

Why Palliative Care Should be Important to You !

**Florence Rotary Club
Florence, AL**

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Why PC??

If you have, or someone in your family has, a chronic or incurable disease, and:

- Desire a quality of life that focuses on living as comfortably as possible
- Want to avoid causing/prolonging suffering
- Feel it's important to avoid bankrupting Medicare

Then, consider ...!

Outline

1. Purpose of PC – what is it
2. Avoiding Futile Care & Suffering
3. Financial implications for Medicare entitlement: Stewardship
4. Summary & Pearls

1. Palliative Care:

- **Improves your quality of life / living**

- Isn't that “motherhood” ?
- Don't all medical services do that?

Reality: Most specialties focus on curing/treating specific disease, whereas...

- Uses ‘holistic’ process to achieve:

- **Goal-focused care** – informed choice
- **Symptom soothing** – comfort for as long as living
- **Peaceful death with dignity**

Definitions

Palliative care is interdisciplinary care that aims to relieve suffering and improve quality of life for patients with advanced illness and their families.

- It can be offered while receiving usual appropriate medical curative therapies, and
- is NOT only for those who are dying [that's *hospice*]

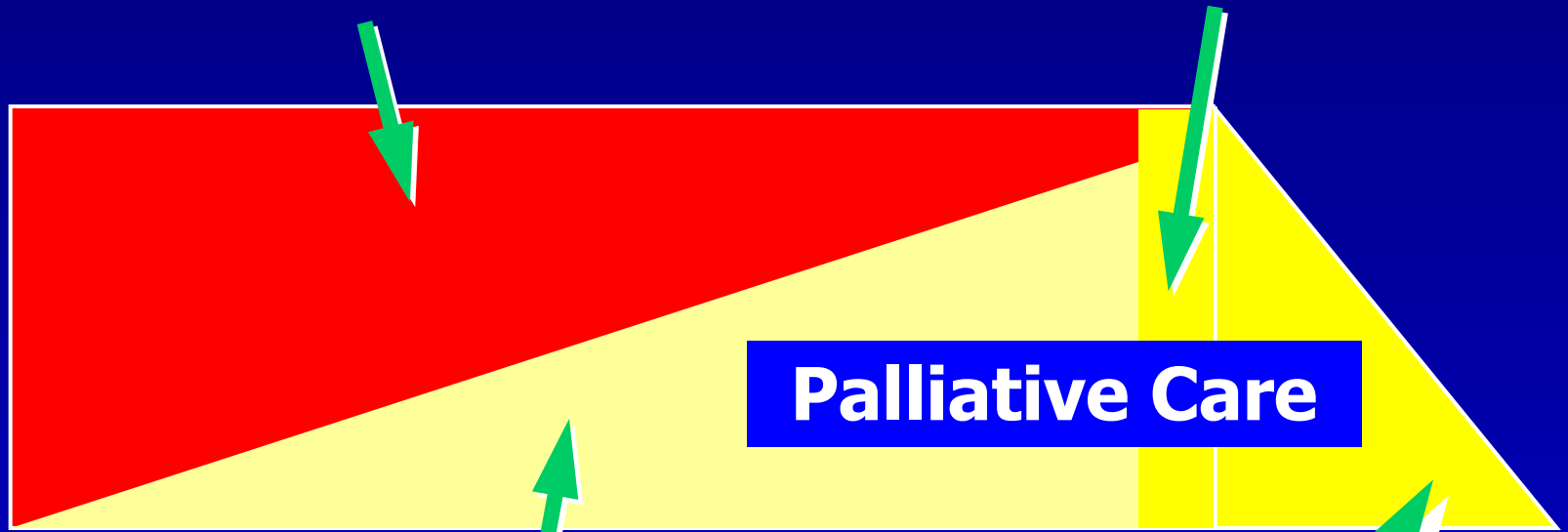
Hospice: A Medicare benefit providing palliative care for those certified with a terminal disease and less than 6 mo. to live if the disease “runs its usual course”.

- It is “palliative care for the last 6 mo. of life.”

Palliative Care's Place in the Course of Illness

Therapies to modify disease

Hospice



Palliative Care

6m Death

Bereavement Care

Therapies to relieve suffering and/or improve quality of life

Presentation

Palliative = Comfort-focused Care

- 1) Helps patients **clarify their goals** in the face of a LLD*, to make informed decisions and avoid non-beneficial treatments; which...
- 2) Improves their quality of life so they can live comfortably (soothing symptoms) as long as possible; and then,
- 3) when they are at the very end of life, PC ensures **a natural death w/ comfort and dignity**.

*LLD = Dementias, cancers, end-stage organ disease (e.g. lung/heart/renal/liver), ALS, AIDS

Published Evidence re PC Benefits

- PC does NOT accelerate dying
 - Cost Savings Impact Study 2009 at ECM
 - patients in both the control group (94%) and the PC consult group (100%) died in the same 12 mo. (while saving hospital \$386,000)

and...

- PC improves survival & QOL in lung cancer
 - Patients receiving chemotherapy and PC lived 3mo longer (11.6mo v 8.9mo) than those on just chemoRx.
[Temel. NEJM 2010.]

and...

...PC Benefits

- Cancer pts who discuss EOLC wishes w/ MD have better QOL and lower costs in final wk of life

- Less aggressive care/admissions to hospital

- Improved QOL w/ more peaceful death

** Zhang B. Health care costs in the last week of life. Arch Intern Med. 2009*

- Pts who choose hospice live ~29 days longer than those not in hospice

** Connor S. Comparing hospice & non-hospice patient survival among patients who die within a three-yr window. J Pain Symptom Manage 2007*

Why is PC so beneficial?

Because, when implement PC principles, we ...

- Stop all/most non-comfort tx/meds
- Aggressively control symptoms which helps them to feel better and eat/socialize/exercise more and fight illness
- Encourage patient/family-driven goals
 - Avoid futile/unnecessary treatment & hospitalizations
- Encourage EOLC planning [Advance Directives]
 - helps accept limits to life

[that confronts the *Illusion of Certainty*...]

Historically, always had PC:

Physician's Traditional Role = PC

- To cure sometimes
- To relieve often
- To comfort always

- anonymous 16th century aphorism [?Hippocrates]

Attitude may be Barrier to PC



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2. Palliative Care helps avoid “Futile” Care!

Futile Care is:

- “when desired goals not met or desired results cannot be achieved” [qualitative], or
- “clinical care that has a <1 - 5% chance of survival” [quantitative]

[Davila F. The infinite costs of futile care... Physician Exec. 2006.]

[Schneiderman L. Beyond futility to an Ethic of Care. Am J Med. 1994; 96:110-14.]

Avoiding Non-beneficial Care

- “To continue to fight for a cure when there is no reasonable hope for one may cut off the true growth and comfort that can come from going on this journey together with those we love.”

Hank Dunn. Hard Choices for Loving People. 2001

The only thing worse than “no hope” is “false hope”!

Avoiding Futile Care

- Only 10% people die suddenly
- 90% need a form of terminal [EOLC] care
- **During EOLC, we can be primary cause of suffering or, primary cause of its relief !**
- **Thus, we need PC & Hospice to avoid & relieve suffering !**

PC & Hospice History

- **Hospice = ‘hospitality’**; for travelers, foundlings, destitute; organized by churches
- **First formal program, England 1967**
 - St.Christopher’s, London
 - Dame Cicely Saunders
 - 1965 - Speaks to Yale School of Nursing – begins efforts in USA to initiate programs
- **Medicare Benefit since 1982** - provides palliative care to the terminally ill at “home”

...Hospice & PC History

- 1989 - LTCF recognized as ‘home’
 - 22% hospice care now in LTCF [2008]
 - 78% NH have hospice care [2004]
- 2006: PC recognized as Specialty
- in 2009: 41% all deaths w/ a “terminal prognosis” in USA were in hospice, in 5000 programs [from 31 in 1984]
- Hospice has reduced gov’t HC costs 6%

...Hospice History

- Agency can be **for-profit** or **not-for-profit**
- Increasing number for-profit corporations, leading to more of business model of care, which may be resulting in higher costs and

LOS *[Cefalu CA. The medicare hospice benefit: a changing philosophy of care? Ann LTC.Jan.2011]*

– Leading to investigations by OIG – and ‘stewardship’

3. Stewardship in Healthcare

- **Stewardship:** “A [fiduciary & ethical] responsibility to take care of something one does not own.”
- **Stewardship implies avoiding things which are non-beneficial/futile for another person !**

[Rotary: international reputation for *stewardship*]

[Futile Care: care which will not help a patient reach their goal.]

Stewardship

- 5% of Medicare beneficiaries die each year
- 30% of budget [total = \$461B in '08] is for last year of life
- Of those dying, 50%-80% of costs spent on last 2 mo. of life [w/ no “gain in quality”]
- Do we (physicians & patients) not have a stewardship responsibility – to avoid futile or non-beneficial care?

* 1. USA Today; 2. J. Lubitz, DHHS, report to US Congress 2004; 3. LA Times 2010; 4. Alliance for Health Reform 2010.

Could PC be Medicare's Salvation?

- By focusing on **quality** of life rather than **quantity** of years, suffering and futile care can be reduced
- Important to think about how you want to
 - **LIVE**
 - and **DIE?**

Futility – how do you want to die?





Summary & Pearls

- PC improves QOL and QOD [Quality of Dying] — because it's comfort-focused
- Hospice is PC for the last 6mo of life
- Nothing good comes from our denying that someone is dying !
- Do you want to 'live' or 'be kept alive'?
- Choose to be informed - base decisions on goals of care [How do you to do that??]
- Who should accept stewardship for Medicare?

Resources for Palliative Care

- Getpalliativecare.org
- CAPC [Center to Advance Palliative Care]
- You're Sick, It's Serious [aahpm]
- **Comfortcarechoices.com** [RJ Webb's website – has this slide show]
- The Five Wishes – agingwithdignity.org
- OneSlideProject – engagewithgrace.org
- Patient Decision Aids - http://www.npc.nhs.uk/patient_decision_aids/pda.php

Success & Aging

Hospice offers Hope. Like hope, definition of success changes as we age: life is a circle.

- At age 4, success is...not peeing your pants
- At age 12, success is...having friends
- At age 16, success is...a driver's license
- At age 20, it's...having sex
- At age 35, it's having money

Success cont'd

- At age 50, success is...having money
- At age 60, it's...having sex
- At age 70, it's...having a driver's license
- At age 75, it's...having friends
- At age 80, success is not peeing your pants!

*As you slide down the banister of life, may
all the slivers point down!*

- Maxine

Grow'n old ain't for sissies !

- Betty Davis

So, enjoy yourself while you can !

Thank You !