

The background features abstract, overlapping green geometric shapes in various shades of green, creating a modern and dynamic visual effect. The shapes are primarily triangular and polygonal, arranged in a way that suggests movement and depth.

# Palliative Care & Advance Care Planning for Parkinson's

Steve Lai MD

Margaret Stephens

Palliative Care & Support Services

Palo Alto Medical Foundation

# By the end of this talk, you will be able to...

- ▶ Ask yourself 3 important questions to help plan for future medical decisions
- ▶ Understand advance care planning specifically for Parkinson's, what to expect at end of life
- ▶ Understand palliative care vs hospice, PAMF palliative care service
- ▶ Complete Advance healthcare directive & POLST form

# Parkinson's & Mortality

- ▶ PD does contribute to mortality (71%) and there are certain signs and symptoms that predict terminal phase of disease
- ▶ Common causes of death-sepsis, respiratory failure, wasting syndrome, choking
- ▶ One study looking at predictors of mortality in PD at 6-12 months-include accelerated weight loss, significant reduction in dopaminergic meds due to neuropsychological side effects
- ▶ Weight loss, dysphagia of liquids & aspiration, recurrent infection, accelerating loss of function & mobility-hospice would be appropriate

# Parkinson's and End of Life Care

- ▶ Significant underutilization of palliative care & hospice
- ▶ <5% of Parkinson's patients use hospice
- ▶ Majority die in hospital, one study showed that 97% of Parkinson's patients who died in the hospital lacked a documented goals of care conversation or advance directive
- ▶ Patients who complete advance care planning are much more likely to die at home



# What is Advance Care Planning?

- ❖ Making decisions for the health care you would want **if you become unable to speak for yourself**
- ❖ These are **your decisions** to make, regardless of what you choose for your care
- ❖ The decisions are based on your **personal values**, preferences, and discussions with your loved ones

# Choose a DPOA/Healthcare Proxy

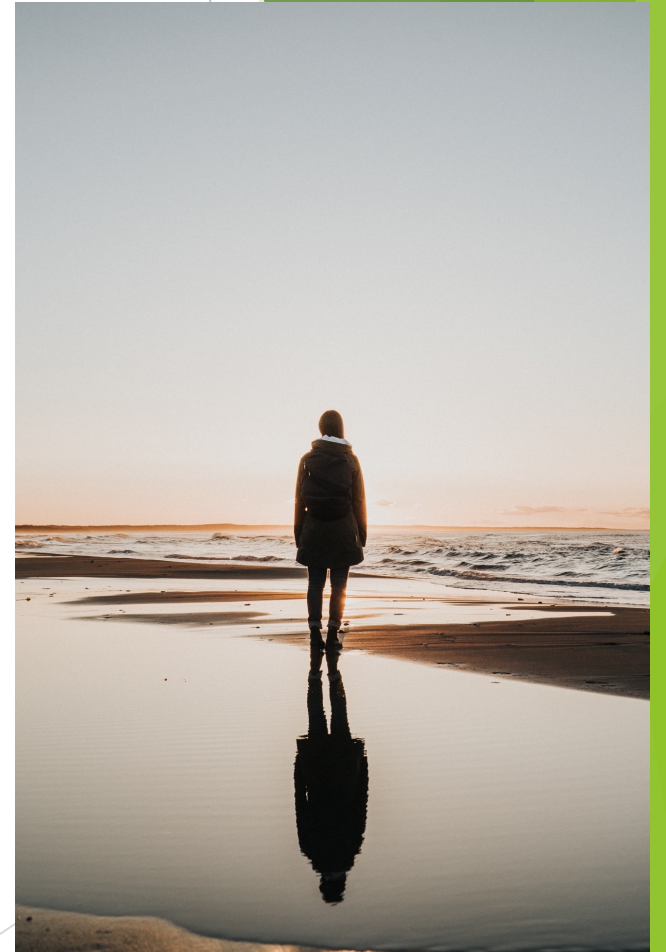
## A good decision maker...

- ▶ Knows they are your DPOA
- ▶ Is available and easy to reach
- ▶ Knows your values
- ▶ Can make decisions *on your behalf*



# Important Questions

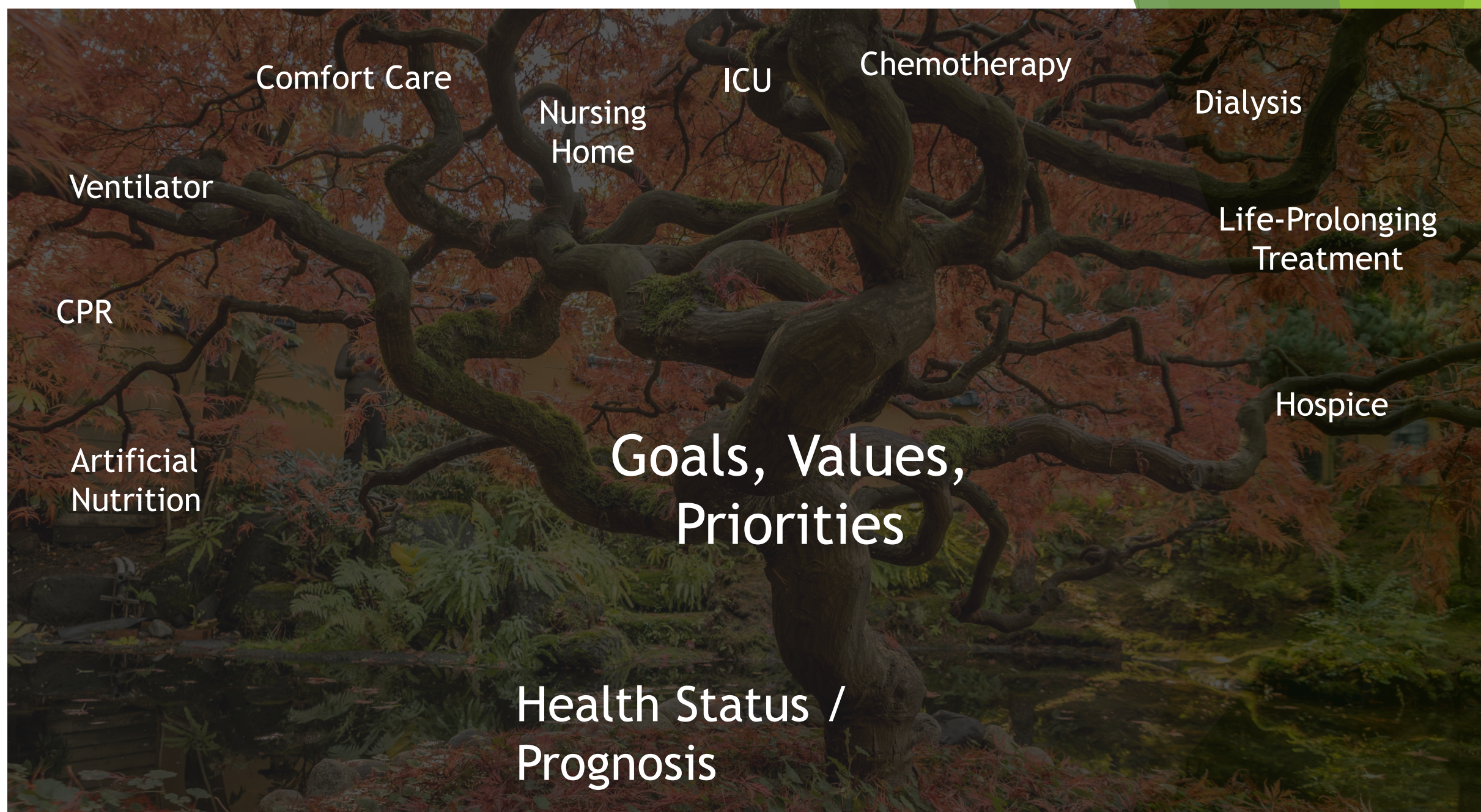
- ❖ What brings me joy? What makes life worth living?
- ❖ What would be important to me if I became seriously ill or near the end of my life?
- ❖ What quality of life would be unacceptable for me?













# What is Palliative Care?

Specialty in medicine for people living with a serious illness with the goal to improve quality of life for both the patient and the family

Based on the needs of a patient than the prognosis of a patient, and appropriate at any age, at any point in a serious illness, and can be delivered with curative treatment

# How Do I Get Palliative Care at PAMF?

Ask your doctor to place a referral to Palliative Care and Support Services (PCSS)

Locations in San Mateo, Palo Alto, Sunnyvale, Fremont, Dublin, and Santa Cruz

- ▶ Home visits
- ▶ Video visits



# Difference between Palliative Care and Hospice

## Palliative Care

- ▶ Specialty service that works in collaboration with other medical providers including Primary Care.
- ▶ Works with primary treatment being provided.
- ▶ Focus is on Symptom management/pain and stressors of serious illness as an adjunct to curative care modalities.
- ▶ Not necessarily time limited. Appropriate at any stage of illness.
- ▶ Focus on providing medical guidance and support based on the quality of life measures defined by the individual's goals and values.

## Hospice

- ▶ Focuses on Comfort and symptom management during the terminal phase as defined by Medicare as having a life expectancy of 6 mo or less.
- ▶ Hospice admission requires a change in condition. A decline related to a terminal prognosis. For example, decline or sudden change in functional status/mobility, cognition, weight loss etc.
- ▶ Hospice should be considered when the burden of treatment outweighs the benefit coupled with prognosis.



# What is POLST?



- A physician order recognized throughout the medical system.
- Portable document that transfers with the patient.
- Brightly colored, standardized form for entire state of CA.

# Why POLST?

1. Patient wishes often are not known.
  - The Advance Health Care Directive (AHCD) may not be accessible.
  - Wishes may not be clearly defined in AHCD.
2. Allows health care professionals to know and honor wishes for end-of-life care.

# What is POLST?

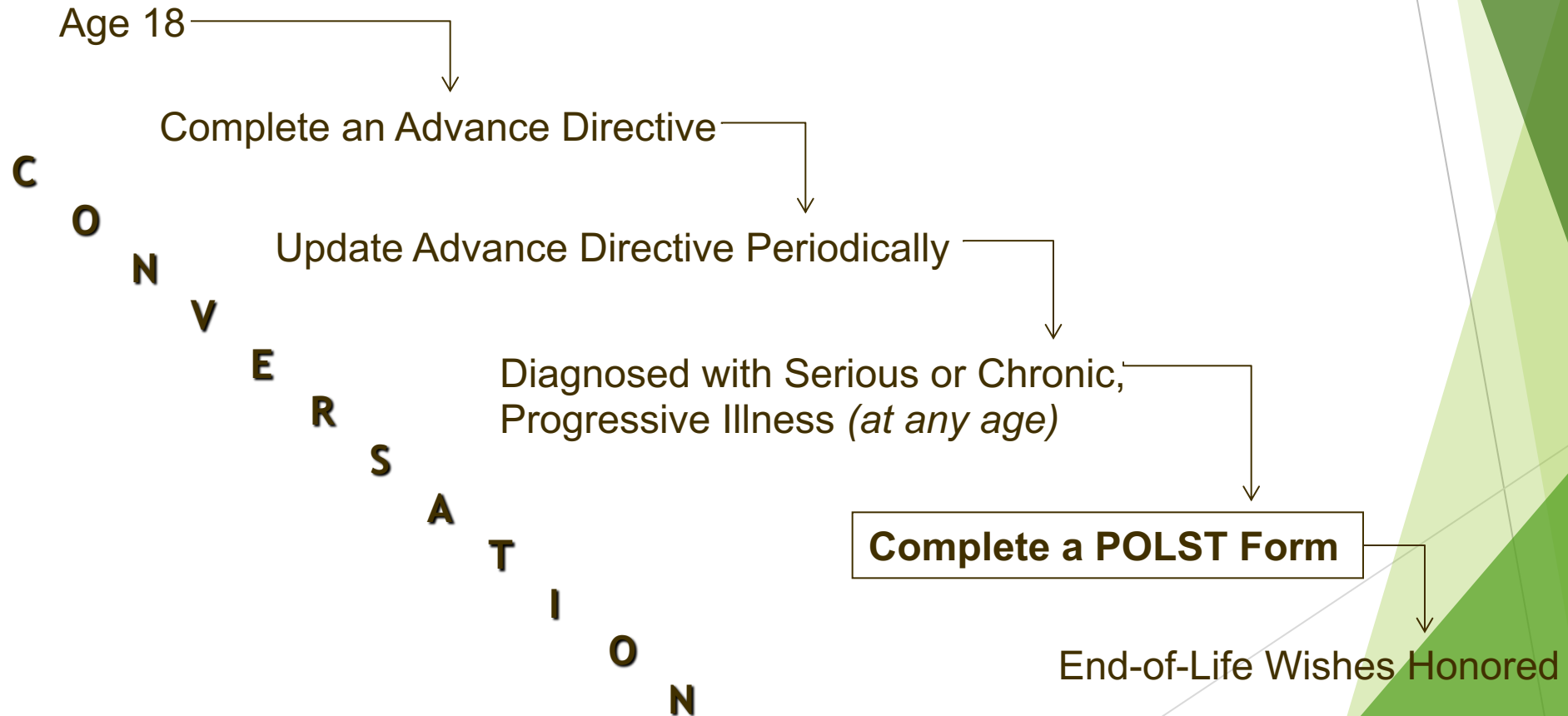
- Allows individuals to choose medical treatments they want to receive, and identify those they do not want.
- Provides direction for health care providers during serious illness.

# Who Needs POLST?

- Chronic, progressive illness
- Serious health condition
- Medically frail
- Tool for determination
  - “Would you be surprised if this patient died within the next year.”

# Where Does POLST Fit In?

## *Advance Care Planning Continuum*



# AHCD vs. POLST

## AHCD

- ▶ Legal Document
- ▶ The Individual completes it.
- ▶ All adults whom are able to make their own decisions should have one.
- ▶ Appoints a surrogate.
- ▶ Communicates General Wishes.

## POLST

- ▶ Medical Order
- ▶ Healthcare Professional completes it.
- ▶ People who are considered high risk for life-threatening clinical events because they have a serious life-limiting medical condition.
- ▶ Does not appoint a surrogate.
- ▶ Communicates specific medical orders.

# Questions