# Introduction to Palliative Care



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### **Key Points**

- 1. Palliative Care is a holistic response to suffering in the physical, emotional, social, and spiritual domains.
- 2. It is appropriate to integrate aggressive palliative management of symptoms into the care of patients receiving disease-modifying therapy.
- 3. Ninety percent of Americans would prefer to receive care at Life's End in their homes rather than in hospitals or nursing homes.
- 4. Instead, 50% of persons dying in the United States die in hospitals, 25% in nursing homes, 15% in personal homes, and 10% suddenly outside the hospital.
- 5. Home Hospice is a Medicare-defined benefit program that provides palliative care for some patients at home. Only 15–20% of dying persons are referred to hospice, and usually for less than the last month of life.

# Introduction to Palliative Care

#### **Suffering Paradigm**

Socia/

Physica/

Suffering

Emotiona,

/en<sub>111</sub>idS

# **End of Life in America:**

What Do People Want?

Gallup Poll Results:
Nine out of 10 people would prefer
to die at home if terminally ill with
six months or less to live

70% would seek hospice care 62% would seek curative care

#### **End of Life in America:**

Where/How Do We Die?

- 15% die at home
- 10% die unexpectedly
- 25% die in nursing homes
- 50% die in hospitals

#### Why People Die

Causes of Death

- Heart Disease
- Cancer
- Stroke

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Account for 67% of the deaths in people 65 years of age and older

#### **Palliative Care**

What Is It?

- Prevention and relief of symptoms
- Attention to emotional and spiritual needs
- Care for the patient and family as a unit
- Sensitive communication, goal setting and advance planning
- Interdisciplinary care
- Services appropriate to the various settings in which people die

#### **Hospice**

What Is It?

- A program to provide palliative care when life expectancy is six months or less
- Covered by Medicare and Medicaid
- Covered by private insurance plans with enhanced home-care benefits

#### **Physical Suffering:**

The Palliative Response

• Pain and multiple non-pain symptoms

Treat pain; it is frequently undertreated.

Assess/treat other sources of physical distress.

- Symptom prevention Foster compliance with treatment.
- Advance planning

Collaborate with patient and caregivers.

Anticipate and plan for likely events.

#### **Emotional Suffering:**

The Palliative Response

- Depression
- Anxietv
- Delirium
- Loneliness

# **Social Suffering:**

The Palliative Response

- · Limited income
- Lack of insurance

Insurance often does not cover prescription medicines and home health services.

- Inadequate housing
- Social isolation
- Caregiver fatigue

#### **Spiritual Suffering:**

The Palliative Response

- Loss of hope
- Inability to sustain relations with faith community
- Search for meaning

#### **The Palliative Response**

Every physician needs to know the palliative response

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#### Selected Readings

#### Palliative Care Overview

Billings, J. A. "Palliative care: definitions and controversy." In Principles & Practice of Supportive Oncology, edited by A. M. Berger, R. K. Portenoy, D. E. Weissman. New York: Lipincott Williams & Wilkins Healthcare, 1998.

Cassell, E. J. "Diagnosing Suffering: A Perspective." *Annals of* Internal Medicine 131 (1999): 531-534.

Cassel, E. J. "The nature of suffering and the goals of medicine." The New England Journal of Medicine 306 (1982): 639–645.

#### **History of Palliative Care**

Saunders, C: "Into the Valley of the Shadow of Death: A Personal Therapeutic Journey." British Medical Journal 313 (1996): 1599–1601.

SUPPORT Principal Investigators: A controlled Trial to Improve Care for Seriously Ill Hospitalized Patients: The Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments (SUPPORT). The Journal of American Medical Association 274 (1995): 1591–1598.

#### **Predominance of the Curative Model**

Fox, E. "Predominance of the Curative Model of Medical Care: A Residual Problem." The Journal of American Medical Association 278 (1997): 761–763.

Morrison, R. S., D. E. Meier, and D. E. Cassel. "When Too Much Is Too Little." The New England Journal of Medicine 335 (1996): 1755–1759.

#### In Search of a Good Death

Byock, I. R. "Nature of Suffering and the Nature of Opportunity at the End of Life." Clinics in Geriatric Medicine 12 (1996): 237–253.

Steinhauser, K. E., E. C. Clipp, M. McNeilly, N. A. Christakis, L. M. McIntyre, and J. A. Tulsky: "In Search of a Good Death: Observations of Patients, Families, and Providers." Annals of Internal Medicine 132 (2000): 825–832.