Overview of Palliative Care: Institute on Aging

Grant Smith, MD
Clinical Assistant Professor of Medicine
Section of Palliative Medicine
Stanford School of Medicine
grant.smith@stanford.edu
@GSmithHPM

www.med.stanford.edu/palliative-care
Take Home Message

- If you are facing difficult symptoms or difficult medical decisions for yourself/your family/your clients, palliative care is here to partner with you to help you carry the load and navigate those difficult decisions.
Roadmap

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

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

- What comes to mind when you hear the term palliative care?
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.

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
Relief From Symptoms and Stress

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

- Coping/Stress
- Fatigue
- Poor appetite/Weight Loss
- Neuropathy
- Caregiving
Help with Medical Decisions

- Advance Health Care Planning
- Completing Advance Directives and POLST forms
- Weighing treatment options
Extra and 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

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
What it looks like in real life

"Our doctor listened to everything: the pain, the catheter, the vomiting, the tiredness."

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

...but her son now wishes the family had agreed to palliative care earlier...
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
How is Palliative Care Different From Geriatrics?

Palliative Care
- Pain and sx mgmt
- Communication skills
- Bereavement
- Improving QoL & Functional outcomes
- Appropriate use of hospice

Geriatrics
- Frailty
- Functional assessment & intervention
- Geriatric syndromes
- Nursing home medicine
- Suffering in dementia

Goldstein (2005) JAGS
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
Hospice vs. Home Health

Hospice Care
- Comfort care to manage symptoms
- Prognosis 6 months or less
- Provided wherever patient calls home
- Patient is free to leave home
- Skilled and personal care, meds, supplies provided
- Visits scheduled as needed; up to 24 hours/day when medically necessary

Hospice and Home Health Care
- Avoid/reduce hospitalization; care ends if patient is hospitalized
- Allow patient to remain at home
- Physical and psychosocial care
- Unlimited recertification

Home Health Care
- Treatment or therapy to restore independence
- Condition must show improvement
- Provided in patient’s private residence
- Patient must be homebound
- Skilled care provided; no meds, supplies, personal care
- Visits of up to 8 hours/day for 21 days
Take Home Message

- If you are facing difficult symptoms or difficult medical decisions for yourself/your family/your clients, palliative care is here to partner with you to help you carry the load and navigate those difficult decisions.
Thank you