supportive Care

- Serve a function of bridging communication between patient, family, care team.
- Able to spend more time giving updates and doing so to a wider group of people.
- Listen earnestly to concerns, distrust, and acknowledge dis-satisfaction.
- Advocate for patient and family with the wider healthcare team.



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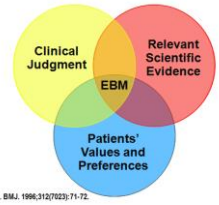
What Is Evidence-Based Medicine?



Sackett DL, et al. BMJ. 1996;312(7023):71-72.

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Want to learn more:

Email: evertj@slhs.org

Phone: 208-381-1615

- Questions or comments?

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