Palliative Medicine

Advanced Illness Management

Improving Quality of Life

&

Advance Care Planning

2015

Leana Aungst, MSN, CRNP, CHPN
Palliative Care Nurse Practitioner
Office 757-594-4166
Cell 717-799-4375
Leana.aungst@rivhs.com

Laura Cunnington, MD
Palliative Medicine Physician

Beth Widmaier, RN, BSN
Palliative Care Navigator
What is Palliative Care?

An approach to interdisciplinary care that aims to relieve suffering and improve quality of life for patients with advanced, life-threatening illness.

It is much more than comfort and dying, palliative care is about *living* through maximizing functional status.

It is offered *simultaneously* with all other appropriate medical treatment.

Riverside has palliative care team: an interdisciplinary Advanced Illness Management (AIM) Team
Palliative Care ~ preparing for the fork in the road...
The Cure - Care Model: The Old System

Life Prolonging Care

Palliative/Hospice Care

Disease Progression

Death
A New Vision of Palliative Care

Disease Modifying Therapy
Curative, or restorative intent

Diagnosis        Palliative Care          Hospice

Death & Bereavement

Life Closure
Which older adults need palliative care?
Hospice and Palliative Care

Palliative Care

Hospice
Palliative Care vs. Hospice

**Palliative Care**
- Start with diagnosis of a chronic or terminal illness, and expands across treatment and on to death. May be a prolonged time.
- Can continue through aggressive treatment even with cure as a focus. Comfort care included.
- Outpatient, Inpatient, or home care
- Interdisciplinary team, symptom management included
- More patient driven with family input. Patient decision maker while able

**Hospice**
- Starts with referral when patient is not expected to live over 6 more months.
- No aggressive treatment when Hospice begins. Comfort Measures only. Hospice care *is* palliative care!
- Mostly home care or inpatient Hospice facility or hospital unit
- Interdisciplinary team, focus heavily on symptom management and meeting family needs and coping needs
- More family driven with care team and physician support to provide needs of both patient and family members focus on family wellbeing.
Much More than Death and Dying

- Symptom Management
- Advanced care planning that helps the patient and family set goals for care
- Assisting with code status and advance directives
- Emotional/Spiritual care and Counseling
- Comfort care
- Family Conferences/Family Support
Who are Palliative Care Patients?

- Any patient with a life threatening illness ~ *acute or chronic*
  - CHF, COPD, dementia, stroke, or trauma
- Patients with symptoms such as: *pain, agitation, dyspnea, nausea, vomiting, constipation, diarrhea, or secretions*
- Patients who need help with spiritual or emotional care
- Families and patients who need help with end of life goals
- Patients with questions about advanced directives and code status
Serious or complex illness

Geriatric Care
Foster Independence/control over life
Increase quality of life
Collaborative Care Model

Palliative Care
Reduce suffering
Improve quality of life
Interdisciplinary Team model

Criteria is not necessarily related to age or diagnosis
Palliative Care and Comfort Care

• **Palliative Care** is an *approach* to care
  – Not all palliative care patients are comfort care

• **Comfort care** is a *level* of care
  – All comfort care patients are getting palliative care
Respecting Patients’ Wishes at the End of Life
What is POST?

- Part of a national program, POLST, started in Oregon in 1990
- Best Practice in End of Life Care
- A physician order
- Can be completed by a non-physician but must be signed by physician or APP
- Complements, but does not replace, advance directives
- Voluntary use
Purpose of POST

• To provide a mechanism to communicate patients’ preferences for end-of-life treatment across treatment settings
• To improve implementation of advance care planning
POST is for...

- Seriously ill patients
  (Less than 1 year Life Expectancy)
- Terminally ill patients
- Residents of Long Term Care
Two-sided on bright yellow paper
Code Status – DNR

- Does not mean “Do Not Treat”
- CPR was originally designed for situations where death was accidental or an otherwise healthy person experienced a heart attack
- In the hospital, only 15.2% of CPR patients survive to discharge
- DNR is often the first “step” for pt and family
Talking About “Comfort Care”

• Talk about the Patient’s goals and values
• Substituted Judgment:

“If he could come to the bedside as healthy as he was a year ago, and look at the situation for himself now, what would he tell us to do?”

Or

“If you had in your pocket a note from him telling you that to do under these circumstances, what would it say?”

Families will often indicate that he would say “Just keep me comfortable… don’t let me be like that”
Hope

• Sometimes, patients and their families have fear about changing goals of care
  • They also fear “giving up” or being seen as weak
• Assure them that we don’t ever “withdraw care” or “do nothing”
• Comfort-focused care is just as robust as curative treatment, just with different goals.
• Change from Hope for immortality (unreasonable) to an attainable goal.
Remember!

• We never “withdraw care”
  – We ALWAYS care for the patient.
  – Comfort care is just as robust, just with a different goal

• There is never “nothing more we can do.”
  – We can always provide comfort and support
Sometimes the questions are complicated and the answers are simple.

--Dr. Seuss
Comfort Meds at End of Life

The provision of medications with the intent to promote comfort and relieve suffering is not to be confused with the administration of medication with the intent to end the patient's life. "The nurse may provide interventions to relieve symptoms in the dying client even when the interventions entail substantial risks of hastening death."
“Last Dose Syndrome”

• The fear of giving the dose that “causes” death

  “Death is easy, it’s the dying that’s hard”

• Remember that the patient is dying of their terminal illness; we are NOT euthanizing anyone.

• The reason for administering comfort medications is NOT to hasten death but to relieve a symptom.
  – If a family member asks to for you to administer these medications to “hurry things along” it is appropriate to remind them what they are asking is illegal and reinforce the above statement.
Example: Morphine

- Opiate based medication
- Used at end of life for pain or dyspnea
- Excellent for “air hunger”
- Morphine will not kill your patient, if used correctly
  - No ceiling dose
  - Rapid tolerance
Communication Tools for your Toolbox

- Build trust
- Give a “warning shot”
  “I regret that I have some difficult news . . .
   Or this might be difficult to hear.”
- Acknowledge emotions
  “I see this is very upsetting to you”
- Legitimize normalcy of reaction
  “Anyone receiving this news would be upset”
- What is under the emotion?
  “What worries you the most?”
- Show empathy
  “I cannot imagine how overwhelming this is.”
- Use silence

ELNEC-Core Curriculum, COH & AACN, 2007
Conclusion

• Palliative Care is an *approach* to care
• Comfort Care is a *level* of care
• Palliative Care is for patients with a chronic or life threatening illness and they can still be undergoing treatment
• Hospice and comfort care are for patients who will receive treatment not related to cure
• Anyone can have open, honest conversations with patients and families about wishes for end-of-life
• End-of-life discussions can be communicated through an Advance Directive or POST form
• Ever person deserves to die a “good death”
Communication

“Nature gave us one tongue and two ears, so we could hear twice as much as we speak.”

Epictetus 55 A.D. – 135 A.D.
"...the word of the Lorax seems perfectly clear. UNLESS someone like you cares a whole awful lot, nothing is going to get better. It's not"
RESOURCES

• ELNEC
  End of Life Nursing Education Consortium

• POST training - Advance Care Planning
  Physicians Orders for Sustaining Treatment

Both of these are offered quarterly, enroll through NetLearning or send me an email.

• Download App from Apple Store

  Health Communication
  Toolkit includes:
  Hard questions
  Challenging Topics
  Nonverbal communication
  Team collaboration

  Difficult Scenarios
  Palliative Care Medications

**Being Mortal** by Atul Gawande