The Integration of Early Palliative Care

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Objectives

• Define Palliative Care
• Explore indications
• Discuss standards of palliative care
• Review palliative care management
• Evaluate the role of the multidisciplinary team
• Summarize the importance of early integration in the oncologic setting
First Word that Comes to Mind...

Palliative Care

Origin
- Latin word “palliare”
- Cloak

Benefits
- Longer life expectancy
- Less anxiety and depression
- Symptom management
- Improved patient and caregiver satisfaction

Who?
First Word that Comes to Mind... Hospice

Origin
- Latin word “hospis”
- Host and guest
- Place of rest and protection for the ill and weary

Support for patients, families and caregivers
Comfort
Increase quality of life for as long as possible

End of life
Compare

HOSPICE
• Chronic or progressive illness
  • Terminal
• Decline further curative treatment
  • Comfort care
• Life expectancy less than 6 months

PALLIATIVE CARE
• Chronic or progressive illness
  • Anyone with a serious illness
  • Can continue curative, aggressive, or invasive treatment
• No life expectancy requirements
What is Palliative Care?

World Health Organization
“specialized medical care that aims to optimize the quality of life and alleviate the suffering of patients”

National Cancer Center Network
“approach to patient/family/caregiver-centered healthcare that focuses on optimal management of distressing symptoms, while incorporating psychosocial and spiritual care according to patient/family/caregiver needs, values, beliefs, and cultures”

American Cancer Society
“special approach focused on improving the quality of life for people living with a serious illness like cancer”
It’s All About the Patient!

- The whole person
  - Patient
  - Family
  - Caregivers

- Empowers patient
  - Allows patients and caregivers to take part in their care
  - Gives options
  - Make decisions

- Relief of symptoms

- Incorporates specialized care based on need
  - Mental
  - Physical
  - Emotional
  - Social
  - Spiritual
Standards of Palliative Care

• Process for integration of Palliative care
• All patients
• Integral part of comprehensive cancer care
• Interprofessional teams
• Institutional quality improvement programs
Criteria for Consultation

• Limited treatment options
• Advanced disease process
• Persistently poor performance status
• Concerns regarding decision making
• Poor pain management
• High psychosocial distress
• Frequent emergency visits or hospital admissions
• Communication barriers
Indications

- Uncontrolled symptoms
- Moderate-to-severe distress related to cancer
- Serious comorbid physical and/or psychiatric conditions
- Patient/family/caregiver concerns about course of disease
- Request for palliative care
- Patient request for hasten death
- Advanced cancers with high morbidity or mortality
Oncology Team Assessment

• Evidence of worsening prognosis, including:
  • Poor performance status ECOG>= 3 or KPS <= 50
  • Cachexia
  • Persistent hypercalcemia
  • Brain or cerebrospinal fluid metastasis
  • Persistent delirium
  • Malignant bowel obstruction
  • SVC syndrome
  • Spinal cord compression
  • Malignant effusions
  • Need for palliative stenting or venting gastrostomy
When to Discuss?

- At time of initial visit
- Appropriate intervals
- NCCN Guidelines Version 2.2023 (palliative.pdf) (nccn.org)
How do you **Broach the Subject?**

- **Be Prepared!**
  - **Education**
    - Know the history of the specific cancer diagnosis
    - Assess the patient/family/caregiver’s understanding of disease and prognosis
  - **Determine**
    - Values
    - Goals
    - Expectations (with and without treatment)
    - Quality of life (current and future)
    - Psychosocial or spiritual distress
    - Cultural factors that may affect care
      - Interpreters/translators
    - Determine readiness for palliative care
Advance Care Planning Resources

• Remember discussion does not mean a decision NOW!
  • Palliative Care
  • Hospice Care

• Allow time to assimilate all the information
  • Remember – they are scared
  • Looking for answers
    • WHY ME?

• Resources are available to help the patient and family understand

• [https://www.cdc.gov/aging/pdf/acp-resources-public.pdf](https://www.cdc.gov/aging/pdf/acp-resources-public.pdf)
Plan – I’m Ready!

- Place palliative care consultation
- Explain that they will have a team
- Initial consultation and then team will plan for follow-up visits
- These visits are for reassessment to make sure:
  - Adequate symptom management is maintained
  - Reduction of stress
  - Sense of control
  - Decreased caregiver stress and burden
  - Optimized quality of life
Interprofessional Palliative Care Teams

- Palliative care physicians
- Advance practice providers
- Nurses
- Social workers
- Chaplains
- Pharmacist
Care Team Challenges

• Complex care coordination
  • Within and among multiple teams
• Intra or Inter-team conflict
• Compassion fatigue
• Moral distress and/or concerns
• Burnout
• Communication around complex decision making
Management

- Pain
- Dyspnea
- Anorexia/cachexia
- Nausea/Vomiting
- Constipation
- Diarrhea
- Malignant bowel obstruction
- Fatigue/weakness/asthenia
- Insomnia/sedation
- Lymphedema

Hormone-related symptoms

palliative.pdf (nccn.org)
Complex Circumstances

- Family caregiver challenges
- Inadequate social support
- Substance abuse
- Intensely dependent relationships
- Financial limitations
- Family discord
- Patient concerns regarding care-giver wellbeing
- Dependent children and/or older relatives living in household
Social Support Resources

• Assess:
  • Coping and adjustment
  • Caregiver availability
  • Safe home environment
  • Family and community resources
  • Caregiver burden
  • Bereavement disorders
  • Respite care

• Constant Reassessment
  • Dynamics of disease constantly changing

• Acceptable outcomes:
  • Adequate management
  • Optimized quality of life
  • Decrease caregiver burden
  • Reduction of patient/family/caregiver distress
  • Regain sense of control
Summary

- Palliative care focuses on symptom management of serious illnesses
- It is not dependent on curative intent
- Palliative care is coordinated care provided by a multidisciplinary team of physicians, advance providers, nurses, social workers, chaplains, pharmacist, and other trained specialist with the overall goal to improve quality of life for patients/family/caregivers battling serious illnesses
- Early intervention and integration can help patients achieve and maintain a better quality of life. Thereby, improving overall quality of life for families and caregivers.
Questions...
References


