Palliative Care and End of Life Thread

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Curriculum Committee Meeting
The problem

- The population is aging.
- People are living a long time with multiple chronic illnesses.
- Many people die in the hospital after receiving more intervention than they would have wanted.
- Our philosophy has been focused exclusively on curing illness and prolonging life, rather than on improving the quality of life and relieving suffering.
- We don’t know how to communicate well with patients about death and dying.
Palliative care can address this

- Relief of suffering
- Improve the quality of life for patients with advanced illnesses and their families through specific knowledge and skills
  - communication with patients and family members;
  - management of pain and other symptoms;
  - psychosocial, spiritual, and bereavement support;
  - coordination of an array of medical and social services.
- Palliative care should be offered simultaneously with all other medical treatment.

R. Sean Morrison, M.D., and Diane E. Meier, M.D.
N Engl J Med 2004
The Ideal Curriculum

- Supervised experiential opportunities
  - At least one detailed PC patient assessment and plan
  - Follow a patient over time
- Communication practice and feedback
  - Standardized patients
  - Real patients
- Knowledge of core palliative care principles and facts
- Reflective time
- Interdisciplinary participation
Thread through 4 years

- First year
  - Breaking bad news
  - Wit
  - Advanced Directives
- Second Year
  - Pain Intensive
- Third year thread through all rotations
- Fourth year block in Geriatrics
Geriatrics Block in 4th year

- One week of palliative care
- Monday didactics
  - Reflection on experiences
  - Review of concepts
  - Legal issues
- Tues – Thursday clinical experiences
  - Hospice
  - Home hospice
  - Palliative care service Shands and VA
- Friday
  - Patient presentations
Resources

- End of Life Curriculum (ELC) for Medical Teachers
  - The Stanford Faculty Development Center (SFDC)
  - 2 hour modules for use in small group
    - Didactics
    - Dynamic learning activities
- UF Palliative & Supportive Care Consult Service and IDT
  - Sheri Kittelson
  - Debra Davis
- Internal Medicine: Close, Markham
- Pediatrics: Lagmay, Butler
- Emergency Medicine: Elie
- Neurology: Beerepoot, Doti
- Trauma Surgery: psychologists at Jax
- Gyn: Castagano
Learning Activities on Clerkships

- Small group discussions using Stanford end of life care curriculum
- Practice with standardized patient
- Clinical experience with clerkship specific content expert
Modules from the Stanford Curriculum

Learning objectives

Possible clerkship location
Overview of Death & Dying

• Estimate a patient’s prognosis
• Discuss a shift in treatment approach from curative to comfort care
• Advise patients and families about the use of artificial hydration and nutrition at the end of life

• *Internal Medicine?*
Pain Management

- Perform a basic pain assessment
- Use of oral opioid analgesics
- Use of parenteral opioid analgesics
- Titrate opioid doses to pain relief
- Use of adjuvant analgesics (eg, tricyclics, steroids, anticonvulsants)
- Prescribe a bowel regimen to prevent constipation in continuous opioid therapy

- 2nd year pain intensive
- 4th year anesthesia/critical care
Communicating with Patients and Families

- Conduct a family conference to discuss end-of-life decisions
- Give bad news to a patient or family member
- Perform a patient assessment; create a care plan to address physical, psychological, social, practical and spiritual needs

- *Family Medicine*
Making Difficult Decisions

- Discuss treatment withdrawal (antibiotics, hydration)
- Discuss advance directives with patients
- Discuss DNR orders

- Intensive care
- Sub I
Non Pain symptom Management

- Assess and manage terminal delirium
- Assess and manage terminal dyspnea
- Assess and manage nausea and vomiting
- Assess and manage constipation
- Relieve breathlessness during withdrawal of mechanical ventilation

- Internal Medicine
Venues and Systems of Care

- Discuss hospice referral
- Work with an interdisciplinary team

- Pediatrics?
Psychiatric Issues and Spirituality

- Distinguish between normal dying and clinical depression
- Assess patient decision making capacity
- Reflect on personal reaction to death and dying

*Psychiatry*
Legal and Ethical Issues

- Discuss advance directives with patients
- Discuss DNR orders
- Pronounce death and complete a death certificate
- Respond to patient requests for physician assisted suicide/euthanasia

- 4th year Geriatrics/and Sub I
Special Issues in Pediatric Palliative Care

• Explain palliative care to families
• Manage symptoms of fatigue, pain, dyspnea and nutrition

• Pediatrics
Assessments

- Written Care plan (make grading rubric)
  - Geriatrics
- Medical knowledge multiple choice questions
  - Geriatrics
- Reflection (grading rubric)
  - Other clerkships
- CSE station on transitioning to palliative care
Longitudinal Experience

- At the minimum
  - Follow up a death or dying patient
  - Phone call or visit
  - Reflections

- Sub internship?
- Feasability?
When can we start?

- 2nd half 3rd year
- January