



# Helping seriously ill patients live well: the role of palliative care

April Zehm, MD and Juliet Jacobsen, MD  
Division of Palliative Care  
Massachusetts General Hospital  
Harvard Medical School

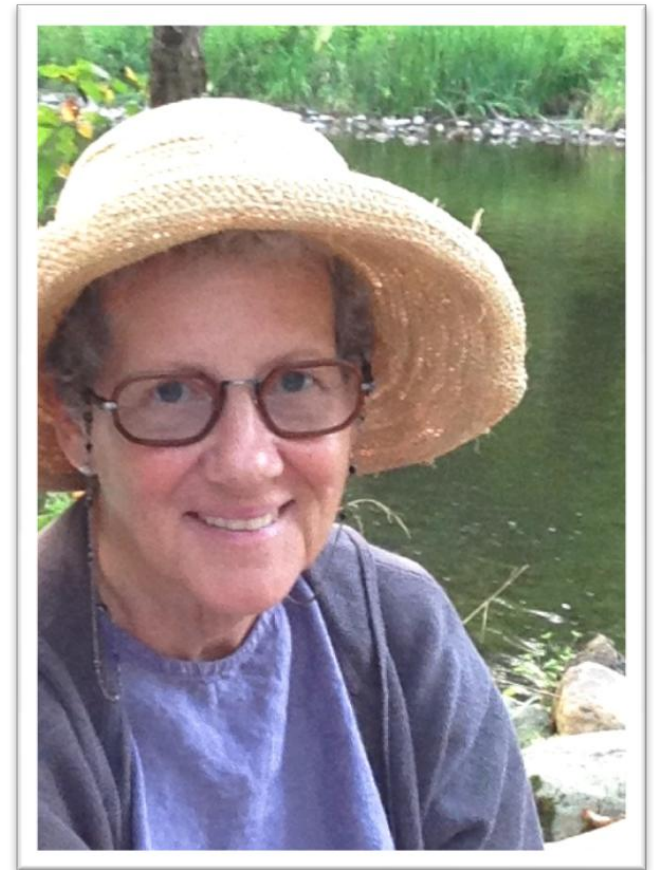


MASSACHUSETTS  
GENERAL HOSPITAL

PALLIATIVE CARE

# Meet Betsy

- 65 year old woman
- Loves the outdoors, camping
- Diagnosed with endometrial cancer 18 months ago
- Started treatment at MGH
  - Chemo
  - Surgery for a bowel obstruction



MASSACHUSETTS  
GENERAL HOSPITAL

PALLIATIVE CARE

# Patients with serious illness want:

- Relief of pain and other symptoms
- Relief of burdens on family
- To achieve a sense of control
- To strengthen relationships with loved ones
- Informed, shared decision-making with medical care team

# What is palliative care?

- Specialized medical care for people with **serious illness**
- Focused on providing **relief from the symptoms, pain, and stress** of serious illness
- Goal is to **improve quality of life** for both the **patient and the family**



# What is palliative care?

- **Interdisciplinary teams** who work with a patient's other doctors to provide an extra layer of support
- Appropriate at **any stage** in a serious illness, and **can be provided together with curative treatments**



# Palliative care is much broader than hospice



Palliative Care

Hospice



MASSACHUSETTS  
GENERAL HOSPITAL

PALLIATIVE CARE

# Early, integrated palliative care has important benefits

Temel, et al,  
NEJM 2010

151 patients with  
stage IV lung cancer



Standard oncology  
care + palliative care

Standard oncology  
care

- Better quality of life
- Less depression
- Less aggressive treatments & hospitalizations
- Lived 30% longer



MASSACHUSETTS  
GENERAL HOSPITAL  
PALLIATIVE CARE

# Early palliative care is also recommended for people with chronic lung diseases

## **An Official American Thoracic Society Clinical Policy Statement: Palliative Care for Patients with Respiratory Diseases and Critical Illnesses**

Paul N. Lanken, Peter B. Terry, Horace M. DeLisser, Bonnie F. Fahy, John Hansen-Flaschen, John E. Heffner, Mitchell Levy, Richard A. Mularski, Molly L. Osborne, Thomas J. Prendergast, Graeme Rocker, William J. Sibbald†, Benjamin Wilfond, and James R. Yankaskas, on behalf of the ATS End-of-Life Care Task Force

THIS OFFICIAL STATEMENT OF THE AMERICAN THORACIC SOCIETY (ATS) WAS ADOPTED BY THE ATS BOARD OF DIRECTORS, MARCH 2007

Executive Summary

Introduction

Methods

Goals, Timing, and Settings for Palliative Care

Decision-making Process

Advance Directives

Care Planning and Delivery

Hospice Care

Alternative End-of-Life Decisions

Symptom Management

Dyspnea Management

Pain Management

Management of Psychological and Spiritual Distress and Suffering

Withdrawal of Mechanical Ventilation

Process of Decision Making

Process of Withdrawing Mechanical Ventilation

Bereavement Care

Barriers to Palliative Care

Program Development, Education, Training, and Research in Palliative Care

### **EXECUTIVE SUMMARY**

meeting this goal. It first identified the core values and principles of the ATS, as a professional society, related to palliative care (Table 1). It then applied those principles and values to clinical practice for both children and adults with chronic and advanced pulmonary disorders as well as those with critical illnesses. The task force derived its positions and recommendations based on those values and principles, on expert opinions and experience of members and consultants of the task force, and on a focused literature review.

The statement strongly endorses the concept that palliative care should be available to patients at all stages of illness and should be individualized based on the needs and preferences of the patient and the patient's family (Figures 1 and 2). It also recommends that clinicians who care for patients with chronic or advanced respiratory diseases and/or critical illnesses should be trained in, and capable of, providing a set of recommended basic competencies in palliative care (Table 2). Finally, it recommends that these clinicians should consult with palliative care specialists as appropriate for managing palliative care situations beyond the clinician's level of competence.

The statement also provides clinicians a set of practical recommendations for providing palliative care to adult and pediatric patients with advanced respiratory diseases and critical illnesses. These relate to common symptoms of those terminally ill with advanced respiratory disorders, including management of dyspnea (Table 3) and pain (Table 4) and other clinical



# Palliative Care

```
graph TD; A([Palliative Care]) --> B([Physical Symptoms]); A --> C[Emotional Symptoms]; A --> D[Medical decision-making];
```

Physical  
Symptoms

Emotional  
Symptoms

Medical  
decision-  
making



MASSACHUSETTS  
GENERAL HOSPITAL

PALLIATIVE CARE

# Palliative care addresses physical symptoms of serious illness

- For lung disease:
  - Shortness of breath: 90%
  - Cough: 80%
  - Fatigue: 40-85%
  - Pain: 50%
  - Nausea: 50%
  - Loss of appetite: >50%



# Palliative Care

Physical  
Symptoms

Emotional  
Symptoms

Medical  
decision-  
making



MASSACHUSETTS  
GENERAL HOSPITAL

PALLIATIVE CARE

# Palliative care also addresses the stress of serious illness and promotes coping

- Depression: 25% lung disease
- Anxiety: 20-30% lung disease
- Adjustment issues
- Patient and family coping



# Clinicians use several techniques to empower adaptive coping

- Identify and encourage coping behaviors (old and new)
- Respond to and build positive emotions
- Encourage practical problem solving

# Watch how the clinician encourages the patient to savor positive emotions

[video]



framework2.mp4



MASSACHUSETTS  
GENERAL HOSPITAL

PALLIATIVE CARE

# Palliative Care

Physical  
Symptoms

Emotional  
Symptoms

Medical  
decision-  
making



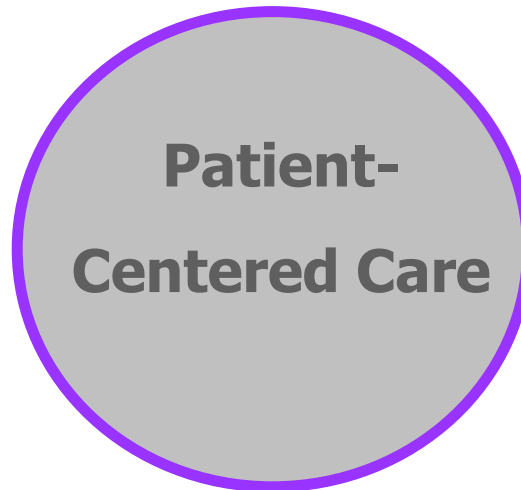
MASSACHUSETTS  
GENERAL HOSPITAL  
PALLIATIVE CARE

# Palliative care helps tailor care to patients' values

**Patient expertise**



**Clinician expertise**





# Palliative care IS

- Excellent evidence-based treatment
- Vigorous care of pain and symptoms throughout illness
- Care that can be given **at the same time** as efforts to cure disease or prolong life
- Empowering patients & families
- Tailoring medical care to patients' values
- Living better with serious or life-threatening illness

# Palliative care is NOT

- “giving up”
- “we have nothing left to offer”
- in place of curative or life prolonging treatment
- the same as hospice
- “just for the dying”



# Questions?



MASSACHUSETTS  
GENERAL HOSPITAL  
PALLIATIVE CARE