Palliative Care: An Extra Layer of Support
Bladder & Kidney Cancer Support Group

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Roadmap

- Describe and define palliative care
- Recognize the benefits of early palliative care
- Discuss palliative care in Bladder and Kidney Cancer
- Differentiate palliative care from hospice
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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 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
Defining Palliative Care

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

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
Helping Plan for the Future

- Ensure that your overall care plan *matches* with what matters most to you and your family
Improve Quality of Life for Patient and Family

- Recognize that **patient and families are a unit**
  - Caregiver support
  - Children and Family Guidance program
Team-Based Approach

Who’s On Our Team:
- Doctors
- Nurses
- Social Workers
- Chaplains
- Medical Assistants

Derived from World Health Organization definition of palliative care, 1998
Extra-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**
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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
- Fewer hospital days
- 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...

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Palliative Care and Kidney & Bladder Cancer

- Integrated Palliative Care and Bladder/Kidney/Prostate Cancer clinic:
  - Patients maintained
    - Quality of life
    - Mood
    - Relief from pain
    - Physical health
    - Mental health
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Palliative Care

Hospice
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
Getting Connected to Palliative Care

Visits Available:

- In-person
- Video
- Telephone

Physical Clinics:

- Palo Alto – Main Campus Cancer Center
- San Jose – South Bay Cancer Center
- Emeryville
Getting Connected to Palliative Care

• Ask your doctor or nurse to place a referral

• Call our office 650-724-0385

• Visit our Website:  
  – med.stanford.edu/palliative-care
Thank You!