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3rd International Conference on

# Palliative Care & Hospice Nursing

June 21- 22, 2017 | Philadelphia, USA

# Keynote Forum

## Day 1

Sara Rosenthal, J Palliat Care Med 2017, 7:3(Suppl)
DOI: 10.4172/2165-7386-C1-007




# Sara Rosenthal

*University of Kentucky Program for Bioethics, USA*


## TRUTHFUL PROGNOSTICATION: HOW TO TALK TO PATIENTS ABOUT DEVASTATING DIAGNOSES AND END OF LIFE

Breaking bad news is part of everyday clinical care, but it's such a difficult conversation, many healthcare providers are more skilled at avoiding these discussions than having these discussions. More commonly, healthcare providers may procrastinate such discussions until it becomes too late for the patient to act on the information effectively. Avoidance of truthful prognostication is one of the chief drivers of patient suffering at the end of life, healthcare provider moral distress (see www.moraldistressproject.org), and increased healthcare costs at the end of life. Current Medicare reimbursement rules have recognized the need for these discussions. This presentation will help participants understand how to initiate these dialogues using Best Practices from the clinical ethics and end of life literature.

**Objectives:** Review core ethical principles and medico-legal issues involved in breaking bad news and end of life dialogue. Identify best practices in truth-telling and truthful prognostication. Discuss best practices in Goals of Care and Advance Care Planning discussions.

### Biography

Rosenthal is an expert in clinical ethics, moral distress and research ethics, with special interests in endocrine ethics and reproductive ethics. Rosenthal is the author of over 50 publications, including peer-reviewed articles, blog posts, and consumer trade books on diabetes, thyroid disease and a range of women's health issues. She has served on several clinical practice guidelines as bioethicist; has been the consulting bioethicist to NGOs, and is Past Chair of the American Thyroid Association's Ethics Advisory Committee. Rosenthal has been quoted by the science and health media such as Discover Magazine and CNN, has appeared on TV and news shows to discuss current bioethical issues, and has delivered over 150 ethics presentations nationally and internationally.

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**Notes:**

Joanne Reid, J Palliat Care Med 2017, 7:3(Suppl)
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*Joanne Reid*

*Queen's University Belfast, Ireland*

# EVALUATION OF THE EFFECTIVENESS OF MUSIC THERAPY IN IMPROVING THE QUALITY OF LIFE OF PALLIATIVE CARE PATIENTS: A RANDOMIZED CONTROLLED PILOT AND FEASIBILITY STUDY

**Statement of the Problem:** Music therapy is increasingly being used as a palliative therapy, with the primary aim of improving people's quality of life. To date, primarily because of a paucity of robust research, the evidence for music therapy's effectiveness on patient reported outcomes is positive but weak, and no guidelines have been developed. The primary aim of this pilot study is to test the feasibility of administering the McGill Quality of Life Questionnaire (MQOL) in terms of acceptability to hospice inpatients, and whether attrition affects the viability of a three week music therapy intervention in order to calculate the sample size required for a phase III randomized trial. The secondary aim is to evaluate the potential effectiveness of music therapy for improving the quality of life of hospice inpatients.

**Methodology & Theoretical Orientation:** A pilot randomized controlled trial (RCT) supplemented with qualitative methods with n=52 hospice inpatients was considered. Baseline data collection included the MQOL and socio-demographic data. Participants in the intervention arms were offered two 30-45 minute sessions of music therapy per week for three consecutive weeks, in addition to care as usual. Participants in the control arm received care as usual. Follow-up measures administered at 1, 3 and 5-weeks. Qualitative data collection involved focus group/interviews with HCPs and careers.

**Findings:** At present we are approaching 75% of our recruitment target (recruitment extended until July 2017). The quantitative findings of this feasibility trial help to ascertain the viability of the music therapy intervention for this population and the most appropriate follow period. Qualitative data from practitioners, patients and their family members support music therapy interventions in a palliative care in-patient hospice setting.

**Conclusion & Significance:** Findings from this study will inform the design of a phase III multi-site RCT. Findings in relation to the potential effectiveness of music therapy will provide support for NHS and third sector Specialist Palliative Care commissioners and service providers to make an evidence-based decision on whether to incorporate music therapy in palliative care services.

## Biography

Joanne Reid is a Reader (Associate Professor) in Cancer Nursing. She is a prominent Researcher in palliative care as evidenced by her publications in both professional and leading international journals, leadership of successful funding bids, and research awards. She has led qualitative, quantitative and mixed methods research which aims to improve the quality of life of palliative care patients and their lay and professional carers, along with improving palliative/end-of-life care education. Her work had informed national end -of- life guidelines, she sits on several editorial boards and is Associate Editor with BMC Palliative care and is an External Examiner in the European Certificate in essential palliative care course.

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## Day 2

Jerome H Check, J Palliat Care Med 2017, 7:3(Suppl)
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*Jerome H Check*

*Cooper Medical School of Rowan University, USA*

## PROGESTERONE RECEPTOR MODULATION PROVIDE A SAFE CONVENIENT METHOD FOR PALLIATION OF ADVANCED CANCERS OF ALL TYPES

**Statement of problem:** The progesterone induced blocking factor (PIBF) is a unique intracytoplasmic protein present only in rapidly proliferating cells. PIBF helps both the fetal/placental unit and malignant tumors escape immune surveillance by natural killer (NK) cells and cytotoxic T-lymphocytes. Progesterone up-regulates and mifepristone (a progesterone receptor modulator) down-regulates PIBF. Because mifepristone is an abortafacient, most governmental agencies have restricted its off-label use. Compassionate use IND's granted by the FDA has allowed mifepristone treatment on an individual case basis for a variety of advanced cancers not responding to conventional therapy, and significant palliation has been provided to patients with a variety of different cancers based on improved longevity and quality of life.

**Methodology and theoretical orientation:** The FDA granted an IND to evaluate single agent oral mifepristone 300mg for stage IIIB or IV non-small cell lung cancer that has progressed despite a minimum of at least 2 chemotherapy or immunotherapy regimens. The response of the first two cases treated is listed below.

**Findings:** A male and female, both age 68 failed multiple standard chemotherapy regimens for their stage IV lung cancer. The female progressed despite also receiving immunotherapy with nivolumab (PD-L1 marker present). The male (who had seizures related to brain metastases) has had no more seizures with brain lesions gone and 75% shrinkage of lung lesions. He is ECOG zero and states he feels so good it is hard to believe he has cancer after 16 months of mifepristone. The female has shown more energy and no further metastases after 6 months of therapy (ECOG-1 related to COPD).

**Conclusions:** Palliative care specialists should unite and petition governmental agencies to lift the ban for off-label use of mifepristone at least to patients with advanced cancer. Mifepristone is very well tolerated and has fewer side effects than anti-PD-L1 drugs.

### Biography

Jerome Check is a Professor of Obstetrics and Gynecology at Cooper Medical School of Rowan University and is the Division Head of Reproductive Endocrinology & Infertility at Cooper Hospital, Camden, NJ. He is also board certified in internal medicine and medical endocrinology. His Ph.D. is in reproductive biology. He has published over 750 peer-reviewed scientific articles that include reproductive and medical endocrinology, immunology, molecular biology, internal medicine, and cancer research. His work involving palliative care includes novel treatments for pain, chronic disease, and prevention of metastases of cancer.

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**Notes:**

Christine Kennedy, J Palliat Care Med 2017, 7:3(Suppl)
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*Christine Kennedy*

*Philadelphia University, USA*

## THE INTERSECTIONALITY OF TRAUMA AND GRIEF: THE GIFTS OF EMDR

Research indicates complex trauma is an increasing public health concern and involves threats to personal safety; self-identity and connection to the wider community. Despite not meeting the full criteria for PTSD, this category of trauma appears to be the most debilitating and results in secondary complications that include interpersonal violence, drug use, depression, and anxiety (Courtois & Ford, 2013; Park, Currier, Harris, & Slattery, 2017). Further, some argue the DSM-5's definition of trauma is too narrow and does not account for other debilitating events such as major losses, including life-limiting illness and grief that result in clinically significant symptoms (Briere, 2013). The impact of trauma on our living and our dying is undeniable. Losing a loved one to death is one of the most painful experiences of being human. Grief, considered the normal response to bereavement, is associated with potential long-term physical and psychological sequelae such as increased mortality, cardiac disease, depression, and substance use. Complicated grief has been linked to brain abnormalities that impact functioning of the limbic system, autobiographical memory, and cognitive processing (Shear, 2015). Given these findings, therapies that focus on cognitive restructuring may be ineffective in reducing distress. Eye Movement Desensitization and Reprocessing (EMDR), has been used extensively to treat individuals with PTSD (Van der Kolk, 2015). Emerging research suggests that EMDR is an effective intervention for complex trauma, grief, chronic pain, and substance use disorders (Abel & O'Brien, 2013). The focus of the workshop is to present research on the intersectionality of trauma and grief and their impact on brain development and function; introduce EMDR and discuss implications for use with hospice patients, families and the bereaved. An experiential segment will guide participants through EMDR exercises followed by small group discussion.

### Biography

Kennedy is currently an assistant professor in the Community and Trauma Counseling Program at Philadelphia University. She has served in many capacities as an administrator, clinical therapist and supervisor, and hospice chaplain. She has served as Director of the Life Center at Hospice of the Chesapeake, which provides support services and programs for hospice patients and families, and bereavement and trauma counseling to adults, teens and children. Dr. Kennedy began her career as a case manager in the HIV/AIDS epidemic. She holds a Bachelor's and a Master's degree from the University of Iowa, a Master of Divinity from Harvard University, and a Ph.D. from Loyola University Maryland. She is a Licensed Professional Counselor (LPC) in Pennsylvania, and an ordained minister in the United Church of Christ denomination. Her specialty areas include grief and bereavement, life-limiting illness, trauma, spiritual alienation, gender identity, sexual orientation, and support to the LGBTQ+ community.

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