Palliative Care

Special role for the pain specialist?

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ESMO
Designated Centers of Integrated Oncology and Palliative Care

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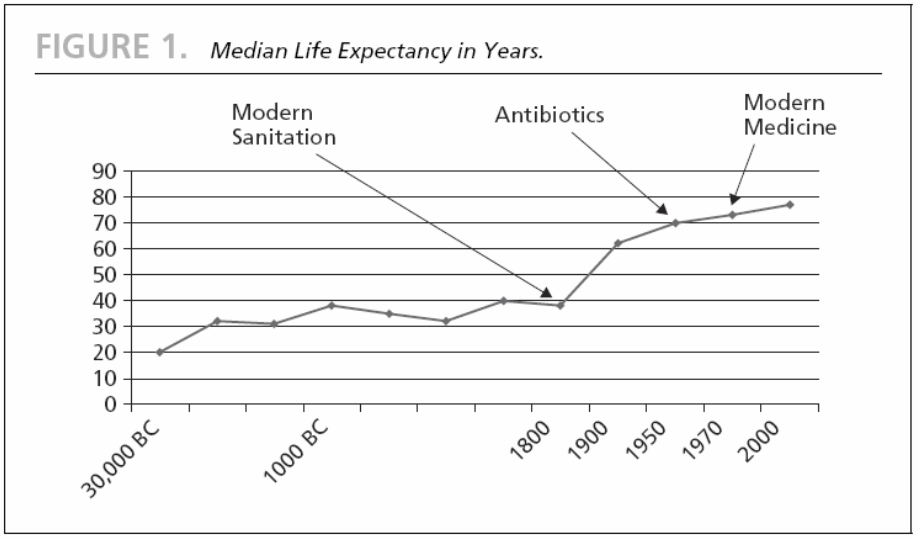
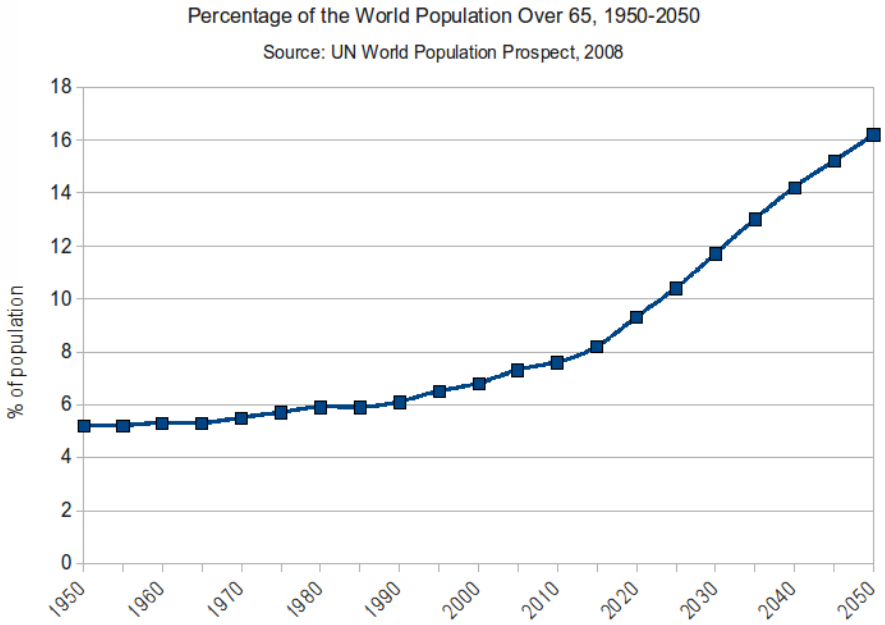
Nijmegen
Frisian Is.
NETHERLANDS
Leeuwarden
Groningen
North Sea
Alkmaar
Ijsselmeer
Zwolle
Haarlem
AMSTERDAM
Apeldoorn
Enschede
The Hague
Utrecht
Arnhem
Lek
Hoek van Holland
Rotterdam
Waal
GERMANY
Nijmegen
WALCHEREN
Breda
Tilburg
Rhine
Eindhoven
Maas
Schelde
BELGIUM
Maastricht
Heerlen
FRANCE

We all live longer…..





What is quality of life?

Medical progress retunes a lot of diseases from terminal to chronic diseases.

?

Improving the quality of life of this prolongation of life seems to be much more difficult

D.Meier, BMJ, 2005

Palliative Care:

- uses a team approach to address the needs of patients and their families, including bereavement & counselling,

- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

Definition of the World Health Organisation, 2002
http://www.who.int/cancer/palliative/definition/en/

Dame Cicely Saunders

You matter because you are you,

And you matter to the end of your life.

We do all we can

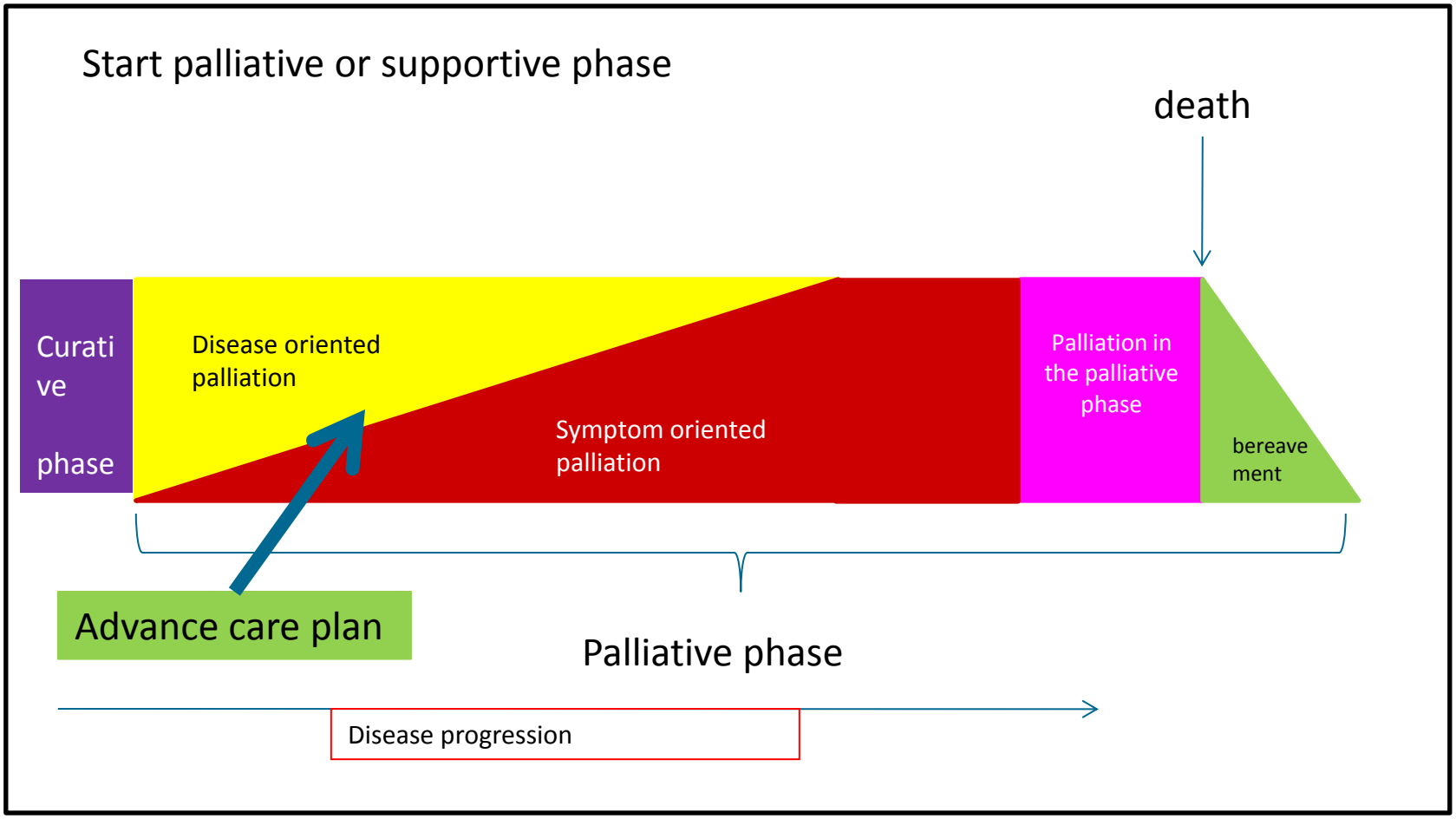
Not only to help you die peacefully,

But also to live

Until you die.

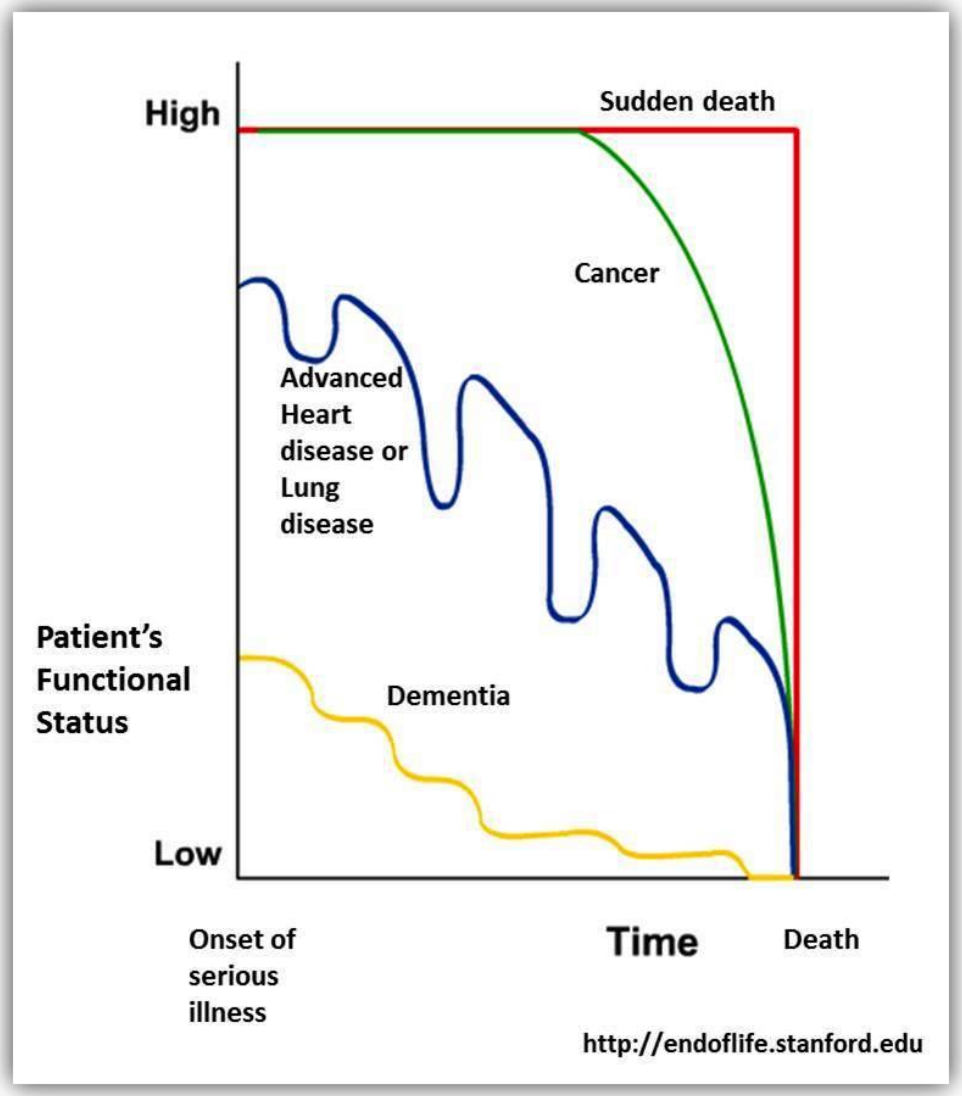
In the past

Today



Textbook on palliative care, 2010, Vissers, K et all

Illness trajectories



Weeks et al. N Eng J med 2012;367:1616-25.
Visser. Medisch Contact 2012;22:1326-29

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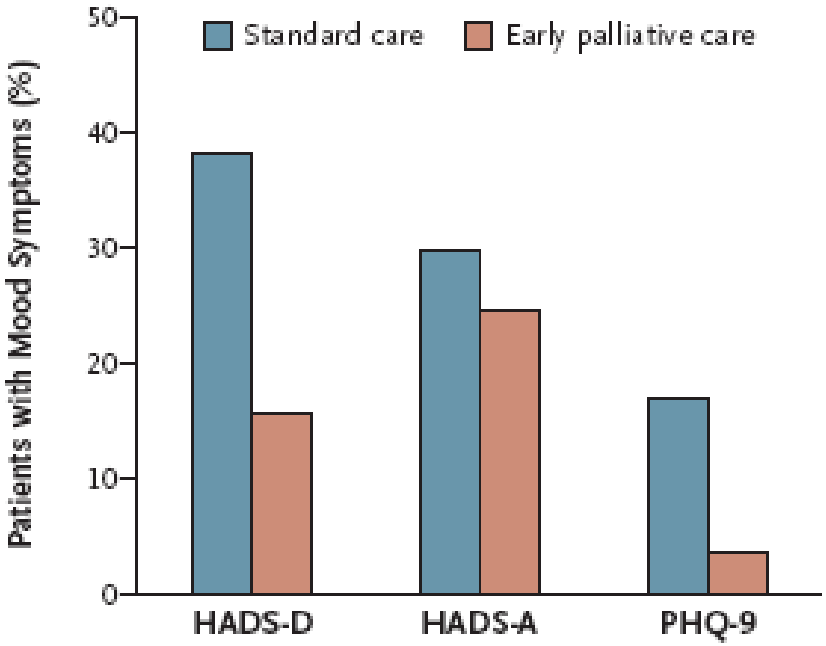
Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer

Jennifer S. Temel, M.D., Joseph A. Greer, Ph.D., Alona Muzikansky, M.A., Emily R. Gallagher, R.N., Sonal Admane, M.B., B.S., M.P.H., Vicki A. Jackson, M.D., M.P.H., Constance M. Dahlin, A.P.N., Craig D. Blinderman, M.D., Juliet Jacobsen, M.D., William F. Pirl, M.D., M.P.H., J. Andrew Billings, M.D., and Thomas J. Lynch, M.D.

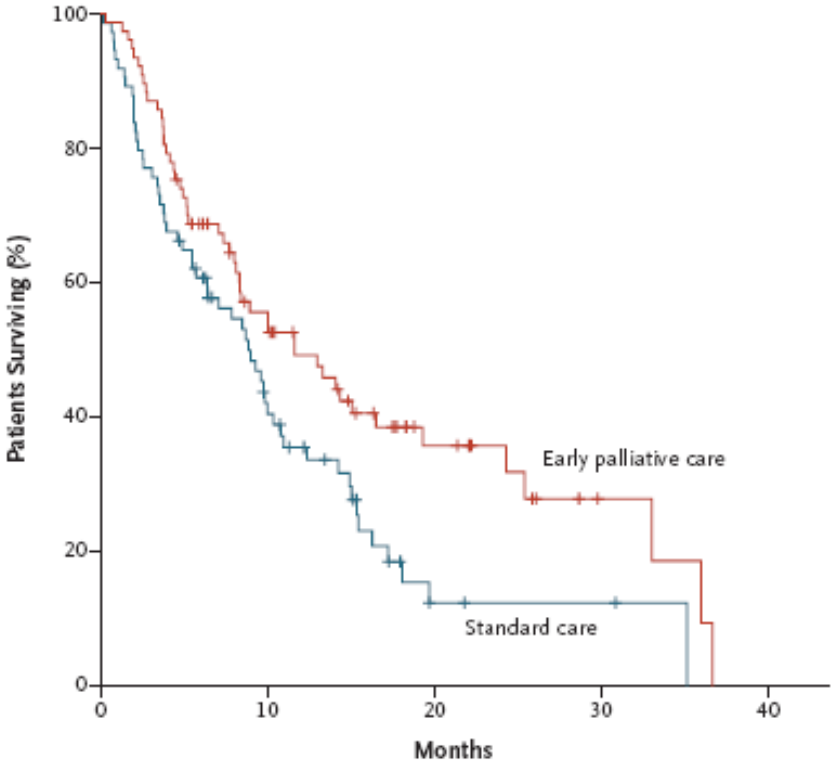
Evidence of Palliative Medicine

High level!

Early Palliative Care for patients with metastatic non-small -cell-lung cancer



HADS and Patient Health Questionnaire



Kaplan-Meier curve

Temel, August 2010, NEJM

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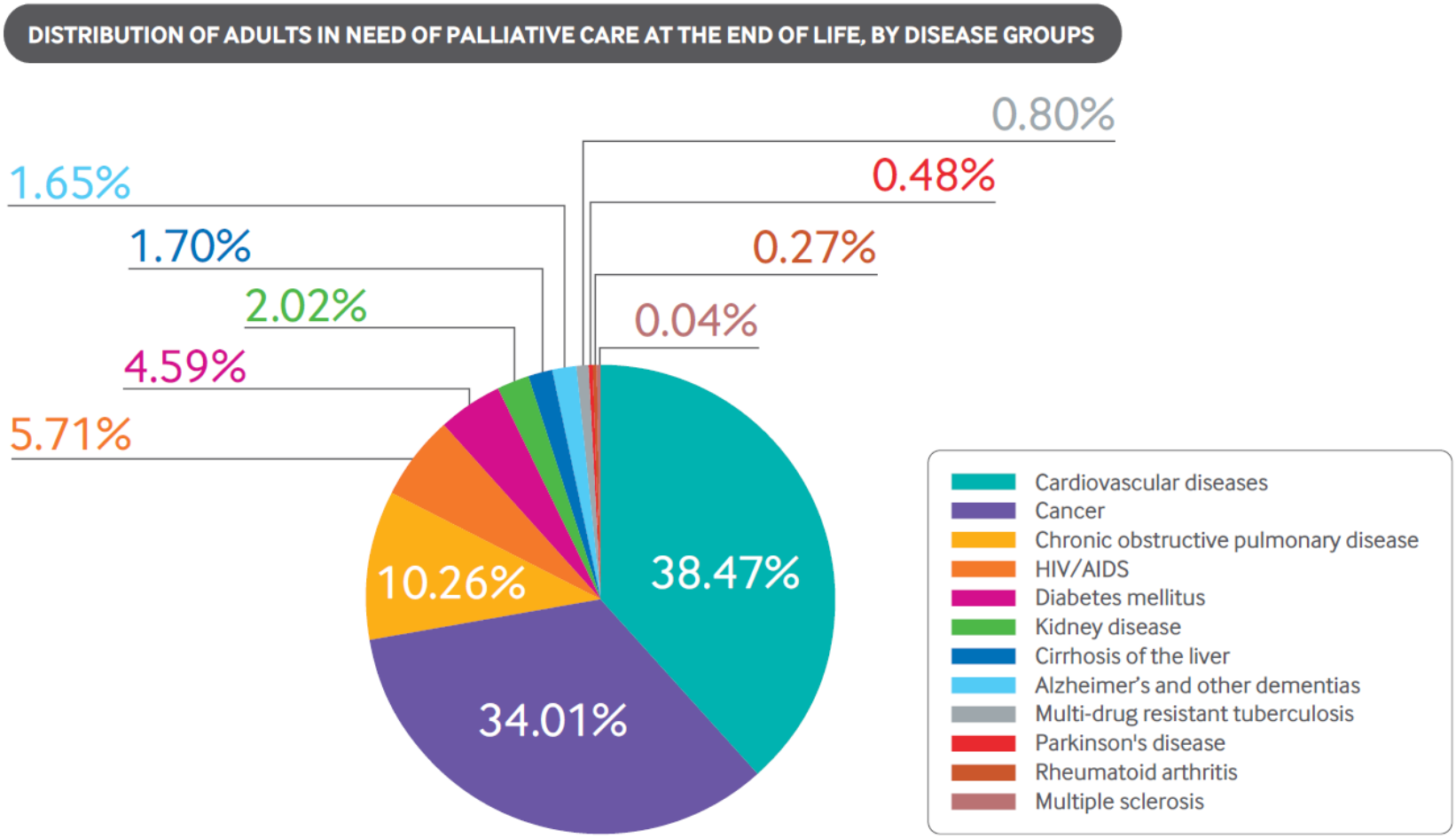
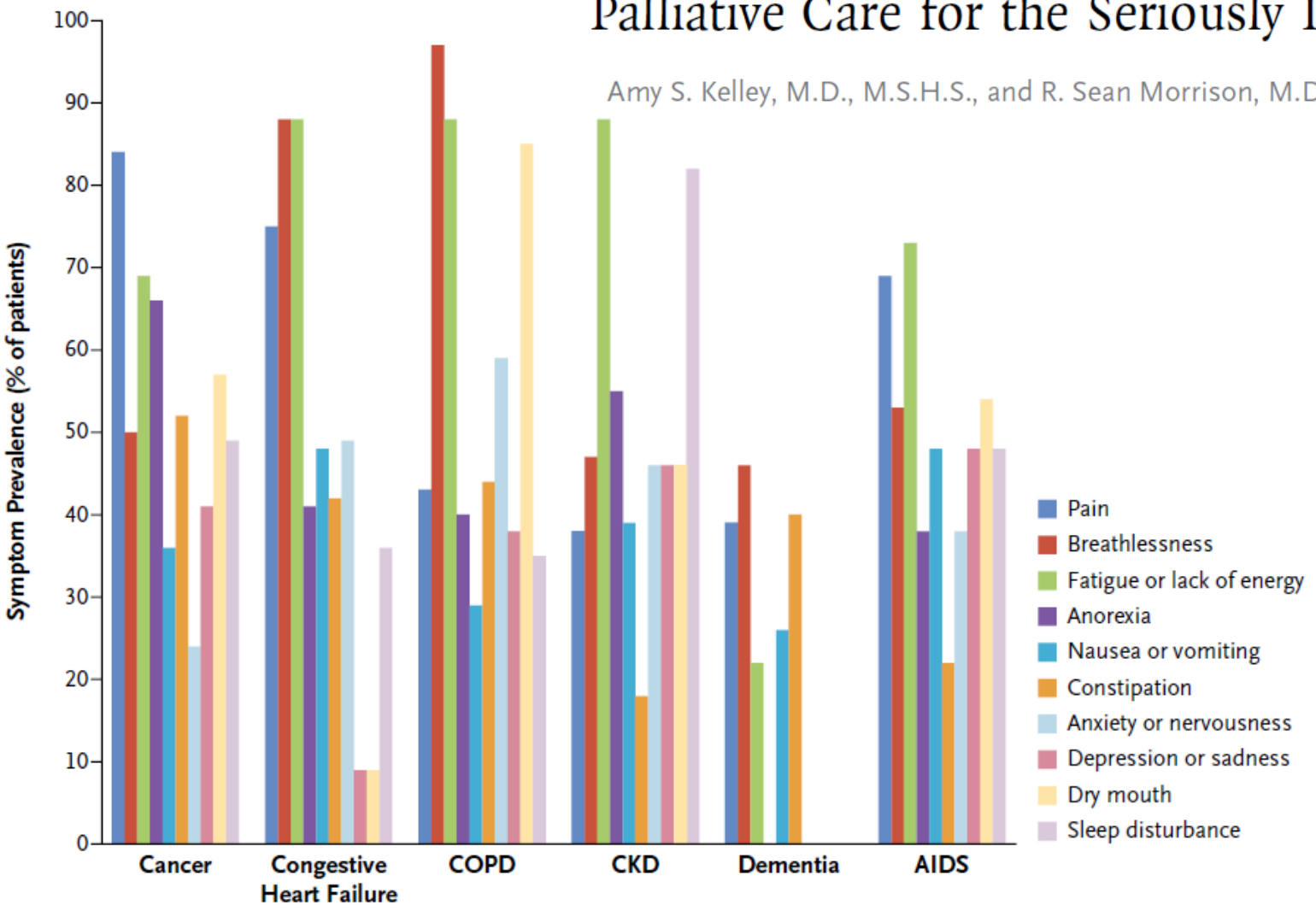


Fig 1| Distribution of adults in need of palliative care at the end of life by disease. *Adapted, with permission, from the World Health Organization[25]

Palliative Care for the Seriously Ill

Amy S. Kelley, M.D., M.S.H.S., and R. Sean Morrison, M.D.



Pain Practice, 2012

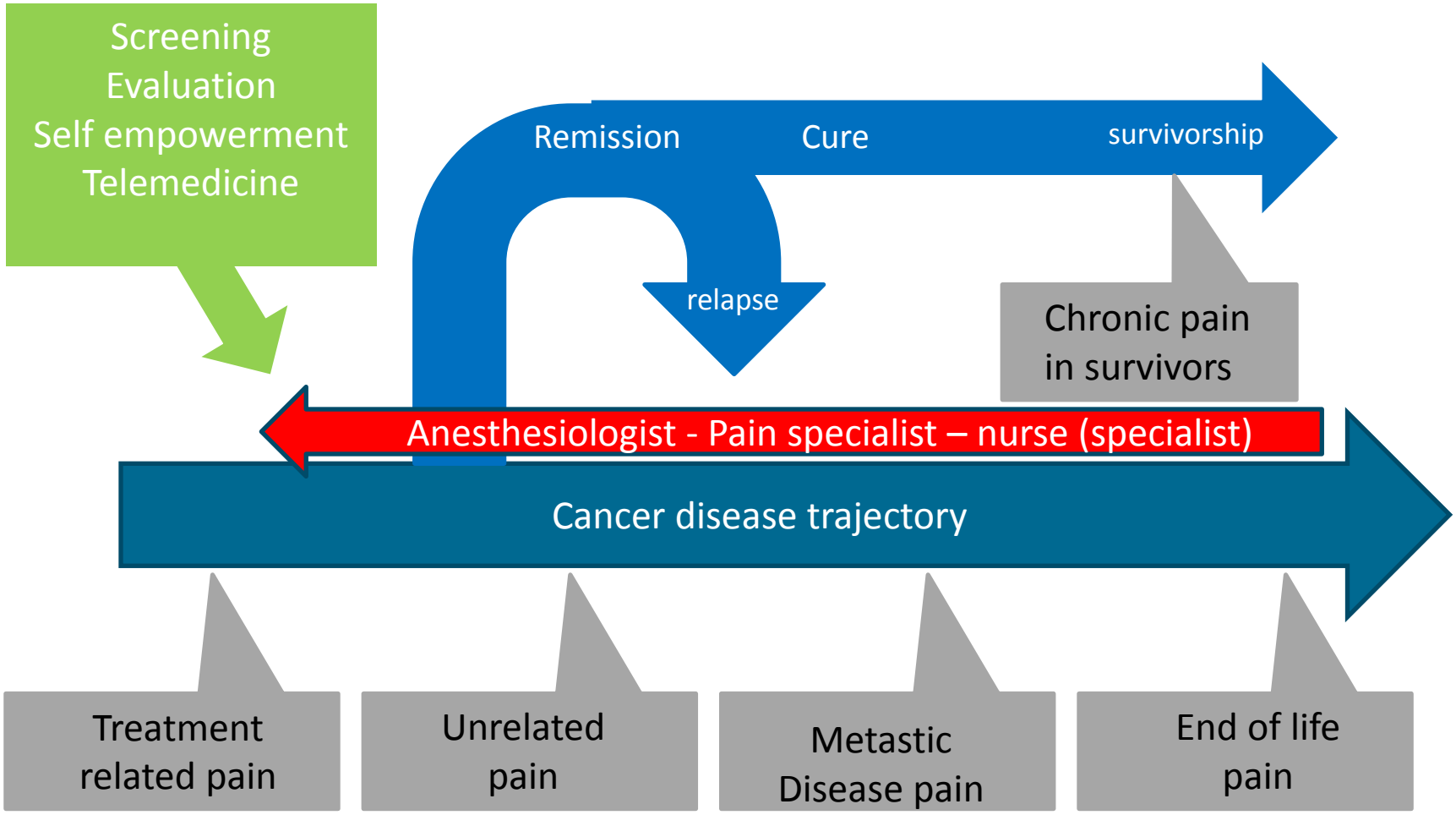
REVIEW ARTICLE

Palliative Medicine Update: A Multidisciplinary Approach

Kris C. P. Vissers, MD, PhD, FIPP*; Maria W. M. van den Brand, MD*; Jose Jacobs, RN, MANP*; Marieke Groot, RN, PhD*; Carel Veldhoven, MD*; Constans Verhagen, MD, PhD*,†; Jeroen Hasselaar, PhD*; Yvonne Engels, MD, PhD*

*Department of Anesthesiology, Pain and Palliative Medicine, Radboud University Nijmegen Medical Centre, Nijmegen, The Netherlands; †Department of Medical Oncology, Radboud University Nijmegen Medical Centre, Nijmegen, The Netherlands

Different populations of patients with cancer



Pain in patients with cancer

- Prevalence
  - 39.3%; after curative treatment
  - 55%; during treatment
  - 66.4%; advanced disease

- Pain scores
  - 38% moderate to severe pain (≥5)

Van den Beuken; 2016; Journal of Pain and Symptom management.

Generalist plus Specialist Palliative Care — Creating a More Sustainable Model

Timothy E. Quill, M.D., and Amy P. Abernethy, M.D.

"….We hope that every medical field will define a set of basic palliative skills for which they will be primarily responsible and distinguish them from palliative care challenges requiring formal Consultation…"

Representative Skill Sets for Primary and Specialty Palliative Care.

Primary Palliative Care

- Basic management of pain and symptoms
- Basic management of depression and anxiety
- Basic discussions about
  - Prognosis
  - Goals of treatment
  - Suffering
  - Code status

Specialty Palliative Care

- Management of refractory pain or other symptoms
- Management of more complex depression, anxiety, grief, and existential distress
- Assistance with conflict resolution regarding goals or methods of treatment
  - Within families
  - Between staff and families
  - Among treatment teams
- Assistance in addressing cases of near futility

RESEARCH ARTICLE Open Access

Palliative care in Dutch hospitals: a rapid increase in the number of expert teams, a limited number of referrals

A. Brinkman-Stoppelenburg[1*], M. Boddaert[2], J. Douma[2] and A. van der Heide[1]

The most common disciplines

- Nurses 72 %
- Nurse practitioners 54 %
- Physicians specialized in internal medicine 90 %
- Anaesthesiology 75 %
- Spiritual caregivers 65 %

The anesthesiologist & end – of – life care

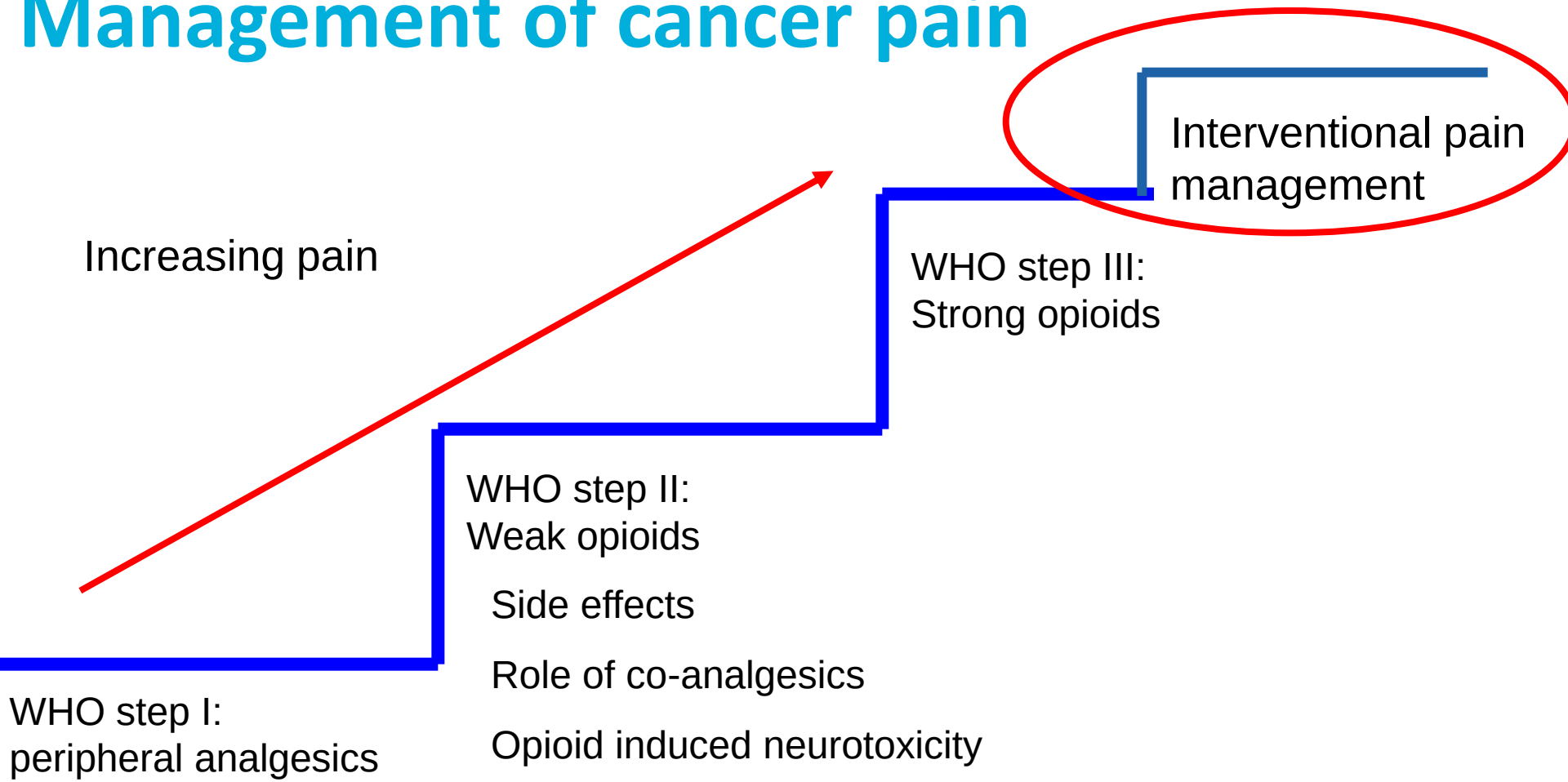
REVIEW

The anesthesiologist and end-of-life care

Sebastiano Mercadante[a,b] *and Antonello Giarratano*[b]

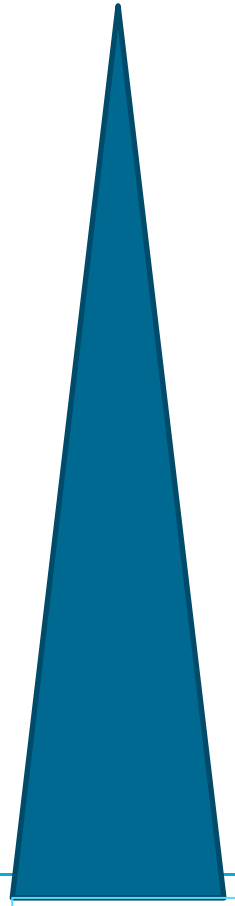
- Critical care decisions
- Critical surgical interventions
- Advanced pain and symptom control programs
- Critical medical decision making

Management of cancer pain



Change in medical practice models:

Clinical reasoning model:



Personal and medical history
Signs & symptoms
Appropriate clinical examinations
Appropriate technical evaluations

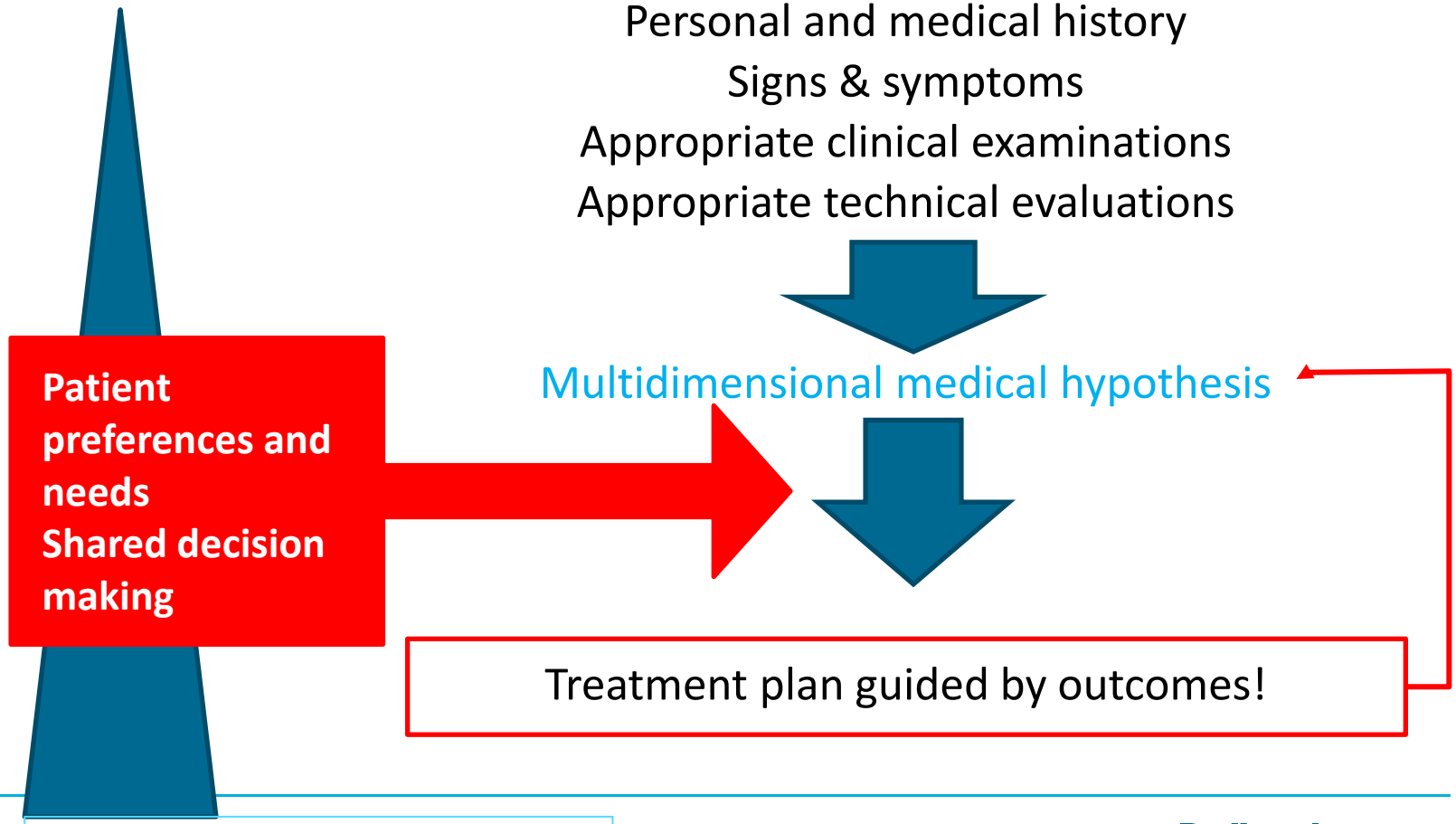
Multidimensional medical hypothesis

Treatment plan guided by outcomes!

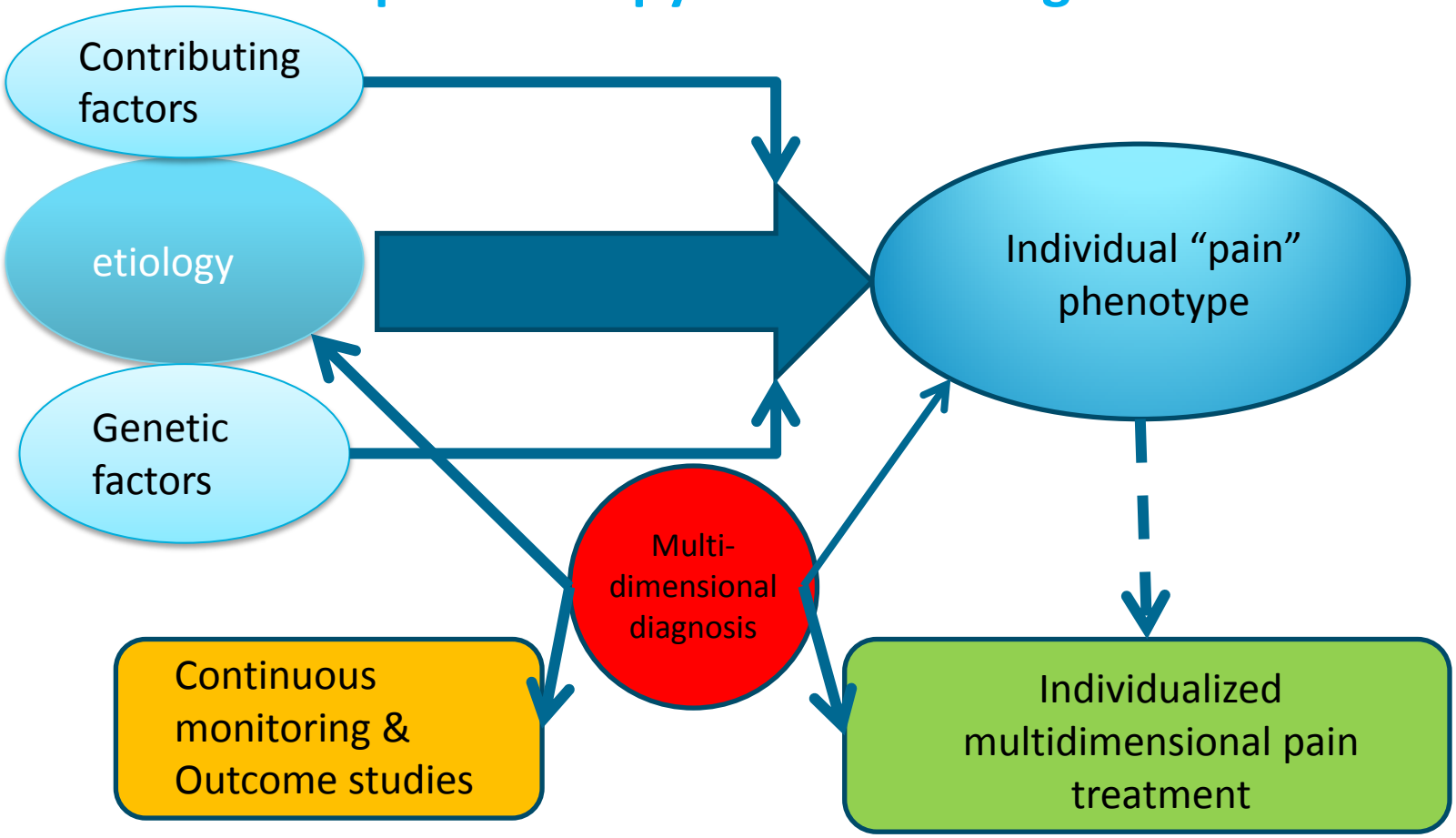
Data-base – monitoring tools

Change in medical practice models:

Clinical personalized reasoning model:



Multidimensional and personalised pain therapy as the oncologist!



Adapted from woolf,C

Journal of Clinical Anesthesia (2014) **26**, 429–431

ELSEVIER

Journal of Clinical Anesthesia

Editorial

Palliative medicine competencies for anesthesiologists☆

- Management of pain and other symptoms
- Communications skills and competences
- Pharmacological and advanced (interventional) techniques

- Additional:
  - Prognosis & appropriateness, timing and benefits of treatment
  - Goals of treatment
  - Perioperative advance directives
  - Ethical challenges
  - Patients and proxies perspectives

What in case your symptom treatment is not succesful?

- How many of your patients have really a (complete) pain reduction?
- Untractable pain: can it happen?
  - Not responding to your and others treatment
  - Multidimensionality
  - Existential suffering
  - Autonomy of the patient
- Palliative is not terminal !?
- Rousseau introduced the “**respite palliative sedation** “ (reversible)

When cancer symptoms cannot be controlled: the role of palliative sedation

Jeroen G.J. Hasselaar, Stans C.A.H.H.V.M. Verhagen and Kris C.P. Vissers

Summary

Caregivers should apply palliative sedation proportionally, guided by the symptoms of the patient without striving for deep coma and without motives for life shortening. Clinical and multidisciplinary assessment of refractory symptoms is recommended as is patient monitoring during sedation. Future research should concentrate on proportional sedation rather than continuous deep sedation exclusively, preferably in a prospective design.

Proportional Anesthesia / Sedation for refractory symptoms

Current Opinion in Supportive and Palliative Care 2009, 3:14–23

Time to Declare Victory and Unite Pain and Palliative Medicine

Perry G. Fine

- a more proactive approach is needed in order to connect oncology, Palliative Care, and Pain Medicine teams in order to adequately address the serious pain needs of all patients with advanced cancer.
- perioperative anesthesiology has progressed with significant advances in regional anesthetic/analgesic techniques to deliver pharmacotherapy to specific anatomic sites, rather than total reliance upon enteral or parenteral routes of analgesics administration that commonly lead to undesirable systemic and cognitive effects.
- Herein lies great opportunity to overcome the limitations of conventional analgesic approaches in cancer care

Journal of Pain & Palliative Care Pharmacotherapy. 2015;29:41–43.

Palliative care or supportive care

Cardiothoracic intensive care unit

- ‘supportive’ care is preferred; provides patiënt, family and providers a balanced focus on potential for recovery
- ‘supportive’ care; more consults requested by surgeons

Katz. J Thorac Cardiovasc Surg. 2018 Jan.

Palliative vs supportive

- Oncologists
    - Barrier to referral (23 vs 6%)
    - Decreasing hope (44 vs 11%)
    - Causing distress (33 vs 3%)

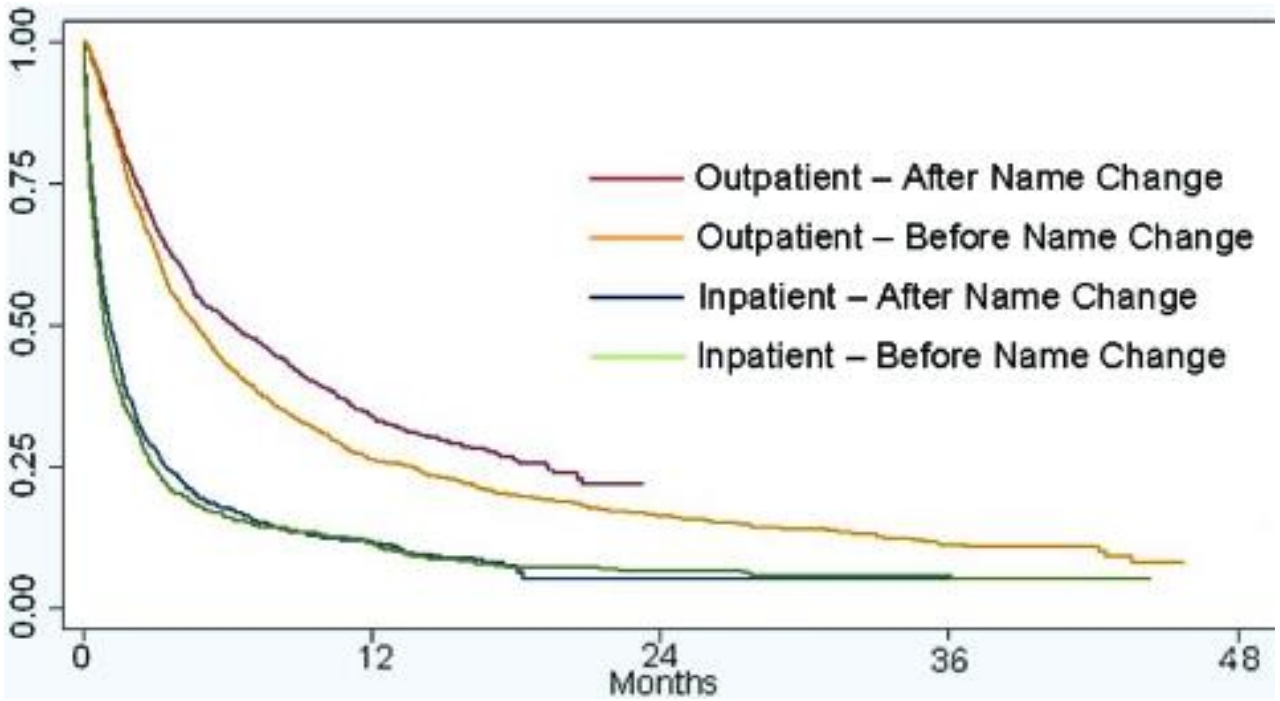
Fadul et al. Cancer. 2009

Palliative care or supportive care

- Hospital United States
- Name change: ‘Palliative care’ into ‘Supportive care’

- Results:
- 41% increase in consultations
- Shorter duration from hospital registration to consultation (9.2m vs 13.2m)

Overall survival



Dalal et al. Oncologist. 2011.

The role of the specialist in pain and palliative medicine?

- Knowledge and expertise in complex situations and cases
- In search of practical and technical solutions
- Moving on the frontiers of critical ethical discussions versus clinical possibilities and opportunities
- Should move from theatre towards patients trajectories
- Should participate in development of decision tools of perioperative care usefulness versus outcome effects
- Should integrate palliative care as the fifth branch in anesthesiology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Palliative Ward
"He's our new Palliative Specialist!"

Radboudumc expertise center for pain and palliative medicine

Radboudumc

Beyond symptoms we care

Early initiation of intrathecal pain management in patients with recurrent vulvar carcinoma and refractory pain:

- Recurrent vulvar carcinoma tends to spread locally before widespread metastases occur and like most incurable cancers, pain control is often the most difficult issue.

- early initiation of preventive ITC placement with external pump

- resulted in:
  - Optimal pain control hence transfer possible to home situation
  - clinical observation of
    - spontaneous wound repair
    - delayed metastasis

S.E. Poulino, T.C. Besse, K.C.P. Vissers,
World Congress on gynecological oncology, 1014

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Palliatieve sedatie

Het opzettelijk verlagen van het bewustzijn van een patiënt in de laatste levensfase

Palliatieve sedatie bekend bij de leek?

- Ja 22%
- Ja, enigszins 21%
- Nee, weleens van gehoord 17%
- Nee, nooit van gehoord 40%

Toepassen palliatieve sedatie bij overlijden

- In 2001 5,6%
- In 2005 8,2%
- In 2010 12,3%
- In 2015 18,3%

Omstandigheden waarin sedatie wordt toegepast

- Dyspnoe 58%
- Pijn 56%
- Uitputting 56%
- Angst 46%
- Existentieele pijn 25%
- Ontluistering 27%
- Delier 21%
-
- Braken 10%

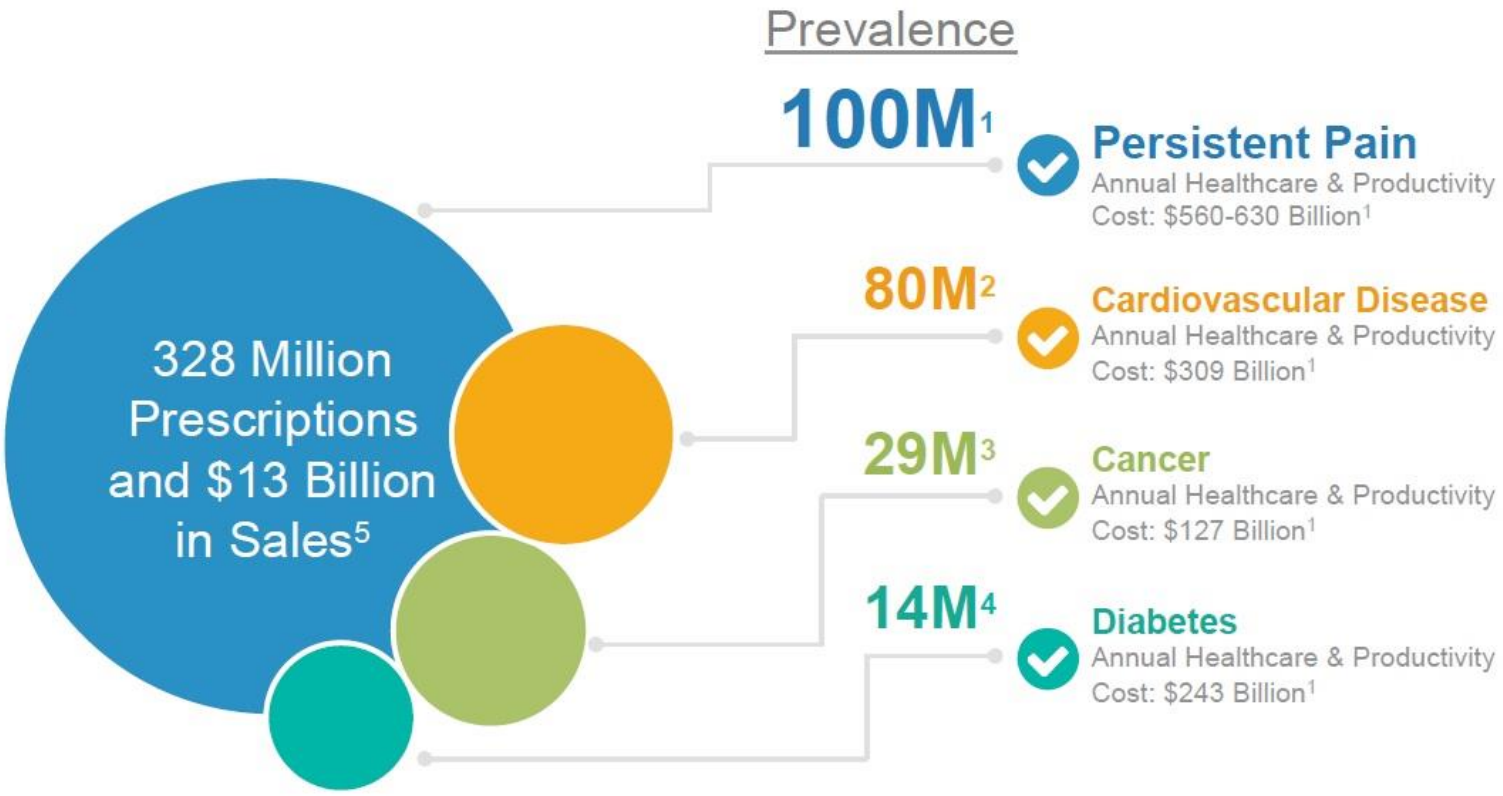
Surprise question

- Zou ik verbaasd zijn als deze patiënt binnen 12 maanden zou overlijden?

The normal pathway of human beings?


Martijn de Waal
Press 1
For
paradise
fosfor
Make your choice?
Natural death?
Palliative Sedation?
Euthanasia?
The normal pathway of human beings?

Pain: Largest U.S. Public Health Crisis



[1] Institute of Medicine 2011: Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research
[2] The Heart Foundation (http://www.theheartfoundation.org/heart-disease-facts/heart-disease-statistics/)
[3] American Cancer Society. Cancer Facts & Figures 2014. Atlanta: American Cancer Society; 2014.
[4] American Diabetes Association (http://www.diabetes.org/diabetes-basics/statistics/)
[5] IMS Health; 2014 data

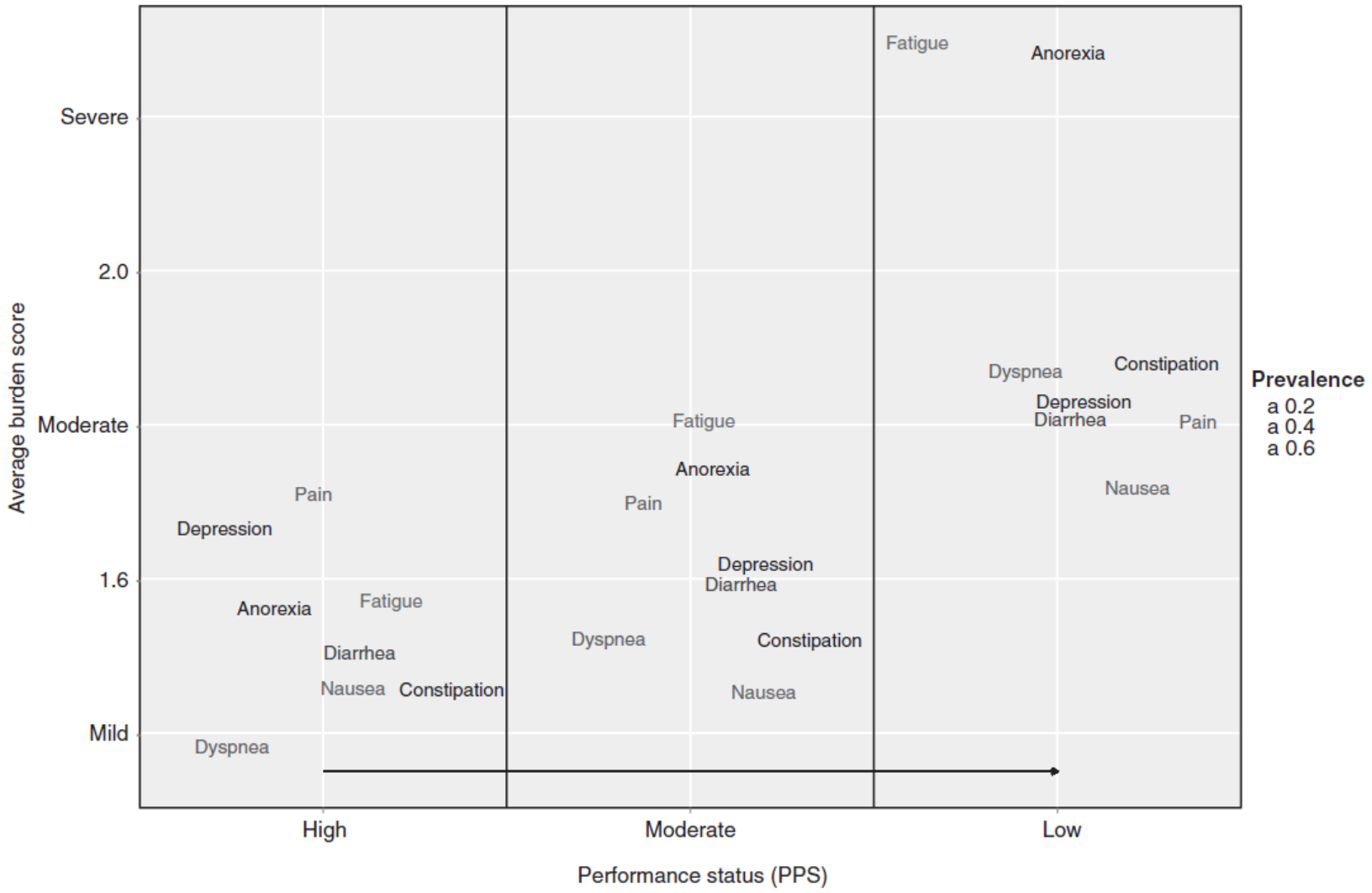


FIG. 1. Symptom burden across PPS trajectory.

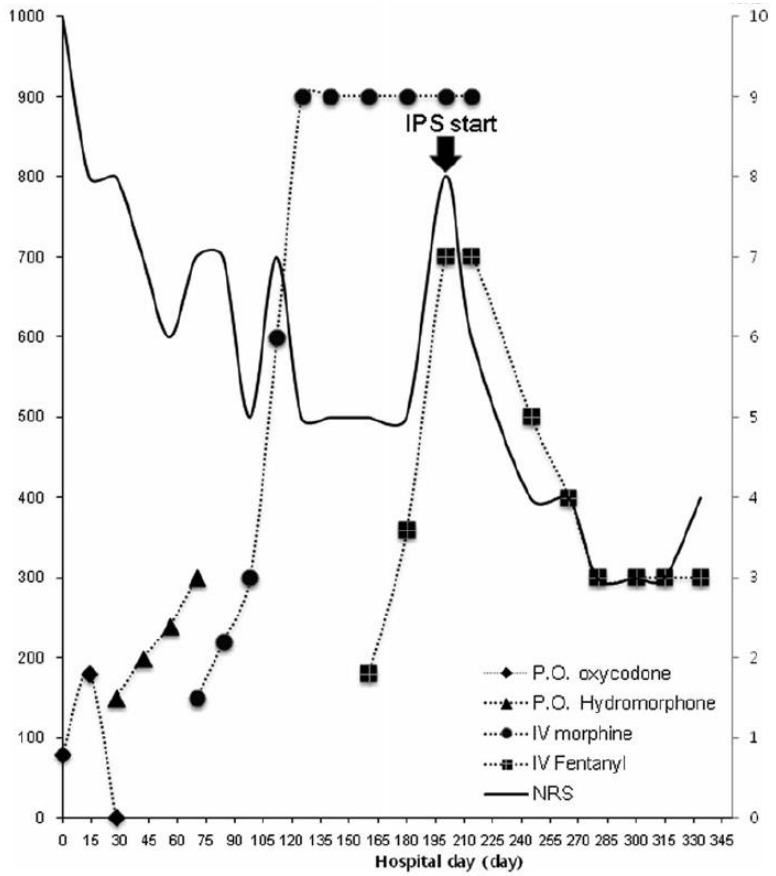
Members of the team

- Anesthesiologists – pain physicians
- Oncologists
- Internal medicine specialist – elderly people

- Nurses -> specialised in pain and palliative care

- Spiritual care consultant
- Psychologists
- General practioner
- Home care nurse

Long-Term Intermittent Palliative Sedation for Refractory Symptoms at the End of Life in Two Cancer Patients



Haa-Na Song, Bruera, J Pal Med, 2015

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Implications for you: physician leaders

- Organize care into integrated practice Units around patient medical conditions
  - ***Lead multidisciplinary teams, not specialty silos***
- Measure outcomes and cost for every patient
  - ***Become an expert in process improvement***
- Reimburse through Bundled prices for care cycles:
  - ***Lead the development of new bundled reimbursement options***
- Integrate Care delivery Across separate facilities
  - ***Champion value enhancing rationalization and***
  - ***start regional collaboration***
- Expand excellent IPUs Across geography
  - ***Aspire to influence patient care outside the local area***
- Create an enabling information technology platform
  - ***Become a champion for the right EMR systems***