

Update on Palliative Medical Care

Laurel H. Herbst, M.D.

Vice President, Medical Affairs

San Diego Hospice and Palliative Care

Clinical Professor of Medicine (voluntary),

UCSD

SDHPC

- Designated teaching affiliate of UCSD School of Medicine
- Contracted teaching venue for USD, SDSU, Pt. Loma Nazarene and other colleges and universities in San Diego and the US for health care professionals
- Post graduate med. ed. rotations for area hospital residency programs

**Pain is a more terrible lord of
mankind than Death himself**

Albert Schweitzer

BACKGROUND . . .

PRIOR TO ANTIBIOTICS

Health Status

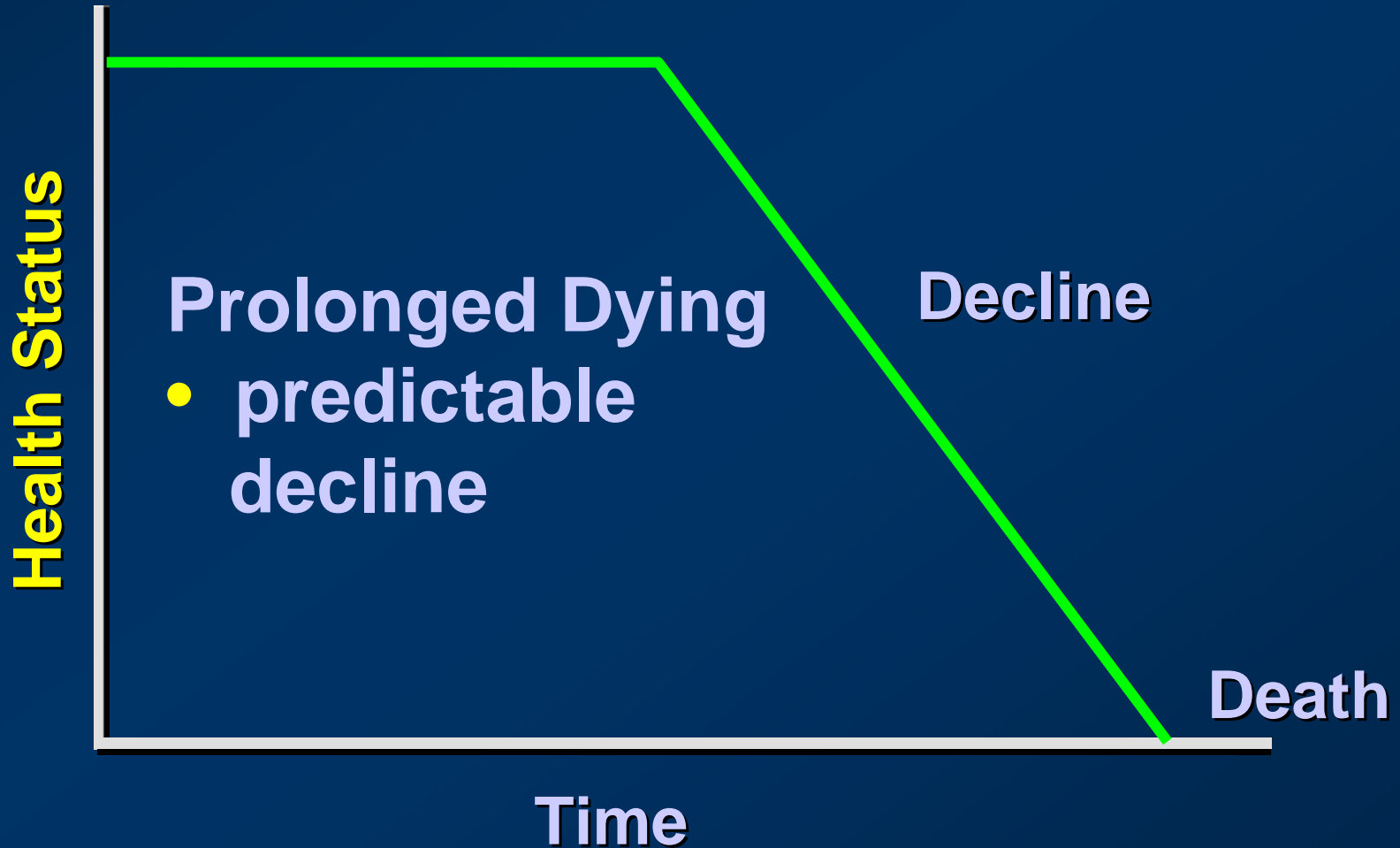
Sudden, Unexpected

- infections
- accidents
- adults lived into their 60s

Death

Time

1940s - 1980s



SLOW DECLINE, PERIODIC CRISES, SUDDEN DEATH



HOSPICE ORIGINS . . .

- Rome, 4th Century AD, Fabio, Hospitality
- Middle ages / crusades, Hospices for travelers who were ill
- France, 1600-1900s, Alms Houses
- 1879, St. Joseph's Hospice, East London, UK
 - Sisters of Charity
 - Mission to care for the terminally ill
- 1960's, Cicely Saunders
 - St. Christopher's Hospice, London, UK

... HOSPICE ORIGINS

- In the US
 - 1977, Hospice of Connecticut
 - 1982, Medicare Hospice Benefit

HOSPICE IN THE US TODAY

- Philosophy of care
- Place
- Funding strategy
 - Medical Hospice Benefit
- Organization(s)
 - Now >3,000 Hospices (most Medicare certified)
 - San Diego Hospice since 1977

TREATMENT DECISIONS

- Based on
 - Available therapies
 - Evidence base for efficacy
 - Consent of the patient and/or decision maker
- Focus on meaning, not literal translation
- Show respect for patient

INQUIRY AND ADVOCACY

- Basis of best communication styles
- Ask before telling
- Learn patient and family perceptions
- Balance advocacy with inquiry

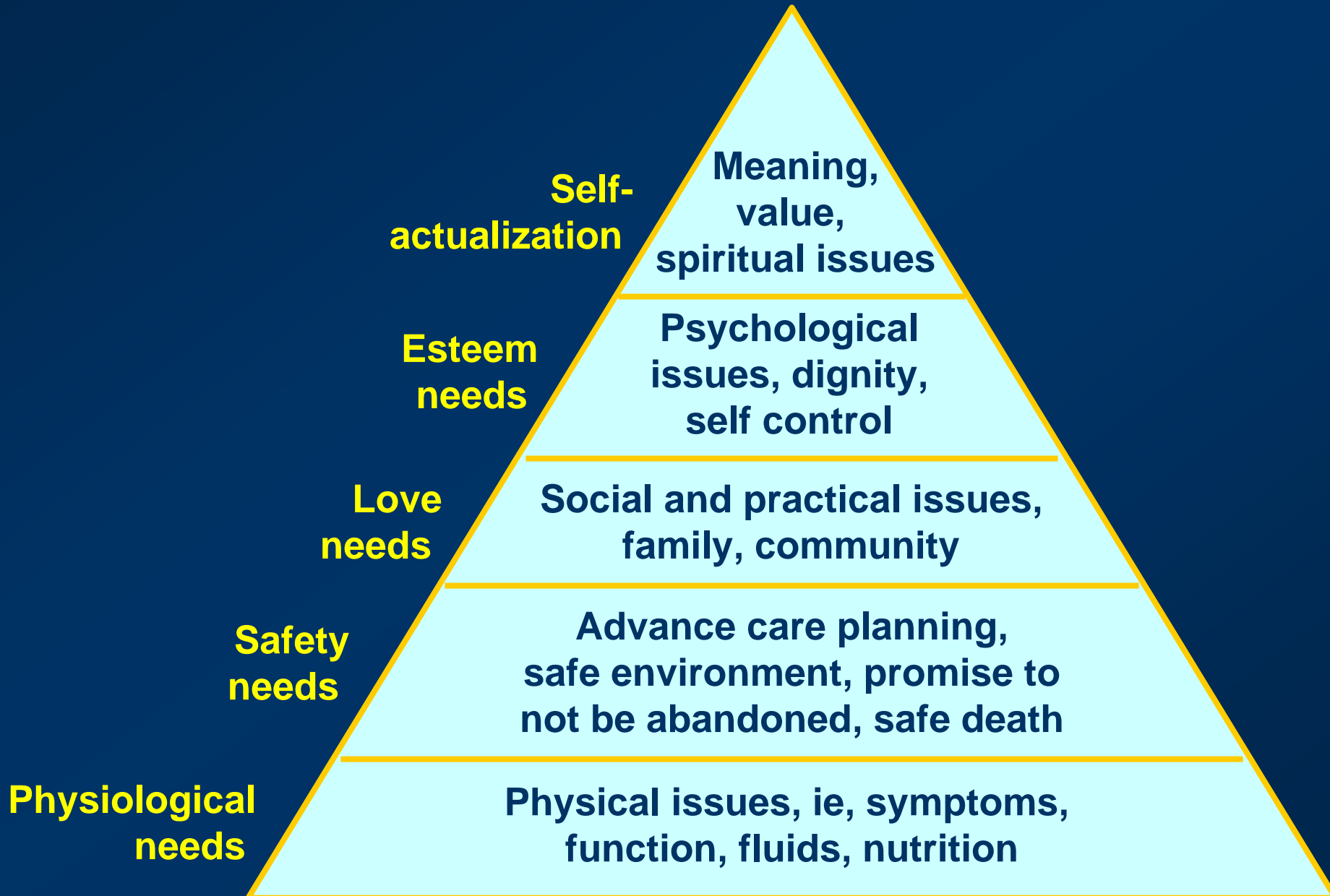
HOW DO YOU GIVE BAD NEWS?

- Difference in cultures
- Difference in generations
- Who will make the decisions?
- Education of the health care professional to avoid negative actions

PALLIATIVE CARE . . .

- Aims to:
 - Treat to relieve all active issues
 - Prevent predictable issues
 - Promote opportunities
 - meaningful / valuable experiences
 - personal and spiritual growth

Maslow's Hierarchy of Human Need



PHYSICAL CARE

- Pain control
- Other symptoms
 - Dyspnea
 - Nausea
 - Constipation
- Prevention of ill effects and complications

SECURITY

- Information about what to expect from the disease and the treatment
- Information about plan of care
- Schedule visits and keep appointments

LOVE AND FAMILY

- Arrange visiting hours for inpatients
- Support for family
- History for heirs
- Honor legacy and beliefs

ESTEEM

- Maintain physical appearance when possible
- Treat patient with respect
- If acceptable to family, use picture of patient before the illness to remind everyone what he looked like
- Respect and avoid negative practices (color choices, flowers, talking about death, etc)

MEANING AND VALUE

- Listen to patient's questions
- Provide support
- Help family perform their duties
- Help family obtain desired clergy support
- Assist in completion of appropriate practices

IS THERE EVIDENCE FOR EFFICACY OF PALLIATIVE CARE?

- Effect of volunteers on survival
- Effect of pain control on wound healing
- Effect of splachnicectomy on survival in pancreatic cancer
- Perceptions of families of nursing home patients receiving palliative care

PALLIATIVE MEDICINE...

- Recognition as a medical specialty Sept 2006
- SDHPC is a major training institution in the USA and the world
 - Physicians (including medical students)
 - Nurses
 - Social workers

...PALLIATIVE MEDICINE

- International advocacy
 - China
 - Jordan
 - Tibet
 - Mongolia
 - Georgia
 - Spain, etc.

HOSPICE CARE SUMMARY

1. Honor the patient's and family's goals of care
2. Prevent and relieve suffering
3. Work as members of a team
4. Provide support to the patient's family and community

We all must die, but if I can save
him for days of torture that is
what I feel is my great and ever
new privilege. Pain is a more
terrible lord of mankind than
Death himself.

Albert Schweitzer



SAN DIEGO HOSPICE AND PALLIATIVE CARE

**To prevent and relieve
suffering, and promote
quality of life**

