Palliative Care and Oncology: How and when should they intersect?

Maribeth Bosshardt, MD
Alive Hospice and Palliative Care
Hospice of Chattanooga, Palliative Care Services
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Objectives

- Define Palliative Care
- Discuss outcomes of early involvement of Palliative care in advanced cancer
- Define appropriate patient referral and timing for outpatient Palliative care
“Don’t freak out—it’s just a save-the-date.”
What is a patient?

- From verb pati in Latin which means to suffer
- Long suffering, without complaint
- Patient is one who receives medical care from a medical professional
- How do we separate necessary suffering from unnecessary suffering in our current culture of healthcare?
Patient perceptions of Palliative Care prior to education

- 12 patients with incurable breast or prostate cancer
- 15 caregivers

Findings
- “there is no hope left”
- “an internal cold feeling”
- No where left to go
- Synonymous with dying

Changing the name to “supportive care team,” or “pain experts” did not improve patient perception of palliative care
Varied clinician opinions of Palliative Care

1/3 of physicians were more likely to make earlier referrals to PC if it was renamed “supportive care”

Descriptors:
- “a horrible business”
- “the last resort”
- “integral to high-quality cancer care”
- Some felt they had a “moral obligation” to refer to Palliative Care
Palliative Care Defined

- Specialized medical care for people living with serious illness
- Focuses on providing relief from the symptoms and stress of a serious illness—whatever the diagnosis
- Goal is to improve quality of life for both the patient and the family
- Appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.
Patient and family centered care that optimizes quality of life by anticipating, preventing, and treating suffering.

Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social and spiritual needs and to facilitate patient autonomy, access to information and choice.

- National Concensus Project Definition of Palliative Care 2016
How to explain it to patients

- Palliative care should not be equated to “end of life care” or hospice care
- “Extra layer of support for patients with serious illness”
- Supportive care that focuses on providing the best possible quality of life while facing a serious illness
- Palliative care is about living well, not dying
Palliative Care Consult

Diagnosis of Life-Limiting Disease

Life-prolonging (curative) treatment

Hospice care

Medicare Hospice Benefit

Death

Symptom management (palliative care)

Time

Family Bereavement

Life-prolonging (curative) treatment

Palliative Care Consult
Palliative Care Consult
Why integrate early in care?

- Improves overall cancer care
- Improves physical and psychosocial symptoms, QOL, quality of end-of-life care, cost of care
- Improvements in mortality
“You’ve got six months, but with aggressive treatment we can help make that seem much longer.”
Limited bandwidth of Palliative Care

- For every 1200 seriously ill patients, there is 1 specialty trained Palliative Care clinician.
- Despite the need for early palliative care, palliative care for survivors with continued symptom burden from treatment, there are not enough to refer every appropriate patient.
Patients with advanced cancer should be referred to interdisciplinary palliative care teams early in the course of illness
  ◦ At time of diagnosis or within 8 weeks
Palliative care should be delivered through an interdisciplinary team
Utilize existing program tools
Initiate caregiver palliative care support
How is palliative care in oncology conceptualized?

- Rapport building with patient, family and caregivers
- Management of symptoms, distress and functional status
- Explore patients understanding of disease, educate about illness, prognosis and clarify treatment goals
- Assistance with medical decision making
- Coordination with other providers
Timing of referral

- Earlier is better in general
- Ferrell et al
  - Study included all stages NSCLC
  - QOL improvements found to be greater among patients with early as compared to late-stage disease
- Study by Temel and Zimmermann support palliative care referral at time of diagnosis of advanced cancer
  - Improved QOL, less aggressive EOL care, less chemotherapy within 30 days of death, and prolonged survival in intervention group
- Bakitas et al looked at early (30–60 days) versus late (3 months after the early group) referrals
  - No change in QOL but significantly improved 1 year survival for the early palliative care group
NCCN Guidelines for PC consultation

- Limited anticancer treatments
- Frequent ED visits/hospitalizations
- Rapid functional decline
- Rapid escalation in opioid doses
- High symptom burden especially non-pain symptoms
- Complex ICU admissions
- Resistance to advanced care planning
PALLIATIVE CARE REDUCES AVOIDABLE SPENDING AND UTILIZATION IN ALL SETTINGS

- **48%** readmissions
- **28%** cost/day
- **50%** admissions
- **35%** ED visits
- **43%** hospital/ED transfers
- **36%** total costs

[Source: Center to Advance Palliative Care](https://www.capc.org/about/palliative-care/)
Who is appropriate for referral?

- Patients with distant metastases, late-stage disease, life-limiting cancer
- High symptom burden
  - Consider early referral for those with history of drug abuse
- Prognosis 6–24 months
- In general, ask yourself the surprise questions
  - Would I be surprised if this patient died in the next 1–2 years?
Who is not appropriate for referral?

- Chronic pain patients without life limiting disease
- Difficult patients that have no life limiting disease but are pushing for opiates or controlled substances
In Summary

- Palliative care should not be equated with end of life care
  - Patients must be educated on this
- Palliative care has been shown to improve QOL, symptom management and mortality when used appropriately and early
- Earlier is usually better for referral
"It’s your call. We can pull it out the long way, or push it all the way through."
References

- National Comprehensive Cancer Network. NCCN Guideline Index Palliative Care