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Restoring the Balance: The Imperative For Palliative Care

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A Primary Goal of Medicine

The relief of suffering and the cure of disease must be seen as twin obligations of a medical profession that is truly dedicated to the care of the sick. Physicians' failure to understand the nature of suffering can result in medical intervention that (though technically adequate) not only fails to relieve suffering but becomes a source of suffering itself.

The Nature of Suffering and the Goals of Medicine - Eric J. Cassell

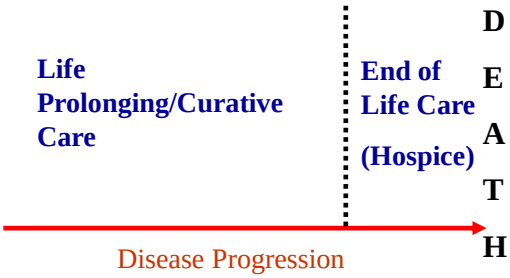
- *What is Palliative Care?*
- *How does Palliative Care Address the Needs of the Population?*
- *Palliative Care and the Future*

Palliative Care: A Definition

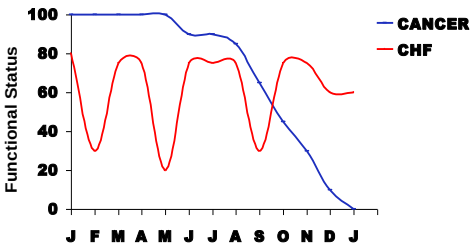
Interdisciplinary specialty that aims to relieve suffering and improve quality of life for patients with advanced illness and their families.

It is provided simultaneously with all other appropriate medical treatment.

What Palliative Care is Not



The Reality of the Last Year of Life



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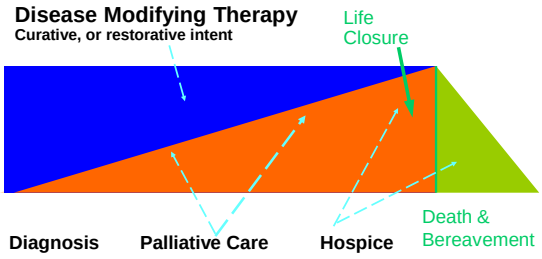
People have an abiding desire not to be dead….

"I don't want to achieve immortality through my work. I'd rather achieve it by not dying."

Woody Allen

A New Vision of Palliative Care



NHWG; Adapted from work of the Canadian Palliative Care Association & Frank Ferris, MD

Four Arguments for Hospital Palliative Care

- Quality
- Patient and family preferences
- Demographics
- Economic

Why palliative care?

1. Clinical imperative:

– The need for a better quality of care for persons with serious and complex illnesses

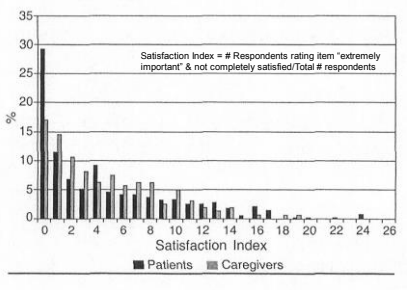
Family Satisfaction with Hospitals as the Last Place of Care

2000 Mortality follow-back survey, n=1578 decedents

Not enough contact with MD: 78%
Not enough emotional support (pt): 51%
Not enough information about what to expect with the the dying process: 50%
Not enough emotional support (family): 38%
Not enough help with symptoms: 19%

Teno et al. JAMA 2004;291:88-93

Patient & Family Satisfaction with Hospitals as the Last Place of Care



Heyland et al, J Palliative Care, 2005

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Patients' Satisfaction with Hospital Care

	Extremely Important	Satisfied with Care
Trust/confidence in MDs	56%	28%
Receive honest information	44%	21%
Safe discharge plan	42%	32%
Symptom relief	39%	32%
Doctor is available	33%	23%
Receive adequate information	32%	24%

Heyland et al, J Palliative Care, 2005

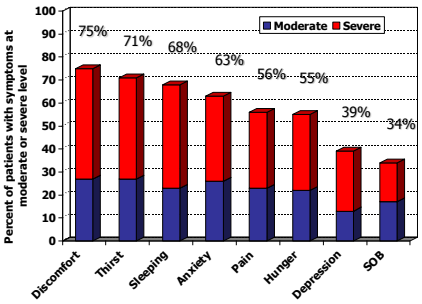
Symptom Burden of Patients With Serious Illness at 5 U.S. Academic Medical Centers

Patients With Moderate-Severe Pain Between Hospital Days 8-12

Colon cancer	60%
Liver failure	60%
Lung cancer	57%
Organ failure + cancer	53%
Organ failure + sepsis	52%
COPD	44%
CHF	43%

Desbiens & Wu. JAGS 2000

Self-Reported Symptom Experience of Critically Ill Cancer Patients Receiving Intensive Care



Nelson et al. Crit Care Med 2001

Why palliative care?

2. Concordance with patient and family wishes

- What is the impact of serious illness on patients' families? What do persons with serious illness say they want from our healthcare system?

The Family Burden of Serious Illness

- 1 million caregivers deliver care at home to a seriously ill relative
  - Mean hours caregiving per week: 18
  - 40% are working
  - 77% are women
  - 25% are over age 65
  - 44% state they have no alternatives to providing care
  - 70% report stress from caregiving (17% high stress)
  - 20% quite their job or retired early to provide care
  - 58% state they need more help
- Stressed caregivers are at significantly increased risk of death and major depression
- Cost equivalent of uncompensated care: 8 billion dollars/year (assume $10/hr)

Health Canada 2002; Schulz et al. JAMA 1999

What Do Family Caregivers Want?

Study of 475 family members 1-2 years after death

- Loved one's wishes honored
- Inclusion in decision processes
- Support/assistance at home
- Practical help (transportation, medicines, equipment)
- Personal care needs (bathing, feeding, toileting)
- Honest information
- 24/7 access
- To be listened to
- Privacy
- To be remembered and contacted after the death

Tolle et al. Oregon report card.1999 www.ohsu.edu/ethics

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What Do Patients with Serious Illness Want?

- Pain and symptom relief
- Avoid inappropriate prolongation of the dying process
- Achieve a sense of control
- Relieve burdens on family
- Strengthen relationships with loved ones
- Honest communication with physicians

Singer et al. JAMA 1999; Heyland et al, CMAJ 2006.

Why palliative care?

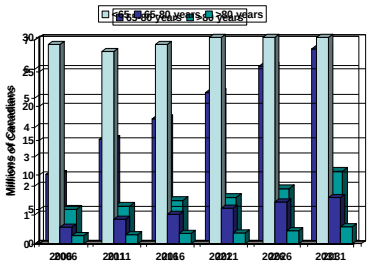
3. **The demographic imperative**
   - Palliative care helps to effectively treat the growing number of persons with serious, advanced and complex illnesses.

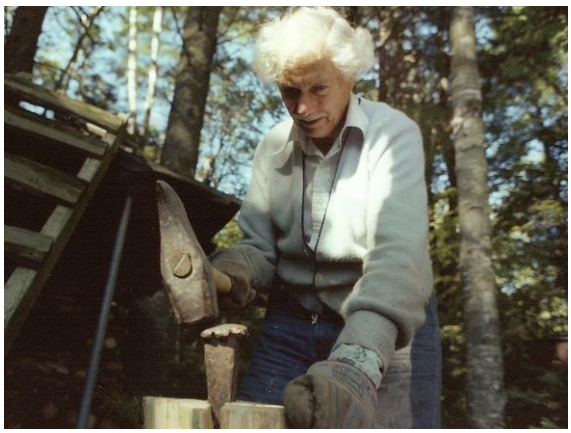
"I'd have been here sooner if it hadn't been for early detection."

Life Expectancy in 2009

- Median age of death is 78 years.
- Among survivors to age 65, median age at death is 82 years.
- Among survivors to age 80, median age at death is 88 years

Canada Population Projections





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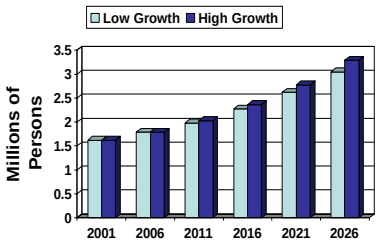
"I would embrace the aging process if I could lift my arms."

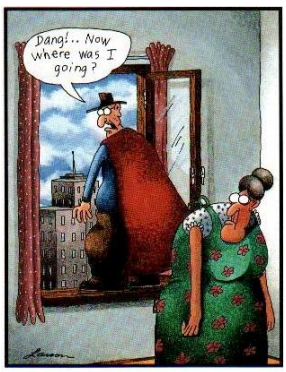
EM

- 84 years old
- Advanced heart failure, hypertension, Type II diabetes, COPD, and Alzheimers disease
- Lives at home with her 86 year old husband
- 4 hospitalizations in the past year
- Admitted with urosepsis.
- Hospital course is complicated by pneumonia, delirium, weight loss, debility, and pressure ulcers on her heel and sacrum.

Number of Canadian Age 65 and Over with Disabilities



Human Resources and Social Development Canada, 2005, www.hrsdc.ca



Superman in his later years

- 30-40% of those over age 85 have Alzheimers Disease or a related dementia
- 750,000 Canadians in 2031

"It's fine to discover cures, but, remember, chronic conditions are our bread and butter."

Why palliative care?

4. The fiscal imperative

– Aging population + growth in numbers of patients in need + effective new technologies = financial crisis for healthcare

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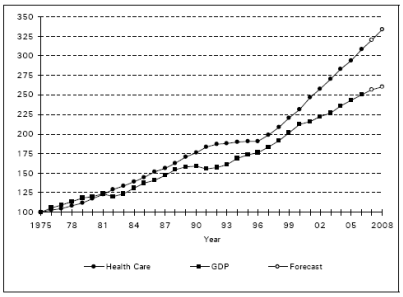
"It is thornlike in appearance, but I need to order a battery of tests."

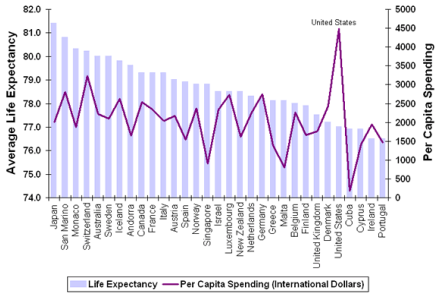
Medical Spending in Canada in 2008

- $171.9 billion in 2008, or $5,170 per person
- 10.7% of the GNP (highest ever recorded)
- 5th highest per capita spending in the world
- 28% of healthcare dollars go to hospitals
- Canadians 65 and older account for 44% of all health care dollars
  - Average per capita spending for the oldest old (over age 85) = $21,209

Health Care Spending In Canada



Healthcare Spending and Quality



Care For the Seriously Ill at the Turn of the Century (2000)

- Unprecedented gains in life expectancy: exponential rise in number and needs of frail elderly
- Cause of death shifted from acute sudden illness to chronic episodic disease
- Untreated physical symptoms
- Unmet patient/family needs
- Disparities in access to care
- Inadequately trained health care professionals
- An unresponsive health care system facing enormous and increasing expenditures

"There's no easy way I can tell you this, so I'm sending you to someone who can."

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Palliative Care Aims to Improve Care in 3 Domains

- Relieve physical and emotional suffering
- Improve patient-physician communication and decision-making
- Coordinate continuity of care across settings

Benefits of Palliative Care: The Evidence Base

- Reduction in symptom burden
- Improved patient and family satisfaction
- Improve physician satisfaction
- Reduced costs

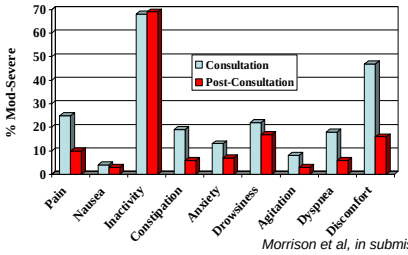
Hospital Based Palliative Care Teams (HBPCT)

- 8 studies pooled from meta-analysis, 1 additional cluster randomized controlled trial*
- Compared to conventional care, HBPCT were associated with **significant improvements in:**
  - **Pain**
  - **Non-pain symptoms**
  - **Patient/family satisfaction (RCT)**
  - **Hospital length of stay, in-hospital deaths (RCT)**

Jordhay et al Lancet 2000; Higginson et al, JPSM, 2003; †Finlay et al, Ann Oncol 2002; Higginson et al, JPSM 2002.

Hospital Palliative Care Improves Patient Symptoms

Self-Reported Symptoms at PC Consultation and 72-96 hours subsequently for 3, 491 cancer patients at 5 U.S. hospitals.
Mean time to consultation =9.6 days



Morrison et al, in submission

Palliative Care Helps Caregivers

- Caregivers of patients receiving palliative care consultation at Mount Sinai Hospital, NY (% Satisfied/Very satisfied)*
  - Control of pain - 95%
  - Control of non-pain symptoms - 92%
  - Support of patient's quality of life - 89%
  - Overall care provided by palliative care program- 95%

**Internal Mount Sinai Patient Satisfaction Surveys,*

Hospital Palliative Care Assists Families in Coping with Serious Illness

- 54 caregivers of patients who died in hospital while receiving palliative care consultation matched to 95 caregivers of patients receiving usual care**
  - Palliative care caregivers were significantly more likely to report that their emotional or spiritual needs were met as compared to usual care caregivers (odds ratio = 1.9, P=0.004)
  - Palliative care families were significantly more likely to report confidence in one or more self-efficacy domains as compared to usual care caregivers (odds ratio = 1.5, P=0.03)

Gelfman LP, Meier DE, Morrison RS, JPSM, 2008

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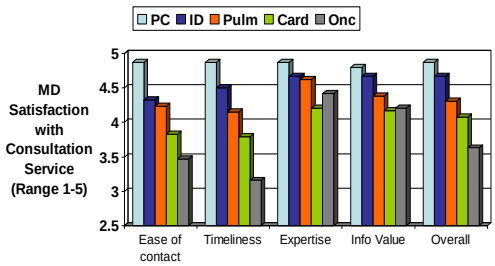
Palliative Care Improves Clinician Satisfaction



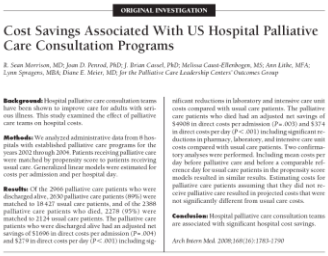
Source: MCW Froedert Hospital Medical Staff Survey, Milwaukee, WI, 2007

Palliative Care Reduces Length of Stay and Hospital Costs

Palliative care:

- Clarifies goals of care with patients and families
- Helps families to select medical treatments and care settings that meet their goals
- Assists with decisions to leave the hospital, or to withhold or withdraw death-prolonging treatments that don't help to meet their goals

Palliative Care Helps Hospitals



ORIGINAL INVESTIGATION

Cost Savings Associated With US Hospital Palliative Care Consultation Programs

R. Sean Morrison, MD; Joan D. Penrod, PhD; J. Brian Cassel, PhD; Melissa Caust-Ellenbogen, MS; Ann Litke, MFA; Lynn Spragens, MBA; Diane E. Meier, MD, for the Palliative Care Leadership Centers' Outcomes Group

Compared to usual care, palliative care consultation results in significant cost savings

- $174/day or $1696/admission for patients discharged alive
- $374/day or $4,908/admission for patients who die in hospital

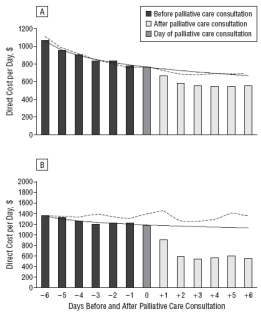
Cost and ICU Outcomes Associated with In-Hospital Palliative Care Consultation

	Live Discharges			Hospital Deaths		
Costs	Usual Care	Palliative Care	Δ	Usual Care	Palliative Care	Δ
Per Day	$830	$666	$174*	$1,484	$1,110	$374*
Per Admission	$11,140	$9,445	$1,696**	$22,674	$17,765	$4,908**
Laboratory	$1,227	$803	$424*	$2,765	$1,838	$926*
ICU	$7,096	$1,917	$5,178*	$14,542	$7,929	$7,776*
Pharmacy	$2,190	$2,001	$190	$5,625	$4,081	$1,544***
Imaging	$890	$949	($58)***	$1,673	$1,540	$133
Died in ICU	X	X	X	18%	4%	14%*

*P<.001 **P<.01 ***P<.05

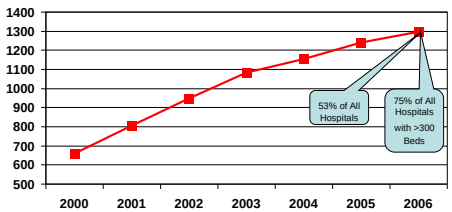
Source: Morrison et al. Arch Intern Med 2008

Cost Savings from Palliative Care at 8 U.S. Hospitals



Source: Morrison et al. Arch Intern Med 2008

Palliative Care is Becoming the Norm in US Hospitals



Goldsmith et al, J Palliat Med, 2008

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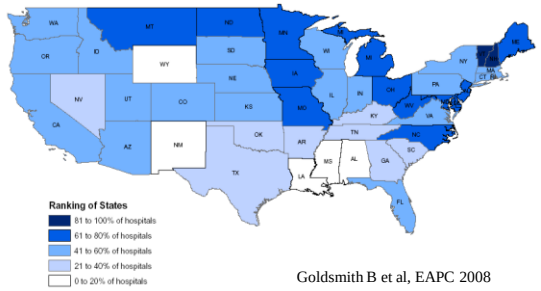
Prevalence of Hospital Palliative Care Programs (Hospitals with > 50 beds)



Goldsmith B et al, EAPC 2008

"No institution is doing everything right. But we found 10 that are using innovation, hard work and imagination to improve care, reduce errors and save money.

Determined people . . . are transforming the way U.S. hospitals care for the most seriously ill patients. The engine of change is palliative medicine.

'The field is growing because it pays attention to the details,' says Dr. Philip Santa-Emma … 'It acknowledges that even if we can't fix the disease, we can still take wonderful care of patients and their families'."

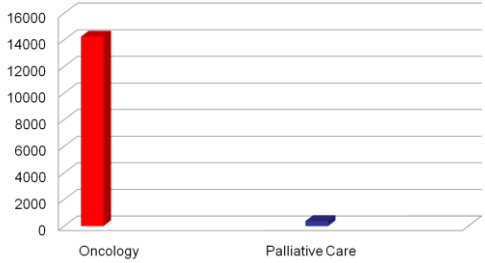
Newsweek *Fixing America's Hospital Crisis*
October 9, 2006

But…

- Lack of a solid evidence base to guide clinical care
  - Pain, symptoms, bereavement
- Lack of health services research to guide delivery of care
  - Hospitals, Hospice, Ambulatory Care
  - Cancer, COPD, CHF, AD
- Lack of basic science research that will lead to new treatment modalities
  - Symptoms, Resilience, Prolonged Grief Disorder

NIH State of the Science Conference, 2004

Research Publications: Oncology and Palliative Care (2003-2005)



Gelfman LP, Morrison RS. J Palliat Med, 2008

NIH Funding for Palliative Care (2001-2005)

- 418 Funded Grants
  - 189 (45%) were funded by NCI
    - 0.4% of all NCI grants
  - 94 (22%) by NINR
    - 3% of all NINR grants
  - 74 (18%) by NIA
    - 0.5% of all NIA grants
  - 61 (15%) were funded by 8 other Institutes
    - NIDDK did not fund a single grant in palliative care

Gelfman LP, Morrison RS. J Palliat Med, 2008

Why the Gaps in Research?

- Symptoms are unimportant
  - Interesting in so far as they guide the astute clinician to a diagnosis
  - Will go away when the disease is cured
- Difficult population to study
  - Multiple symptoms and concurrent problems
  - Very sick population with limited tolerance for lengthy protocols and instruments
  - High mortality rate
  - Difficult outcomes to study

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The Result:

- Current palliative care practice is guided by:
  - Data from other populations
  - Results form small series of patients from single institutions
  - Anecdote and hearsay
- Is this the type of care that we want for our parents or for ourselves?

Although the world is full of suffering, it is also full of the overcoming of it.

Helen Keller
Optimism 1903