PRINCIPLES OF PALLIATIVE CARE

Dr. Martin Bac
Department of Family Medicine

Mortality South Africa

Statistics

Life expectancy at birth m/f (years, 2015)	**59/66** not available
Probability of dying between 15 and 60 years m/f (per 1 000 population, 2015)	**386/272**
Total number of deaths per year	**?**

1. INTRODUCTION

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- ‘’Failure to understand the nature of suffering can result in medical intervention that, only fails to relieve suffering but becomes a source of suffering itself”.

- Cassell, Eric NEJM 1982;306:639-45

1. INTRODUCTION cont…

- Fifty-two million people die each year
- It is estimated that tens of millions of people die with unrelieved sufferings
- About five million people die of cancer each year, and other diseases who might benefit from palliative care

In developed and developing countries alike, people are living and dying:

- in unrelieved pain
- with uncontrolled physical symptoms
- with unresolved psychosocial and spiritual problems
- In fear and loneliness

2. DEFINITION OF PC

PALLIATIVE CARE (PC) is not:

- The soft option adopted when active therapy stops.
- Just the terminal care
- A geriatric care
- What you do when nothing more can be done

WHO QUALIFIES FOR PALLIATIVE CARE

Palliative Care is the care of patients with

active,

progressive,

***far-advanced* disease.**

For whom the focus of care is to improve quality of life

WHO DEFINITION OF PALLIATIVE CARE

Palliative Care is an approach that **improves the quality of life** of patients and their families facing the problems associated with **life-threatening illness**, through the **prevention and relief of suffering** by means of **early identification** and **impeccable assessment and treatment** of pain and other problems, physical, psychological and spiritual.

DEFINITION

- Provides relief from pain and other distressing symptoms
- Affirms life and regards dying as a normal process
- Intends neither to hasten or postpone death
- Integrates the psychological and spiritual aspects of patient care
- Offers a support system to help patients live as actively as possible until death
- Offers a support system to help the family cope during the patient's illness and in their own bereavement

DEFINITION CONT…

- **Uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated**
- **Will enhance quality of life, and may also positively influence the course of 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**

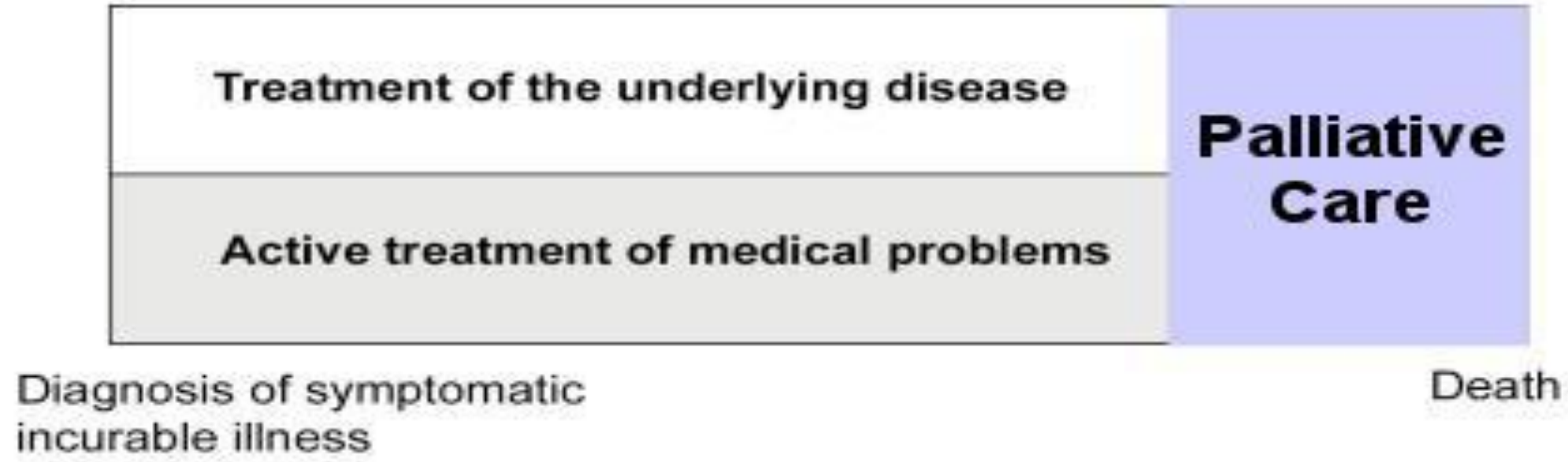
3. THE GOALS OF PALLIATIVE CARE

For patients with active, progressive, far-advanced disease, the goals of palliative care are TO:

- Provide relief from pain and other physical symptoms
- Optimise the quality of life
- Provide psychosocial and spiritual care
- Provide support to help the family during the patient's illness and Bereavement

4. OLD MODEL OF CARE

Palliative care has in the past been regarded as the care employed when all avenues of treatment for the underlying disease are exhausted and further active medical treatment considered inappropriate:



P C should be initiated when a patient becomes symptomatic of **active, progressive, far advanced disease.**

- MODERN MODEL OF CARE

- It should *never* be withheld until such time as all modalities of treatment of the underlying disease have been exhausted
- it is active therapy that is **complementary** to active treatment of the underlying disease
- It should be **integrated in a seamless manner** with other aspects of care
- a **holistic approach** to care, encompassing all aspects of a patient's suffering and which is a prerequisite for successful palliative care, is often lacking in modern disease-orientated medicine

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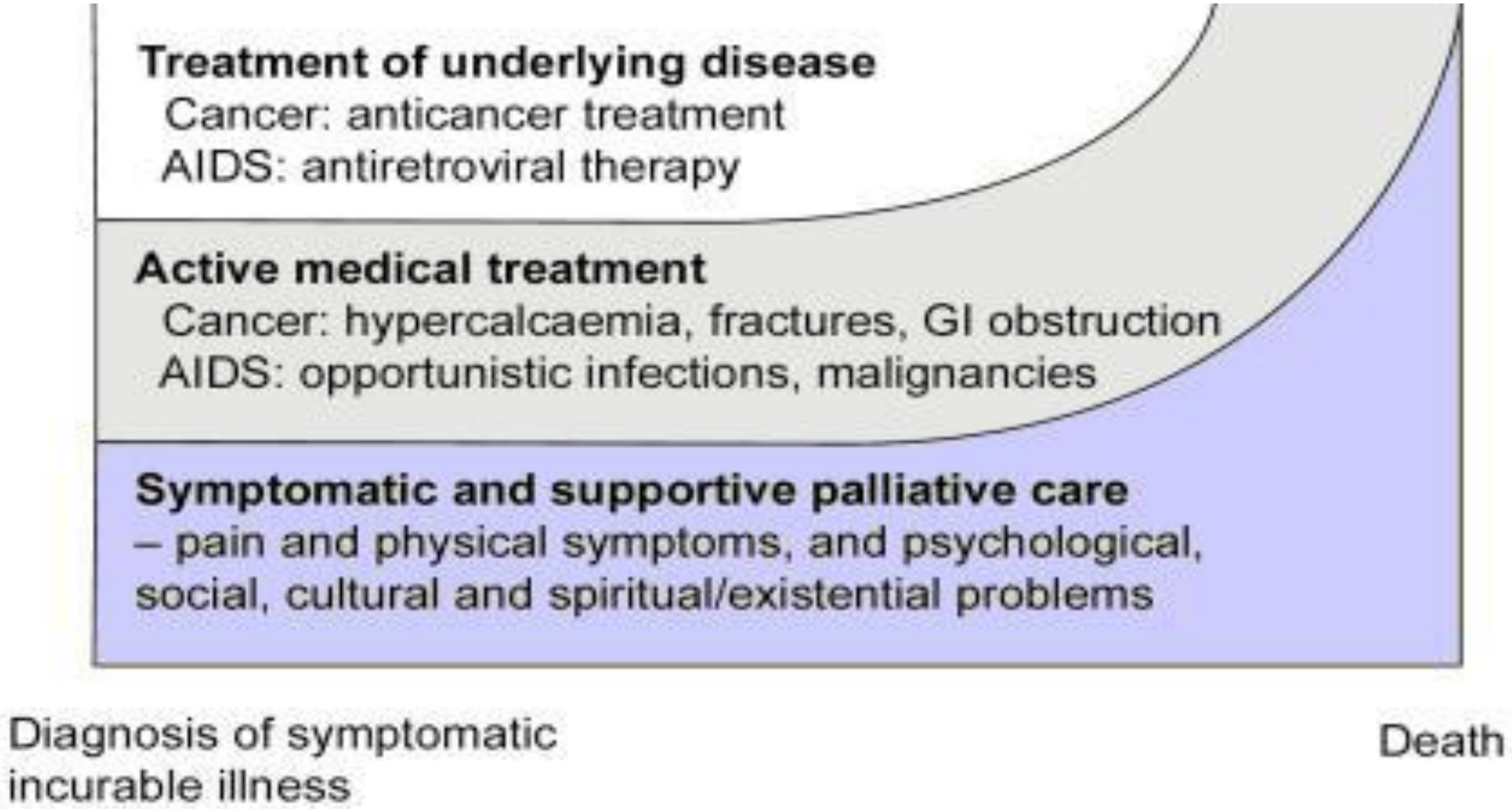
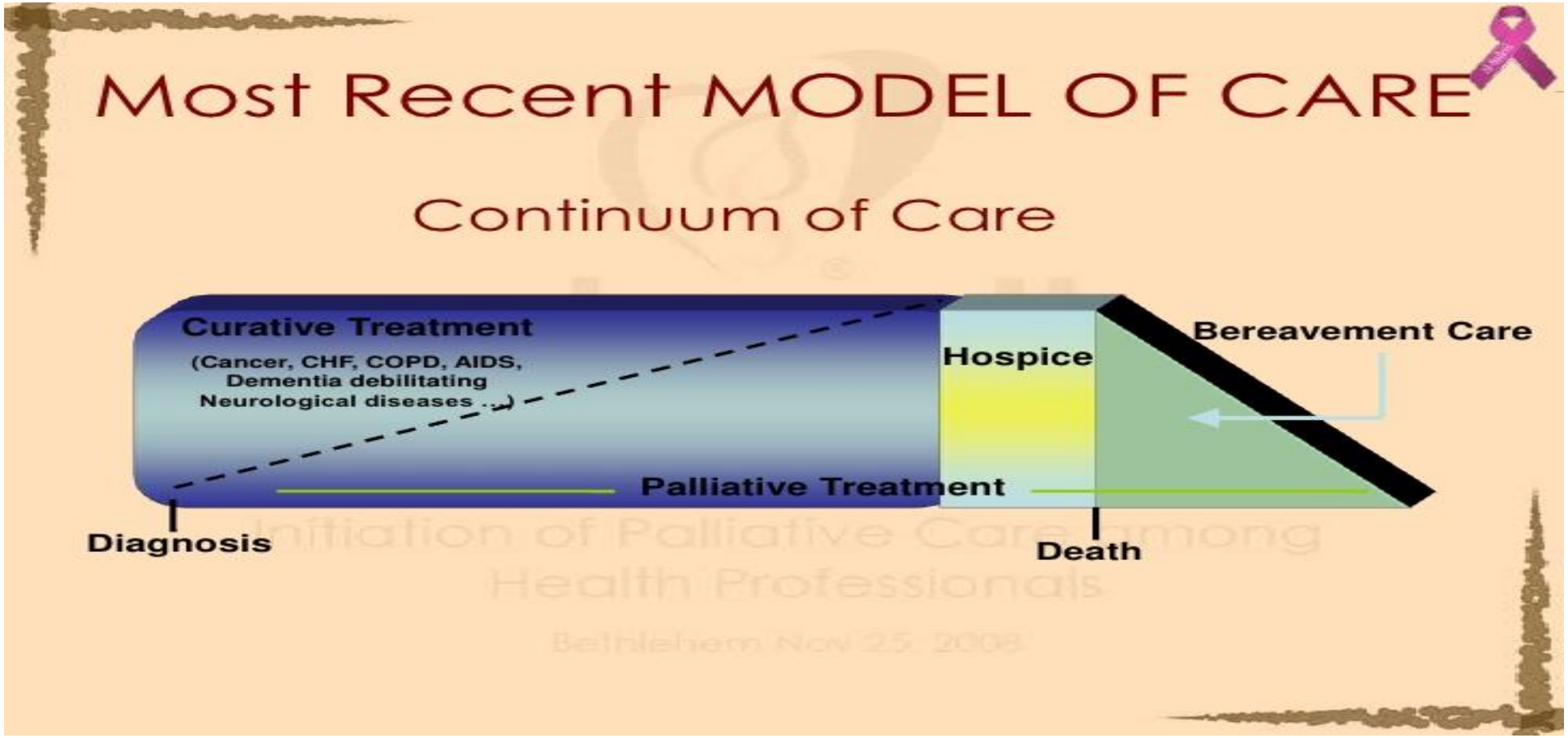

Treatment of underlying disease
Cancer: anticancer treatment
AIDS: antiretroviral therapy
Active medical treatment
Cancer: hypercalcaemia, fractures, GI obstruction
AIDS: opportunistic infections, malignancies
Symptomatic and supportive palliative care
– pain and physical symptoms, and psychological, social, cultural and spiritual/existential problems
Diagnosis of symptomatic incurable illness
Death

RECENT MODEL OF CARE



Palliative Care in relation to level of function and disease trajectory – Where does it fit?

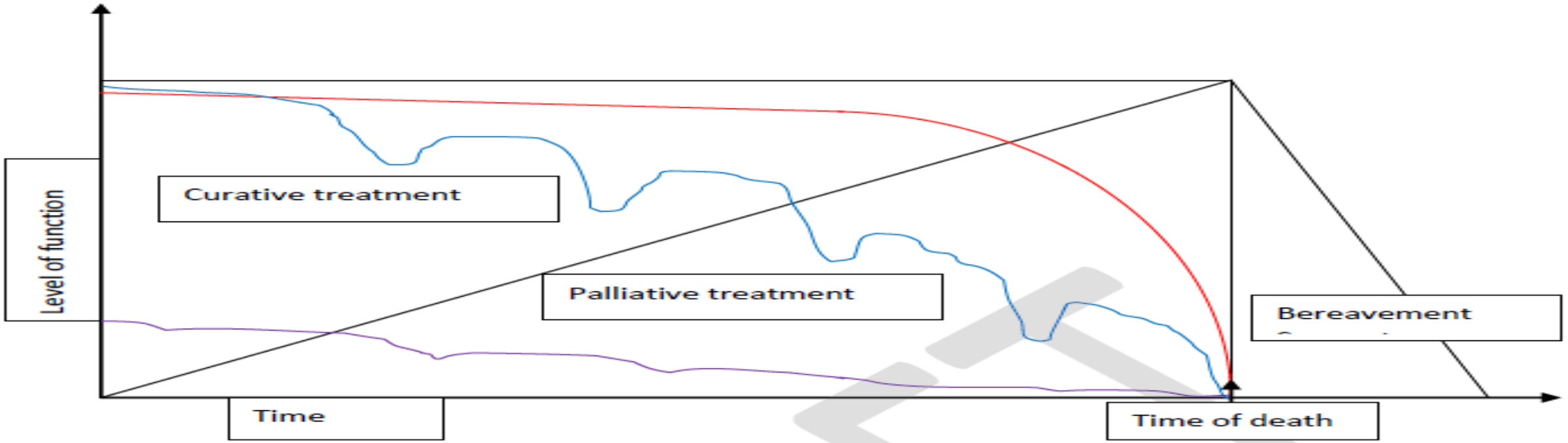


Diagram 2 showing the relationship of curative and palliative treatment with illness trajectories.

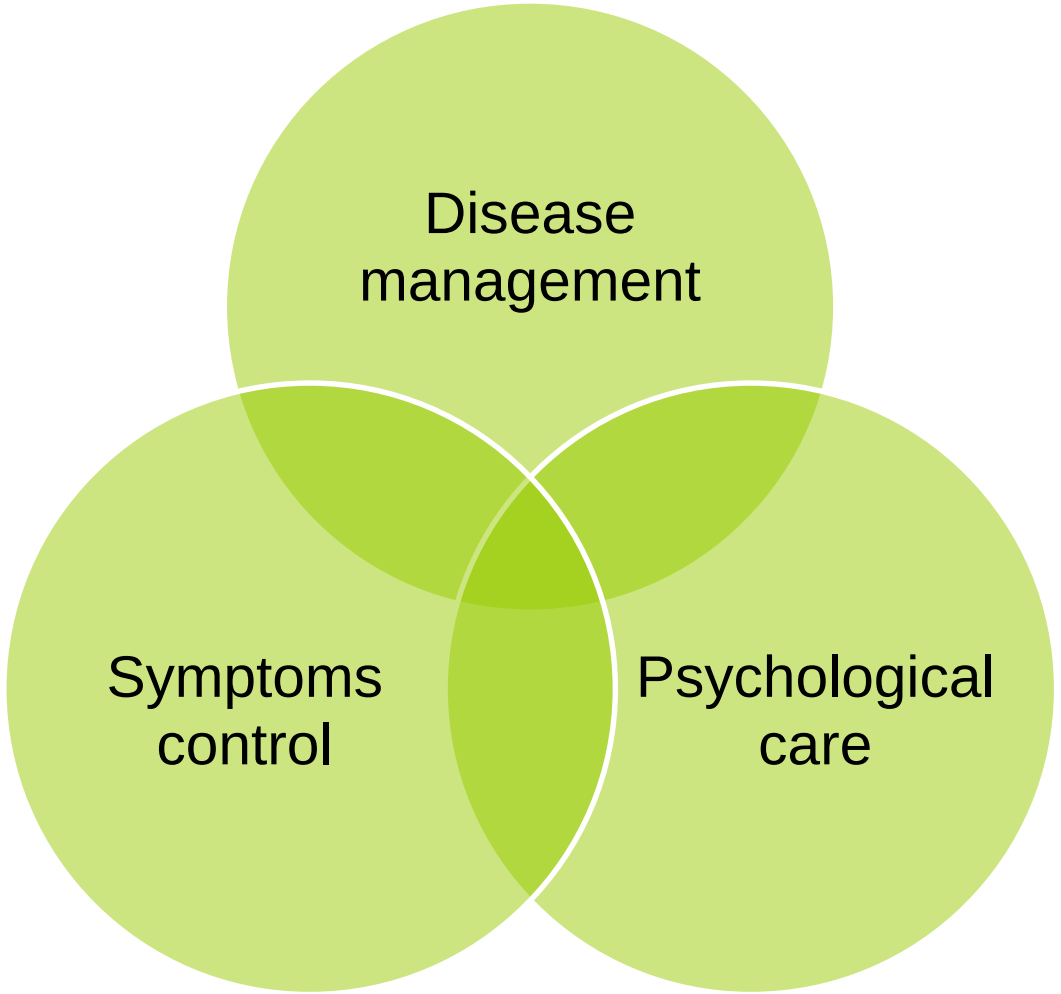
-------- Cancer trajectory

-------- End stage chronic illness trajectory (e.g. heart failure, renal failure, HIV)

-------- Dementia/ Frailty trajectory

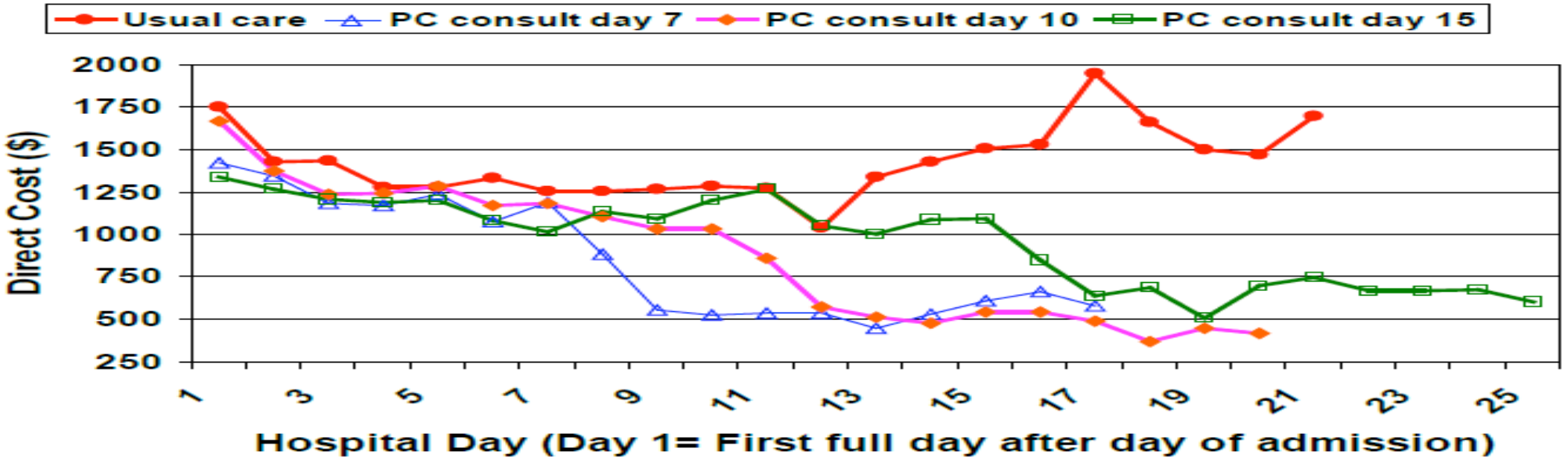
Palliative care should be offered from the time of diagnosis. As function declines over time and cure is no longer possible, palliative care becomes more important until the time of death. The family are supported through the bereavement process.

5. PRINCIPLES OF PALLIATIVE CARE



What are the cost implications if we don't implement Palliative Care?

Mean Direct Costs Per Day For Patients Who Died in Hospital



Source: Morrison et al. Arch Intern Med 2008

http://www.npcrc.org/files/news/NPCRC_breakout_cost_savings_morrison.pdf

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

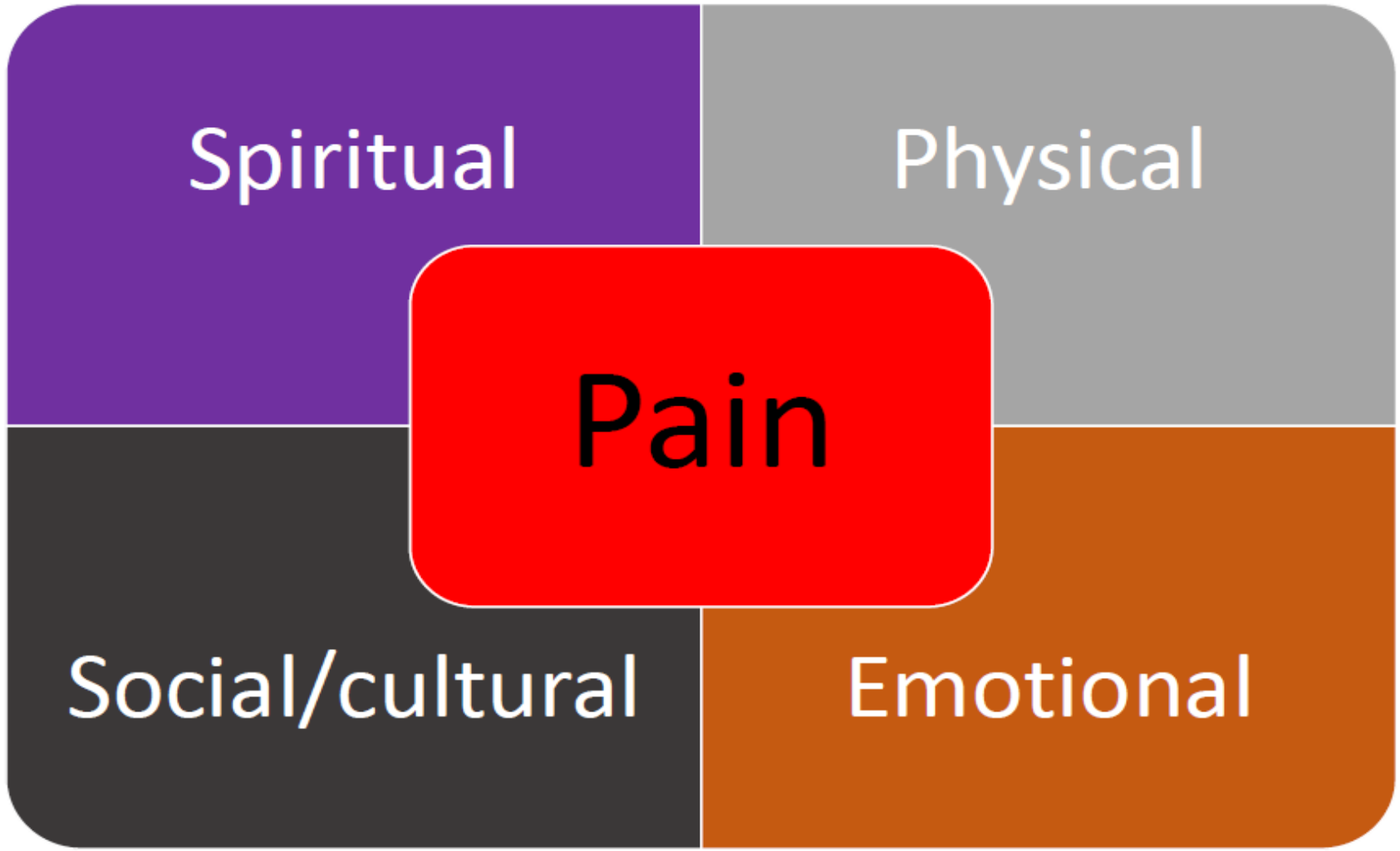
Goals

Goals	Addresses the challenges of:	Alignment to WHA
Goal 1: To strengthen palliative care services across all levels of the health system from the tertiary hospital to the patient in the home to provide integrated and equitable care.	Service delivery, and provision of medical products including medicines.	Aligned to WHA PC Resolution: Member state 1, 2, 3, 5, 6, 7.
Goal 2: Ensure adequate numbers of appropriately trained health care providers to deliver palliative care at all levels of the health service.	An adequately trained health workforce in adequate numbers to provide palliative care services.	Aligned to WHA PC Resolution: Member state 4 (a), (b), (c).
Goal 3: Establish and maintain systems for monitoring and evaluation of South Africa's palliative care program.	Data available for planning and evaluating progress against plans	Aligned to WHA PC resolution: Member state 9
Goal 4: Ensure appropriate allocation of financial resources to strengthen and sustain South Africa's palliative care program.	Funding of South Africa's palliative care program	Aligned to WHA PC resolution: Member state 2
Goal 5: Strengthen governance and leadership to support implementation of the policy.	Governance and leadership required to ensure implementation of the palliative care policy.	Aligned to WHA PC Resolution: Member state 8, 9.

PRINCIPLES OF PC

- Focus on quality of life, which includes good symptom control
- Whole person approach, taking into account the person's past life experience and current situation
- Care, which encompasses the patient and those who matter to the person, including support in bereavement
- Respect for patient's autonomy and choice
- Emphasis on open and sensitive communication, which extends to patients, carers and professional colleagues

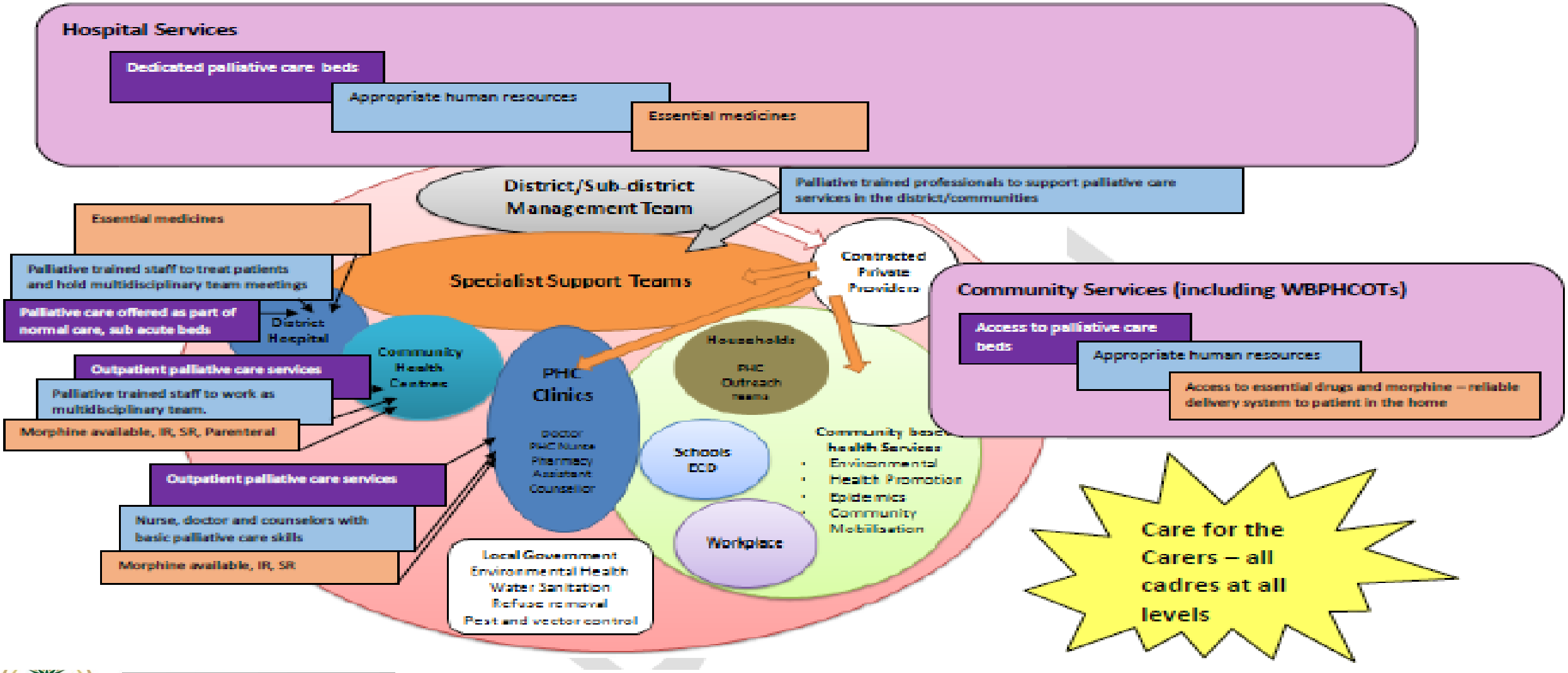
Acknowledging a complex interplay:



6. BARRIERS TO PC

- Professional: ignorance, poor prognostication, loss of control, loss of income, poor communication skills
- Patient: unrealistic expectation, lack of advance care planning, lack of knowledge
- Social factors: poor and underprivileged setting, language barriers,
- Access factors: high cost of care, no government subsidy, restricted use of strong analgesics

Service Delivery Platform



What are we doing at Tshwane and SBAH as Family Medicine UP

- Doing collaborative, multidisciplinary rounds with other specialities within the Hospital such as ENT, Internal Medicine(Tuesdays) as well as Head /Neck grand Academic ward round(Thursdays afternoon).
- Referrals to social worker, spiritual members(Hospivision) and other members of the team(physio ,speech or dietician).
- Identifying palliative care patients as a team with the patient/family and discussing management therefore.
- **Goals**: Holistic approach to cater for the patient's needs and involve his/her family. Determine the preferred level or place of care with the patient and family.
- A road to linked care book is filled by the palliative care team to the referral centre (being a district hospital/ GP/CHC/WBOT/Hospice) as a way of communicating patients comprehensive assessment,prognosis,and management forward.

Research work done

- Quality research improvement work done by BCMP/SIC students looking at our role as District Hospital in Palliative Care did really prove that we see more patients who are at End –of – life / needing Palliative Care.
- limitation being training of staff in Palliative Care.
- See poster.
- Also study done looking at the quality of care rendered to those who died in the care of THD through after death audited files(diagnosed as dying but not managed as such) and family interviews on their perception on the care of their loved ones at their end -of –life as they felt they were not part of their family management).
- more training at District level needed as more patients are seen at this level of care.

End of life care Team

- A team within the hospital emergency unit inclusive of clinical managers, head of clinical departments as well as Palliative care team(Family physicians) has been developed .
- Appropriate patient management within the hospital(terminal patients in the ICU/Emergency unit as we usually have problem with resources on patient management i.e. more patients with less beds).

  To make decisions as a team with family on management looking on clinical condition, individual as well as contextual aspect of the individual patient and reduce the number of investigations performed.

  Goals: relief of emergency/intensive care unit of resource stress such as bed management/ availability as well as resuscitation machines.

Objectives:

Not admitting patients that have been assessed as having life limiting/life threatening disease and are at end- of- life according to **SPICT/ Supportive& Palliative Care Indicators Tool.**

Planning for 2018

- Central help desk for Palliative Care 24/7.
- Central register of available hospice beds .
- Palliative care consultant team on call 24/7.
- Training of WBOT/COPC.
- Palliative Care workshop in Mpumalanga February 2018.

TAKE HOME MESSAGE

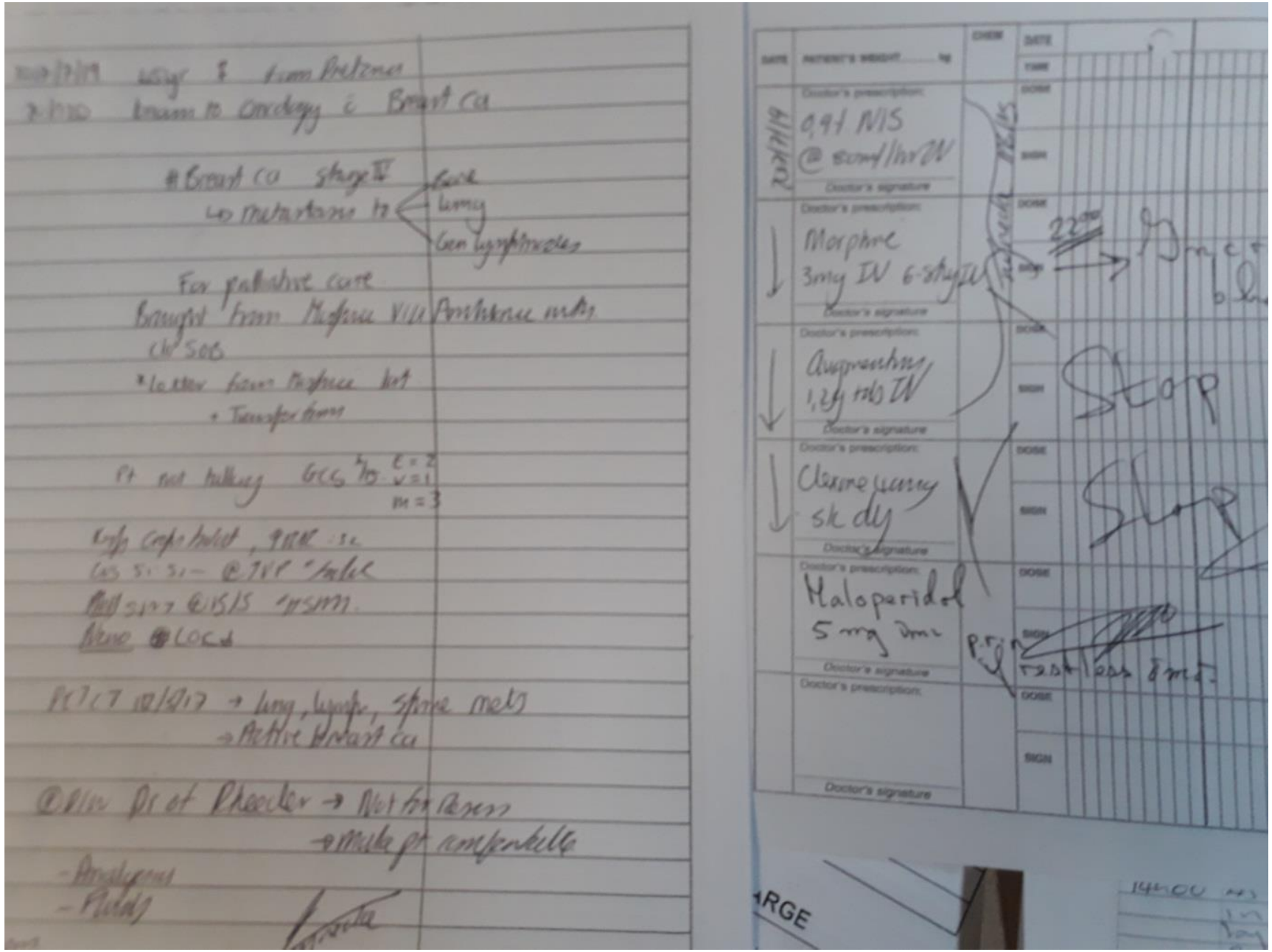
Whatever the disease, however advanced it is, whatever treatment already given, there is always something which can be done to improve the quality of life remaining to the patient.

Dame Cecily Saunders

- " You matter because you are, and you matter to the end of your life. We will do all we can, not only to help you die peacefully, but also to live until you die"


5

Morphine
Haloperidol
Patient Record Form
CUPBOARD



Take home messages

- Any ulcer that does not heal in 3 weeks a biopsy should be taken.
- Any lump that is growing should be investigated and the cause be determined and cancer excluded
- Any bloody discharge from a body opening is suspect for a malignancy
- Hoarseness for more than 3 weeks needs referral for laryngoscopy
- A tonsillitis that does not heal in 2 weeks is suspect for cancer
- Unexplained pain in a sinus or ear needs proper ENT examination

Recommended reading

- Oxford Handbook of General Practice, chapter 28.

- Oxford Handbook of Family Medicine by Bob Mash, chapter
- A handbook of palliative care in Africa, E book.