Palliative Care for Oncology Patients

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How can case managers impact Early Intervention of Palliative Care?
Palliative care is relief from the pain, symptoms and distress of serious illness. It's goal is two-fold:
- to ensure the highest function and quality of life possible;
- and to organize support for patients and families so they can achieve their goals.

Palliative care is appropriate at any stage of an illness that may limit life, and can be offered alongside treatments intended to cure.
Life - Prolonging Care

Hospice Care

Palliative Care

Curative Care

Palliative Care in the Continuum

RISK

ILLNESS

BEREAVEMENT

Life-Prolonging Care

Hospice Care

Curative Care

Palliative Care

Presentation / Diagnosis

Risk-reducing care

Symptom management / supportive care

Life closure (planning for death)

Last hours of life (dying)

Bereavement care
Who receives Palliative care?

Palliative care can be provided to any patient and family living with a serious illness like cancer, heart failure, emphysema, dementia, advanced kidney or liver disease, neurologic conditions like Parkinson’s disease or ALS, and many others.

Key indications for palliative care involvement include, but are not limited to:

- Uncontrolled pain, physical or emotional symptoms related to serious illness
- Declining function and capacity to provide activities of daily living
- Progressive weight loss
- Multiple hospitalizations
- Uncertainty regarding prognosis
- Uncertainty or conflict regarding goals of care
- DNR conflict
- Use of tube feeding or TPN for patients with cognitive impairment or advanced illness
- Family or provider questions about appropriateness for hospice care
- Caregiver or family distress; need for resources
The UMHS Palliative Care Consult Service is an interdisciplinary team of Nurse Practitioners, Social Workers, Physicians, and a Chaplain.

Palliative Care works with the patient’s primary physicians to provide an extra layer of support.

Palliative Care seeks to improve quality of life and relieve suffering of persons living with serious illness, as well as providing support to their families.

The team provides active support that can be provided together with life-prolonging treatment.
Our Story

- Palliative care was always a last minute thought
- There was no “best” time to initiate it
- Patients did not understand what we were offering – “never heard of that”
- We wanted something better for our patients

- Early Palliative Care
HSCT patients with and without Palliative Care Consults

Data collected from adult patients admitted to UMHS for allogeneic hematopoietic transplant in the six month period between Sept 2010–Feb 2011 (n=45)

- Received Palliative Care Consult
- Did not receive Palliative Care Consult

No Palliative Care (43) | Palliative Care (2)
Literature Support for Palliative Care
Commission on Cancer 2012
2012 Cancer Program Standards: Ensuring Patient Family Centered Care

- "The availability of palliative care services is an essential component of cancer care, beginning at the time of diagnosis and being "continuously available" throughout treatment, surveillance, and, when applicable, during bereavement."
Once informed, consumers say they would be very likely to consider using palliative care if they or a loved one had a serious illness.

95% of respondents agree that it is important that patients with serious illness and their families be educated about palliative care.

92% of respondents say it is important that palliative care services be made available at all hospitals for patients with serious illness and their families.

This research was conducted by Bill McInturff and Elizabeth Harrington of the national polling firm Public Opinion Strategies. It was commissioned by CAPC with generous support from the American Cancer Society Cancer Action Network (ACS CAN).
Guidelines supporting early palliative care intervention

- NCCN Clinical Practice Guidelines in Oncology Palliative Care
- ASCO Statement: Toward Individualized Care for Patients with Advanced Cancer (J Clin Onc 2011)
- National Quality Forum
- American Academy of Pediatrics
- Institute for Clinical Systems Improvement
- ONS Position on Palliative and End of Life Care
“… this is a clarion call for oncologists as individual practitioners and for our profession in general, to take the lead in curtailing the use of ineffective therapy and ensuring a focus on palliative care and relief of symptoms throughout the course of illness.” (ASCO 2011)

“The most significant barrier to quality care at the end of life may be the artificial and unnecessary division between cancer-directed therapy and palliative care.” (Malin, J.L. 2004)
NCCN Practice Guidelines in Oncology for Palliative Care state that patients who have limited treatment options meet the criteria for early consultation with palliative care specialists.

NCCN also identifies other patient characteristics that meet criteria for early consultation including patients with the potential for: a) multiple complications that may require ICU admission, b) high distress scores, c) social circumstances common in the oncology population (e.g. financial, spiritual, social support issues, etc.)

There is no current systematic method of providing palliative care to oncology patients.

A practice gap exists between current practice for oncology patients and the recommended evidenced-based guidelines listed above from NCCN.
Experience by a variety of disciplines shows that patients and families struggle with treatment decisions that develop throughout their course of treatment.

Physicians struggle with the appropriate time to initiate difficult conversations regarding quality of life, course of treatment plans, and end-of-life decisions.

Patients and families can feel a sense of abandonment when providers abruptly shift responsibility for treatment decisions to them near end-of-life.

Nurses experience frequent ethical dilemmas regarding appropriateness of treatment given to patients.
Our Study

- Education to staff members
- BMT patients learn about Palliative Care prior to admission
- A second meeting with Palliative Care 1–2 weeks after hospitalization to individualize treatment goals
- Survey to measure knowledge and accessibility of Palliative Care Service
Palliative Care Interventions

- **Advanced Care Navigation – “preparedness planning”**
  - Maintaining hope
  - Help patient be prepared for the unexpected
  - Reinforce DPOA and Advanced Directives

- **Provide consistent supportive communication**
  - Discuss what patient values and their hopes for transplant
  - What is meaningful to them
  - Collaboration about Goals of Care
  - Anticipatory guidance – resources and referrals
How can nurses help?

- Learn about Palliative care so you can discuss with your patients
- Create a culture that makes your patients comfortable talking about Palliative Care
- Answer questions openly and honestly
- Refer patient to social work, chaplain or other members of the health care team as appropriate for additional support and information
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