

Palliative Care: Principles in Communication

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Objectives

- Overview of specialty
 - Differentiate palliative care & hospice
 - Understand basics of advance care planning
 - Discuss overall philosophy of communication
- Recognize frameworks for difficult conversations
 - Discuss practical communication pearls

Case Study

- 79y/o female with h/o HTN, CAD, afib on coumadin, mild cognitive impairment, living in assisted living facility, presents via EMS after being found down during morning med delivery. Found on CT to have hemorrhagic stroke, with supratherapeutic INR 7. GCS 5 on arrival, intubated, anticoagulation reversed, underwent evacuation of bleed. Remained ventilated, feeds via DHT. Minimal neurologic recovery, unable to participate with therapy.
- Trach at day 12 to allow for continued ventilation. PEG performed concurrently. Eventually transferred to floor, slowly with some neurologic recovery enough to open eyes when family was present. Code sepsis called and transferred back to ICU for pressors on day 18. Additional complication of a fib with RVR, now on amiodarone drip.
- AKI due to hypotension with sepsis, worsening to the point that CRRT was initiated on day 24. Delirious and became combative in the ICU day 26. Day 28 change in neurologic status, stat CT showed new ischemic stroke. Palliative medicine consulted for assistance with goals of care day 30.

Palliative Care

- Specialized medical care for people living with a serious illness
- Focused on providing relief from the symptoms and stress of serious illness
- The goal is to improve quality of life for both the patient and the family

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Palliative Care

- Provided by a specially trained team of palliative care physicians, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support
- It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment
- *Palliate—make less severe or unpleasant without removing a cause*
- 'After a long night of drinking, Bill takes a pill to *palliate* the symptoms of the hangover he expects to have the next day.' —*wordsinasentence.com*

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Palliative Care

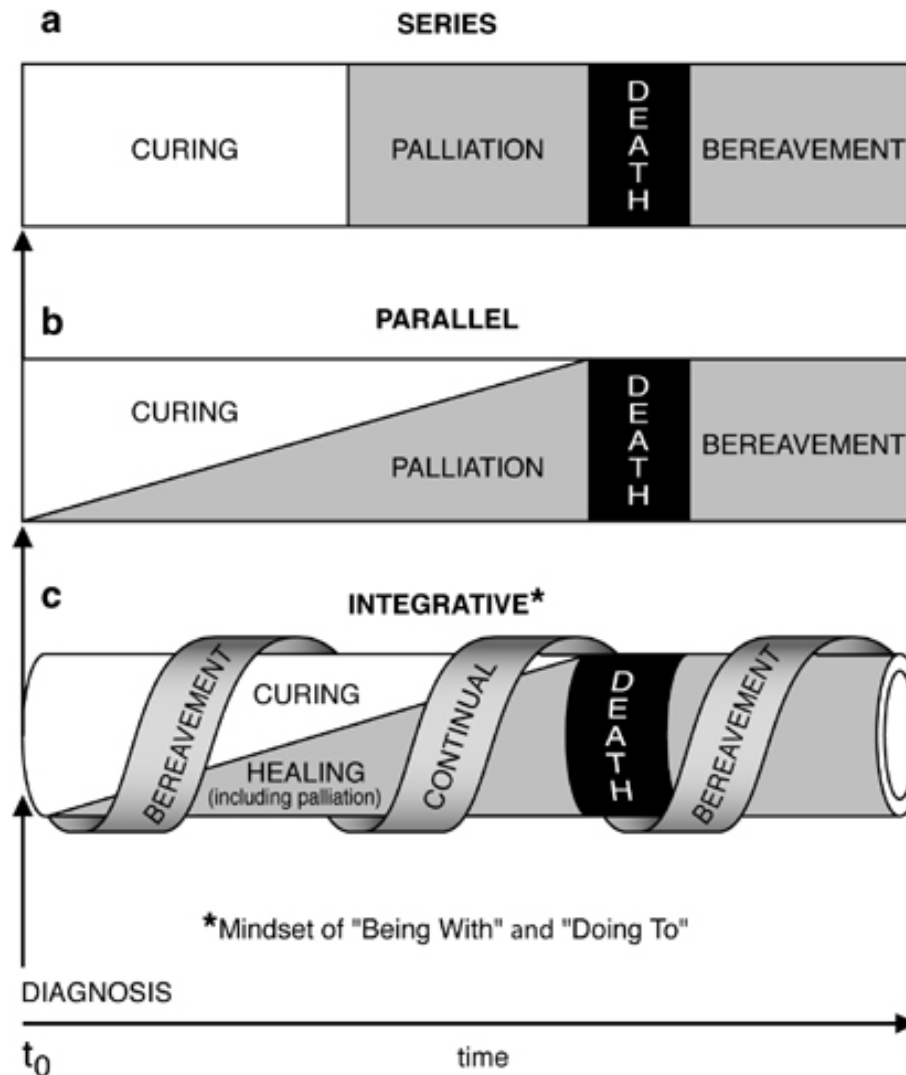
- Most broadly defined as:
 - Relief of suffering
 - Expert communication to help guide medical decision making



Interdisciplinary Approach



Palliative Care Through Illness



Palliative Care vs. Hospice

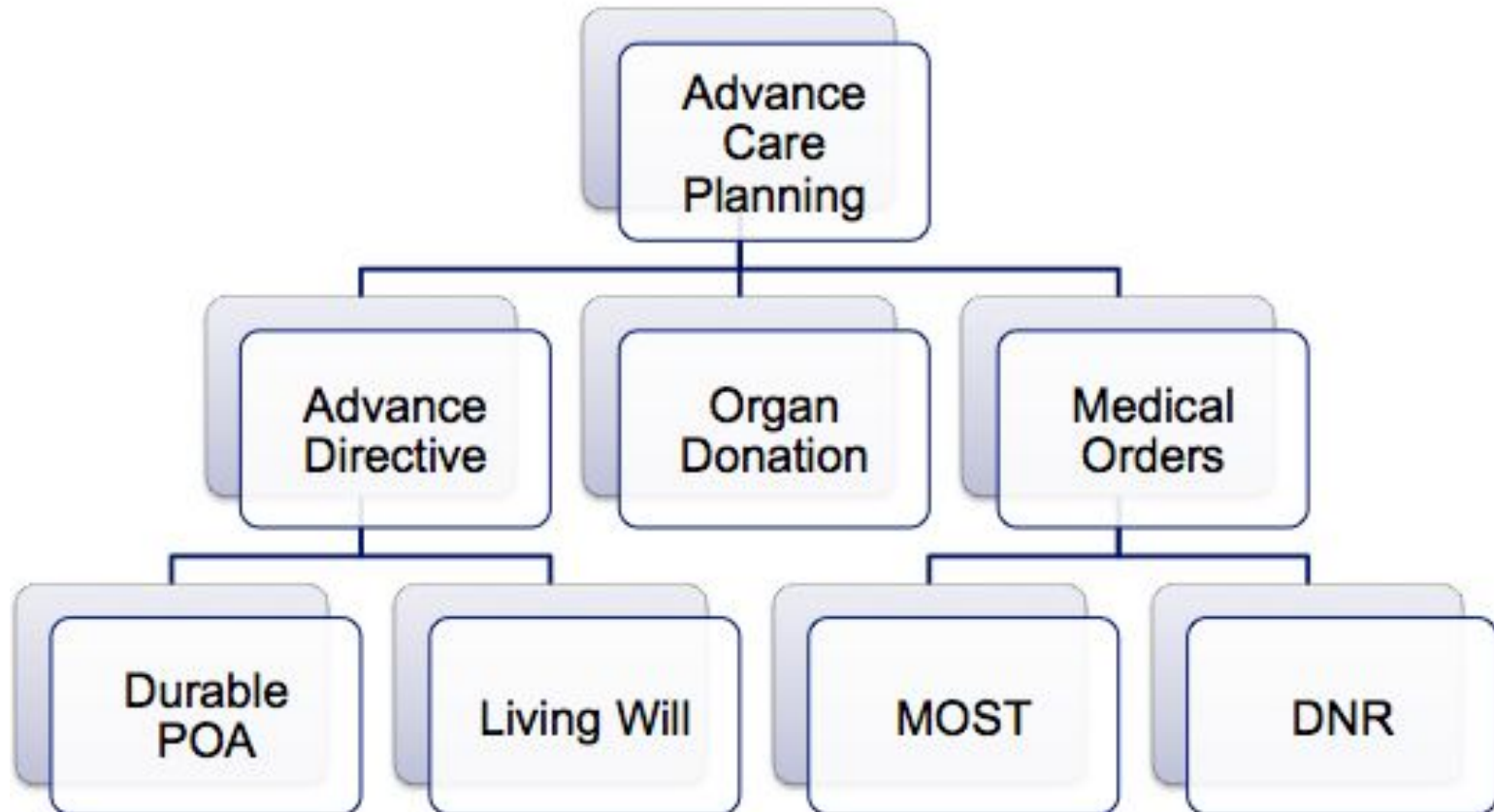
Palliative Care	Hospice
A philosophy of care and system for delivering care	A philosophy of care and system for delivering care
No life expectancy limitations	Prognosis of 6 months or less
Inpatient, outpatient or home	Primarily in home setting
Can continue aggressive, curative therapies	Stop aggressive, curative/restorative therapies
Team approach	Team approach

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Advance Care Planning

Relationships



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Communication

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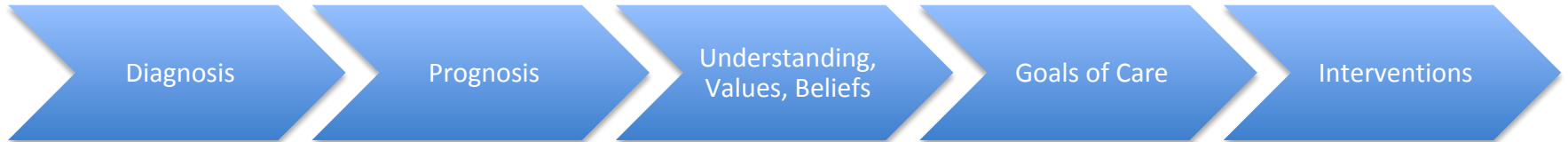


"First the good news - we've all got to go sometime . . ."

SPIKES Communication Tool

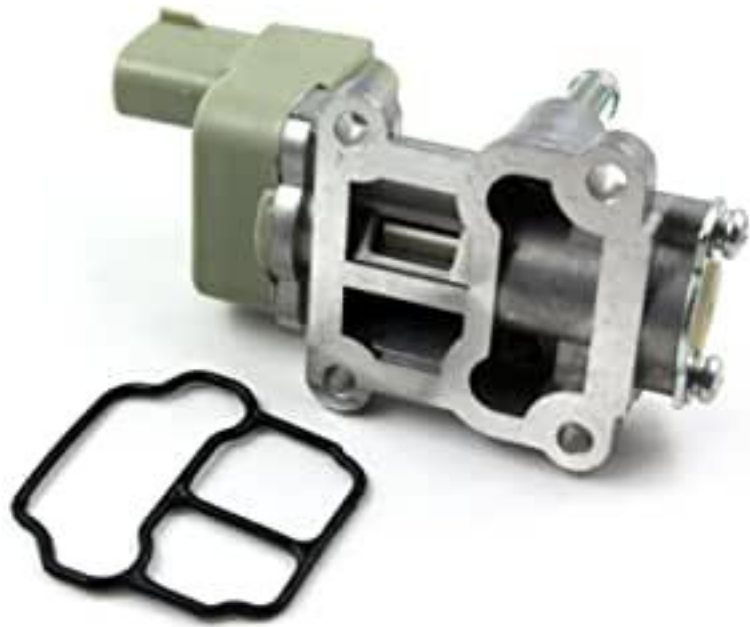
- Setting
- Perception
- Invitation
- Knowledge
- Emotions
- Summary/strategy

Communication Framework



Paternalism vs. Autonomy

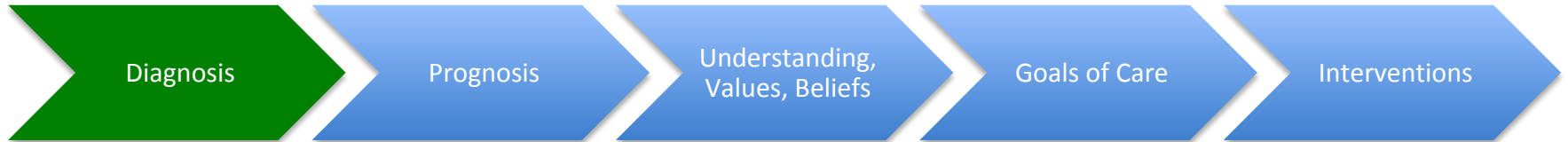
- Provider role is to make a recommendation! We are not merely information presenters.



Paternalism vs. Autonomy

- *“A blind focus on autonomy might inadvertently undermine patient care by depriving patients and surrogates of the professional guidance needed to make critical end-of-life decisions.”*
 - Elizabeth Dzeng

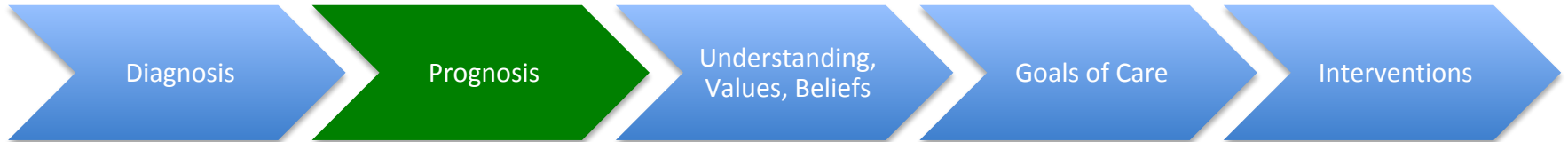
Communication Framework



Diagnosis

- Not always certain

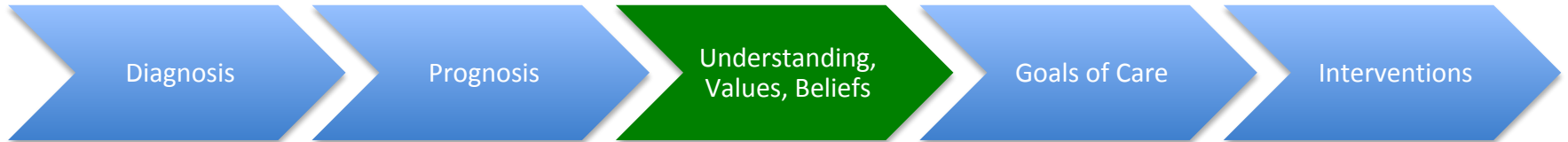
Communication Framework



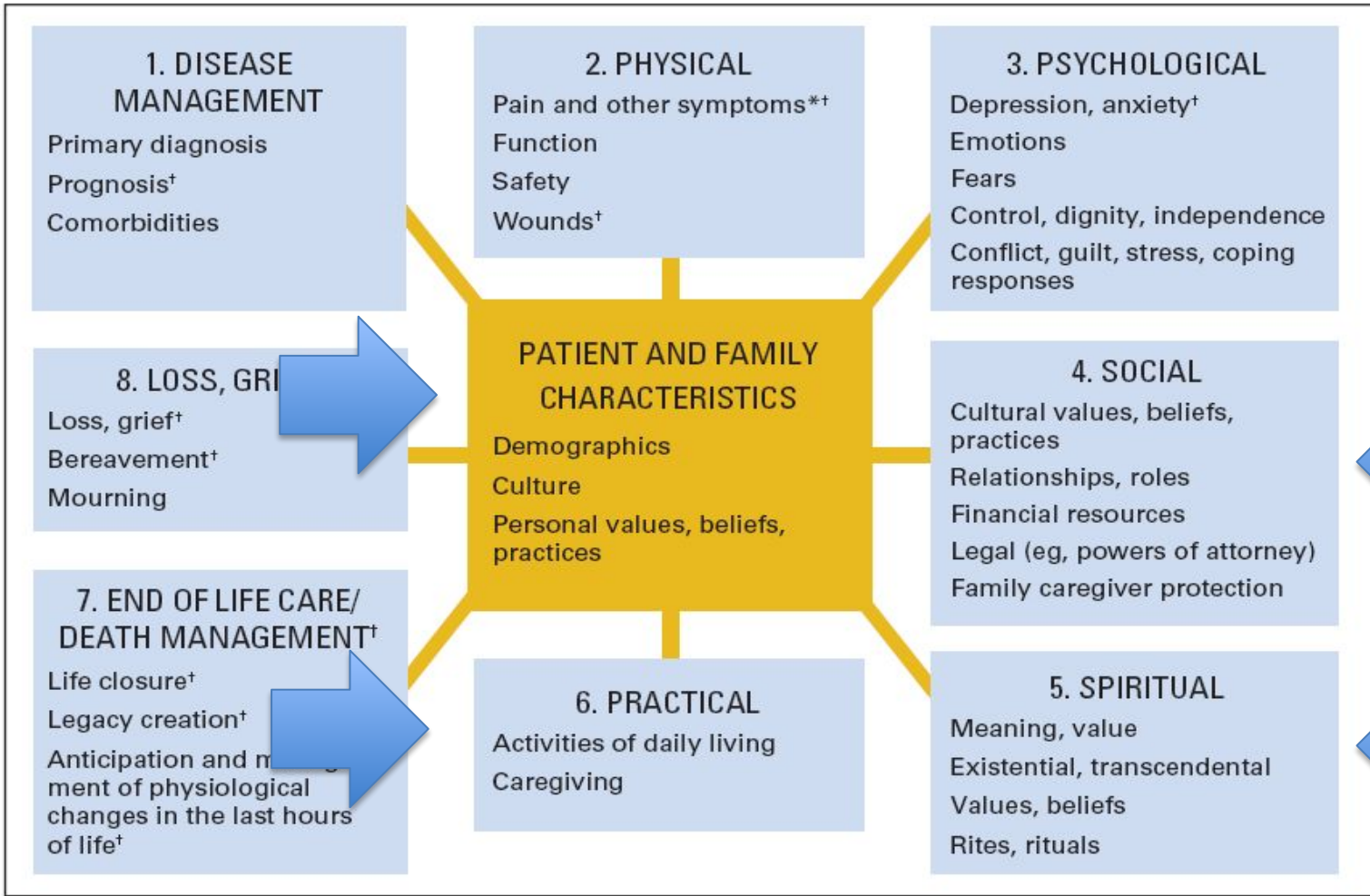
Prognosis

- Uncertain
- Ranges

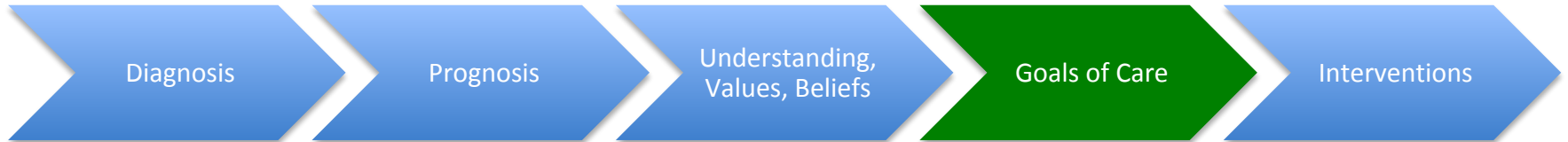
Communication Framework



ASCO Model of Palliative Care



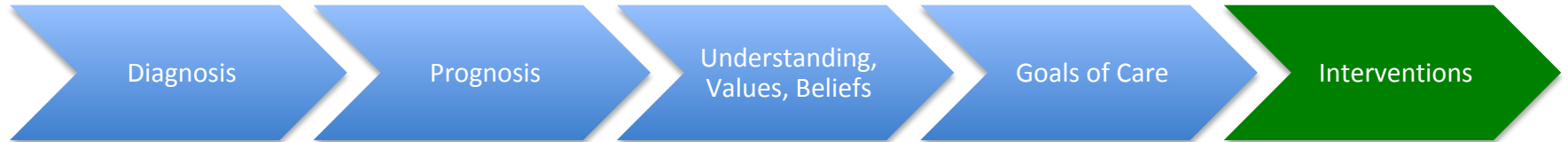
Communication Framework



Goals of Care

- Practical, patient language
- In light of illness
 - I want to go home
 - I want to see my family
 - I want to live as long as possible
 - I want to ride horses
 - I want to be alive for my grandchild's birth
 - I want to run a 10k
 - I want to be comfortable
 - Why am I still here?

Communication Framework



Interventions

- Biopsy
- Surgery
- Ventilator
- Tracheostomy
- CPR
- PEG
- Dialysis
- Antibiotics
- Fluids

Goals of Therapy



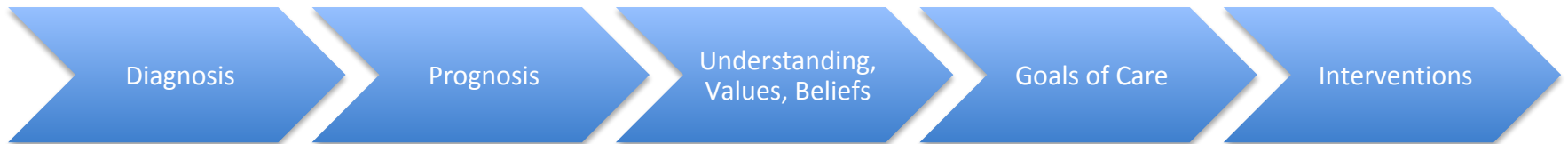
- Applies to many medical interventions
- Best thought of as a “bridge” therapy in certain conditions
- Will this help someone to recover to acceptable baseline

Rectification

- Patients/families sometimes make decisions at odds with your own values
- Why does this make us uncomfortable?
- “Outside the room” test
- Our task as providers:
 - Help with understanding of medical condition
 - Elicit goals in light of medical condition
 - Make recommendations for how to accomplish goal medically
 - Re-evaluate with changes in clinical condition

REMAP

- Reframe
- Expect emotion
- Map out goals/future
- Align
- Plan



Communication Pearls

- Worry
- Miracles
 - Hope vs. expectation
- Uncertainty
- Time limited trial
- Artificial nutrition/hydration
- Practice! (but setting matters)

Alternative Phrasing

Common expressions	Alternative Phrasing
“Would you want us to do everything?”	“It’s reasonable to consider any interventions we expect to be helpful”
“We’ve done all we can do”	“We’ve reached the limit of what can be reversed by man and medicine”
“Withdraw care”	“Shift to comfort focused care”
“You need dialysis”	“Dialysis could be indicated”

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