Myths and Realities of Palliative Care

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Consumer Awareness About Palliative Care

How knowledgeable, if at all, are you about palliative care?

*Data from a Public Opinion Strategies national survey of 800 adults age 18+ conducted June 5-8, 2011.*
Perceptions of Palliative Care

“Comfort care during one’s last few weeks or days of life to allow patients to pass in comfort and dignity.”

“Make a patient’s remainder of life comfortable and pleasant, without side effects of treatment, no aggressive measures are taken.”

“The overall goal is to keep a patient comfortable.”

“Comfort care. The goal is to keep a patient comfortable and out of intensive medical treatment. The goal is not to cure but to treat their symptoms.”

“Palliative care is helping families to give them comfort and options for what to do at their loved one’s end of life.”
Palliative Care Defined

- Specialized medical care for people living with serious illness
- Focuses on providing relief from the symptoms and stress of a serious illness—whatever the diagnosis
- Goal is to improve quality of life for both the patient, family and caregiver(s)
- Appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.
Palliative Care Consult
Pillars of Supportive Care for patients with IPF

- Disease-centered management
  - Pharmacologic therapies
  - Non-pharmacologic therapies
  - Managing complications and preventative care

- Symptom-centered management
  - Shortness of breath, cough, fatigue, depression/anxiety

- Education and self-management
  - Knowledge concerning disease course, assess values and preferences concerning health care, advance care planning
Shortness of Breath

- 90% of patients with IPF report difficulty breathing on a regular basis
- Strong correlation between SOB and quality of life
- Night time shortness of breath impacting sleep and then affect daytime energy and functioning
  - Medications for IPF/pulmonary rehab
  - Fans
  - Opiates
  - Oxygen
Ryerson et al. showed that the relationship between depression and shortness of breath was independent of other clinical variables.

Treating depression may help improve shortness of breath.

Treating shortness of breath may improve depression and hopefully improves quality of life.
Simply put, Palliative care offers supportive care in an effort to improve quality of life for patients and their families while continuing other active treatments.

It is about living well with a serious illness, not about dying well:
- Symptom management
- Emotional, spiritual and psychological support
- Discuss expectations, goals for the future
Palliative Care Clinic

- Located in Hollings Cancer Center
- Our team
  - MD, social worker, occupational therapist, chaplain support, Reiki therapists
  - Hopeful to have acupuncture therapist soon
References

- National Comprehensive Cancer Network. NCCN Guideline Index Palliative Care