

**Does  
Palliative Care  
Improve  
Medicine?**

**Kathleen M. Foley, MD  
James Cleary, MD**

**#Pallife #hpm #hpmglobal**

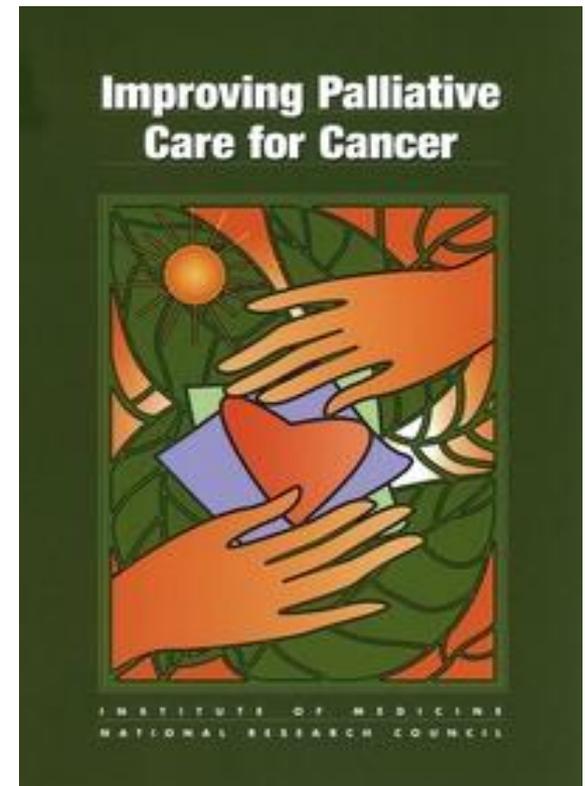
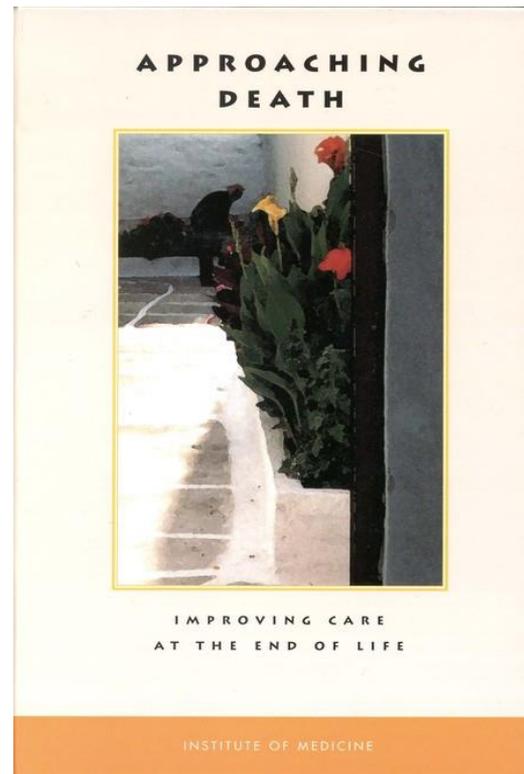
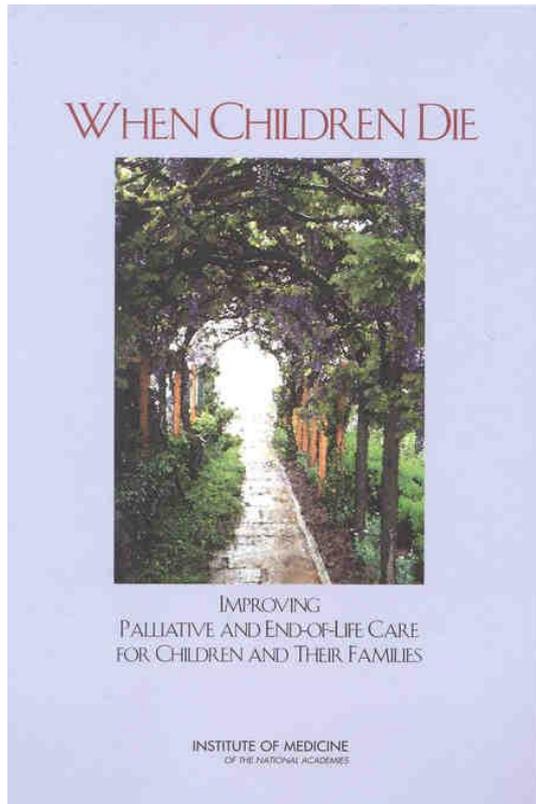
**February 28,2018**

# **Death Talk**

**“Give Me Liberty or Give me Death”**

**For Americans, Death is always a  
second choice**

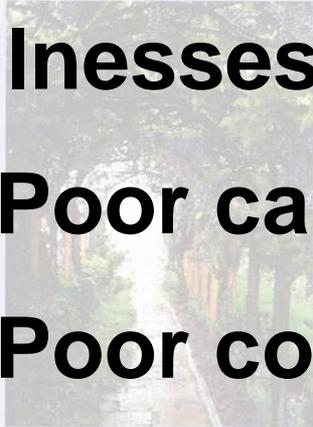
# Institute of Medicine Reports



# IOM Reports on End of Life Care

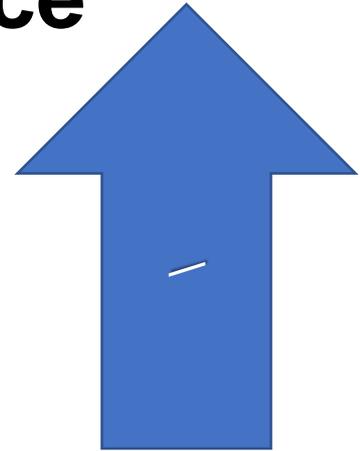
**Patients and families with life limiting illnesses face enormous challenges:**

- **Poor care coordination and transitions**
- **Poor communication on goals of care**
- **Financial difficulties and bankruptcy**
- **Inadequate symptom control and psychologic support**



# The Need for Palliative Care

- **Aging population with chronic illnesses**
- **An expanding number of medical, surgical, pharmaceutical and device innovations that prolong life**
- **Increasing prevalence of NCD's**
- **Spiraling health costs**
  - **inequity in access and care**



# **The Need for Palliative Care**

- **“Medicalization” of death**
- **Rise of patients rights and bioethics**
- **Debates on Euthanasia and PAS**
- **Lack of pain & symptom guidelines**
- **Technologic brinkmanship**

# Technologic Brinkmanship

- **Unbridled use of technology**
- **Neglects the care of the person**
- **Victims:**
  - “**Whole person care**”
  - “**patient centered care**”



**D Callahan**

# **Major conclusions:**

**“In our enthusiasm to cure,  
we forgot to care”**

**Recommends the need to support the  
care of the dying through:**

- healthcare professional education**
- palliative care policies**
- model programs**
- broad public education.**

# **WHO Definition of Palliative Care (2002)**

*"Palliative care is an approach which improves quality of life of patients and their families facing 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"*

# Palliative Care

- ▶ **Provides relief from pain and other symptoms**
- ▶ **Affirms life and regards dying as a normal process**
- ▶ ***Intends* neither to hasten or postpone death**
- ▶ **Integrates psychological & spiritual aspects**
- ▶ **Helps patients live as fully as possible**
- ▶ **Helps the family to cope**

# **Palliative Care Improves Medicine**

**Palliative care has encouraged  
medicine to be gentler in its  
acceptance of death**



**David Clark**

# Palliative care:



- **emphasizes a bio-psycho-social-spiritual approach to care**
- **Helps patients and families set goals of care about difficult topics related to decision making and death**
- **Enables better coordination of care to navigate their care plans through shared decision making**

**D Sulmasy, et al**

# Metaphors and palliative care

- **Being present**
- **Tending to, holding**
- **Nurturing**
- **Looking through the patients eyes**
- **Walking in their shoes**
- **Witnessing**
- **Compassion**



**P.Larkin**



# **PC and Evidenced Based Medicine**

- **Developing an active EBM culture with palliative care providers using multiple diverse methods**
- **Developing:**
  - Collaborative research networks**
  - Standardized collection tools**
  - Registeries**

# **Evidenced Based Studies in PC show:**

- Increased patient time spent at home**
- Improved patient & carer satisfaction**
- Improved symptom control**
- Reduced inpatient days**
- Reduced overall costs**
- Pts more likely to die where they wish**

# **Evidence-based Studies in PC show:**

- **Improved quality of life**
- **Improved communication and decision making**
- **Improved mood and reduced symptom burden**
- **Increased survival (2+ studies)**
- **Earlier referral to hospice and cost saving**

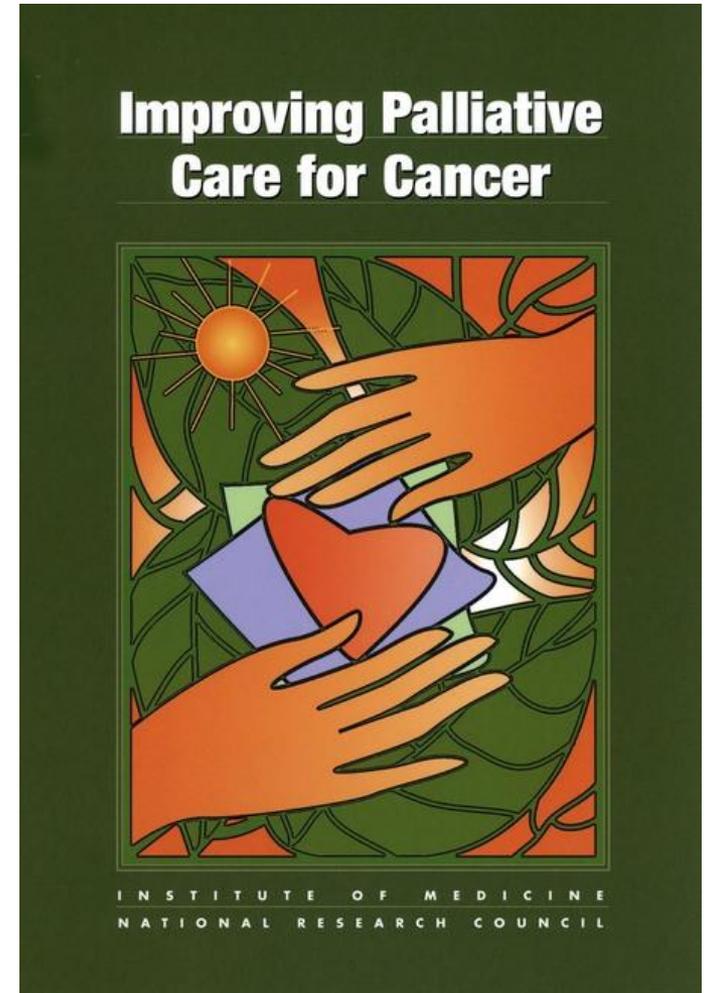
# **PC Allows Health Care Professionals**

- to talk to with their patients about dying**
- to assess the dimensions and domains of patients' suffering**
- to work in teams with unconditional positive regard for each other**
- to learn communication skills and model compassionate behavior**

# Improving Palliative Care for Cancer, 2001

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- **Communication**
- **Advanced Care Planning**
- **Symptoms from Disease**
- **Symptoms from Therapy**
- **Psychosocial Issues**
- **Care of Imminently Dying**



<http://www.nap.edu/books/0309074029/html>

## ORIGINAL ARTICLE

■ Lung cancer (N=710) ■ Colorectal cancer (N=483)

## A Cure

70  
60  
50  
%)

Researchers assessed patients' and their oncologists' perceptions of prognosis using the Prognosis and Treatment Perception Questionnaire at 1 month, at which time most patients had received laboratory results confirming their cancer type and stage. Results showed 90% of patients thought cure was somewhat or very likely, whereas 74% of oncologists said cure was unlikely or very unlikely ( $P < .001$ ).

## ABSTRACT

## BACKGROUND

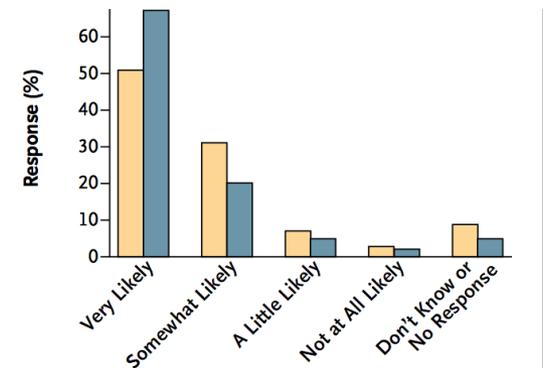
Chemotherapy for metastatic lung or colorectal cancer can prolong life by weeks or months and may provide palliation, but it is not curative.

## METHODS

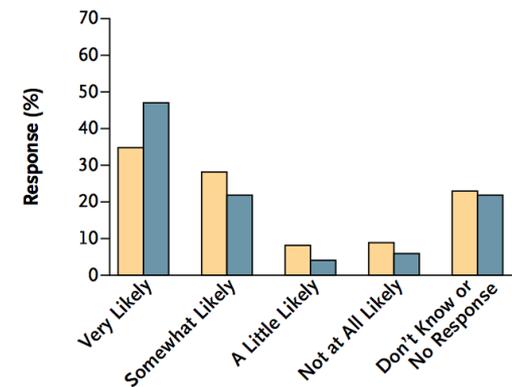
We studied 1193 patients participating in the Cancer Care Outcomes Research and Surveillance (CanCORS) study (a national, prospective, observational cohort study) who were alive 4 months after diagnosis and received chemotherapy for newly diagnosed metastatic (stage IV) lung or colorectal cancer. We sought to characterize the prevalence of the expectation that chemotherapy might be curative and to identify the clinical, sociodemographic, and health-system factors associated with this expectation. Data were obtained from a patient survey by professional interviewers in addition to a comprehensive review of medical records.

## RESULTS

Overall, 69% of patients with lung cancer and 81% of those with colorectal cancer did not report understanding that chemotherapy was not at all likely to cure their cancer. In multivariable logistic regression, the risk of reporting inaccurate beliefs about chemotherapy was higher among patients with colorectal cancer, as com-



## C Symptom Relief



# **PC Allows Healthcare professionals**

- To talk to with patients about their spiritual and existential concerns**
- To acknowledge personhood**
- To develop a conceptual framework for serious health related suffering**
- To provide meaning centered therapy and dignity therapy**
- To provide care for the bereaved**

# **Generalist vs Specialist PC**

- **Generalist Palliative Care**

- knowledge, training & experience of primary care providers in palliative care

- **Specialist Palliative Care**

- specialized training towards certification or subspecialty in palliative care

# **Examples of PC Certification (1)**

- **Physician, Nurse, Social Worker  
Chaplain certification programs**
- **European Certification Programs**
  - Specialty and subspecialty efforts**
  - Range of certification programs**
  - Country specific**

# **Examples of PC Certification (2)**

## **US Joint Commission Advanced Certification for Palliative Care**

- hospitals**
- community programs**

## **National Consensus Project's Clinical Practice Guidelines for Quality Palliative Care**

# **Textbooks in Palliative Care**

## **Oxford textbooks**

**in Palliative Medicine**

**in Palliative Nursing**

**in Social work**

**in Pediatrics**

## **Peer-review journals in**

**medicine**

**nursing**

**social work**

**chaplaincy**

# **Specialized Palliative Care**

## **Palliative Care Guidelines:**

- **Cardiology**
- **Neurology**
- **Nephrology**
- **Infectious Diseases**  
    **e.g. HIV/AIDS, TB**
- **Surgery**

# **Specialized Palliative Care**

## **Various Populations**

- **Pediatrics**
- **Geriatrics**
- **Developmentally delayed**
- **Lesbian, Gay, Transgender**
- **Sex Workers**
- **Addicts (Dependency Syndrome)**
- **Prisoners**

# STOP TORTURE IN HEALTH CARE

**People with debilitating illnesses are left to die in excruciating pain as a result of restrictions on pain medicines. Health care workers must be allowed to provide patients with relief from severe pain**

**50 Milligrams is Not Enough**



Vlad is suffering from incurable brain cancer. Despite his chronic pain, doctors in Ukraine are only allowed to prescribe 50 mg of pain medicine. In another country, doctors would typically prescribe more than 2,000 mg for a patient like Vlad.

**<http://www.stoptortureinhealthcare.org/>**

## Commissions from the Lancet journals [View all Commissions](#)

### Alleviating the access abyss in palliative care and pain relief— an imperative of universal health coverage: the *Lancet* Commission report

Published: October 13, 2017

#### Executive Summary

The lack of global access to pain relief and palliative care throughout the life cycle constitutes a global crisis, and action to close this divide between rich and poor is a moral, health, and ethical imperative. The need for palliative care and pain relief has been largely ignored. Yet, palliative care and pain relief are essential elements of universal health coverage (UHC).

This *Lancet* Commission aims to (1) quantify the heavy burden of serious health-related suffering associated with a need for palliative care and pain relief; (2) identify and cost an essential package of palliative care and pain relief health services that would alleviate this burden; (3) measure the unmet need of an indispensable component of the package—off patent, oral, and injectable morphine; and (4) outline national and global health-systems strategies to expand access to palliative care and pain relief as an integral component of UHC while minimising the risk of diversion and non-medical use.

#### Commission

#### Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: the *Lancet* Commission report

Felicia Marie Knaul, Paul E Farmer, Eric L Krakauer, Liliana De Lima, Afsan Bhadelia, Xiaoxiao Jiang Kwete, Héctor Arreola-Ornelas, Octavio Gómez-Dantés, Natalia M Rodriguez, George A O Alleyne, Stephen R Connor, David J Hunter, Diederik Lohman, Lukas Radbruch, María del Rocío Sáenz Madrigal, Rifat Atun, Kathleen M Foley, Julio Frenk, Dean T Jamison, M R Rajagopal on behalf of the Lancet Commission on Palliative Care and Pain Relief Study Group

*The Lancet*  
Published: October 13, 2017



#### Audio

1 2  
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#### Palliative care and Pain Relief: The *Lancet*: October 12, 2017

Felicia Knaul and Julio Frenk discuss the Commission on the global access to palliative care and pain relief, highlighting the new metric used to measure the burden, an essential package to these treatments, and integration of palliative care and pain relief into health systems.

#### Related links

Essential medicines commission

# **Challenges to Palliative Medicine**

**Seen as second class care—  
active therapies for the rich  
morphine for the poor**

**Advertises cost saving as a way of  
rationing care**

**Offers a vehicle for euthanasia and  
physician assisted suicide**

**Becomes “just another specialty”**

# **Pope Francis**

## **Defines palliative care**



**“It is the experience of the truly human attitude of taking care of one another especially those who suffer.**

**It is a testimony that the human person is always precious even if marked by illness and old age.**

**Indeed the person under any circumstances is an asset to him/her and to others and is loved by God.”**

# The Troubled Dream of Life (3)

**“There is a peculiar irony in the contention that, in cases of severe suffering, our human dignity can only be achieved by having another person kill us, or by providing us with the means to kill ourselves.**

It is a way of saying that we cannot achieve dignity on our own in some circumstances, but must turn to the community to make it possible, at least to one other person to make it physically possible, and the society more general to make it legally possible.

Yet it is a strange kind of community that would require consensual homicide to realize its members' individual dignity.”

*D. Callahan*

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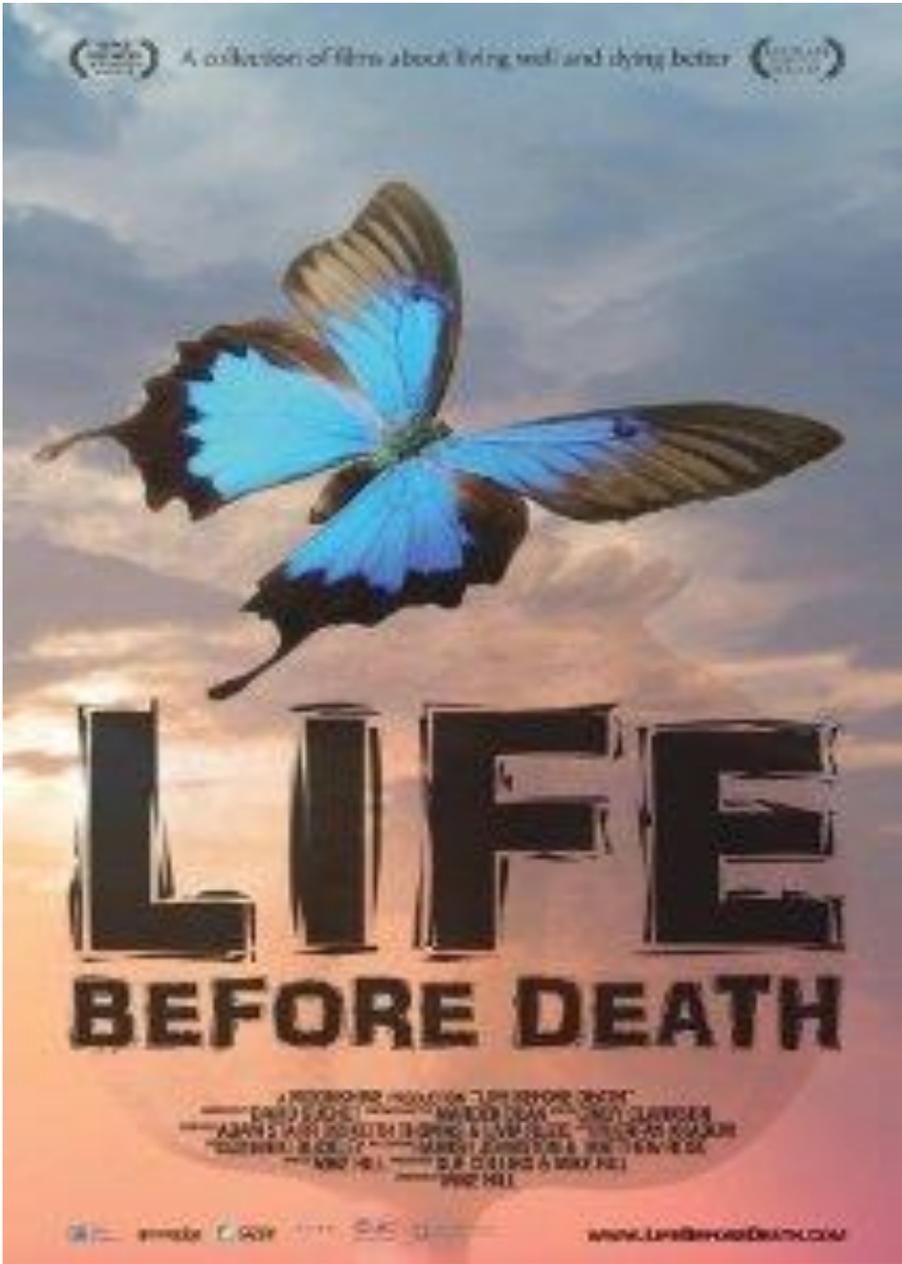
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<http://www.lifebeforedeath.com/movie/index.shtml>





[www.Littlestars.tv](http://www.Littlestars.tv)

