The Art of Palliative Care

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Making Each Moment Matter
Palliative Care is a new medical specialty that has emerged in the last decade.

Palliative care focuses on:

1. Improving quality of life
2. Providing comfort
3. Care is provided by a team
Art of Palliative Care

Palliative Care if appropriate when:

1. A diagnosis of serious illness with no cure is present
2. Need for symptom control
3. No signal that a patient has given up hope for any quality of life

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Making the “Case” for Palliative Care

Cure sometimes, treat often, comfort always

- Hippocrates
Palliative Care

New Concept VS. Old Concept

1. New line of patient care OR
2. Revival of old concepts
Struggle to Define Palliative Care

1. Too broad
2. Too specific
3. Use as home health in place of home health due to no payment coverage
4. Extended hospice care

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Defining Palliative Care

My definition:

Total care of the patient and family with resolution of any suffering when there is no longer a cure for the patient’s illness and the illness now will reduce the life expectancy of the patient.

1. QUESTION: Didn’t we do this at one time in the past?
   a. The “old family doc concept”
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1. Corporate America
2. Loss of individuality - both patient and physician
3. Loss of control to bigger entities
4. Loss primary focus on the patient and the family - no longer patient advocates

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5. Emphasis on problems

   a. Patient is not No. 1
   b. Focus on patient’s problems
   c. Specialists involvement with problems
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6. Physician concerns
   a. Salary
   b. Reimbursement for performance
   c. Reimbursement for cure
   d. Reimbursement for number control

7. Staff is general-procedure oriented
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8. Medicine

a. A job
b. At one time - A way of life
c. At one time - 24 hr coverage by physicians
d. NOW - 8-5 job, coverage is answering service by non-physician providers
e. After 5 and on weekends, the ER or Urgent Care become the office

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9. Medicine emphasis is on a cure

   a. Physicians are unable to adjust to patients progressive disease that is not durable
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10. Patients have a 2-3 tier care system

a. Hospital - Hospitalist
b. Out Patient - Primary Care - poor communication between the two
c. Subspecialty care and poor communication
d. Lack of transition between home and nursing care facilities

1. New physician as medical director

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11. Lack of trust between patient/physician

   a. Emphasis on a second opinion
   b. New media attack on health care
   c. Locked front door to patient calls
Myths in Palliative Care

1. Same as Hospice Care
   a. Still work at a cure and life span is not specifically limited

2. Palliative Care is not real Medicine- The American board of Medical Specialties created it as a new medical subspecialty

3. Have to choose between Palliative care and Curative therapy

4. Palliative care is expensive
Palliative Care is the field of medicine designed to improve the quality of life for patients and their families by relieving the pain, symptoms and stress of a serious illness that is not dependent on prognosis.

In the same release they will certify hospitals to receive Advance Certification for Palliative Care.
The Palliative Care Truth

“Certification signifies that hospitals are committed to patient and family centered care to optimize the quality of life for patients with serious illnesses. It is the best signal to the community that the quality of care these organizations provide is effectively managed to meet the unique and specialized needs of patients.”

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Advanced Palliative Care Certification Standards

1. A formal, organized palliative care program led by an interdisciplinary team whose members possess the requisite expertise in palliative care.
2. Leadership endorsement and support of the program’s goals for providing care, treatment and services.
3. A special focus on patient and family engagement
4. Processes which support the coordination of care and communication among all care settings and providers
5. The use of evidence-based national guidelines or expert consensus to guide patient care

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Palliative Care Impacts

1. Quality of Life
   a. Pain: emotional, spiritual, physical
   b. Dyspnea
   c. Nausea and vomiting

2. Patient Centered

3. Family Centered

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Palliative Care is Confusing

1. People imagine a cancer patient made comfortable in an end-of-life setting
2. Hospice Care is Palliative care BUT Palliative Care is not Hospice care
3. It is defined by prognosis and life to live
4. Neither should be mistaken or take the place of the other

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Palliative Care vs. Hospice Care

1. Focus on improving quality of life and provide comfort to people of all ages with serious chronic diseases

2. Diseases more commonly include
   a. Heart disease
   b. Lung disease
   c. Dementias
   d. HIV related disease

3. Team

4. Reimbursement

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Is Palliative Care Effective?

1. Improve quality of life
2. Family support and relationships
3. Extends life
4. Family and caregiver satisfaction
   a. Navigate the healthcare system
   b. Patient and family advocate
   c. Guidance with difficult decisions when struggling with goals
5. Better quality of patient care
6. Reduced cost

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Is Palliative Care Effective?

Patient Education is provided to promote realistic goals.

1. Ventilator treatment
2. Cardiopulmonary resuscitation
3. Dialysis
4. Treatment of infections
5. Medications
6. Artificial nutrition and hydration
7. When a patient and health care team are at odds regarding treatment goals

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Art of Palliative Care

THE IMPORTANCE OF THE DISCIPLINARY TEAM WITHIN THE PALLIATIVE CARE MODEL

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