

## What is Palliative Care?

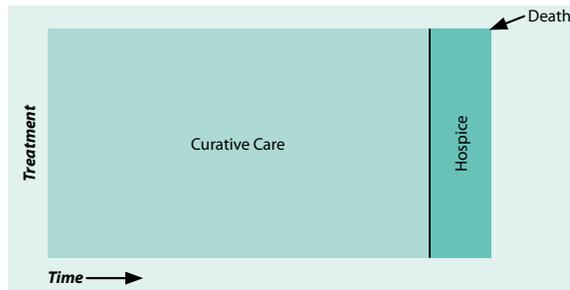
**Definition:** Palliative Care is patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social and spiritual needs (referred to as “total pain”), facilitating patient autonomy, access to information, and choice.\*

Palliative care focuses on defining goals of care and managing symptoms in tandem with curative therapies.

## Why Palliative Care?

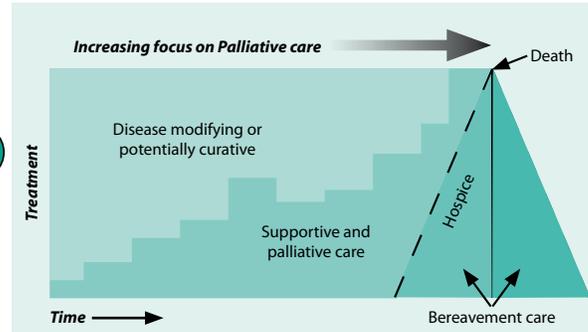
- Palliative care improves quality of life and reduces unwanted treatment and repeat hospitalizations.
- For many common end-stage diseases, patients receiving hospice/palliative care live longer.
- Early involvement of palliative care improves family coping and adjustment after death.
- Hospice care is palliative care in the final months of life.

## Traditional Care Model<sup>†</sup>



This diagram illustrates the traditional care model for serious illness: life-prolonging or cure-directed therapy is pursued right up to the terminal stage, at which point there is an abrupt shift to comfort care.

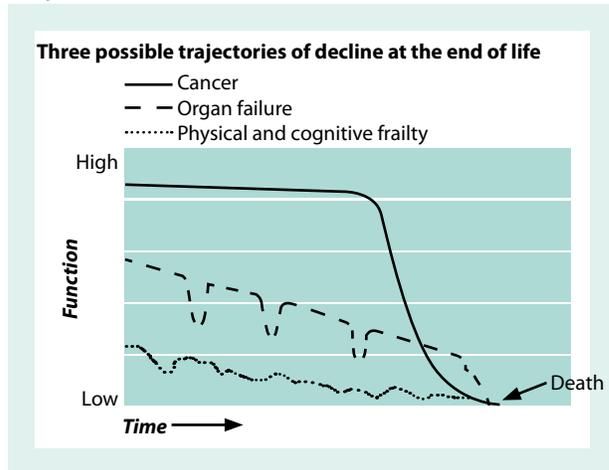
## Integrated Palliative Care Model<sup>†</sup>



**Palliative care occurs at the same time as curative care.** Palliative components should be integrated into the chronic illness care plan throughout the course of illness alongside life-extending treatment. This integration does not require specialty palliative care services. Attention to advance care planning; symptom management; the patient’s goals; and the emotional, social, relational, and spiritual

aspects of illness should be a routine part of care. Care plans should be discussed and adjusted as the patient’s condition and goals change as suggested by the “steps” in the diagram. For patients who choose hospice, the entire focus is palliative.

## Trajectories of Illness<sup>†</sup>



### Prognosis of death is challenging, especially for frailty and organ failure.

**With most cancers**, patients can maintain fairly high levels of function through supportive therapies. As the disease progresses or does not respond to treatment, decline can be fairly swift. Palliative care conversations should occur at time of diagnosis, disease progression, or recurrence.

**In organ failure** (e.g. heart, lung, kidney, etc.), the pattern involves periods of slowly declining function, punctuated by sudden worsening of the disease, crisis, or hospitalization. Sometimes these exacerbations are followed by a degree of “recovery” but any one can result in death. Even with “recovery,” the patient’s function is likely to decline. Frequent review of care options and palliative consultation can ensure clarity of treatment goals and comfort.

**Frailty and dementia** pose special challenges, as decline can be slow, subtle, and lengthy. At diagnosis or at clear onset of dementia, advance care planning, and palliative consultation can put in place necessary surrogate decision makers and clear instructions for future treatments.



## What is Hospice?

- A specialty level of palliative care provided to a person and their family when life expectancy is six months or less.
- Prognosis can be challenging and many patients are referred to hospice very late or not at all.
- For patients and families to get the most benefit from hospice services, consider referral when you think the patient could die within the next year.

\* World Health Organization.

† Model for palliative care. (Reproduced from Murray SA, Kendall M, Boyd K, Sheikh A. Illness trajectories and palliative care. *Br Med J* 2005;330:1007-1011, with permission from BMJ Publishing Group Ltd.)

This guideline is designed to assist any provider treating patients with serious or advanced illness. It is not intended to replace a clinician’s judgment or establish a protocol for all patients. The Palliative Care Guideline tools, references, and additional copies of the guideline are available at [www.healthteamworks.org](http://www.healthteamworks.org) or call (303) 446-7200. This guideline was supported through funds from The Colorado Health Foundation.

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throughout the continuum of illness involves addressing physical, intellectual, emotional, social and spiritual needs (total pain), facilitating patient autonomy, access to information, and choice.\*

**Palliative care**

**Hospice**  
is specialty palliative care provided during the last months of life.

**Ask / Assess / Advise**

- Introduce Advance Directives.
- Give clear description of diagnosis and treatment options.
- Include family.
- Update Advance Directives.
- Review progress of disease.
- Review goals/treatment plan.
- Review Advance Directives.
- Assess patient's pain and suffering.
- Repeat items above.
- Assess total pain.
- Consider specialty palliative care and/or Hospice consult.
- Address caregiver concerns and burdens.
- Review items above.
- Consider specialty palliative care and/or Hospice consult.
- Assess patient for grief and loss.
- Normalize grief process.
- Assess for depression and refer as appropriate.‡
- Assess for complicated grief.

**Trigger Questions**

*To be revisited throughout illness trajectory:*

Have you thought about the kind of care you would or would not want if you became critically ill or injured?

Whom do you want to make decisions when you can't?

What do you understand about your illness?

How much do you want to know?

As you look ahead along the progress of your illness:

- » What are your expectations?
- » What are your goals?
- » What are your hopes?

How are you coping?

What support do you have?

How can we help address concerns and needs of those around you?

How is our treatment working for you?

How is your disease interfering with usual activities?

What abilities are most important to you to maintain?

Have you thought about dying?

Have you talked to your loved ones about your concerns and wishes?

**Next Steps**

- Complete Medical Durable Power of Attorney (MDPOA).
- Suggest family conference to discuss goals. Initiate treatment plan.
- Repeat family conference.
- Update Advance Directives, consider Medical Orders for Scope of Treatment (MOST).
- Address physical, psycho-social, spiritual and relational issues (total pain).
- Update treatment plan.
- Connect to additional services to meet needs.
- Review steps above.
- Provide aggressive comprehensive symptom management.
- Address total pain.
- Connect caregivers with support services.
- Convene family conference if needed.
- Review and update Advance Directives.
- Complete or update MOST.
- Review and update MOST and Advance Directives.
- Maintain comprehensive system management.
- Assist patient with anticipatory grief and loss.
- Monitor for complicated grief and/or refer for counseling and treatment as appropriate.
- Address depression when you see it.‡

**Resources**

See HealthTeamWorks' Palliative Care webpage: <http://www.healthteamworks.org/guidelines/palliative-care.html>

**Definitions**

**Family:** should be understood as including loved ones, neighbors, co-workers, formal/informal caregivers who may not be relatives, etc.

‡ See HealthTeamWorks' Depression in Adults: Diagnosis and Treatment Guideline.

This guideline is designed to assist healthcare practitioners treating patients with chronic, serious, or advanced illness in delivering primary palliative care services. It is not intended to replace a clinician's judgment or establish a protocol for all patients. The Palliative Care Guideline tools, references, and additional copies of the guideline are available at [www.healthteamworks.org](http://www.healthteamworks.org) or call (303) 446-7200. This guideline was supported through funds from The Colorado Health Foundation.