

Talking to Patients About 21st Century Palliative Care

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Conflict Declaration

- I have no relationship with any commercial interests
- My program has carried out a survey study sponsored by Paladin labs
- All speaking honoraria I am offered are donated to the UBC Division of Palliative Care

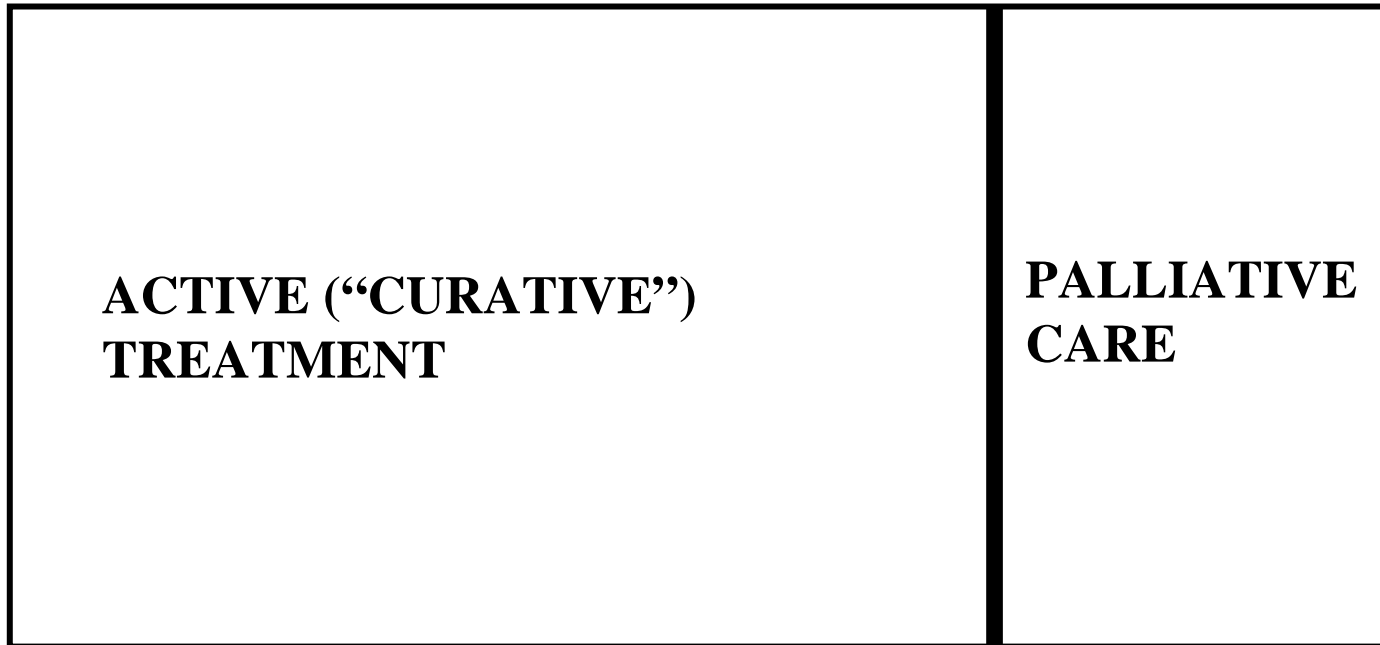
Mitigation of Bias

- **I am not aware of any biases to mitigate**

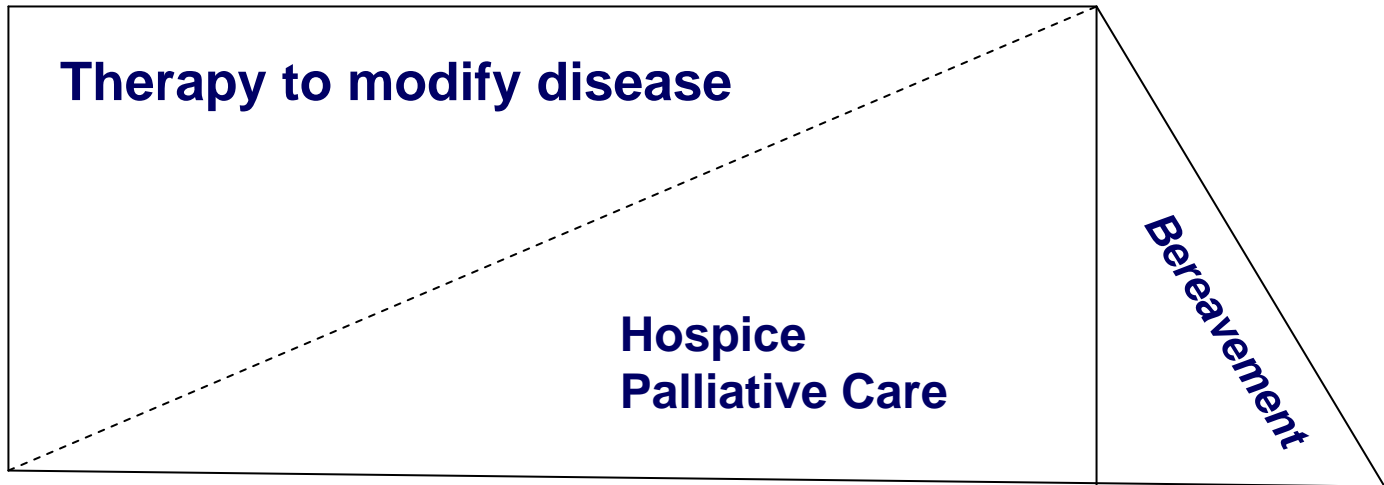
Objectives

- To understand the current WHO definition of Palliative Care
- Be able to draw a simple model to illustrate how modern palliative care fits with cancer management
- Have a strategy for overcoming patient and family reluctance to accept palliative care

Historical Understanding

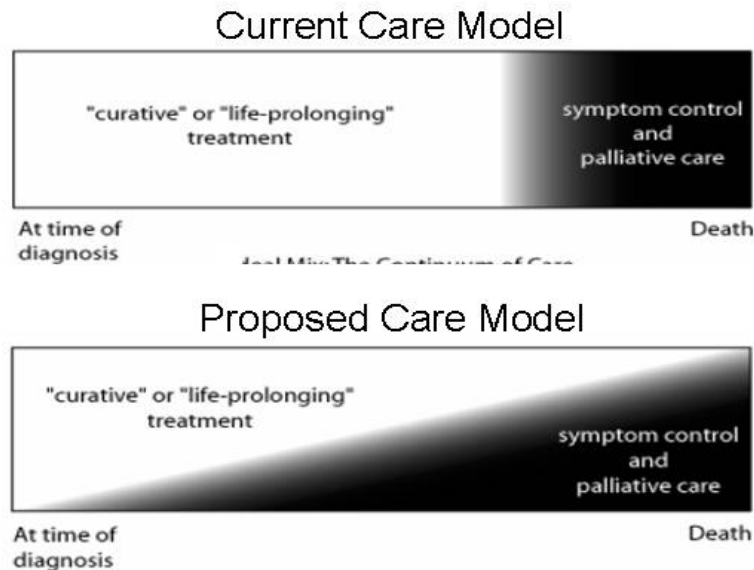


**Focus
of
care**

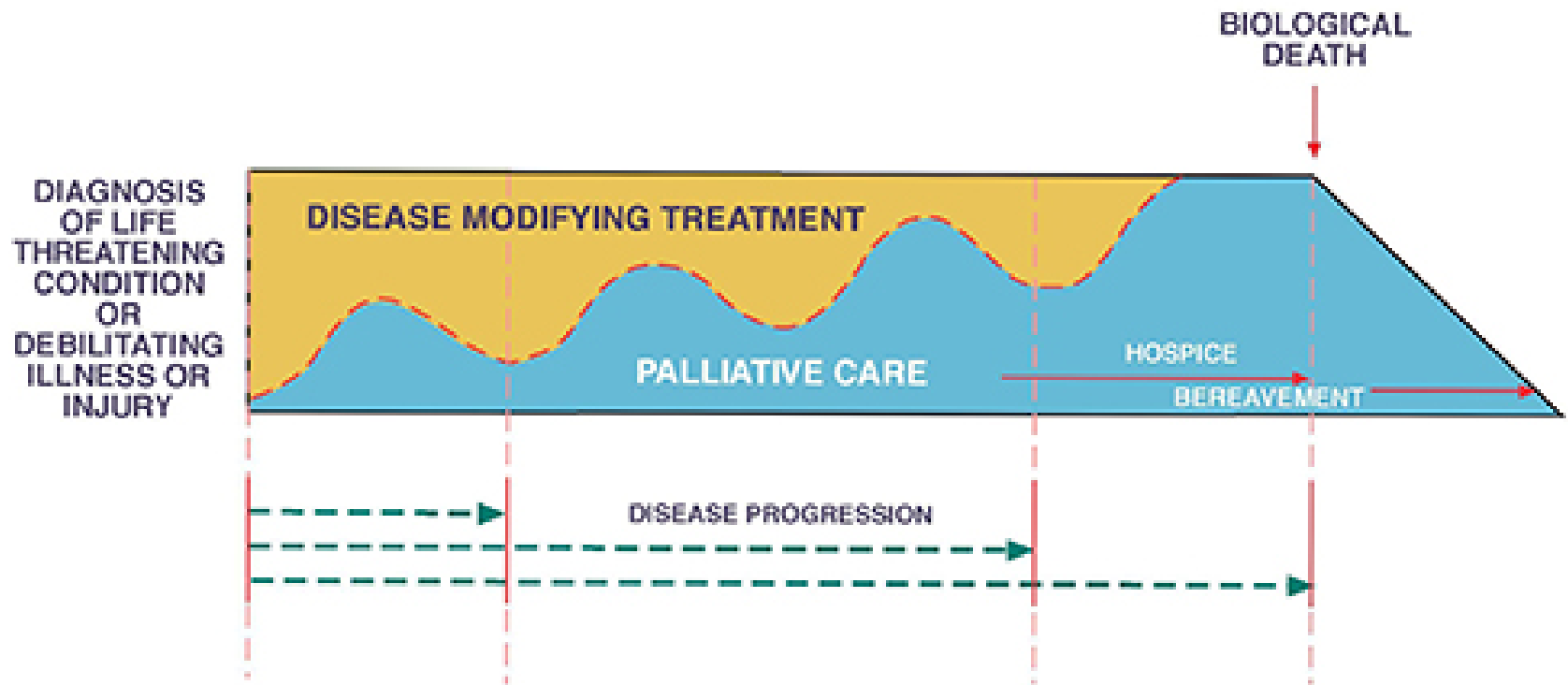


Glacial Rate of Uptake

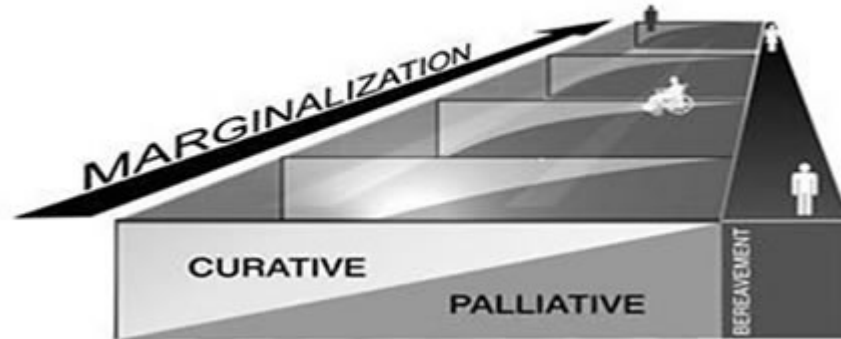
Cancer Treatment and Palliative Care are Not Mutually Exclusive



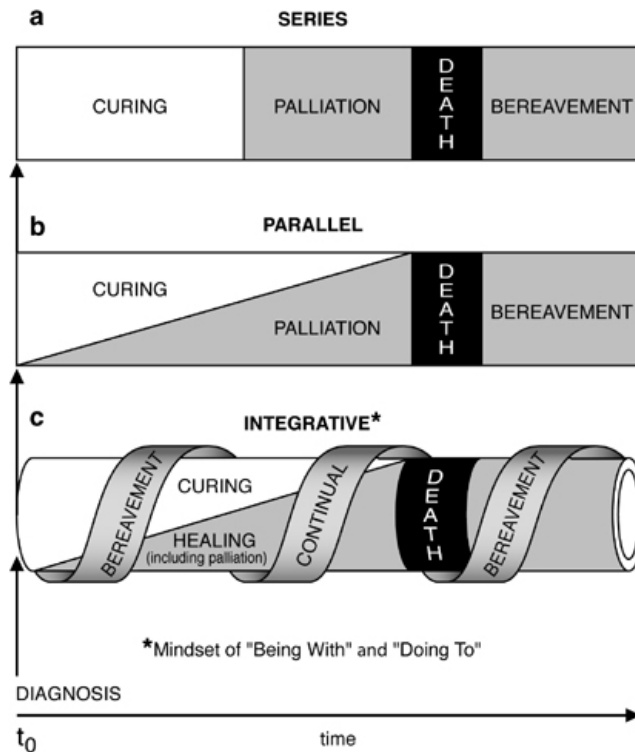
“Google Images” Example



“Google Images” Example



“Google Images” Example



WHO Definition [my italics]

“Palliative care is an *approach* that improves the *quality of life* of *patients and their families* facing the problem associated with *life-threatening* illness, through the *prevention and relief* of suffering by means of *early identification* and impeccable assessment and treatment of pain and other problems, *physical, psychosocial and spiritual.*”

Palliative Care.....

.....is applicable early in the course of illness, **in conjunction with other therapies that are intended to prolong life**, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications

Three Main Aims of Palliative Care

- To relieve physical and emotional suffering
- To improve patient-physician communication and decision-making
- To coordinate continuity of care across settings

So what's so special about that? Isn't that just good medical care?

Benefits of Specialist Palliative Care

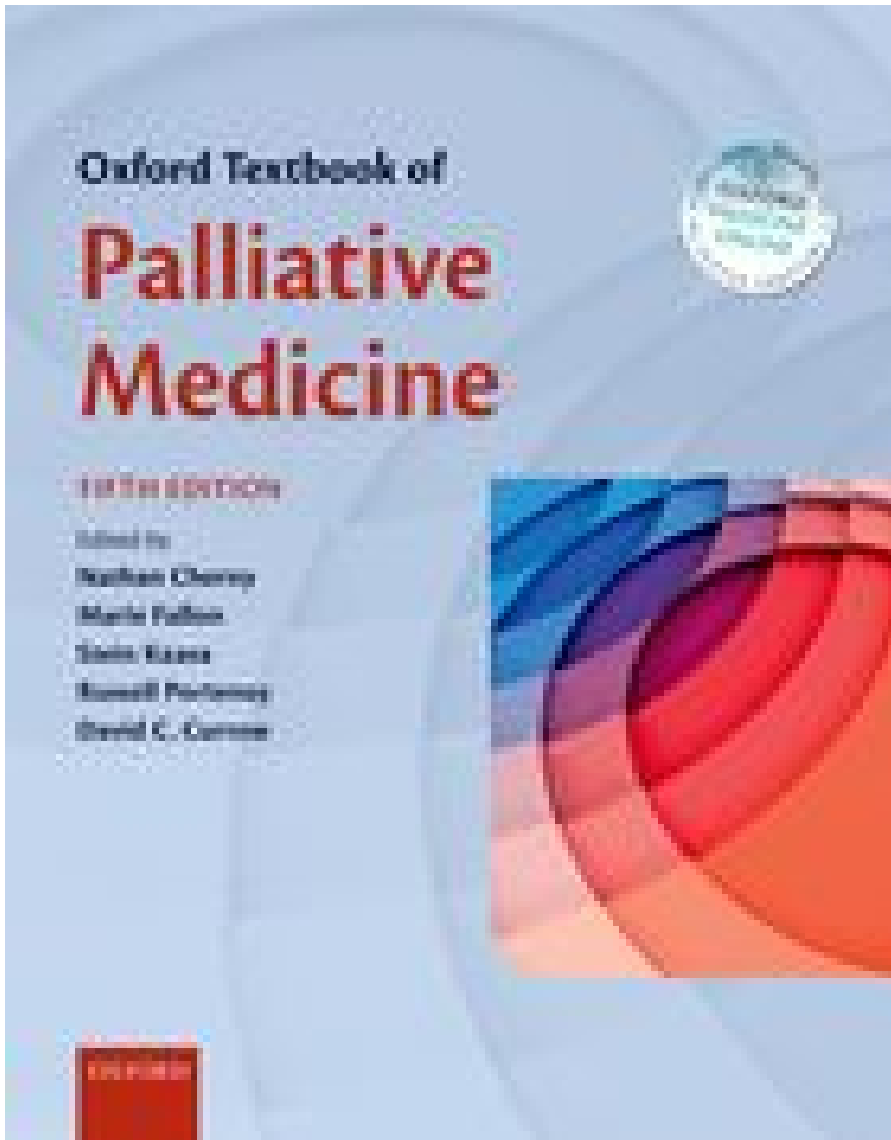
- Reduction in symptom burden
- Improved patient and family satisfaction
- Improve physician satisfaction
- Reduced costs
 - All of these benefits have been seen in multiple studies, in multiple countries and multiple settings
 - No harms have been demonstrated, particularly no shortening of survival
 - The earlier in illness palliative care is provided, the greater the benefits (and cost savings)
 - If this was “usual care” then why would the benefits be found?

Not “Just Hand-Holding”





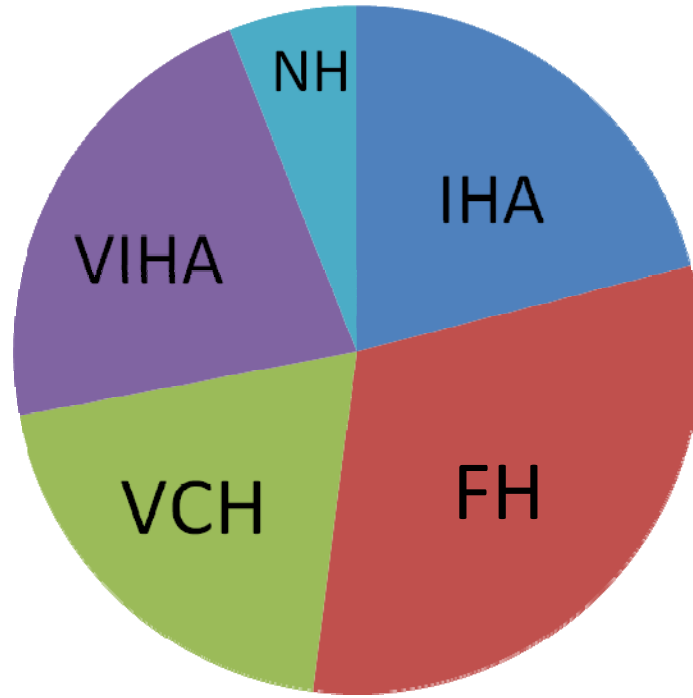
"There's no easy way I can tell you this, so I'm sending you to someone who can."



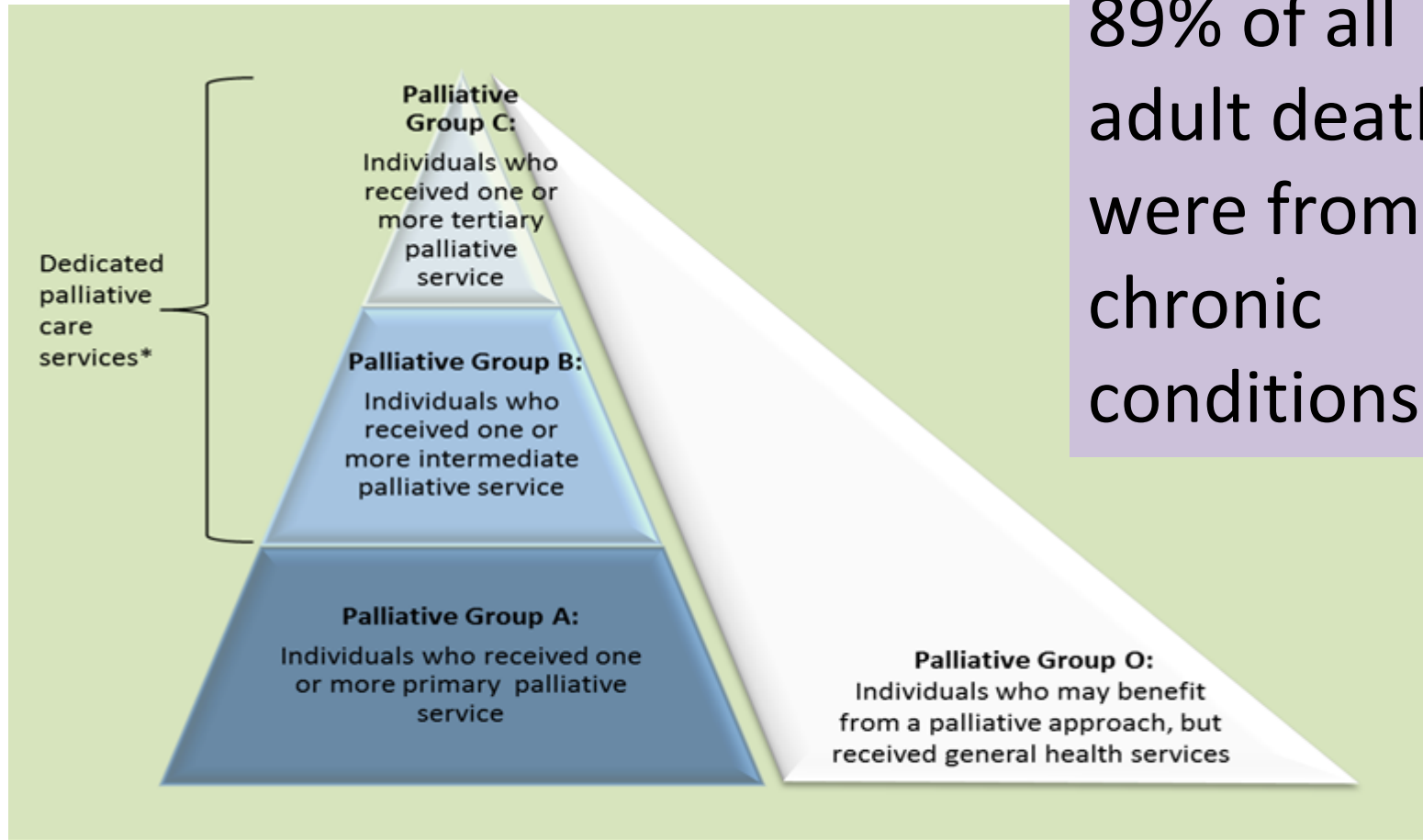
- 5th edition since 1993
- 1,280 pages
- “Over 200 contributors and 100 chapters deal with all aspects of this rapidly developing specialty”
- This is only one of many
- **SO: WHO DOES PALLIATIVE CARE SERVE IN BC?**

Natural Deaths in BC 2013-14

31,318 deaths, 30.6% from cancer

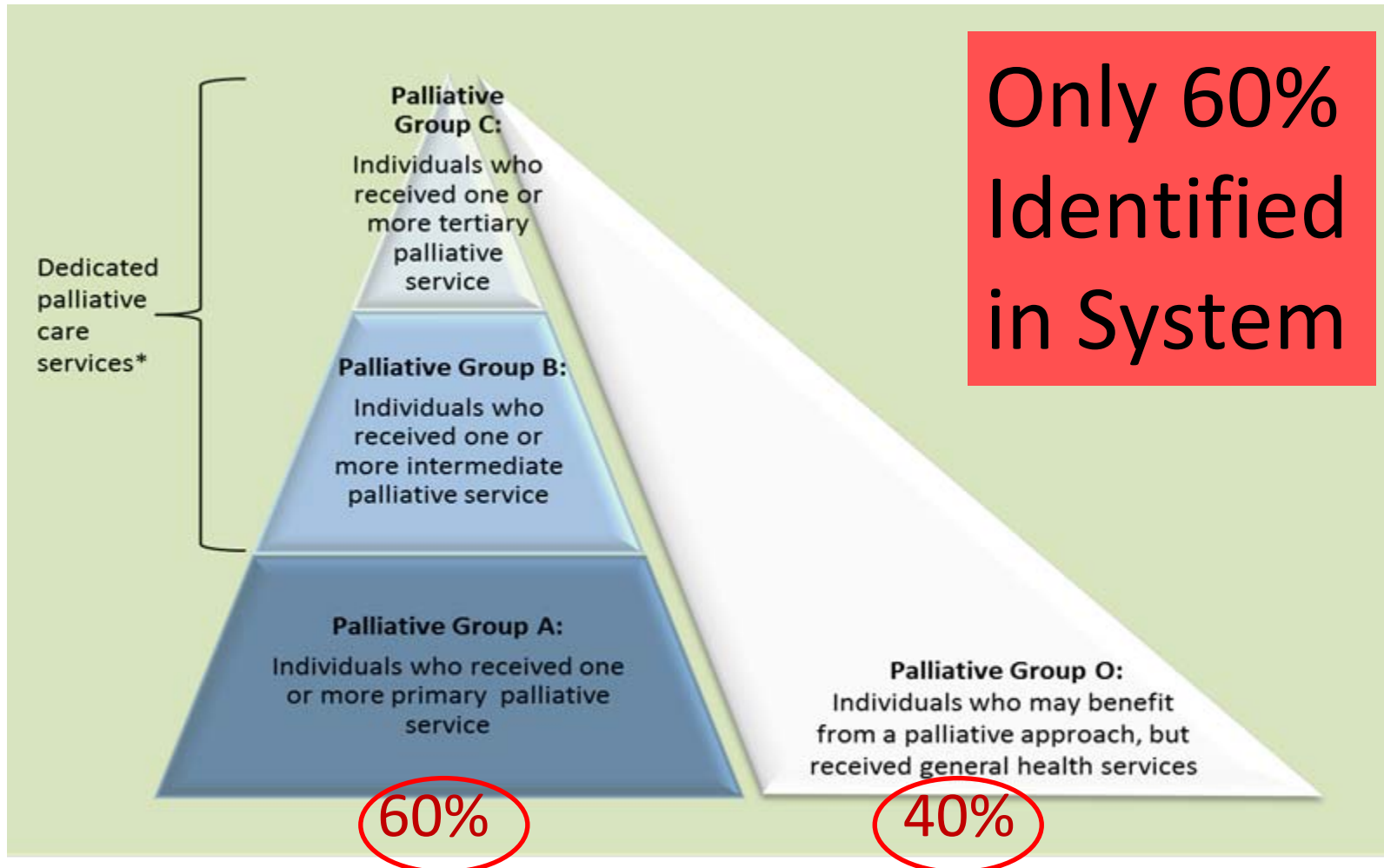


BC Data Exercise; 2012 Decedents

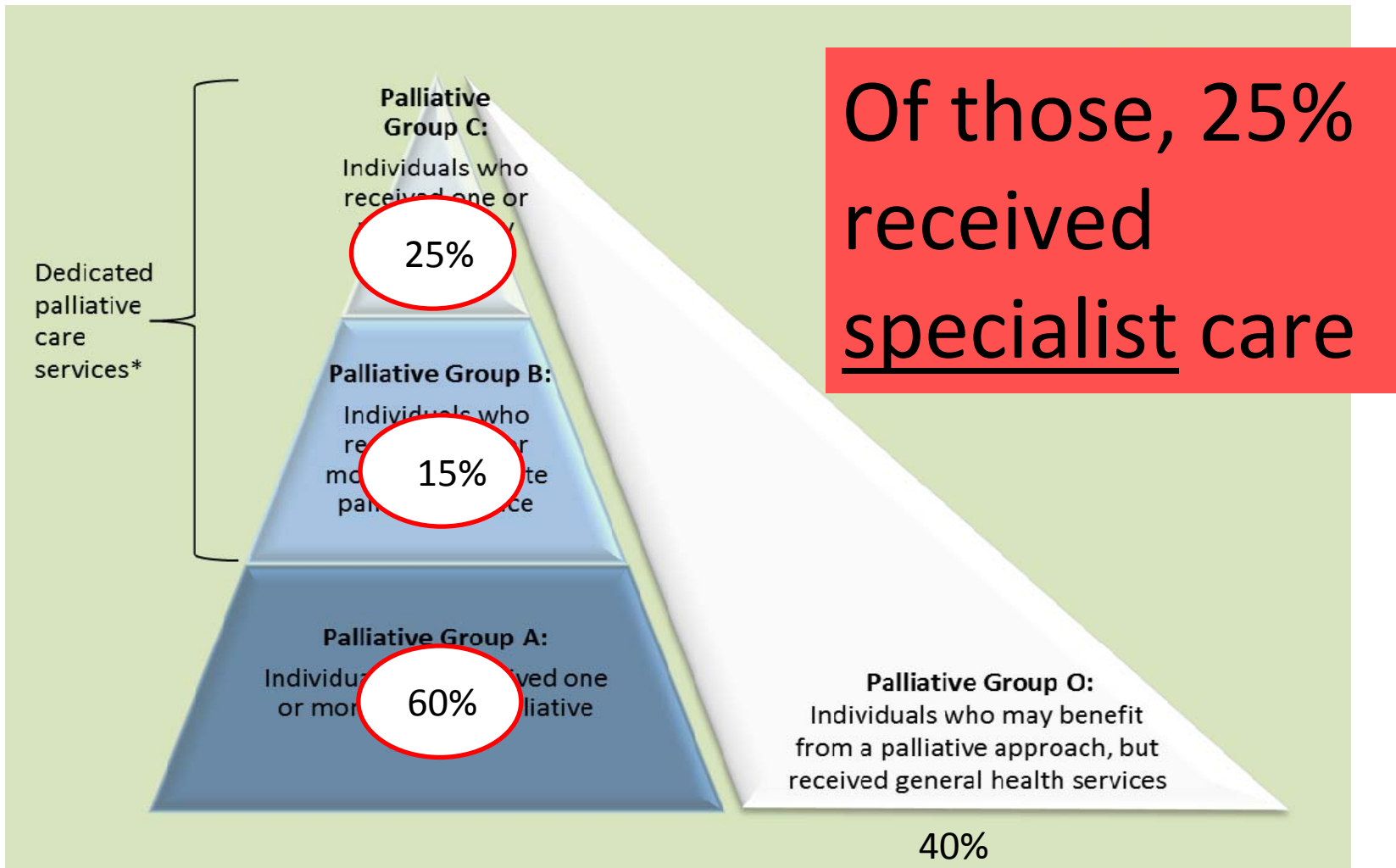


*dedicated palliative services are hospital, hospice, community, or home-based care/ consults provided by palliative care specialist teams from a funded palliative care program.

The Results



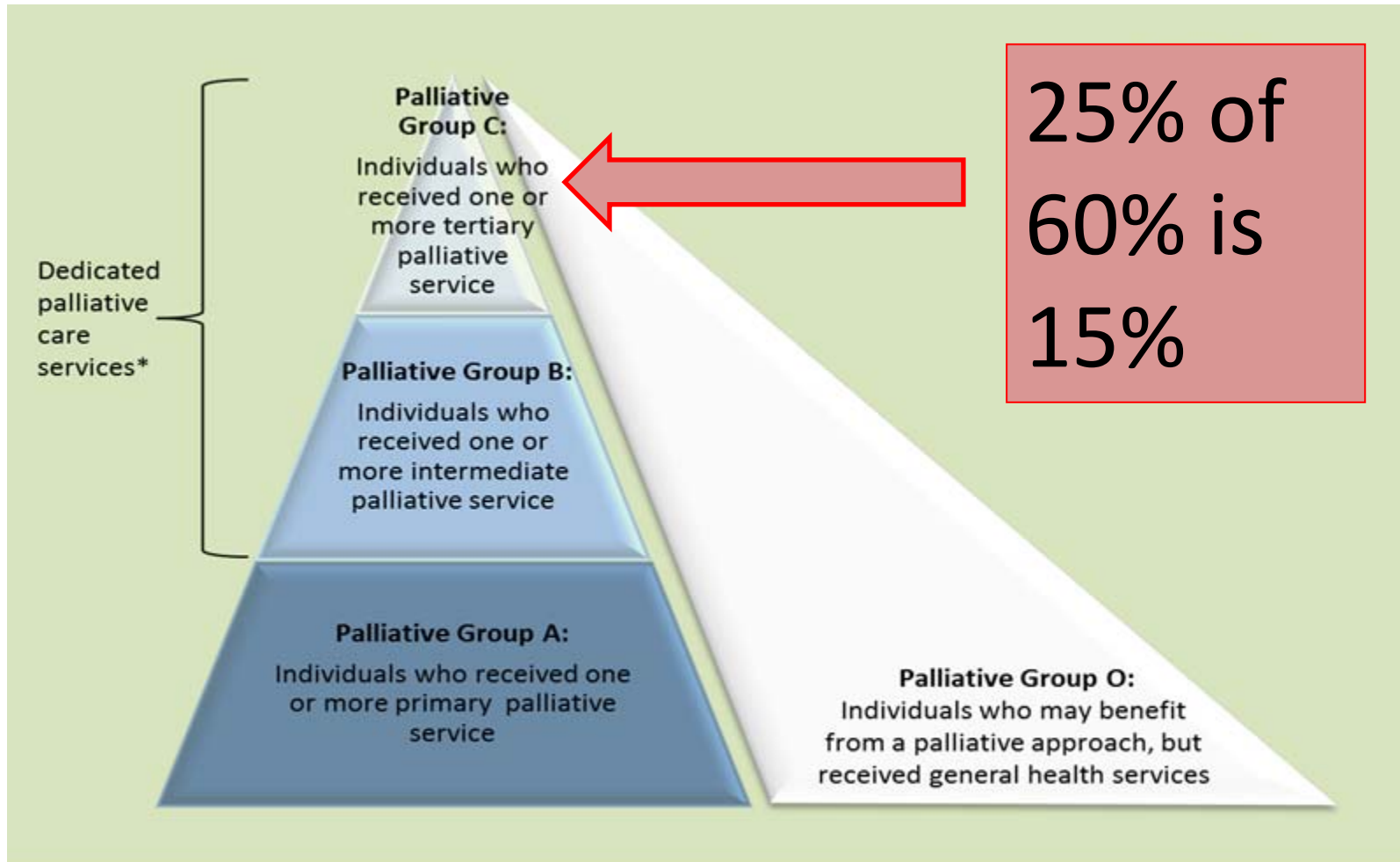
*dedicated palliative services are hospital, hospice, community, or home-based care/ consults provided by palliative care specialist teams from a funded palliative care program.



Of those, 25%
received
specialist care

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BC Data Exercise; 2012 Decedents



*dedicated palliative services are hospital, hospice, community, or home-based care/ consults provided by palliative care specialist teams from a funded palliative care program.

Maybe That's OK?

- There are no international standards with which to compare
- It is very difficult to determine meaningful palliative care quality indicators, e.g.
 - Contact with a specialist service 3 days before death, after a prolonged period suffering, does not indicate a good job was done
 - A death at home may be a wonderful experience or an appalling trauma
- Anecdotal evidence however suggests that many patients do not receive the palliative care they need
- At least now we have a baseline
- Now how do we do better?

A woman with dark hair, wearing a bright red jacket over a black top and a purple ruffled scarf, is walking on a sandy beach. The background shows the ocean and a hazy sky. The text is overlaid on the left side of the image.

THE PROVINCIAL
End-of-Life Care
Action Plan
FOR BRITISH COLUMBIA

*Priorities and Actions
for Health System
and Service Redesign*

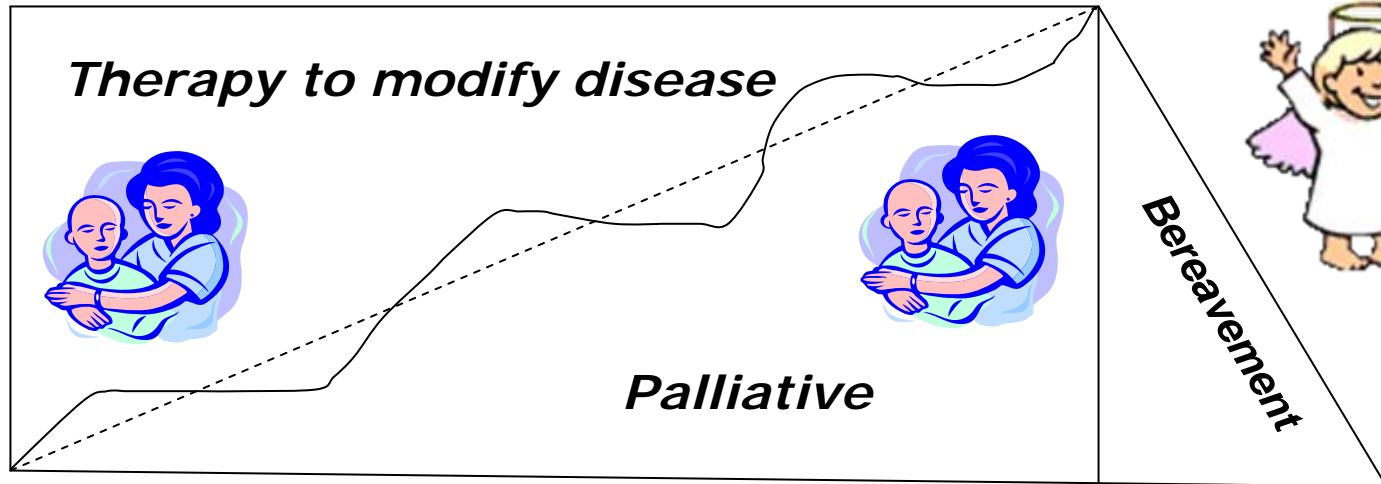
Ministry of Health
March 2013

Barriers to Access

- Availability of services
 - Beds
 - Specialists
 - Nurses
 - Drugs, equipment etc...
- Reluctance to refer
 - Don't know what/how, or don't see any need
- Reluctance to be referred
 - Don't know what/how, or don't see any need

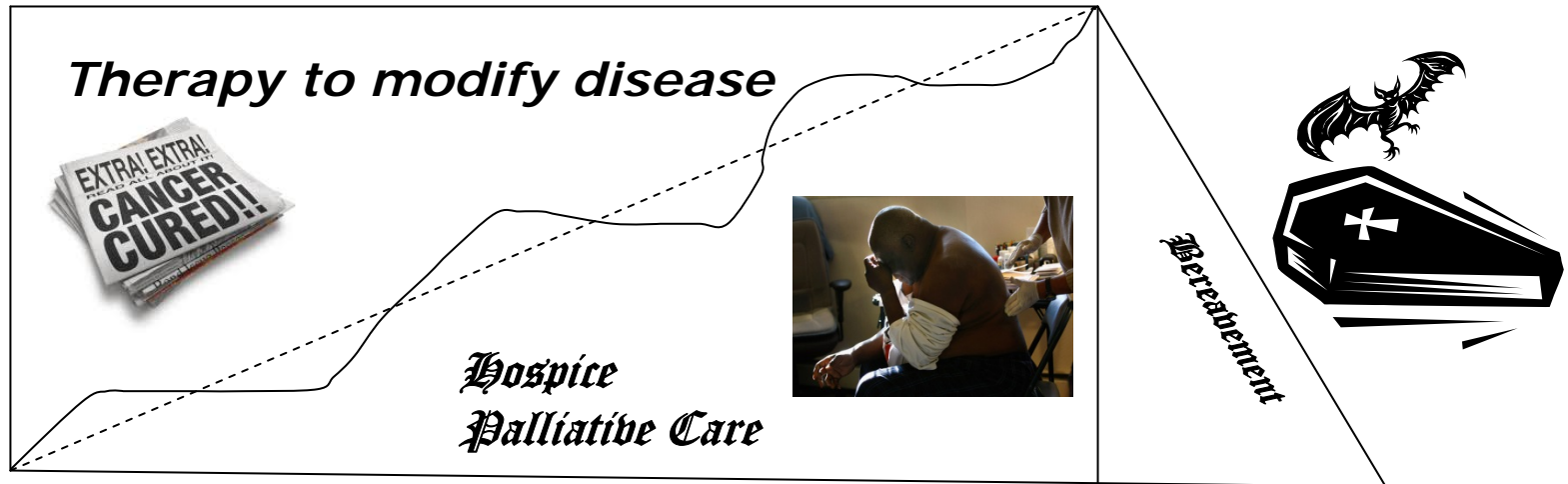
What We See.....

Focus
of
care



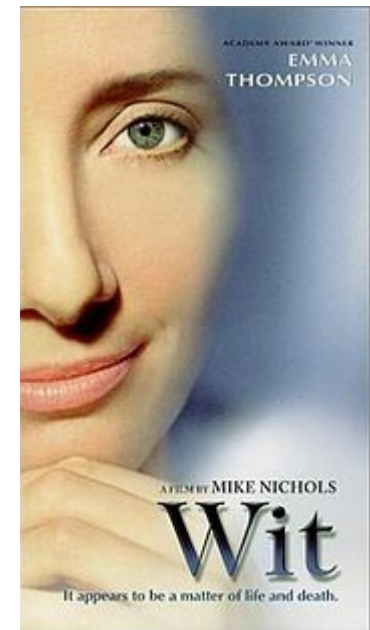
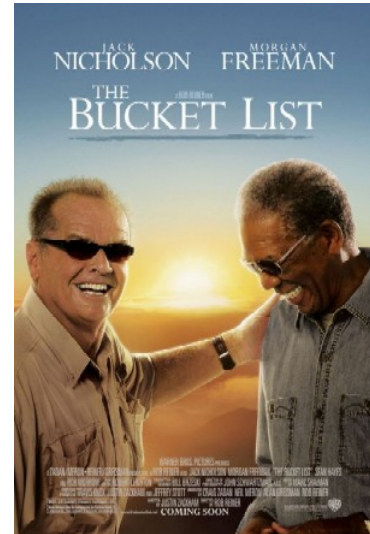
What Many of our Patients See

Focus
of
care



Explaining Palliative Care

- Information comes from a variety of sources
 - News (TV, print and digital)
 - Movies
 - TV shows
 - Literature
 - Social media
- Friends and family
- Health care professionals



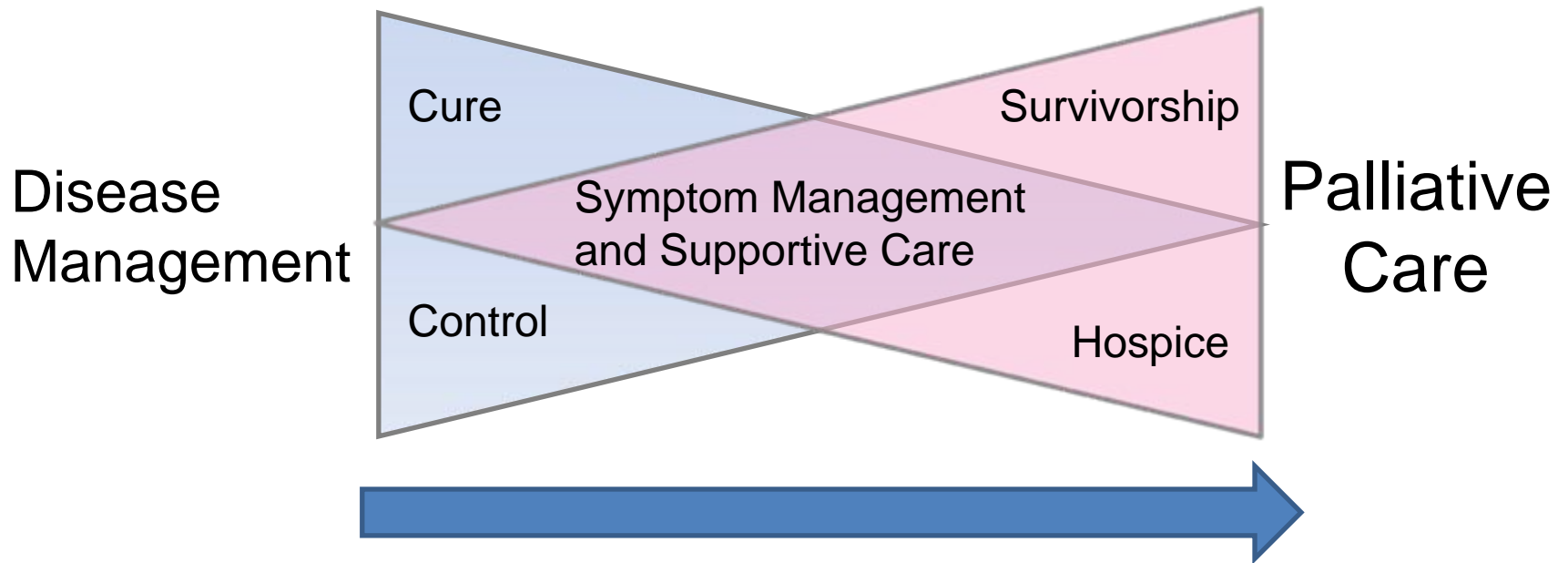


“Yes, you do have the right to die with dignity. But, until then, anything goes.”

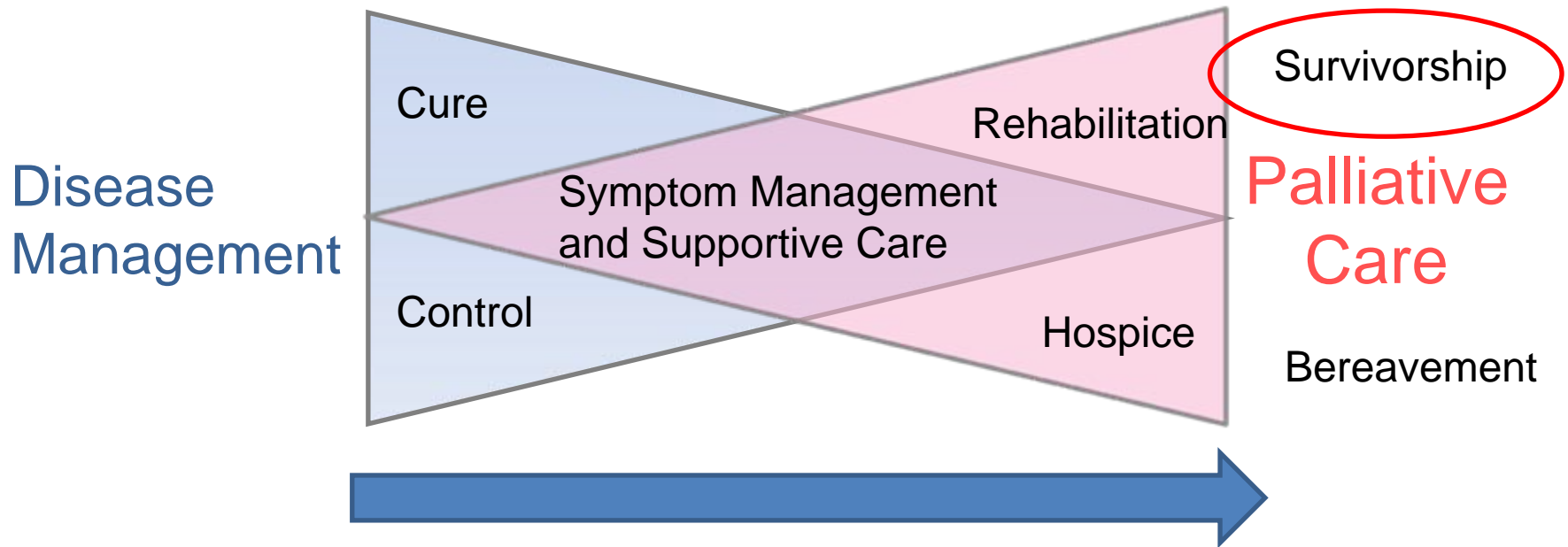


It's not Disease Management OR Palliative Care, you can have both. I can't draw this.....

The Bowtie Model of 21st Century Palliative Care



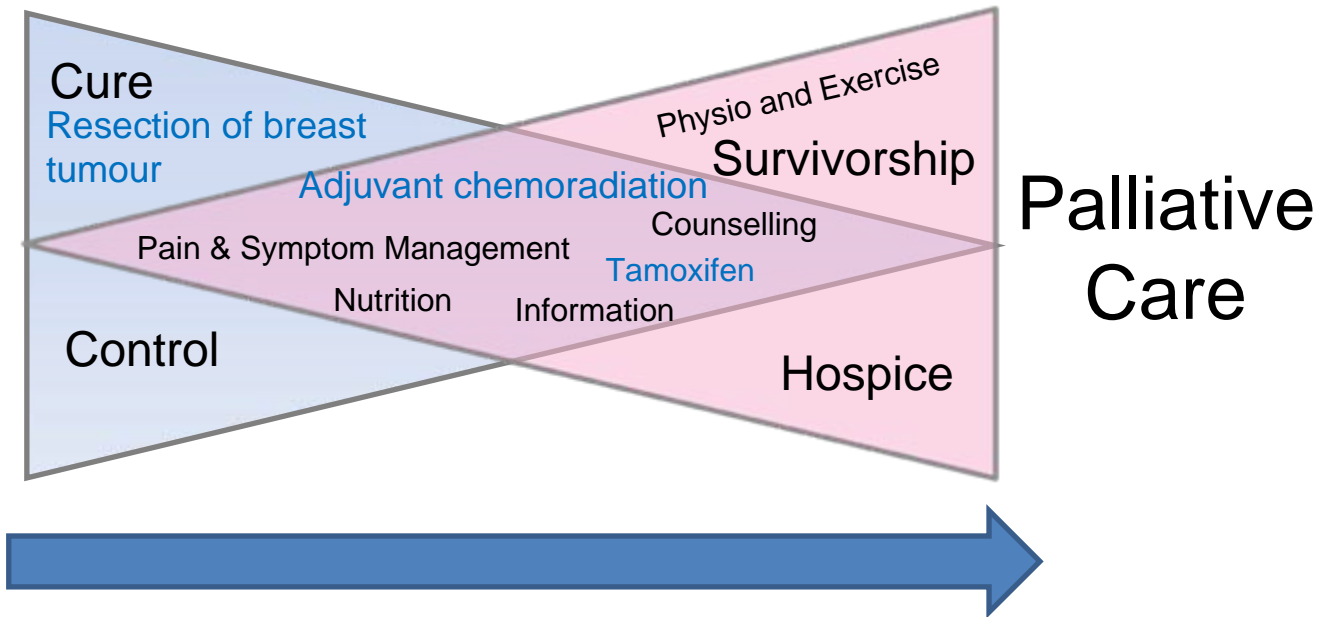
“Palliative Care is for Living Well”



“We need to look after the disease and
the rest of you”

Expectation: cure

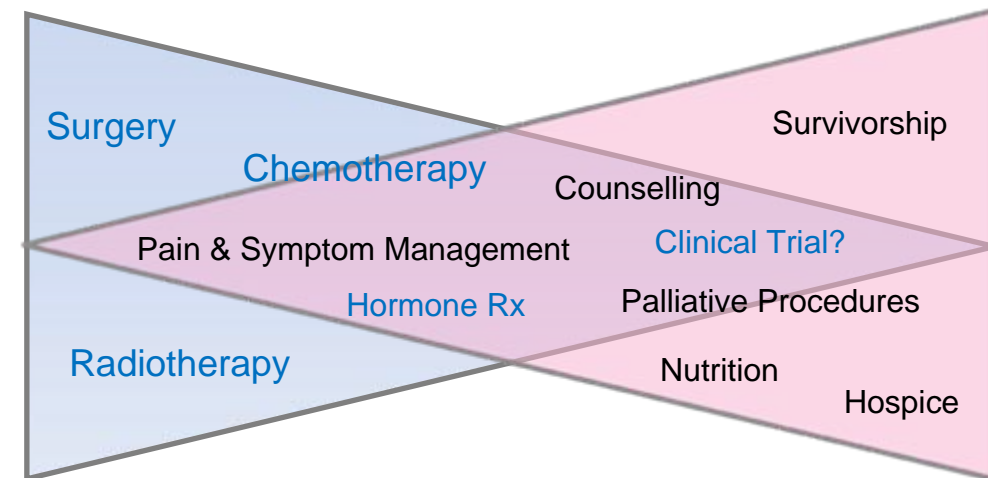
Disease
Management



“We will always be part of your care team”

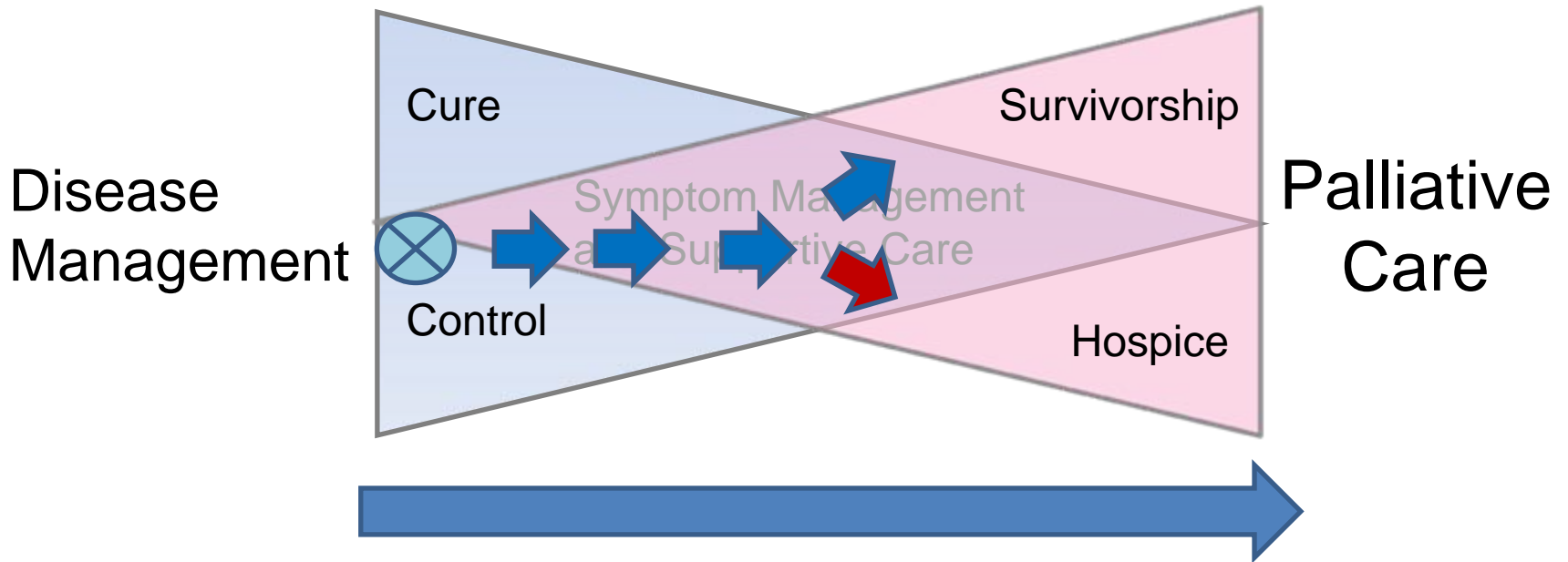
Expectation:
cure unlikely

Disease
Management

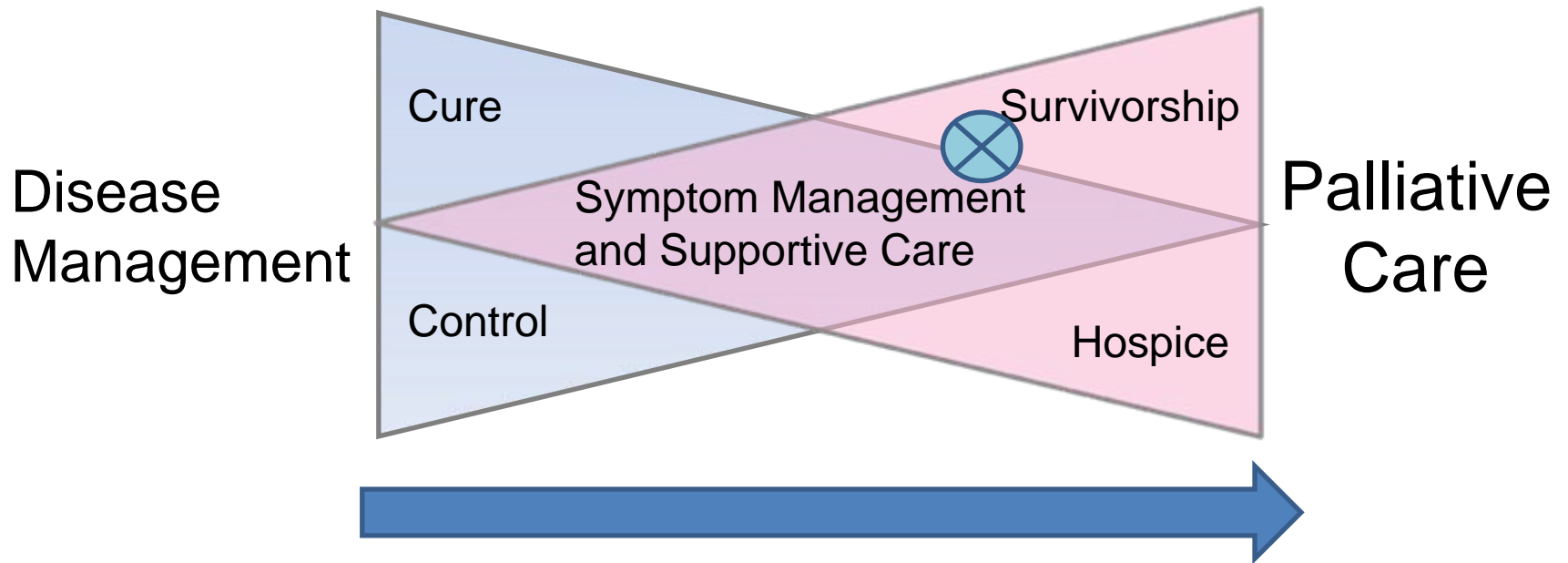


Palliative
Care

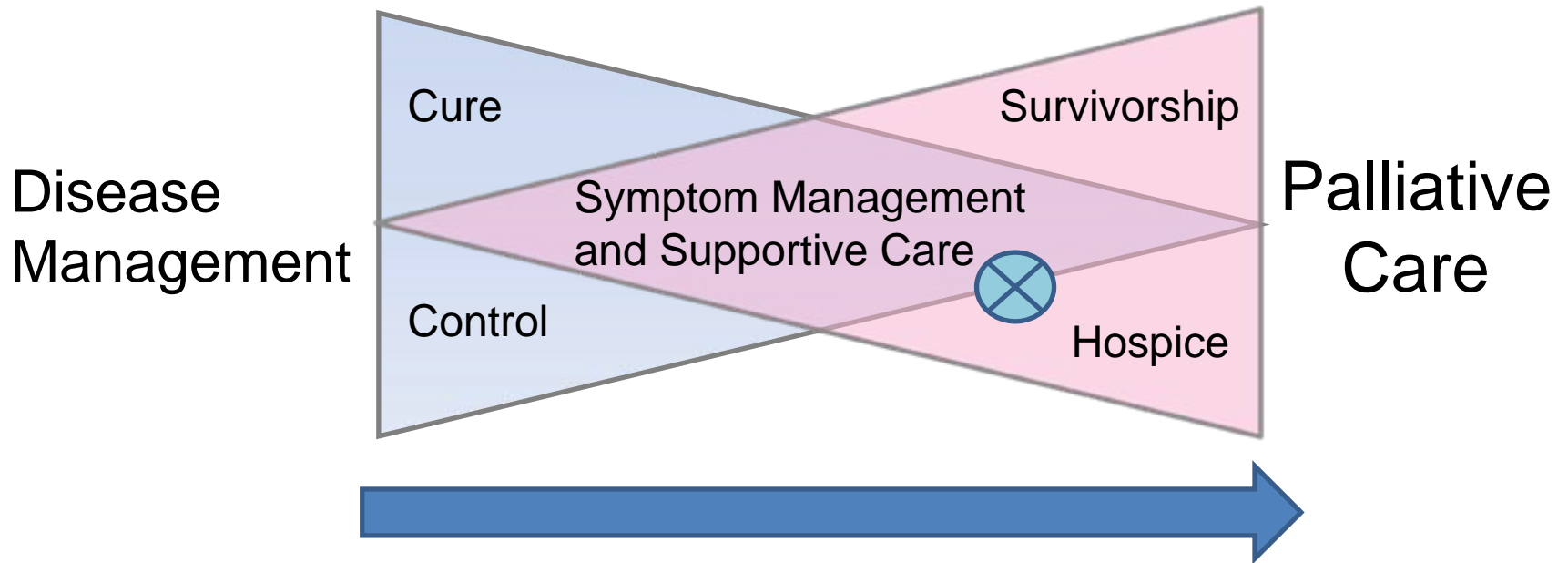
This is Where You Are...



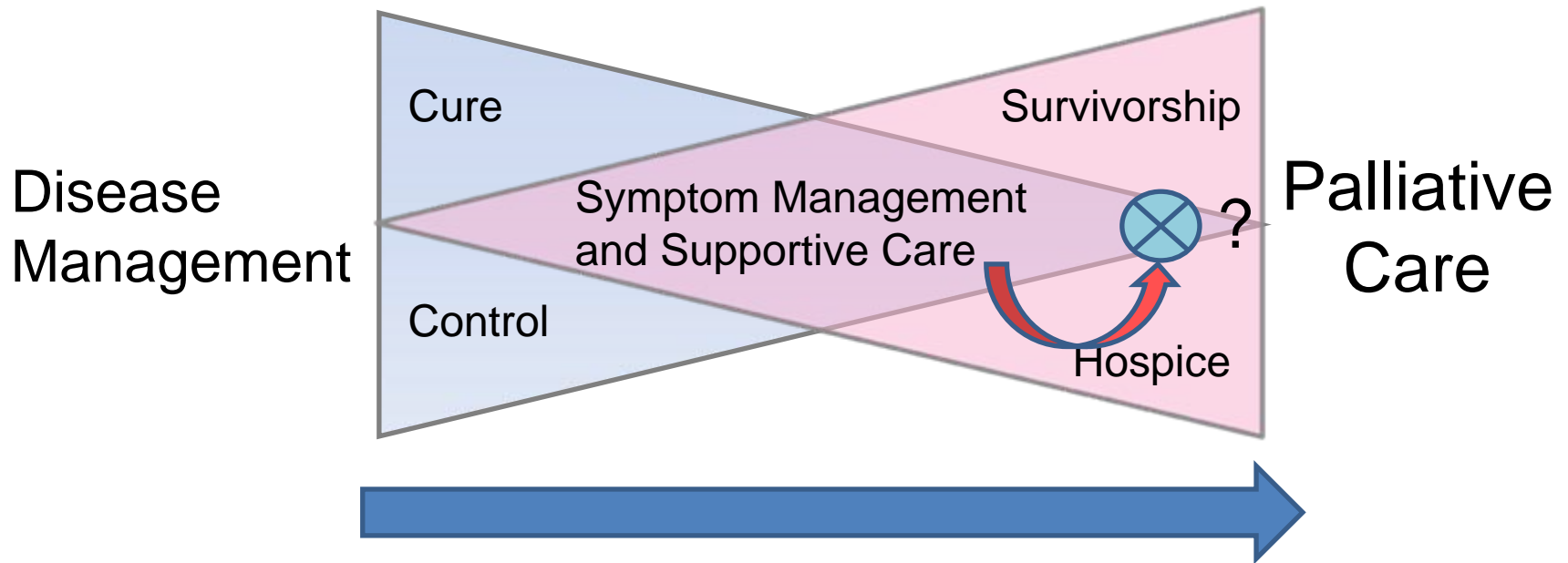
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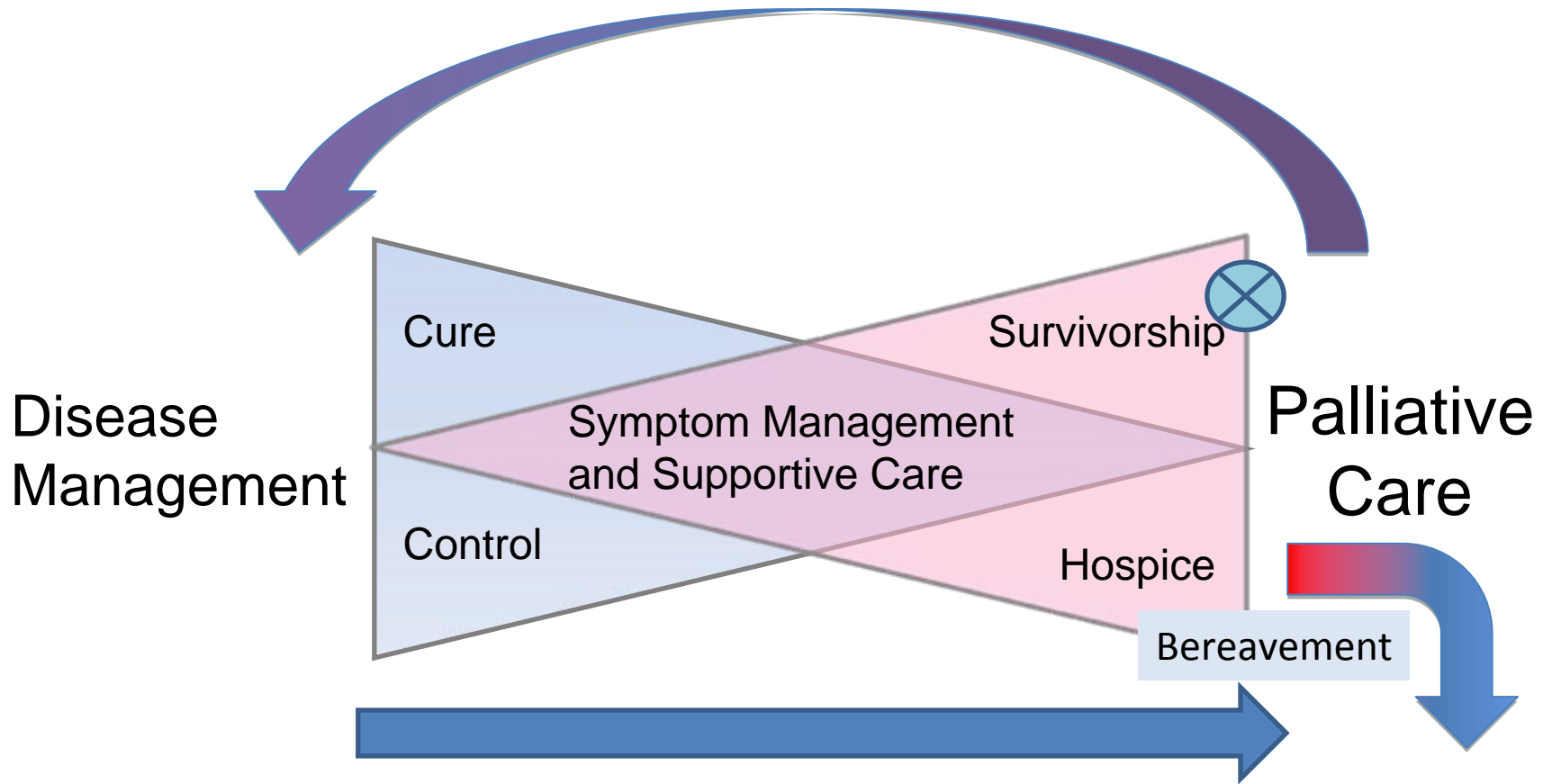
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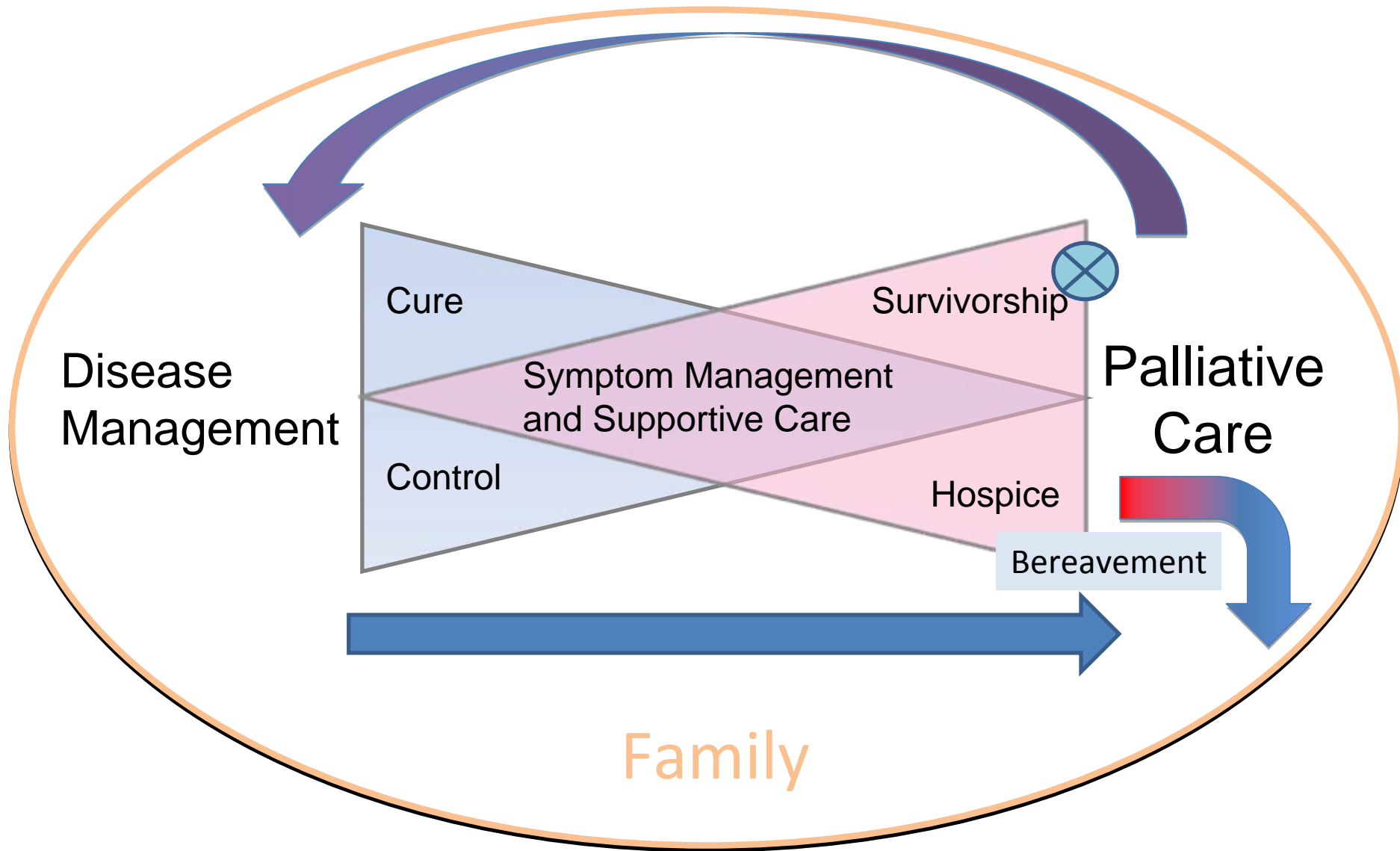


“We can never be 100% certain what will happen”



Cycle Repeats





Summary

- You should now be able to draw the Bow Tie model to illustrate how palliative care integrates with cancer management throughout the course of illness
- You should introduce the vocabulary of palliative care early in the course of illness
- Take every opportunity to educate before it's personal