Improving Care For Patients In Aging Societies:
Palliative & End of Life Care

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Conflicts of interest

• Nil to declare
Content

• Early versus Late Palliative Care
• Illness trajectories
• Providers of palliative care
• Systems thinking & Services
• Advance care planning
Old model: Palliative care “Late”
Appropriate model: Palliative care “early”
Early is better than late

Randomized study of patients with newly diagnosed lung cancer

Late Palliative Care
Referred to palliative care service when disease very advanced & no further chemotherapy or radiotherapy possible

Early Palliative Care
Referred to palliative care service at diagnosis, along with referral to medical and radiation oncologists

Temel et al. NEJM 2010
What was the impact of these two models on?:

1. Overall quality of life
2. Depression
3. Anxiety
4. Life expectancy
The EARLY model resulted in significantly:

1. Better overall quality of life
2. Less depression
3. Less anxiety
4. Longer life expectancy

Similar results have been found in at least 3 large recent studies in patients with different cancers and advanced heart disease.
Defining “Palliative Care”

- “...an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness....”
  - WHO 2002

- “...when cure is not possible”
  - European Society of Medical Oncology (ESMO)

- “... care provided for people of all ages who have a life limiting illness...”
  - Palliative Care Australia
  - American Society of Clinical Oncology (ASCO)
‘Ask the question”

Would I be surprised if this patient died in the next year?

- Joanne Lynn. RAND Lecturer USA and senior advisor on end of life care
- Gold Standards framework, UK.
**Gold Standards Framework: General and Disease-specific indicators:**
Indicators of approaching end-of-life

### General Indicators of Decline
- Performance status declining (PPS ≤ 50% or ECOG ≥ 3)
- Progressive weight loss (≥10%) over past 6 months
- Two or more unplanned admissions to hospital in past 6 months because of disease-related complications
- A new diagnosis of a progressive, life limiting illness
- Repeated unplanned/crisis admissions to hospital
- Sentinel event (serious fall)
- Serum albumin < 25 g/l
- Two or more advanced conditions (co-morbidity)

### Disease-specific Indicators of Decline

#### Cancer
- Performance status deteriorating due to metastatic cancer (PPS ≤ 50% life expectancy in order of only a few months)
- Metastatic disease
- Significant weight loss due to primary cachexia
- Refer to prognostic indicator tools (PPS, PaP, PPI): can help but do not refer to them blindly

#### Neurological disease
- Progressive deterioration in function despite optimal therapy
- Symptoms which are complex and difficult to control
- Dysphagia leading to recurrent aspiration pneumonia; sepsis, dyspnea, breathless or respiratory failure
- Speech problems with increasing difficulty communicating and progressive dysphagia

#### Renal disease
Stage 4 or 5 chronic kidney disease (CKD)(eGFR < 30 ml/min) with at least 2 of the following indicators:
- “No” to Surprise question
- Patient chooses “no dialysis” option, discontinuing dialysis or not opting for dialysis if transplant failed
- Difficult physical or psychological symptoms despite optimal tolerated renal replacement therapy
- Symptomatic renal failure

#### Respiratory disease (≥ 2 of following)
- Severe airway obstruction (FEV1 < 30%) or restrictive deficit (VC < 60%)
- Meets criteria for long term oxygen therapy (PaO2 < 7.3kPa)
- Breathless at rest or on minimal exertion between exacerbations
- Persistent severe symptoms despite optimal tolerated therapy
- Symptomatic right heart failure
- Loss of appetite and weight
- Recurrent hospital admissions (≥ 3 in last 12 month) due to disease
Illness trajectories: Advanced cancer

Illness trajectories: End-stage organ failure

- Gradual decline over years or months with intermittent crises or serious episodes
- More frequent crises & hospitalizations in the last year

Illness trajectories: Dementia & frailty

“Palliative Care Approach” vs “Specialist palliative”

- **Level of complexity**
  - Low
  - High

- **Illness trajectory**
  - Diagnosis
  - Death

- **Palliative Care approach**
- **Specialist palliative care**

1. Low complexity, diagnosis to death
2. Low complexity, diagnosis to specialist care
3. High complexity, specialist care to death
4. High complexity, specialist care to diagnosis
Who provides palliative care?

Specialist-level palliative care teams

Primary care
Oncology
Internal medicine
Cardiology
Pulmonology
Neurology
Geriatrics
Pediatrics
Surgery

Palliative Care approach

Specialist palliative care

Illness trajectory

Diagnosis
What % of cancer patients die in acute care hospitals in Ontario?

What % of cancer patients in Ontario visit the emergency room in the last 2 weeks of life?
What % of cancer patients die in acute care hospitals in Ontario?  
52%

What % of cancer patients in Ontario visit the emergency room in the last 2 weeks of life?  
42%
The right care, at the right time, at the right place

Key Palliative Care Services in Different Settings

- Palliative Care Outpatient Consult Clinics
- Palliative Specialist Support Team
- Acute Palliative Care Unit
- Home Nursing Care
- Family physicians
- Palliative Specialist Support Team
- Residential & community Hospice
- Long term care strategy

Results
- Total cost reduced
- Acute care costs reduced from 83% to 63% of costs
- In-hospital days reduced from 39 to 27 days
- Improved care for patients

<table>
<thead>
<tr>
<th>Resources</th>
<th>Region A</th>
<th>Region B</th>
<th>Region C</th>
<th>Region D</th>
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<td>Palliative care specified resources</td>
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<td>Resources adequate to provide needed services</td>
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<td>Palliative care physicians</td>
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<td>Palliative care nurses</td>
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<td>Advanced practice nurses</td>
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<td>Nursing agencies with specialized palliative care nurse team</td>
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<td>Dedicated palliative care consult teams in community</td>
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<td>Pain and symptom management team at regional/tertiary hospital</td>
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<td>Pain and symptom management team in community</td>
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<td>Palliative care case managers in region</td>
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<td>Volunteer agencies providing palliative care</td>
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- mostly evident
- somewhat evident
- hardly evident
The other side of Mt. Rushmore
Question

In a Canadian study of 440 patients with end-stage disease, what % of each of the following groups of patients recalled prognosis discussions with a physician:

1. **Cancer** patients?
2. **CHF** patients?
3. **COPD** patients?

*Heyland DK et al. Discussing prognosis with patients and their families near the end of life: impact on satisfaction with end-of-life care. Open Medicine 2009;3(2):101-110*
Participants who recalled prognosis discussions with physician

Patients (n=440) : 18%
Family members (n=160): 30%

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<tr>
<th>Patients</th>
<th>Had discussion %</th>
<th>Did not have discussion %</th>
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<tr>
<td>Cancer patients</td>
<td>26%</td>
<td>73%</td>
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<td>(n=151)</td>
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<td>CHF (n=99)</td>
<td>14%</td>
<td>86%</td>
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<td>COPD (n=115)</td>
<td>9%</td>
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<td>Cirrhosis (n=47)</td>
<td>21%</td>
<td>79%</td>
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What is the impact of avoiding ACP discussions?

• High burden of suffering for patients
• Inappropriate utilization of resources
• Care that is inconsistent with patients’ wishes
• Patients lose good time with their families
• Lose opportunities for reflection and preparing for their life’s end
• Spend more time in the hospital and ICU
• Higher health care costs
Speak Up Website

For:
- Patients and families
- Professionals
- Community organizations / agencies / programs
- Researchers

www.advancecareplanning.ca
Conclusions

• Palliative care should be started early in the illness, not only in the last days or weeks of life
• There are several illness trajectories and there are important to recognize
• Palliative care should be provided by all health professionals caring for anyone with a life threatening and life limiting illnesses
  – We need primary-level palliative care & palliative care specialist services
• A number of hospice palliative care services across different settings are required to meet the needs of patients
• There is much room for improvement in Advance Care Planning in our country and we all share responsibility