“End of Life Care and Considerations”

Parag Bharadwaj, MD
Medical Director
Palliative Care Program
Impact on patient

“Suffering”

- Physical
- Spiritual
- Emotional
- Psycho-social
Impact on caregiver

- Increased risk of MI or cardiac death: RR 1.8 if caregiving >9 hrs/wk for ill spouse
  
  Lee et al. Am J Prev Med 2003;24:113

- Increased risk of death: RR 1.6 among caregivers reporting emotional strain
  
  Schulz et al. JAMA 1999;282:2215
WHO Model of Palliative Care

Figure 1. WHO Model of Palliative Care.
What is Hospice?

Figure 1. WHO Model of Palliative Care.
Hospice services

- Physician – home visits
- Nursing staff
- Social worker
- Chaplain
- Home health aids
- Volunteers
- Bereavement counselors
- Medications
- Equipment
Palliative Care is not Hospice

All hospice care is palliative, but not all palliative care is hospice
Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness...........

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.
Palliative care is provided by an interdisciplinary team and offered in conjunction with all other appropriate forms of medical treatment.

It is appropriate at any point in a serious illness and can be provided at the same time as treatment that is meant to cure.
Interdisciplinary Care

Aims to
• relieve suffering
• improve quality of life

Combined with ALL OTHER appropriate medical treatments
Patient focused care

- Early conversations
- Readdressing goals
- Advance Directives
- POLST
Impact on prognosis

Palliation prolongs life!

Early palliative care for patients with metastatic non-small cell lung cancer.

Why Hospice?

- 91.5% of deaths peaceful
- No patient experienced persistent, severe pain
- 91% of patients were on opioids