Palliative care in the ED ….heart or science??

Outline

- Why patients who need palliative care end up in EDs
- A few cases
- Some tools to help you know when someone is dying
- Talk briefly about the law
- A few phrases I've found useful when talking palliative care patients
- Introduction of a new management tool – the heart to science ratio
- Why Emergency Specialists have a lot to offer palliative care patients

Why is ED said to be not the best place to provide palliative-care?

- No prior knowledge of patient's condition
- No prior knowledge of patient's/families expectations/dynamics
- No prior relationship or rapport with the patient or family
- No relevant family present
- No space/privacy
- No coherent patient - sometimes

So…….why do palliative care patients end up in EDs??

- No after hours GPs / community pall care services
- No idea - some patients have limited health literacy or unrealistic expectations fuelled by SODs and the popular press
- No plan e.g. ACP, Ambulance palliative care plan

Or……there is a plan….but the wheels fall off because…….

- physical crisis / emotional crisis - carer/wife/husband/partner worn out and reach the end of their physical and emotional endurance
- the DFQ syndrome
- the SCL syndrome – some people don’t have or are permanently estranged from their family / friends

Case 1 – heart or science?

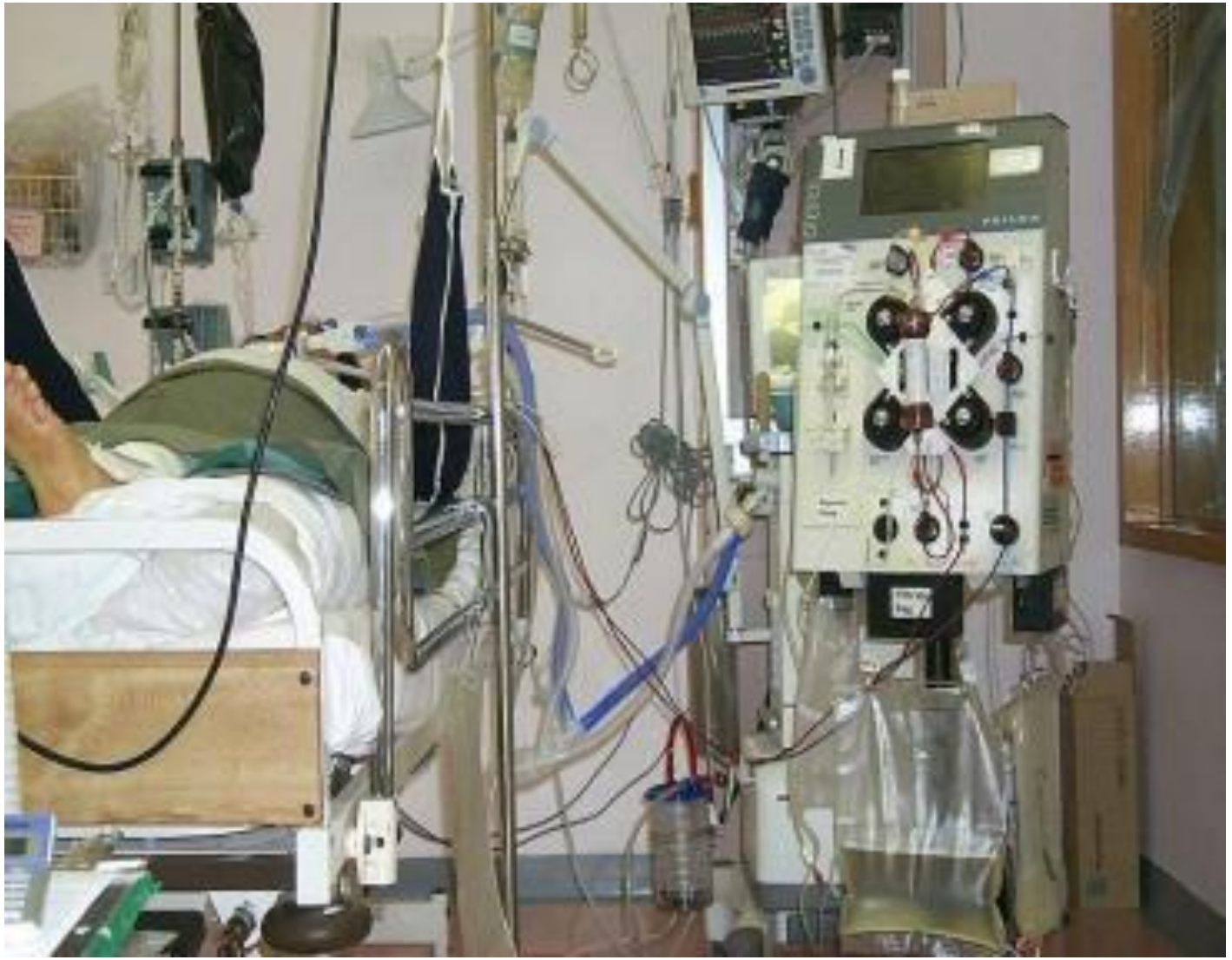
44yr old male with metastatic (lungs, liver, brain) pancreatic cancer.

- 4 young children his wife's brother is a lawyer specialising in medico-legal matters.
- Privately insured and has been told by a high profile neurosurgeon that he will operate on his brain secondaries when 3 other less famous neurosurgeons have previously declined to do so.
- Seeing a private oncologist who has him on some palliative chemotherapy

- In the last 6 months has had 4 prolonged seizures despite being on 3 different anti-epileptics.
- Spent 3 days on a ventilator in ICU after the 1st seizure.
- Has been more or less bed bound for the last month at home and has lost 10kgs in the last month.
- Presents with fatigue, drowsiness, can't get out of bed, decreased oral intake and worsening cognitive decline

- The wife is the enduring guardian and wants “everything done”
- She doesn’t want to talk about dying because she wants to remain positive and doesn’t want to “give up on him”
- She has no prior experience of death and dying

She thinks it looks like this……



She doesn’t know that dying can look like this……

or this

The “science”

- Is he dying and how far off is it?

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The National GSF Centre's guidance for clinicians to support earlier recognition of patients nearing the end of life

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Three triggers that suggest that patients are nearing the end of life are:

1. The Surprise Question: 'Would you be surprised if this patient were to die in the next few months, weeks, days'?
2. General indicators of decline - deterioration, increasing need or choice for no further active care.
3. Specific clinical indicators related to certain conditions.

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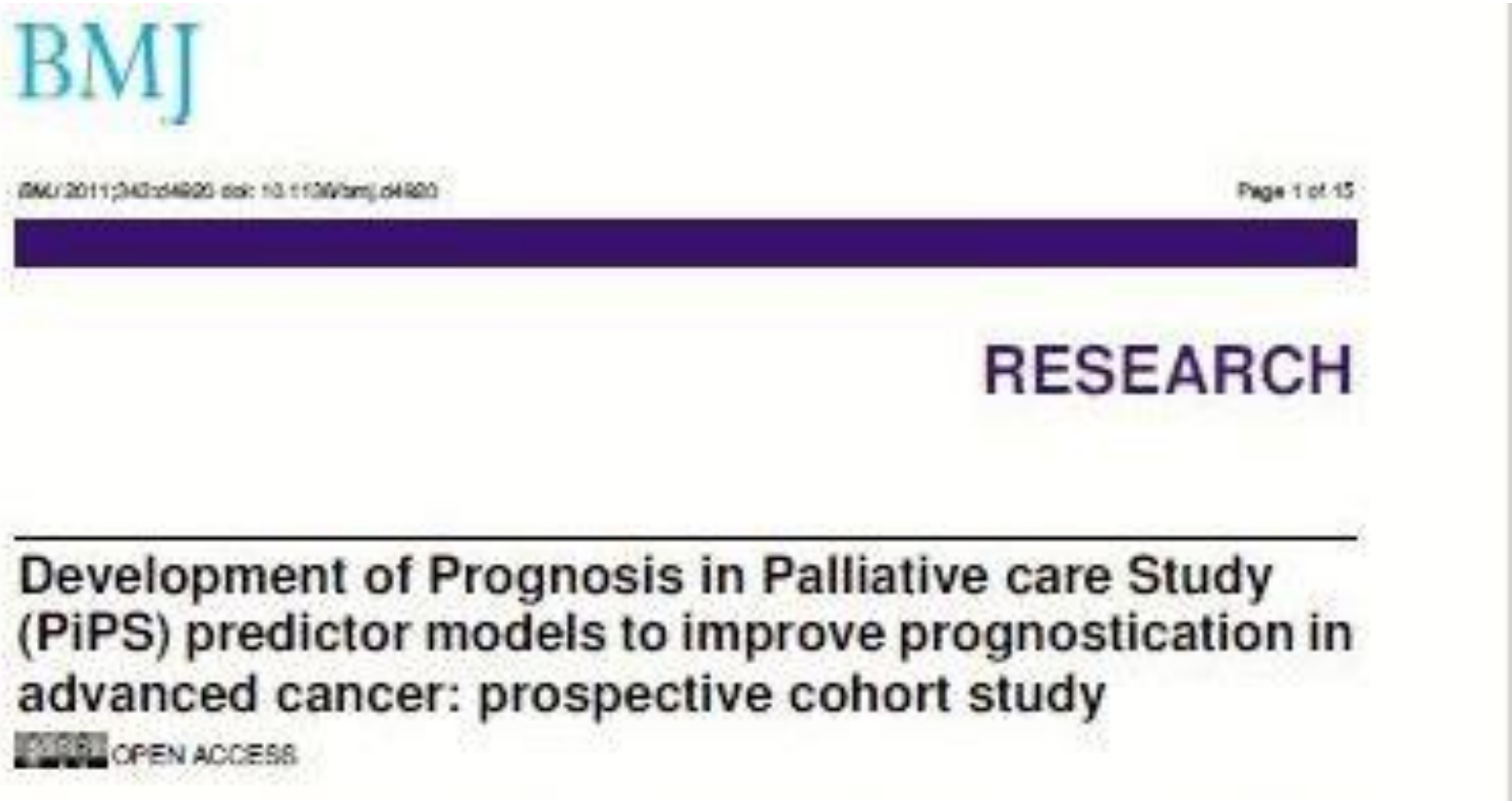
- This would say he had less then 3 months to live

You want more “scientific”?



BMJ

BMJ 2011;343:d4921 doi: 10.1136/bmj.d4921 Page 1 of 15

RESEARCH

Development of Prognosis in Palliative care Study (PiPS) predictor models to improve prognostication in advanced cancer: prospective cohort study

OPEN ACCESS

Results

Did a multivariate analysis, 11 core variables (pulse rate, general health status, mental test score, performance status, presence of anorexia, presence of any site of metastatic disease, presence of liver metastases, C reactive protein, white blood count, platelet count, and urea

All models performed as well as, or better than clinicians' estimates of survival.

In patients with advanced cancer no longer being treated, a combination of clinical and laboratory variables can reliably predict two week and two month survival.

4 variables had prognostic significance only for two week survival:

- dyspnoea
- dysphagia
- bone metastases
- alanine transaminase

8 variables had prognostic significance only for two month survival:

- primary breast cancer,
- male genital cancer,
- tiredness,
- loss of weight,
- lymphocyte count, neutrophil count, alkaline phosphatase, and albumin.

More “science”

- What does the law say in a situation like this?


Daily Rock'n Roll

The “heart” issues

- What do you say to the patient, his wife and family?
- What do you say to the kids?

Phrases that aren’t useful in these kinds of situations

- If “this” happens do you want us to do “this”?
- Anything with jargon in it “let’s talk about your goals of care”

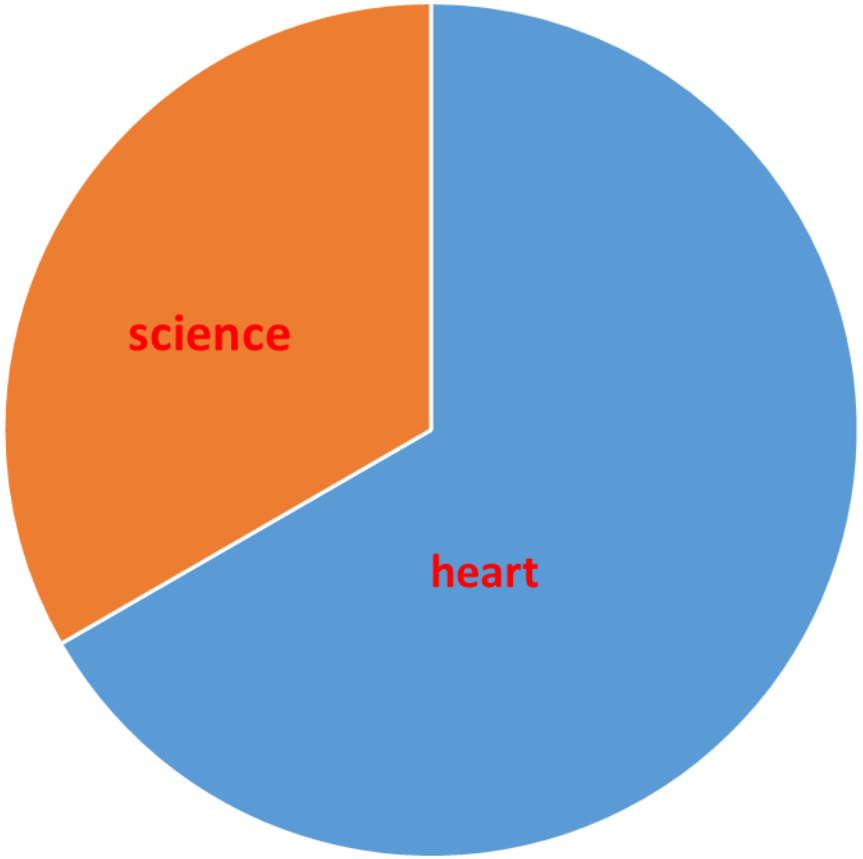
Phrases that I've found useful in these kinds of situations

- Anything with the word "dying" in it……e.g. have any of your doctors talked to you about death and dying and given you any idea of how long you've got to live?

- If "this" happens……..we will not be doing this because it would be cruel and it wouldn't work

- Have you had any previous experience in your family of serious illness or death from serious illness……if not……here is what it will look like

heart to science ratio for this case



Case 2 – heart or science?

- 45yr old.
- End stage liver failure and chronic back pain
- Recurrent ascites – gets drained occasionally with “albumin cover” for symptomatic relief
- Sees palliative care service…..all are “on the page” that he is near the end of his life……he wants to die at home……..he has an ACP…….an ambulance palliative care plan….thought to have another year or so “left in him”.

Case 2 – heart or science?

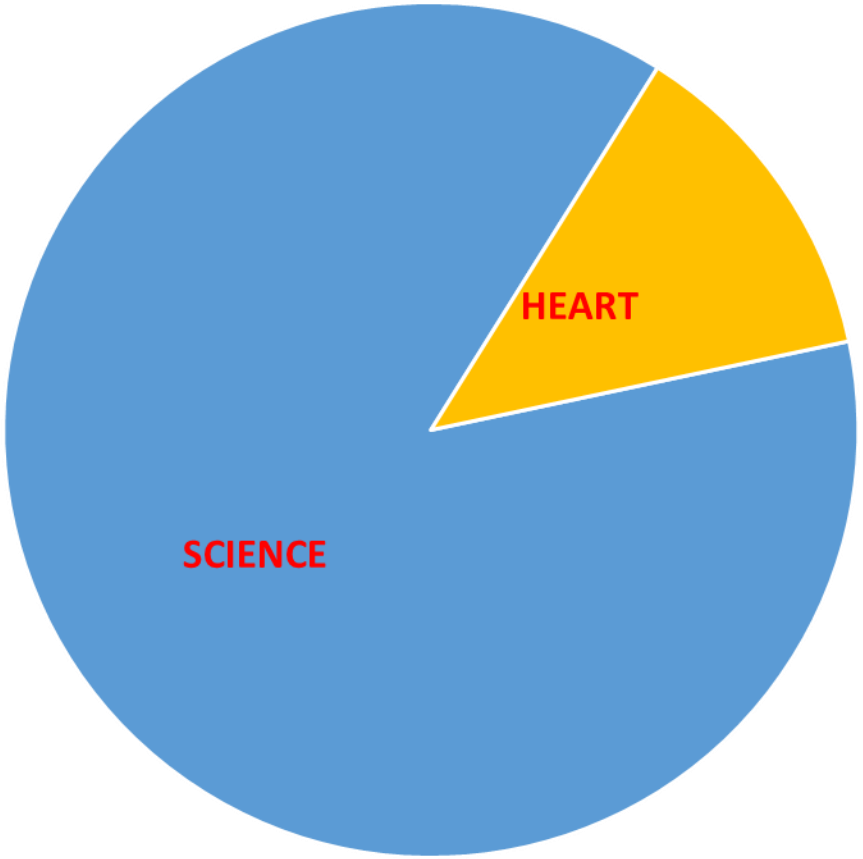
- Presents with ascites which may or may not need drainage + severe flare up of his back pain + a bit confused.

- A doctor at a medical centre recently changed his fentanyl patch to Targin because the patients teenage son kept taking off his patch while he was asleep so that he could sell it to his friends on the black market

The “science”

- What’s the differential diagnosis?
- Albumin cover?
- Use of ultrasound?
- Use of targin with liver impairment?

Heart to Science ratio



Case 3 – heart or science?

- 91yr old bought in after hours from a nursing home (that has no after hours registered nurses on duty) with a fever.

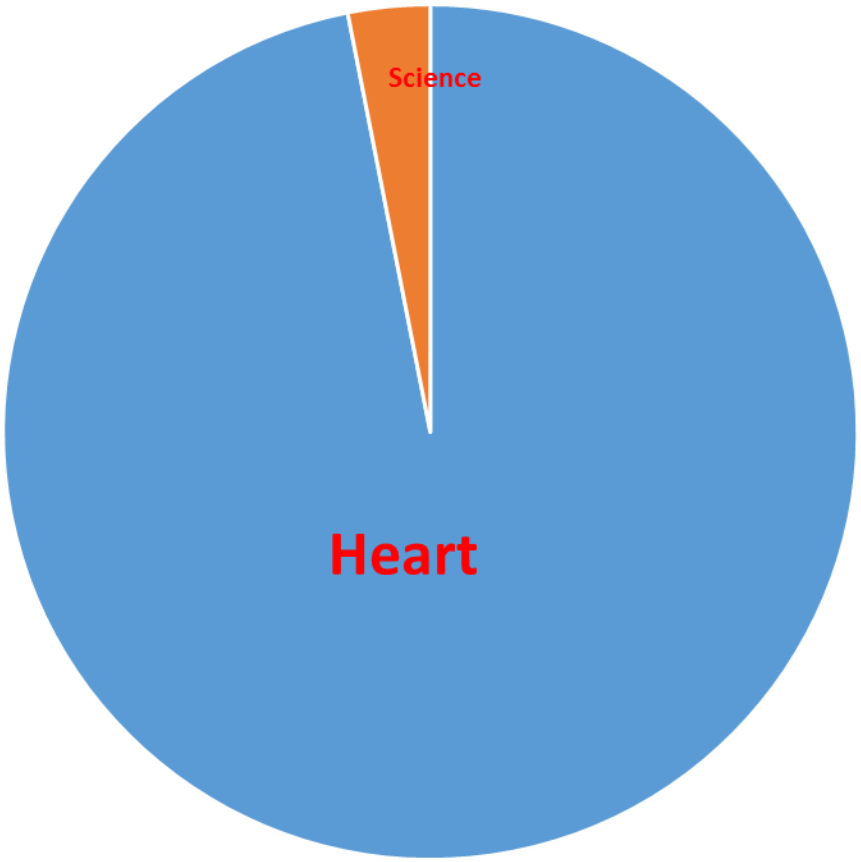
- Background of:
    - Severe dementia
    - Bed bound
    - Incontinent
    - Can’t do anything for herself

Phrases I’ve found useful in these kinds of situations

I’m not you ……..but my mum is this age and if this was her this is what I would want to happen:

- Have her kept comfortable and out of pain
- Give her drink if she wants it and food if she wants it
- Only do tests and treatments that will aid her comfort
- Stop all drugs and treatments that are prolonging her life
- Hope that she dies as comfortably and naturally as possible

Heart to science ratio of this case



Are emergency specialists any good at palliative care

Why Emergency doctors have a lot to offer palliative care patients

- Apart from the family GP we are some of the last remaining BPDs in a world full of SODs
- We know what good deaths look like and what bad deaths look like and we are usually good at recognising when someone is near/at the end of their life
- Emergency Department are often pivotal times in patients and families minds so it’s a good time to get everyone on the page

Why Emergency doctors have a lot to offer palliative care patients

- We are taught to sum up situations quickly, get to the bottom line and to make decisions (even if they‘re the wrong ones)
- We are used to managing other specialists expectations and patients expectations and to “realigning” these when required
- We are good at telling it as it is

Pall-care in the ED Summary/THM/KPs/LTL/IAN

- Pall-care patients are always going to show up in EDs
- There are some benefits for the patients – mainly to do with the nature of ED specialists – the way they work, think and have been trained
- Sometimes some science “involved”…….but nearly always you will also need some “heart”
- Saving someone’s live is rewarding……and so is giving them a good death

What great 21st century philosopher said:

To the well organised mind, death is but the next great adventure?


~ ALBUS DUMBLEDORE ~