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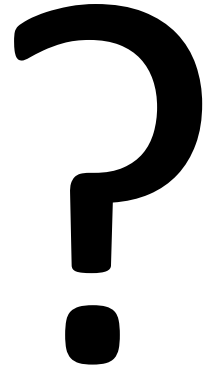
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# Oncology and Palliative Care: Promoting the Comfort and Cure Model

Parag Bharadwaj, MD FAAHPM

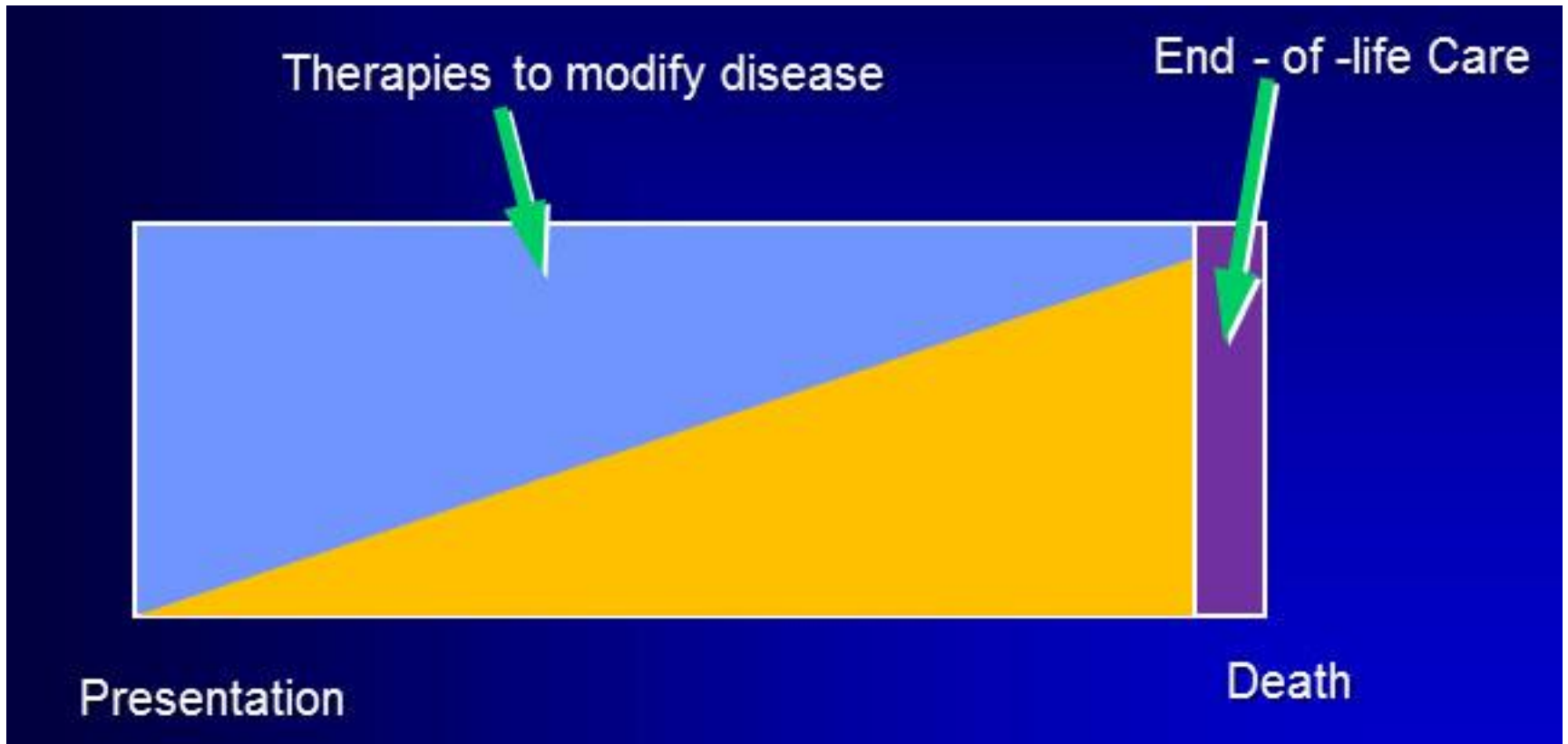
# The Palliative Care Patient



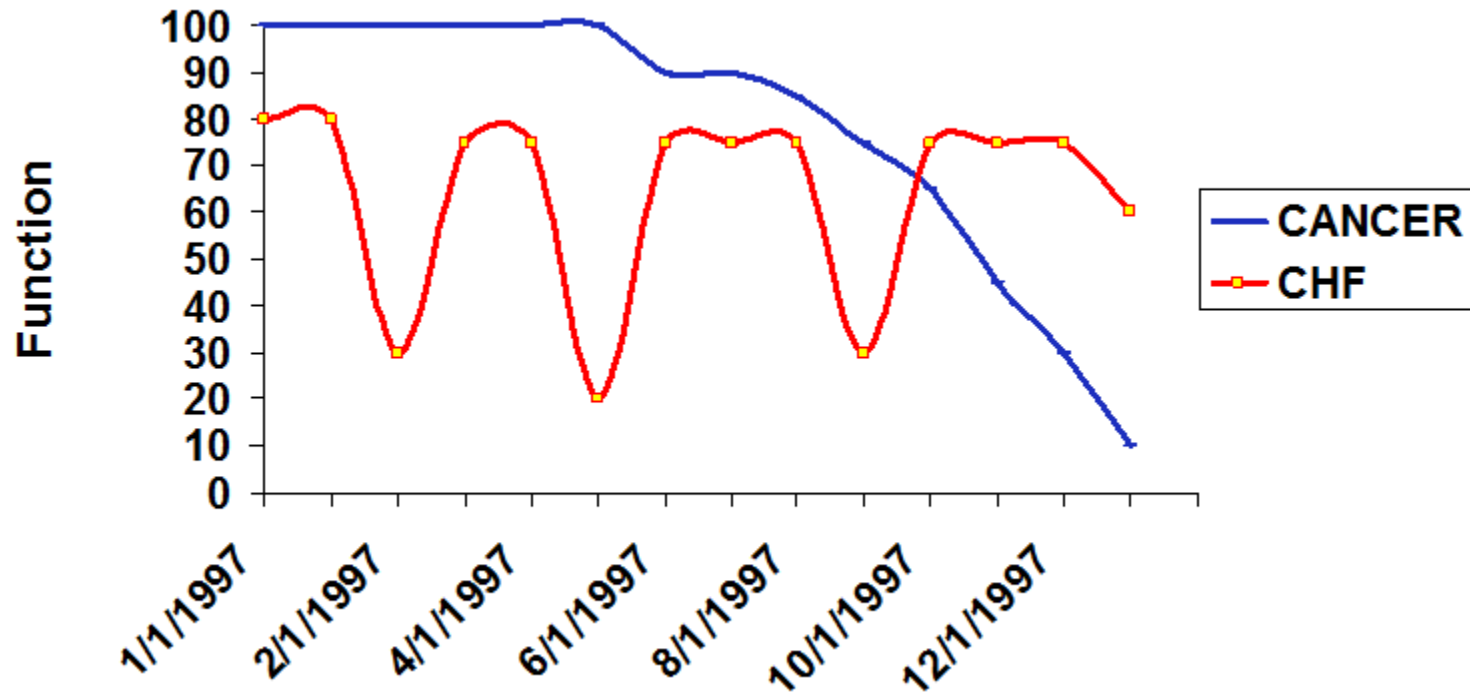
# Case Scenario

- 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



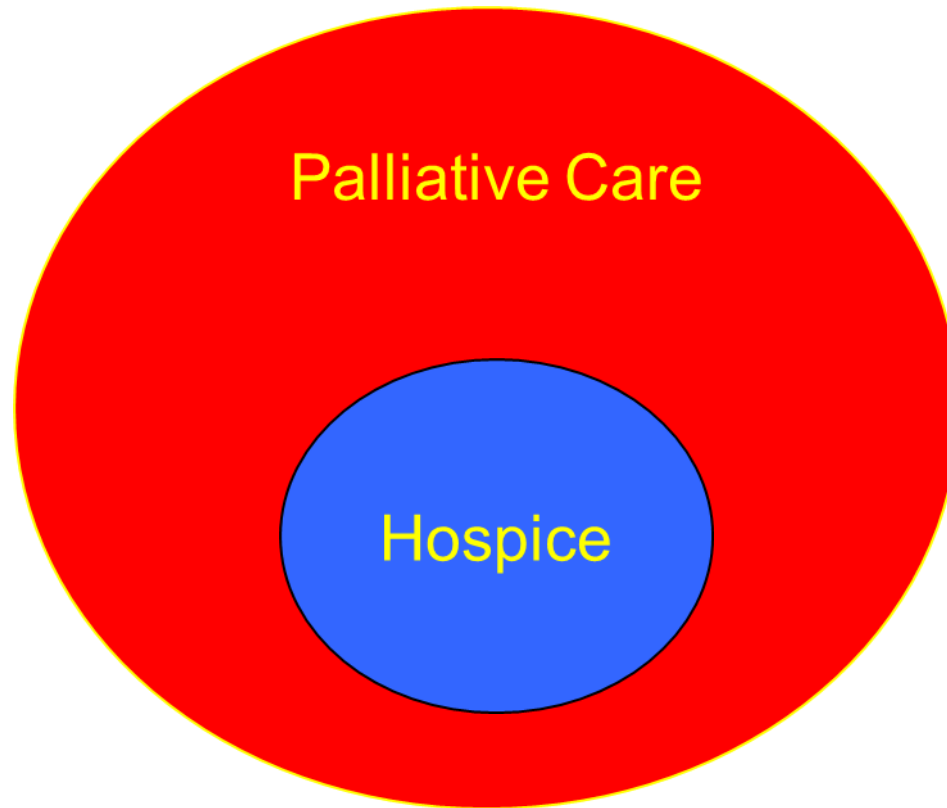
# Palliative Care and Hospice

Palliative Care is not Hospice



# Palliative Care and Hospice

All Hospice Care is Palliative, all Palliative Care is not Hospice

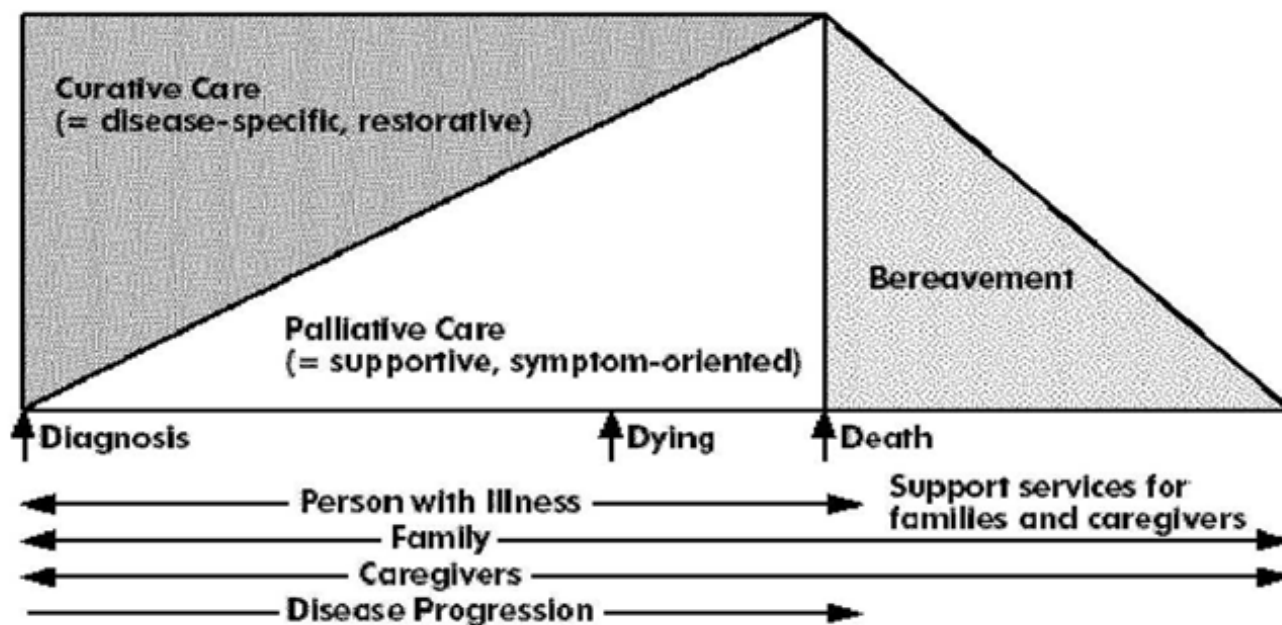


# WHO definition of Palliative Care

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



# Center to Advance 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

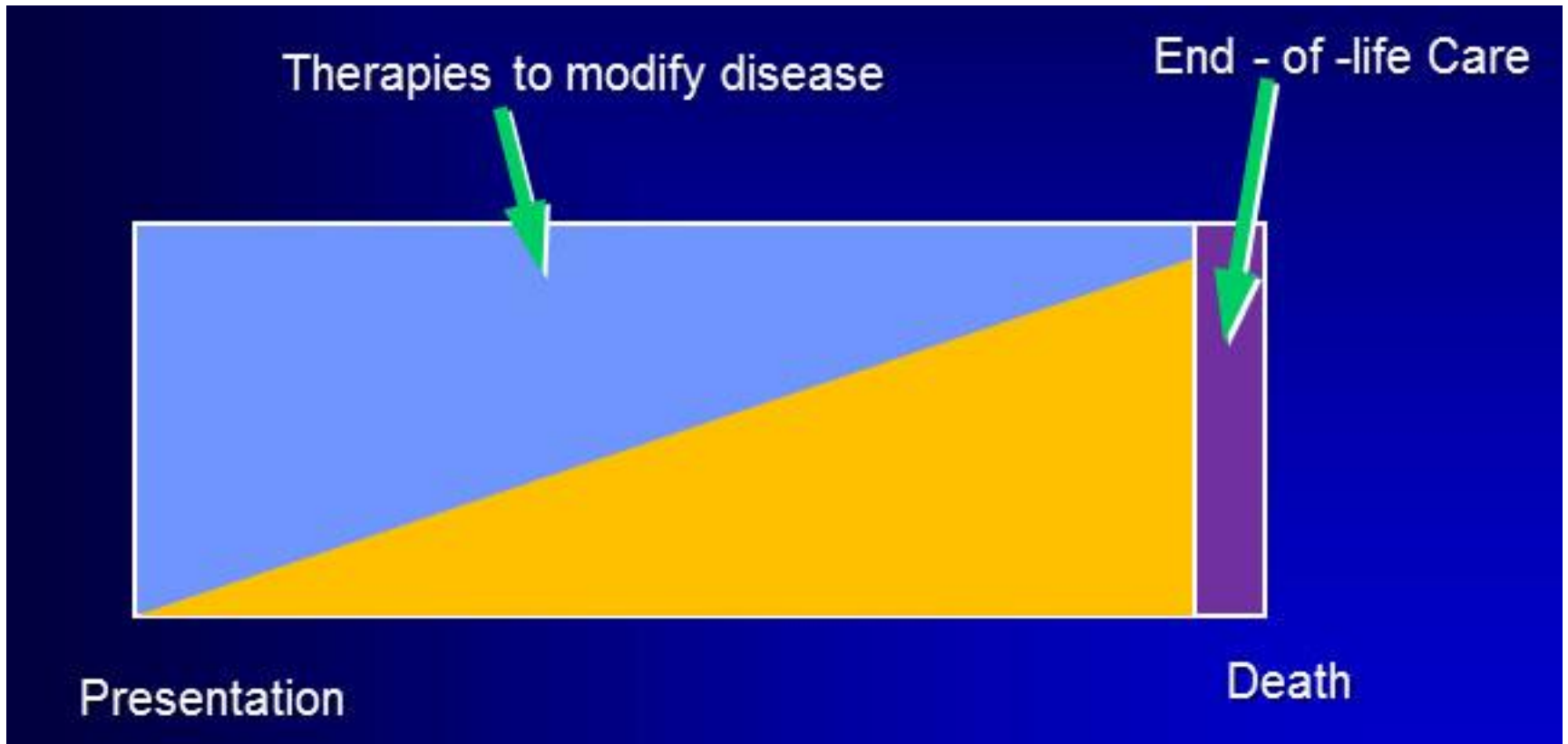
## Interdisciplinary Care

Aims to

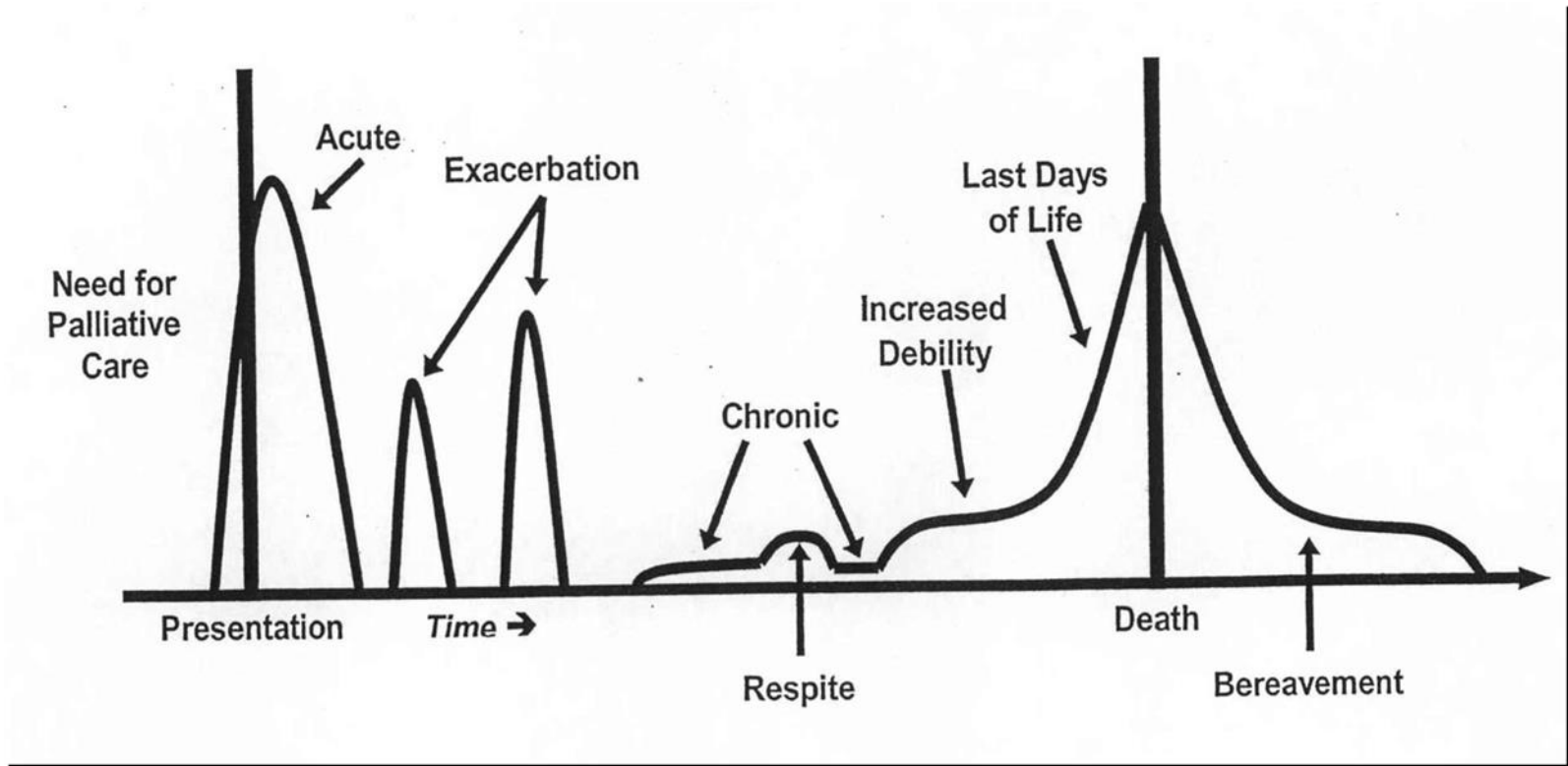
- relieve suffering
- improve quality of life

Combined with ALL OTHER appropriate medical treatments

# Traditional Model: Comfort or Cure

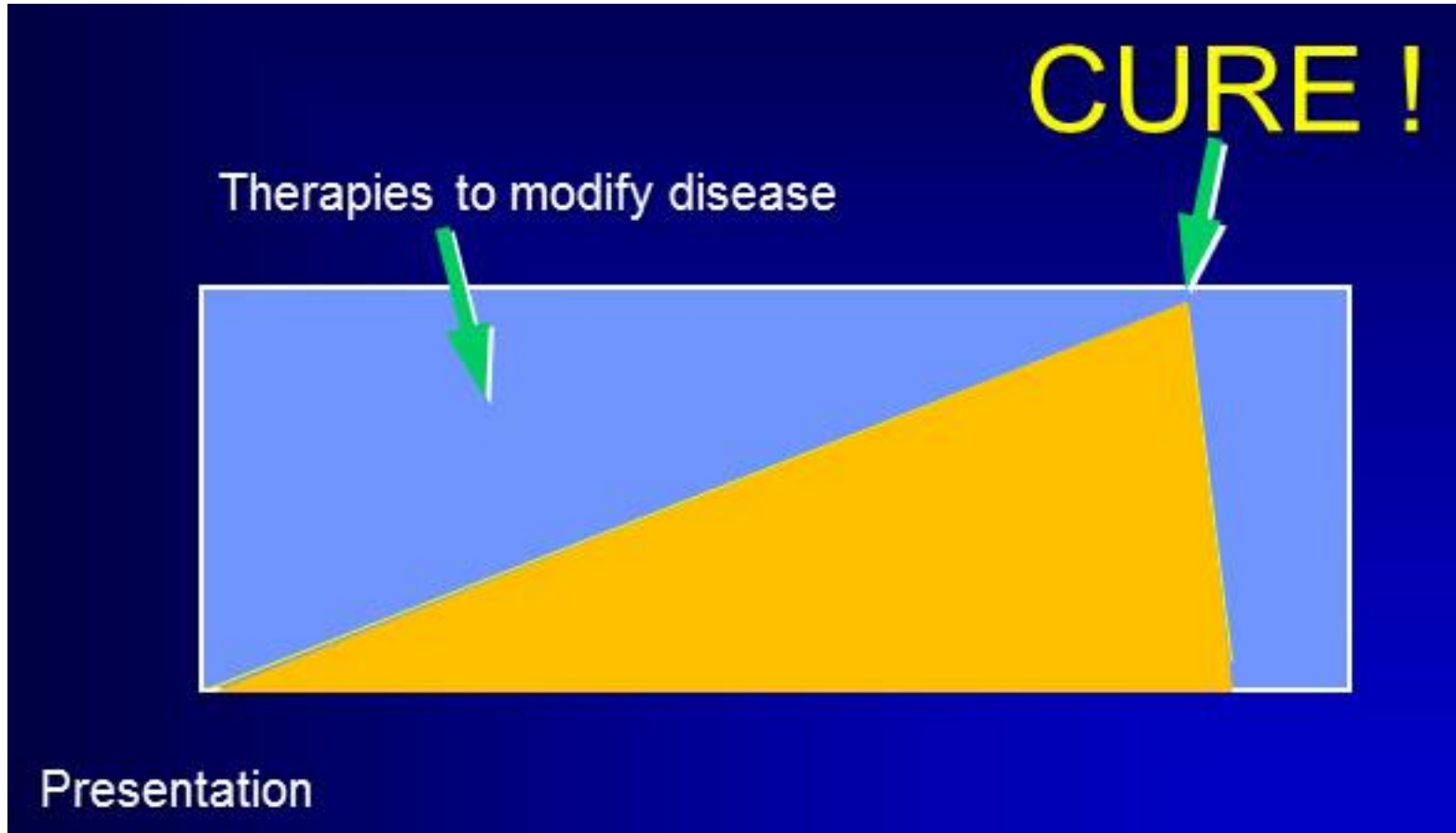


# Suggested Need of Palliative Care



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Frank D. Ferris, MD, Director, International Programs, San Diego Hospice and the Institute for Palliative Medicine, San Diego, California.

# Comfort and Cure Model



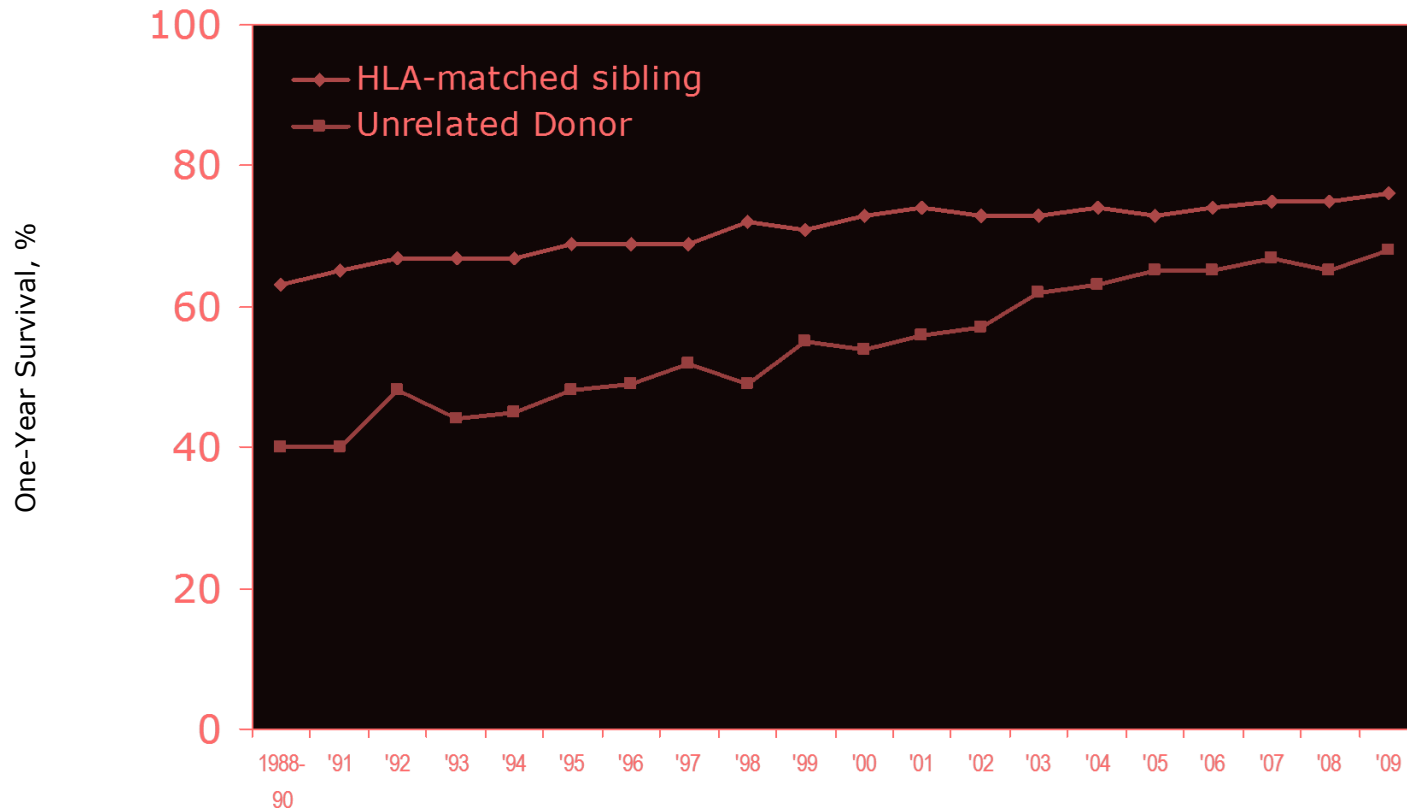


# Involvement of Palliative Care

- 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

Temel JS et al. N Engl J Med. 2010 Aug 19;363(8):733-42

- Comparing hospice and non hospice patient survival among patients who die within a three-year window

Connor SR et al. J Pain Symptom Manage. 2007 Mar;33(3):238-46

# 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

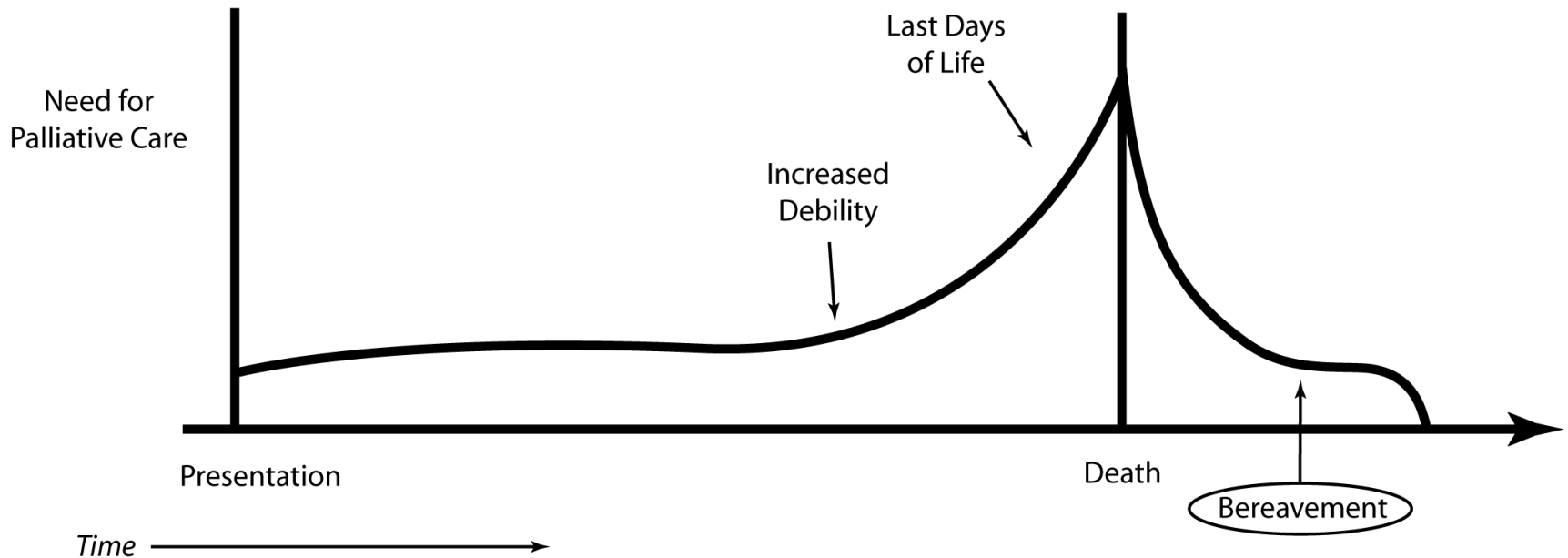


# Case Scenario

- 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



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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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