What Matters Most: Palliative Care Myths, Misconceptions and Setting the Record Straight

Grant Smith, MD
Clinical Assistant Professor of Medicine
Section of Palliative Medicine
Stanford School of Medicine
@GSmithHPM

www.med.stanford.edu/palliative-care

@Stanford_PC
What Does Palliative Care Mean to You?
Roadmap

- Describe the role of palliative care
- Recognize the benefits of early palliative care
- Compare and contrast palliative care and hospice
- Provide information about Getting Connected to Palliative Care
Defining Palliative Care

- Palliative care sees the person beyond the disease.
  - “A person living with cancer” vs. “cancer patient”
Defining Palliative Care

- Definition:
  - Palliative care is a **philosophy of care** and type of **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**.

Adapted from Center to Advance Palliative Care (CAPC), 2019
Defining Palliative Care

- Provided by a specially-trained team, palliative care specialists work together with a patient’s other doctors to provide an essential layer of support.

- Palliative care is based on the needs of the patient, not on the prognosis. It is appropriate at any age and at any point in a serious illness and can be delivered with curative treatment.

Adapted from Center to Advance Palliative Care (CAPC), 2019
Living with a Serious Illness

**Common Diagnoses**
- Any life-limiting illness
- Cancer
- Heart failure
- Liver, Kidney, or Lung Disease
- Dementia
- ALS, Parkinson’s Disease
- Multiple hospitalizations
- Functional Decline

**Diagnoses Less Well Served by PC**
- Hypertension
- Diabetes
- High cholesterol
- Infections that are expected to improve or get better (influenza, common cold)
- Chronic pain that is not from a serious illness
Relief From Symptoms and Stress

- Pain
- Shortness of breath
- Nausea
- Constipation
- Anxiety
- Depression

- Coping/Stress
- Fatigue
- Poor appetite/Weight Loss
- Neuropathy
- Caregiving
Improve Quality of Life for Patient and Family

- Ensure that your overall care plan matches with what matters most to you

- Recognize that patient and families are a unit
Team-Based Approach

Derived from World Health Organization definition of palliative care, 1998
Team-Based Approach

Doctor & Nurse
- Prescribes medication
- Helps with medical decisions
- Coordinates with other doctors

Social Worker
- Emotional Support
- Caregiver support
- Medical equipment
- Financial concerns

Chaplain
- Spiritual support
- Existential distress
- Prayers and blessings
An Essential Layer of Support
Any Age, Any Stage and Can Be With Curative Treatment

- Palliative Care is appropriate at any age and can be provided alongside curative treatment.

- Examples of patients I see in clinic:
  - New diagnosis
  - Cured but with ongoing symptoms
  - Pursuing curative treatment
  - Pursuing treatment but unable to cure
  - Living with their illness and no longer receiving treatment targeting their underlying illness
If it Were a Pill, It Would be Worth Millions

- Median Estimates of Survival:
  - 11.6 months early PC group
  - 8.9 months in standard group
Palliative Care has many benefits

- Improved
  - Quality of life
  - Symptom control (i.e. pain, shortness of breath)
  - Spiritual wellbeing
  - Psychological symptoms
  - Satisfaction with care

- Fewer hospitalizations
- Less burden on caregivers
What it Looks Like in Real Life

In Palliative Care, Comfort Is the Top Priority

The New York Times

They have become converts. “It was quite a relief,” Mr. Chin said. “Our doctor listened to everything: the pain, the catheter, the vomiting, the “Our doctor listened to everything: the pain, the catheter, the vomiting, the tiredness.”

worker helps the family grapple with home care schedules and insurance. Mr. Chin, who frequently translates for his Cantonese-speaking mother,

...but her son now wishes the family had agreed to palliative care earlier...

wishes the family had agreed to palliative care earlier.
What is hospice?

1. A philosophy of care
2. An insurance benefit
3. A set of services
A philosophy of care

- Comfort-focused care
- Delivered where patients want to be
An insurance benefit

- Covered by all insurance plans (including Medicare and Medicaid)

- Insurance guidelines mandate that patients have a 6 month or less estimated prognosis
  - Typically does not cover cancer-directed therapy (such as chemotherapy or immunotherapy)

- Discussion about specific treatments is possible
A set of services

- **Interdisciplinary Team**
  - Doctor
  - Nurse-Case Manager
  - Social Worker
  - Chaplain
  - Volunteer
  - Home health aide

- **Home-Based Care (if desired)**

- **24hr Nurse Call Line**

- **Ability to send “on demand” nurse to home**

- **Ability to transfer to nursing home if desired**

- **Prescribe and provide all medications**

- **Prescribe and provide all medical equipment**
  - Hospital bed
  - Bedside commode
  - Wheelchair

- **Does not provide 24hr care**
## Fact or Myth?

<table>
<thead>
<tr>
<th>MYTH</th>
<th>FACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palliative care is for people who are at the end of their lives</td>
<td>Palliative care can benefit patients and families from the time of diagnosis</td>
</tr>
<tr>
<td>Palliative care and hospice are essentially the same</td>
<td>Hospice is a form of palliative care that does focus on care in the last 6 months</td>
</tr>
<tr>
<td>Palliative care hastens death</td>
<td>Palliative care may actually improve survival.</td>
</tr>
<tr>
<td>Palliative care is only for people dying of cancer</td>
<td>Palliative care can be part of the care of people with many different illnesses</td>
</tr>
<tr>
<td>Palliative care means my doctor has given up and there is no hope for me</td>
<td>Palliative care provides comfort and the best quality of life. It is about hoping for this</td>
</tr>
</tbody>
</table>
## Fact or Myth?

<table>
<thead>
<tr>
<th>MYTH</th>
<th>FACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can no longer see my other doctors if I see palliative care</td>
<td>You can still see your other doctors while receiving palliative care</td>
</tr>
<tr>
<td>Palliative care focuses only on treating pain</td>
<td>Palliative care treats many symptoms that may be bothersome to you</td>
</tr>
<tr>
<td>Palliative care is only available in the hospital</td>
<td>Palliative care can be provided in clinic, in the home, and in the hospital</td>
</tr>
<tr>
<td>Palliative care is expensive</td>
<td>Palliative care is covered like any other medical specialty</td>
</tr>
</tbody>
</table>
How to Get Palliative Care at Stanford

- Outpatient Referral
  - Clinic available in Palo Alto, San Jose, and Emeryville
  - Provide in-person, telephone, and video visits
  - Offer co-management service
  - Place either a discharge referral or an order for Ambulatory Referral to Palliative care
  - We also accept patient self-referrals
    - Patients can call 650-724-0385
Additional Resources

- More information about palliative care
  - www.med.stanford.edu/palliative-care
  - www.getpalliativecare.org
Homework

- Ask 1 person what they know about palliative care
- Tell that person what you learned
Questions?

Thank you!