

Palliative Care

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Overview

- * What is palliative care?
- * Who should receive palliative care?
- * When should it start?
- * Who should provide it?
- * Palliative Care at SCGH

What is Palliative Care?

- * Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.
- * WHO definition

What else...

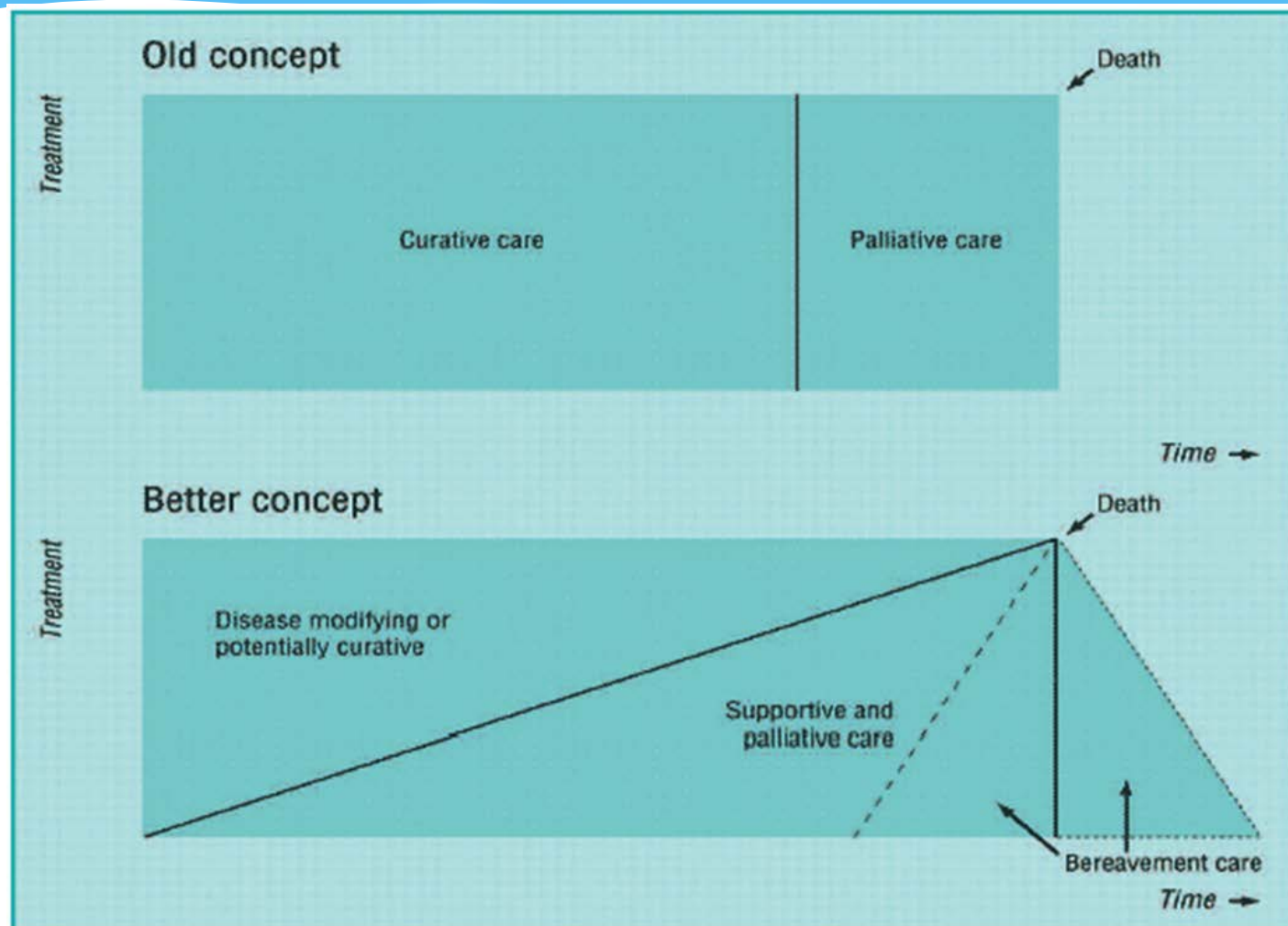
- * Provides relief from pain and other distressing symptoms
- * Affirms life and regards dying as a normal process
- * Intends neither to hasten or postpone death, but may positively influence the course of illness
- * Offers a support system to help patients live as actively as possible until death
- * Offers a support system to help the family cope during the patients illness and in their own bereavement
- * Uses a team approach to address the needs of patients and their families
- * 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.

When should palliative care start?

- * Non specialist palliative care starts at diagnosis and continues to death.
 - * The principles of palliative care are integral and intrinsic to all good clinical care whatever the nature or stage of disease.
 - * Everyone should have relief of suffering. Everyone's QOL should be considered.
- * When to start specialist palliative care
 - * When a patient's problems are so numerous, severe, difficult to relieve or unusual that a team with expert skills is required.
 - * Based on needs, not prognosis.

Palliative care ≠ Terminal care

The Continuum of Care



Who can provide palliative care?

- * Non Specialists
- * Specialists
 - * Consultation liaison services - eg SCGH, RPH, FSH
 - * Community services – Silver Chain Hospice, MPaCAS
 - * Community Hospices – Bethesda, Murdoch, Glengarry, Kalamunda
 - * Rural and Regional Providers
- * Multidisciplinary
 - * Medical, nursing, social work, OT, physiotherapy, chaplaincy, psychology

Symptoms in Advanced Cancer

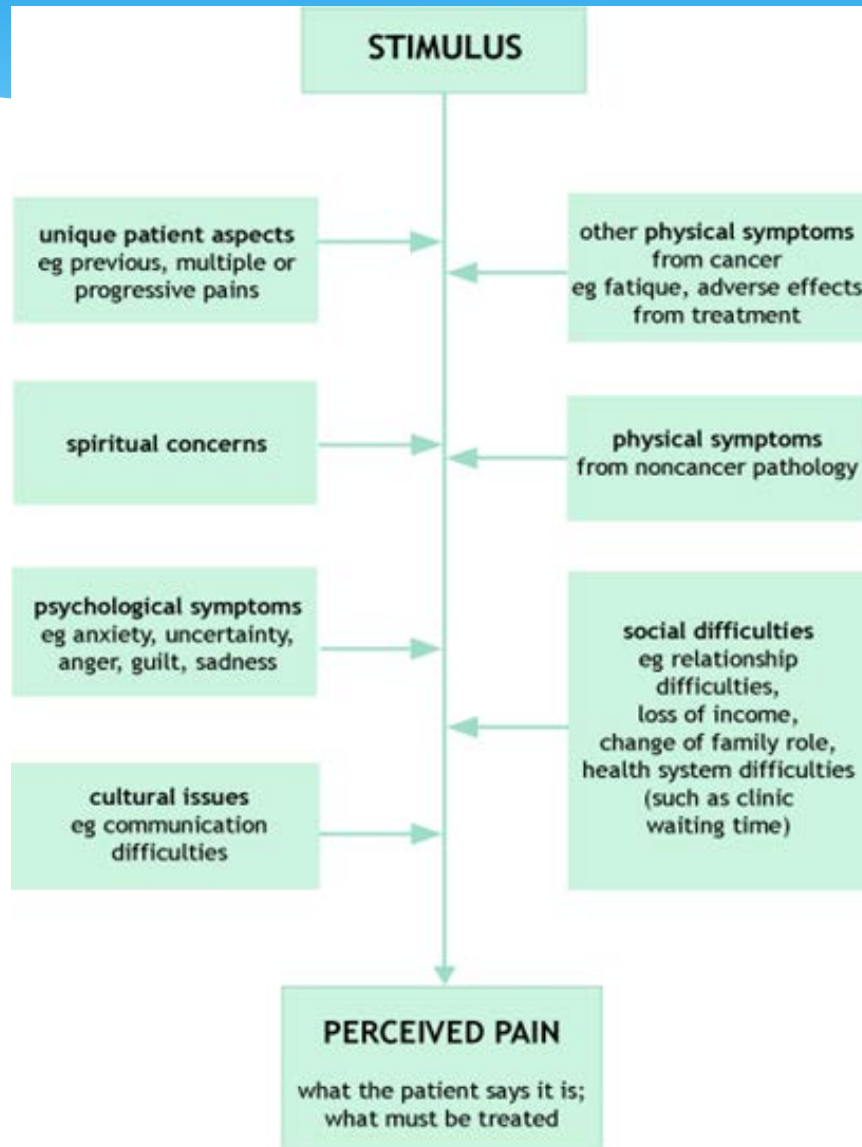
Pain	84	%
Fatigue, weakness or lack of energy	61-69	
Anorexia	66	
Dry mouth	57	
Constipation	52	
Early satiety	51	
Dyspnoea	50	
Weight loss	50	
Sleep problems	49	
Depression	41	
Cough	38	
Nausea	36	
Oedema	28	
Taste change	28	
Anxiety	24	
Vomiting	23	

* Adapted from Walsh D, Donnelly S, Rybicki L. Support Care Cancer 2000;8:175-179.

Pain

- * Incidence increases with disease progression.
- * Cancer patients
 - * 30-40% at diagnosis
 - * 40-70% receiving anticancer therapy
 - * 60-100% with advanced or terminal cancer
- * Assessment and management
 - * “Pain is what the patient tells you it is”
 - * Evaluate the stage of patients disease and offer treatment appropriate to stage
 - * Opioidophobia
- * Consider other influencing factors
 - * Psychological, cultural, meaning, etc
- * Multimodal management
 - * Analgesics, adjuvants, anaesthetic interventions, surgery, radiotherapy, chemotherapy, OT, physio, TENS, psychological therapies, etc

Pain



Other common symptoms

- * Nausea
- * Dyspnoea
- * Fatigue
- * Anorexia
- * Constipation
- * Insomnia
- * Depression, anxiety, etc

What else can a Palliative Care Service offer?

- * Assistance in challenging communication discussions
 - * Determining goals of care
 - * Consensus building
 - * Discussions around end of life issues including fluid and hydration at the end of life
 - * Non disclosure
 - * Requests for euthanasia
- * Emotional, spiritual support for patients and families
- * Information and assistance re financial, legal issues
 - * Wills, EPA, EPG
- * Discharge planning
 - * Liaising with community services including hospice
 - * Equipment
- * Terminal care

Thank You!

* Questions?