Caring About Palliative Care
An overview

Developed by the Palliative Care Consultation Team at VH and C. Talbot, Palliative Care Consultation Team at UH

Presented by:

Lee Ann Craig NP, Palliative Care Consultation Team, VH
Lynne Hughes Marsh NP, Palliative Care Consultation Team, VH
Cheryl Talbot NP, Palliative Care Consultation Team, UH
The Facts

- 259,000 Canadians die annually
- Chronic disease accounts for 70% of all Canadian deaths
- Only 16-30% of Canadians have access to palliative care (Carstairs, 2010. Senate of Canada)
- Leading causes of death include:
  - Diseases of the circulatory system: 35%
  - Neoplasms: 28%
  - Diseases of the respiratory system: 10%
- 70% of Canadians die in hospital
What is 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.

World Health Organization (WHO)
Clinical Outcomes

- Early palliative care involvement for patients with metastatic non-small-cell lung cancer was linked with significant improvements in QOL and mood, less aggressive care at end of life, and longer survival.

Clinical Outcomes cont’d

- In the ICU setting, recommendations made by palliative consultation were found to improve pain (90%), dyspnea (90%), anxiety (80%) and delirium (44%)


- Patients receiving an inpatient palliative care consultation were more likely to receive follow-up services upon discharge from hospital compared to matched pair patients receiving usual care

  Brody, et al. Journal of Palliative Medicine, 2010
Model of Palliative Care

Heideman et al., 1987

Disease Modification

Palliative Intent

Family Bereavement

Focus Of Care

Dx

ILLNESS

EOL care

Death
## Symptom Management

<table>
<thead>
<tr>
<th>Physical</th>
<th>Psychological</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diminished consciousness</td>
<td>Adjustment disorders</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>Delirium</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Existential distress</td>
</tr>
<tr>
<td>Pain</td>
<td>Mood disorders</td>
</tr>
<tr>
<td>Nausea/vomiting</td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td></td>
</tr>
</tbody>
</table>
The Nurse’s Role

- Be an advocate for the patient and family
- Ensure the treatment is congruent with goals of the patient’s care

Example: Purely comfort-focused or accepting of suboptimal symptom relief in exchange for ↑ alertness
The Nurse’s Role cont’d

- Thorough implementation of the nursing process:
  - Assessment skills
  - Ongoing reassessment
  - Documentation
  - Communication of findings to the interdisciplinary team
Assessment of Pain

- Location
  - What is the most commonly missed pain?

- Effect of pain on function and ADLs

- Level of pain at rest and with activity

- Medication usage and effectiveness of therapy
Assessment of Pain cont’d

P – provoking or precipitating factors (and palliating ones)

Q – quality of pain (patient’s description of pain in words)

R – radiation of pain

S – severity of pain (intensity described using numeric rating score)

T – timing (occasional, intermittent, constant)
Total Pain

- Suffering can extend beyond physical symptoms

- Depends on the personal meaning of pain and illness

- Sources of suffering
  - Fear of, or actual, physical distress
  - Fear of dying
  - Relationship concerns
  - Loss of dignity – changing self-perception
Predicting Life Expectancy

- Common and significant issue faced by physicians and other clinicians
- Predictions are usually overly-optimistic in cancer patients
- In non-cancer patients predictions are even more difficult
- Stage of disease may help guide predictions
Disease Trajectories

Fig. 1. The typical disease trajectories identified in patients with different diseases. From Lunney et al. [8].
Prognosis: Lung Cancer

- 15% of all lung cancer patients are alive five years after diagnosis

- Poor prognosis if malignant pleural effusion
  - worse with GI, lung or ovarian primary

- Survival
  - average range: 3-6 months
  - Median: 4 months
  - 65% mortality in 3 months
  - 80% mortality in 6 months
Prognosis: Non-cancer illness

- End-stage CHF (NYHA Class IV) has a 50-60% one-year mortality

- Advanced stage COPD + acute exacerbation requiring hospitalization = 30% one-year mortality

- End-stage renal disease + age >75yrs at first year of dialysis = 47% one-year mortality

Taylor & Kurent, 2003
Who to Refer

- Patients with life-limiting illness/incidents who require symptom management
  - Advanced cancers
  - Stroke
  - End stage diseases
    - Kidney disease
    - COPD
    - Heart disease
    - Alzheimer disease
Who to Refer cont’d

- Patients who are approaching end of life (recognized by several of the following):
  - Bed confinement
  - Minimal PO intake of food or medications; unintentional weight loss
  - Decreased LOC
  - Decline in functional status with no reversible cause
  - Progressive clinical decline despite optimal treatment
  - Frequent ED visits or admissions over the past 6 mo.
When to Refer

- Patients are in need of improved symptom management
- Patients/families and the team are struggling to decide goals of care
- Preferably, refer when patients are identified as at risk of dying, even if they are receiving some active care (e.g.) antibiotics
- However, we will see patients who are actively dying and in need of symptom management
How to Refer

- Need a physician’s order for the consult

- Consultation form to be completed as you would use for other services

- Consult to be called to ext. 57918; leave message on voicemail; *no need to fax*

- Talk to us!
LHSC Palliative Care Teams

- **University Hospital**
  - Cheryl Talbot NP, pager 17391
  - Sharon Baker MD

- **Victoria Hospital**
  - Lee Ann Craig NP, pager 13516
  - Lynne Hughes Marsh NP, pager 19931
  - Shiraz Malik MD
  - Gil Schreier MD

- Valerie Schulz, MD (Critical Care, VH/UH)
- Lisa Pearlman, NP (Palliative Care, Children’s Hospital)