WHAT IS PALLIATIVE CARE?

Patients and their families often face significant stress during serious illnesses that can lead to unmanaged fears, anxiety, hopelessness or depression. Palliative care is a medical approach that specifically addresses pain, distressing symptoms, care planning and patient concerns. According to the World Health Organization, “palliative care improves the quality of life of patients and families who face life-threatening illness, by providing pain and symptom relief, spiritual and psychosocial support, from diagnosis to the end-of-life and bereavement.”

While palliative care evolved from concepts developed in hospice care, it is different. Palliative care can be offered for serious illnesses, such as:
- Cancer
- Heart failure, severe coronary artery disease or valvular disease
- Pulmonary diseases
- Renal disease
- Alzheimer’s, Parkinson’s and frontotemporal dementia
- HIV/AIDS
- Neurological conditions, such as ALS (amyotrophic lateral sclerosis)

WHO PROVIDES PALLIATIVE CARE?

Palliative care can be divided into three levels. The first level, primary palliative care, refers to the basic skills and competencies that should be delivered by any clinician. Secondary palliative care refers to the specialty trained clinicians and medical centers that provide palliative care consultation and specialty care. Tertiary palliative care refers to academic medical centers that provide specialist care for the most complex cases. Tertiary palliative care centers are usually also involved in research and education of palliative care clinicians.

While palliative care can be given by any clinician, care can be enhanced by an additional layer of support from an interdisciplinary team. The team may include nurses, social workers, chaplains, and other specialists who work with the patient’s primary or specialty clinicians.

WHAT PROBLEMS DOES PALLIATIVE CARE ADDRESS?

Physical symptoms or side effects that palliative care can address are: difficult-to-control pain, shortness of breath, trouble sleeping, loss of appetite and nausea. Treatments used in palliative care include medicines such as opioids and adjunctive medications, nutritional guidance, physical therapy, occupational therapy and integrative therapies that include non-pharmacological pain treatments.

Family members who assume a caregiving role may have significant stress. Caregivers often have multiple other responsibilities such as jobs and family responsibilities. Palliative care clinicians or teams may employ treatments for emotional, social, and coping skills, such as family meetings, counseling, referral to support groups and mental health providers. A palliative care team member, such as a social worker, can assist with treatment or referrals.

A serious illness not only causes medical problems, but also financial

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A CLOSER LOOK AT QUALITY

By the time patients are challenged by a serious and life-threatening illness, they may question why this has happened to them and struggle with their faith. Palliative care team members, especially chaplains, can help patients and their families explore their feelings, beliefs and values, and assist them in moving toward acceptance and peace.

WHEN TO CONSIDER PALLIATIVE INSTEAD OF CURATIVE CARE?

In some cases, medical specialty guidelines recommend that clinicians offer palliative care in lieu of therapy directed at the disease. The following patient indicators have been identified by the American Society of Clinical Oncology as patient characteristics that suggest that a patient receive palliative care instead of cancer-directed therapy:

- low performance status with limited ability to care for oneself
- no benefit obtained from prior treatment(s)
- ineligible for a clinical trial
- evidence that treatment would be ineffective

In addition to cancer, these characteristics may be relevant to other serious, life-threatening diseases.

DOES PALLIATIVE CARE ALWAYS LEAD TO HOSPICE?

While many of the concepts for palliative care often go hand-in-hand with hospice care, palliative care is not associated specifically with end-of-life. Patients can receive palliative care, while receiving curative care and be cured of their illness. Alternatively, a patient’s disease process may progress to the point that they have an anticipated life expectancy of six months or less and the clinician or palliative care team may refer the patient to hospice services. Unfortunately, many patients and their families’ poor understanding of the distinction between palliative and hospice care often leads to an underuse of palliative care, which can lead to preventable suffering for these patients.

CAN PALLIATIVE CARE INCREASE VALUE?

Palliative care contributes to health care value by effectively controlling symptoms and clarifying goals of care. These critical actions can fundamentally shift the course of care from the usual pathway of potentially low-yield, burdensome, and high-cost care and do so, significantly reduce costs and increase patient satisfaction. One study reported an 85 percent improvement in pain management, reduced costs and a 17 percent reduction in hospital readmissions. The study also found that the earlier palliative care became involved with the patient during hospitalization, the greater the savings.

In summary, palliative care is an approach to providing medical care for patients with serious, life-threatening illnesses. It focuses on providing patients with relief from symptoms, pain, physical stress and mental stress of a serious illness — whatever the diagnosis.

The goal of such therapy is to improve quality of life for both the patient and their family. Palliative care can be given by any clinician but can be enhanced by involving an interdisciplinary team. The team works with the patient’s primary provider to give an additional layer of support. Palliative care is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.

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REFERENCES