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Oncology and Palliative Care: Promoting the Comfort and Cure Model

Parag Bharadwaj, MD FAAHPM
The Palliative Care Patient
Case Scenario

- 45 year old patient presents to the Emergency Room with severe abdominal pain

- Patient gives history to progressive and significant weight loss over last 3 months

- CT scan of the abdomen shows multiple liver masses
When do you call Palliative Care?
Prognostication Challenge
Palliative Care and Hospice

Palliative Care is not Hospice
Palliative Care and Hospice

All Hospice Care is Palliative, all Palliative Care is not Hospice
WHO definition of Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness..........

is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.
WHO model of Palliative Care
Palliative care is provided by an interdisciplinary team and offered in conjunction with all other appropriate forms of medical treatment.

It is appropriate at any point in a serious illness and can be provided at the same time as treatment that is meant to cure.
Palliative Care

Interdisciplinary Care

Aims to

• relieve suffering
• improve quality of life

Combined with **ALL OTHER** appropriate medical treatments
Traditional Model: Comfort or Cure
Suggested Need of Palliative Care

With permission from:
Frank D. Ferris, MD, Director, International Programs, San Diego Hospice and the Institute for Palliative Medicine, San Diego, California.
Comfort and Cure Model

Involvement of Palliative Care

• Independent of treatment plan and prognosis

• Focus on relief of suffering
Stem Cell Transplant

One-year survival after myeloablative conditioning for acute leukemias in any remission phase, CML or MDS, age <50 years, by year of transplant and graft source, 1988-2009
Our Model

- Starts before admission!!!!
- Cancer Center Supportive Care Service
- Involvement of inpatient service upon admission
- Independent of diagnosis/ prognosis
Benefits of Early Palliative Care

• Assessment at baseline
• Smoother transitions
• Continuity of care - transfers
• Better symptom assessment
• Continuity of care - transfers
• Improved EOL care – transfer to hospice
Impact: Family

“They helped me to coordinate my husband's care. They listened to all my many concerns. Then they connected me to the resources appropriate to the needs. Thank you so much for having this service available.”
Impact: Burnout

- Decrease clinician burnout
Palliation Prolongs life

• Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer

• Comparing hospice and non hospice patient survival among patients who die within a three-year window
Care giving Increases Mortality

• Increased risk of MI or cardiac death: RR 1.8 if care giving >9 hrs/wk for ill spouse
  Lee et al. Am J Prev Med 2003;24:113

• Increased risk of death: RR 1.6 among caregivers reporting emotional strain
  Schulz et al. JAMA 1999;282:2215
Case Scenario

• Palliative Care consulted on admission
• Patient diagnosed with stage IV colon cancer
• Advance care planning
• Surgery
• Chemotherapy
• Hospice care
• End of life care
Involvement of Palliative Care

Late Presentation

Need for Palliative Care

Last Days of Life

Increased Debility

Presentation

Death

Bereavement

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Take Home Message

• Palliative Care should get involved early in the disease process, as close to diagnosis as possible
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