What is Palliative Medicine?

(Hint, it's not hospice!)
(Double hint, we ARE your "pals"!)

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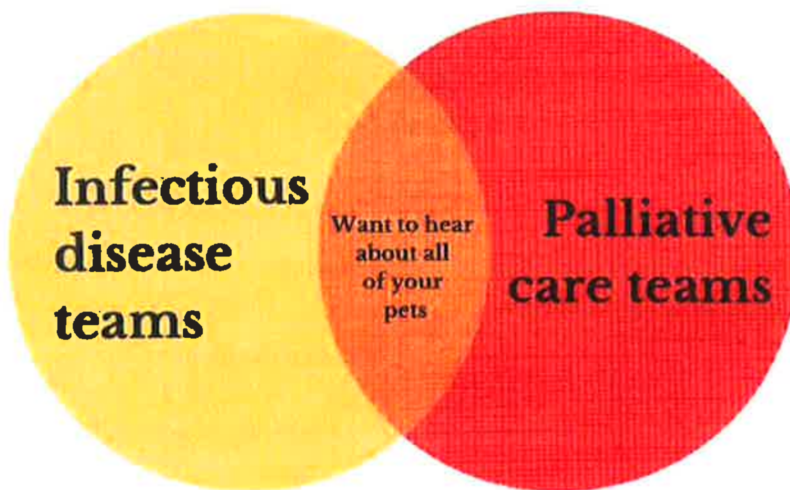

Palliative v Hospice

	Palliative	Hospice	Both
Life-limiting illness			X
Optimize quality of life with symptom management			X
Multi-disciplinary team			X
Goes into patient's home		X	
Undergoing treatments for disease	X		
Stopped treatments for disease		X	

- Most hospice agencies have a palliative program
- Hospice palliative programs
  - APP sees patient in the home 1-2x/month
    - Works with primary care physician to address symptom management
    - Ongoing discussions regarding Goals of Care
  - Does not provide interdisciplinary team (IDT)
  - Does not provide hospice benefits (IDT, medical equipment, medications)

Palliative Medicine/Palliative Care

- Late or end stage of a chronic, life-threatening progressive disease that will ultimately take the patient's life
  - Stage IV cancer (sometimes Stage III)
  - End stage cardiac disease
  - End stage lung disease
  - End stage neurological disease
  - End stage GI disease
  - End stage GU disease
  - Infection (chronic, COVID-19)

Palliative Medicine/Palliative Care

- Available at the hospital (inpatient)
- Available in clinic (outpatient)
- 24 hour/7 days per week on call
- Intra-disciplinary team – Physicians, nurse practitioners, nurses, social workers, chaplains

What palliative medicine offers...

- Symptom Management to improve Quality of Life (QOL)
- Support for caregivers
- Team approach with patient – walk with them through their illness
  - Role is to ensure patient & family educated regarding disease and disease process
  - Support patient in making decisions regarding care
  - Recognize the importance of the individual and support individual's choices in care

What palliative medicine offers...

- Goals of care discussions
- Assistance with Advanced Directives
  - Power of Attorney
  - POLST (Do not attempt resuscitation order)

Symptom management

- Pain
  - Disease related pain -- end stage disease related pain (e.g. cancer pain)
    - Not chronic pain
    - Not acute pain
    - Managed with multi-modal interventions

- Bowels
- Shortness of breath
- Appetite/nausea
- Fatigue/sleeping issues
- Anxiety/depression

Goals of Care

- The earlier our involvement with patients, the better we're able to support
- Understanding an individual's goals of care allows palliative medicine to align the care provided with what is most important to the patient and their family
- Exploratory, conversational, and longitudinal
- Medical Decisions – Ensure education, weighing of risks vs. benefits
- Personal – How to live the remaining days of their lives

Goals of Care

- "Active discussion about an individual's goals and preferences, specifically as they relate to end-of-life issues, is linked with reductions in hospital utilization and aggressiveness of care at end of life, increased use of hospice services, decreased family conflict, a greater likelihood of receiving the care that they want, and dying in one's preferred place of death. Studies in adults have shown that patients with life-limiting illness want their clinicians to initiate discussions about prognosis and goals of care…" LeBlanc & Tulsky, (2020).

Advanced Directives

Healthcare Power of Attorney "POA" "HCPOA" "MPOA"

- Who should make healthcare decisions for you if you can no longer make them yourself?
- Does not require a lawyer – only a witness (not family member)
- For medical decisions only
- Most important part? TALKING to your loved ones!
- What if there is no HCPOA? Illinois surrogacy
- Illinois short-form for HCPOA
  - Dph.Illinois.gov/content/dam/soi/en/web/idph/files/forms/powerofattorneyhealthcareform.pdf

Advanced Directives

- <u>POLST (Provider Order for Lifesaving Treatment)</u>
  - This is a medical order signed by physician, NP, or PA
  - To honor patients wishes and set limitations on care/specific care wishes
  - State of Illinois document
  - Paper can be any color
  - Utilized outside hospital with the patient for DNR
  - Can be updated/revoked at any time
  - Always voluntary
  - State of Illinois Form
    - www.polstil.org
  - What's the deal with the refrigerator?

Legacy Project

- While facing life-limiting illnesses, patient's often begin to consider the legacy they'll leave when they die
- Important to acknowledge the importance of relationships and connections made with people
- Framed handprints
- Fingerprint necklaces
- Bears

Your Quality of Life Team

She didn't fail 6 rounds of chemotherapy.

Chemo failed her.

She didn't progress.

The disease progressed.

She never complained about the side effects.

She reported the side effects.

She didn't become palliative

She needed a new way of treating her whole being as she lived

References

- LeBlanc, T.W., & Tulsky, J. (2020). Discussing goals of care. In S.D. Block, J. Givens (Ed.), *UpToDate*.

Questions?