Living Your Best Life: How Palliative Care Can Help Improve Quality of Life

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Roadmap

▪ What is palliative care?
▪ When and how can someone benefit from palliative care?
▪ What’s the difference between palliative care and hospice?
What is Palliative Care?

- What comes to mind when you hear the term palliative care?
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How is Palliative Care Different?

- Palliative care sees **the person beyond the disease.**
  - “A person living with cancer” vs. “cancer patient”
How is Palliative Care Different?

- A Holistic Approach

Derived from World Health Organization definition of palliative care, 1998
How is Palliative Care Different?

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
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 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.
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
- Becoming dependent on others
Relief From Symptoms and Stress

- Pain
- Difficulty breathing
- Nausea
- Constipation
- Anxiety
- Depression
- Coping/Stress
- Exhaustion/Fatigue
- Low appetite/Weight Loss
- Nerve pain
- Caregiving
How Do We Relieve Symptoms?

- Many symptoms are complex and can have multiple inputs
- Need to use multiple strategies to manage those symptoms
Help with Medical Decisions

- **Advance Health Care Planning**
- Completing **Advance Directives** and POLST forms
- Weighing **treatment options**
Extra and Essential Layer of Support
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

Temel (2010) NEJM
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
When to Ask For Palliative Care?

- Serious illness
- Difficult symptoms
- Difficult decisions
- Difficulty coping
- Multiple domains of life affected
  - Body
  - Mind
  - Spirit
Who Pays for Palliative Care?

- **Covered** by insurance like any other medical specialty clinic

- SB 10-04 in California helped to promoted access to palliative care for patients **covered by public health insurance**
How Do I Access Palliative Care?

- Referral from:
  - Primary Care Provider
  - Primary Specialist (e.g. cardiologist, oncologist)
  - Inpatient medical team or ED

- Other providers are still learning
- Be insistent if you want it
Palliative Care

Hospice
What is hospice?

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

- Comfort-focused care
- Delivered where patients want to be
Hospice as an insurance benefit

- Covered by nearly 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
Hospice as 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 @ Stanford

• Clinics available in Palo Alto, San Jose, Emeryville, and Pleasanton

• In-person and video visits available

• Ask your healthcare provider for a referral

• We also accept patient self-referrals
  – Patients can call 650-724-0385
Palliative Care Programs

- Kaiser Marin-Sonoma
- Marin General Hospital
- Kaiser East Bay
- San Francisco Veterans Administration
- Sutter San Francisco/California Pacific Medical Center
- Kaiser San Francisco
- UCSF
- Zuckerberg San Francisco General Hospital
- Sutter/Palo Alto Medical Foundation (PAMG)
- Stanford
- Santa Clara Valley Medical Center

GetPalliativeCare.org
Thank you!

www.med.stanford.edu/palliative-care

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Homework

- Tell one person you know about what you learned tonight!