



Stanford
MEDICINE

Palliative
Care

Introduction to Palliative Care

Joshua C. Fronk, DO

Medical Director, Outpatient Palliative Medicine
Stanford Health Care
jfronk@stanford.edu



www.med.stanford.edu/palliative-care



@Stanford_PC

Roadmap

- What is palliative care?
- Why is it important?
- How does it compare to hospice?
- Audience Q & A



Stanford
MEDICINE

Palliative Care
Department of Medicine

Defining Palliative Care

What comes to mind when you hear the term “palliative care?”



- or -



Defining Palliative Care

- Palliative care strives to see **the person** beyond the disease
 - “person living with cancer” vs. “cancer patient”



Defining Palliative Care

- Palliative care is specialized health care for **people living with a serious illness**
- This type of care is focused on **providing relief from the symptoms and stress of the illness**
- The goal is to **improve quality of life** for both the **patient and the family**

Center to Advance Palliative Care (CAPC), 2019



Stanford
MEDICINE

Palliative Care
Department of Medicine

Defining Palliative Care

- Provided by a specially-trained **team**, working together with the patient's other physicians and medical teams to **improve quality of life** while striving to **extend life or provide cure**
- Based on the individual needs of the patient, ensuring **personalized medicine** remains personal at **any age or point** in a serious illness

Center to Advance Palliative Care (CAPC), 2019



Stanford
MEDICINE

Palliative Care
Department of Medicine

Living with a Serious Illness

Common Life-Limiting Diagnoses

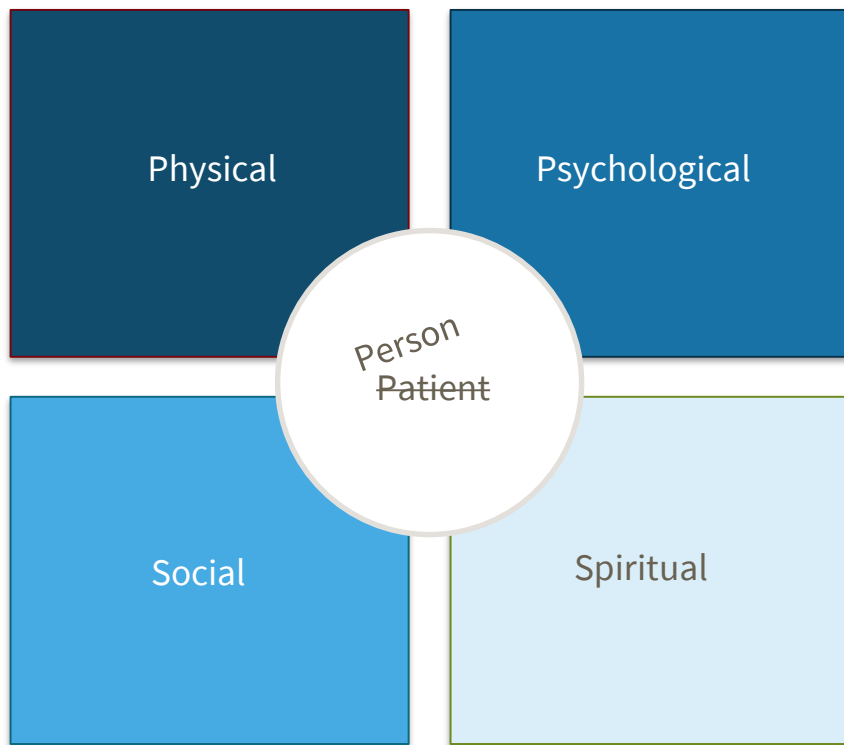
- Cancer
- Heart failure
- Liver, Kidney, or Lung Disease
- Dementia
- ALS (Amyotrophic Lateral Sclerosis)
- Parkinson's Disease
- Functional Decline or Frailty

Diagnoses Better Served By Primary Care

- Hypertension
- Diabetes
- High cholesterol
- Infections that are expected to improve (e.g., influenza)
- Chronic pain that is not from a serious illness (e.g., Osteoarthritis)



Team-Based Care



Derived from World Health Organization definition of palliative care, 1998

Palliative Care Team Members

- Physicians
- Advance Practice Providers (e.g., Nurse Practitioner)
- Social Workers
- Chaplains
- Medical Assistants



Stanford
MEDICINE

Palliative Care
Department of Medicine

Improved Relief from Symptoms and Stress



- Tumor-associated Pain
- Shortness of breath
- Nausea
- Constipation
- Anxiety
- Depression
- Insomnia
- Existential Distress/Grief
- Insomnia
- Fatigue
- Poor Appetite/Weight Loss
- Neuropathy
- Caregiving
- Advance Care Planning



Stanford
MEDICINE

Palliative Care
Department of Medicine

Any Age, Any Stage, Any Phase of Treatment

- Palliative Care is appropriate at **any age** and can be provided **alongside curative treatment**
- Improves quality of life for the patient and family since it recognizes that **patient and families are a unit**



Stanford
MEDICINE

Palliative Care
Department of Medicine

Palliative Care Benefits

- Living better **and** longer*
- Improved symptom control (e.g., pain, shortness of breath)
- Enhance spiritual and emotional wellbeing
- Identification of life goals and advance care planning
- Increased satisfaction with care
- Fewer hospitalizations or visits to Emergency Room
- Fewer hospital days
- Less burden on caregivers
- Decrease medical team distress

Source: Temel, New England J Medicine 2010; 263: 733-742



Stanford
MEDICINE

Palliative Care
Department of Medicine

Life Goals and Advance Care Planning



- Process of **contemplating** and making health **decisions** now and for the **future**
- Decisions to make in anticipation of **when** patients are unable to speak for themselves
- Health care interventions should be **based on preferences**, discussions with loved ones and most importantly, **personal values**

Palliative Care

Hospice



Stanford
MEDICINE

Palliative Care
Department of Medicine

Defining Hospice

- A **philosophy** of care
- An **insurance** benefit
- A pre-defined **set of services**



Defining Hospice



- Prioritizing **comfort** and/or quality of life goals
- Living better now and up through **end-of-life**
- Ensuring patients die where they want to be



Stanford
MEDICINE

Palliative Care
Department of Medicine

Defining Hospice

- Covered by **all insurance plans** (including Medicare and Medicaid) at no additional cost
- Patients have an estimated **prognosis of 6 month or less**
- Typically, does not cover aggressive life-prolonging or cancer-directed therapies (e.g., chemotherapy or immunotherapy)
- Discussion about specific treatments is possible



Pre-Defined Set of Services

- New additions to care team:
 - Nurse
 - Case manager
 - Home health aide
 - Pharmacist
 - Physical and occupational therapists
 - Volunteers
- Home-based care (if desired)
- 24hr Call Line
- Ability to send “on demand” nurses for assessment and care management
- Short-term inpatient escalation (GIP) for uncontrollable symptoms
- Caregiver respite support (5 days)
- Manage and deliver all medications
- Durable medical equipment
 - Hospital bed
 - Bedside commode
 - Shower chair
 - Oxygen tanks or concentrator when indicated
 - Wheelchair, etc.
- Family grief counseling and bereavement support (minimum 1 year)



Questions and Open Discussion

Location of Stanford Palliative Care

- Inpatient hospital consult service, 7 days/week
- Outpatient clinics in Palo Alto, San Jose and now Emeryville
- Both In-person and video visits are available





Stanford
MEDICINE

Palliative
Care

Thank you for
your attendance

Please complete our survey



www.med.stanford.edu/palliative-care



@Stanford_PC