




OVERVIEW OF HOSPICE AND PALLIATIVE CARE

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Objectives

- Define Palliative Care and Hospice and integrate the principles in the management of life threatening illnesses.
 - Analyze different disease trajectories and prognostication
 - Evaluate the holistic approach of Hospice and Palliative Care in relieving suffering and enhancing quality of life
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World Health Organization (WHO) definition of palliative care (PC)

- Improves the quality of life of patients and their families facing life-threatening illness
- Provides relief from pain and other distressing symptoms
- Does not preclude disease modifying interventions

WHO definition of PC (CONT...D)

- Intends neither to hasten nor postpone death
- Integrates the psychological and spiritual aspects of patient
- Uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated

Hospice

- Life expectancy of 6 months or less
- No disease modifying treatment



Challenges of Hospice

- Strict Criteria
- Difficulty Prognosticating
- Late referral
- Stigma, “giving up/abandonment”



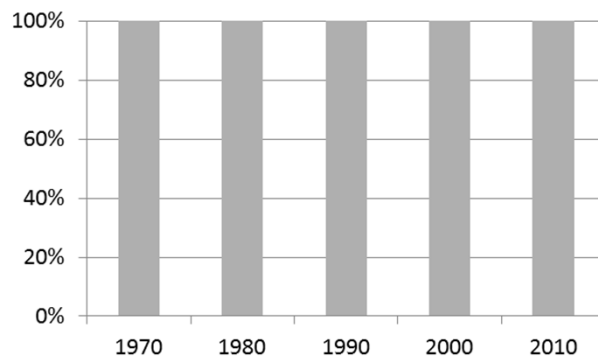
Hospice VS Palliative Care



All hospice care is palliative care but not all palliative care is hospice care



World Mortality Rate

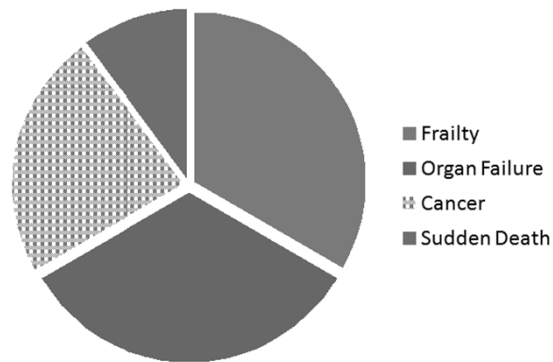
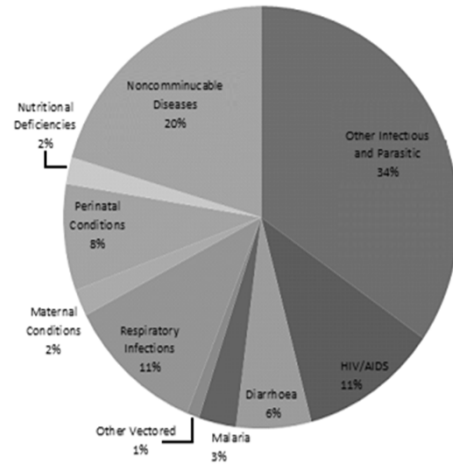


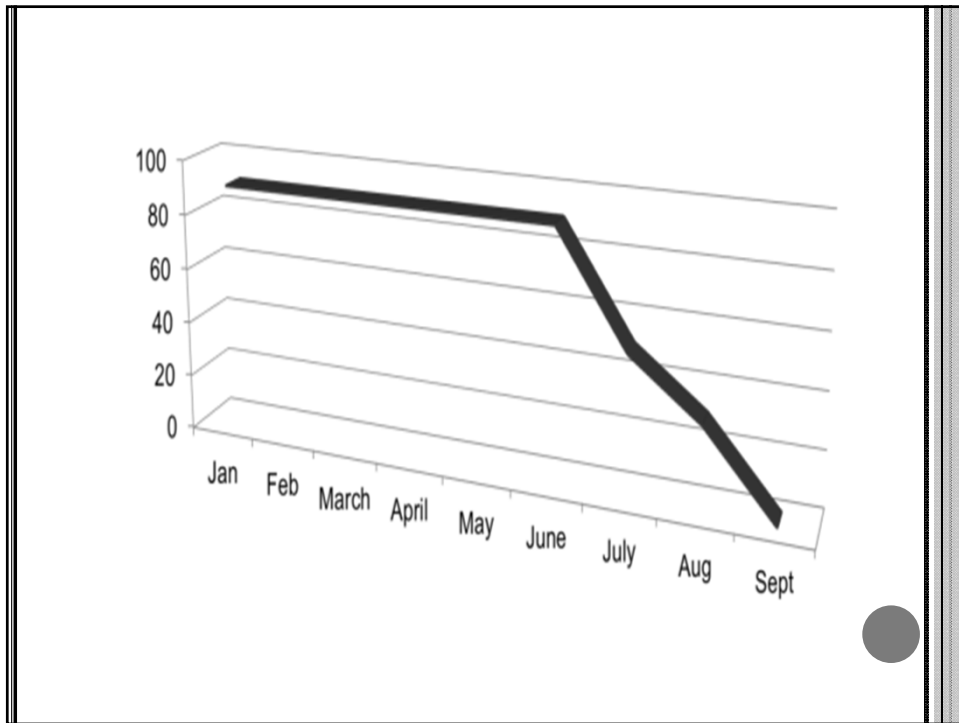
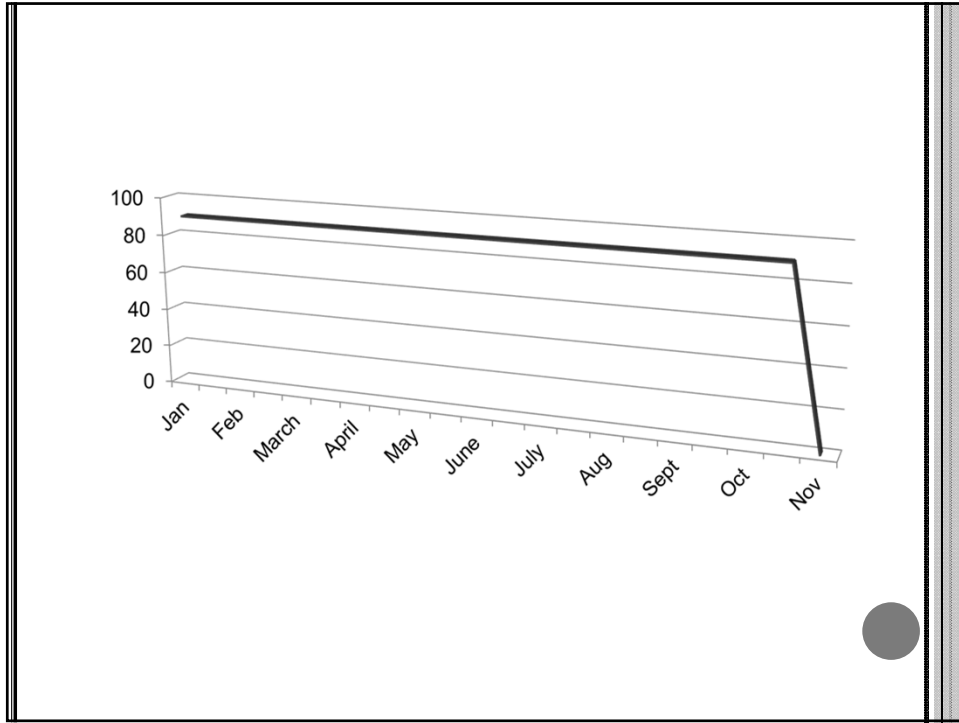
World Mortality Rate

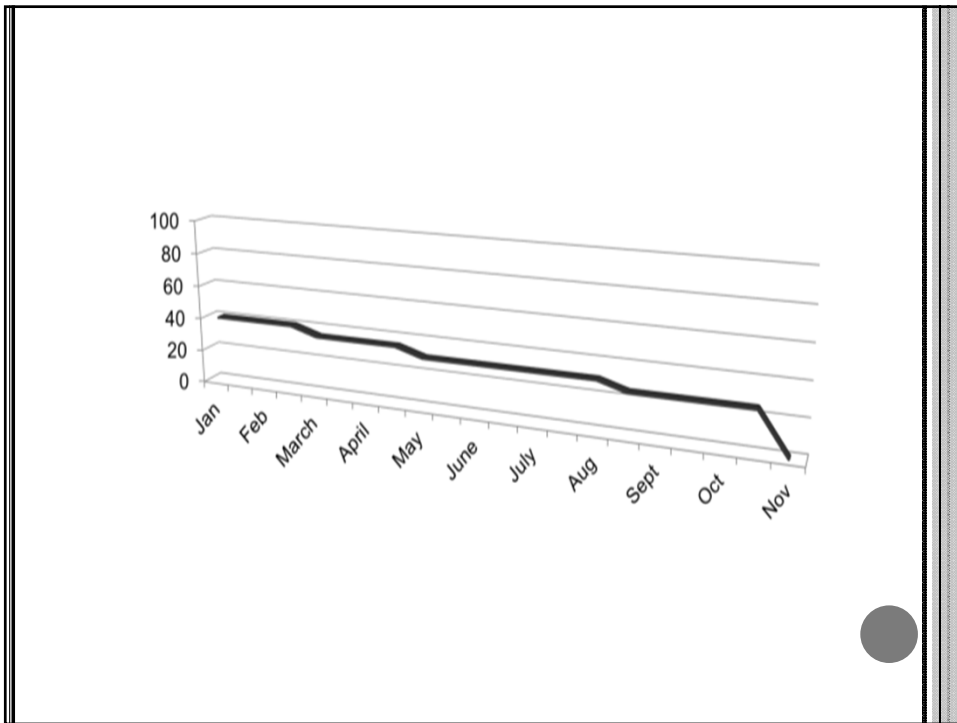
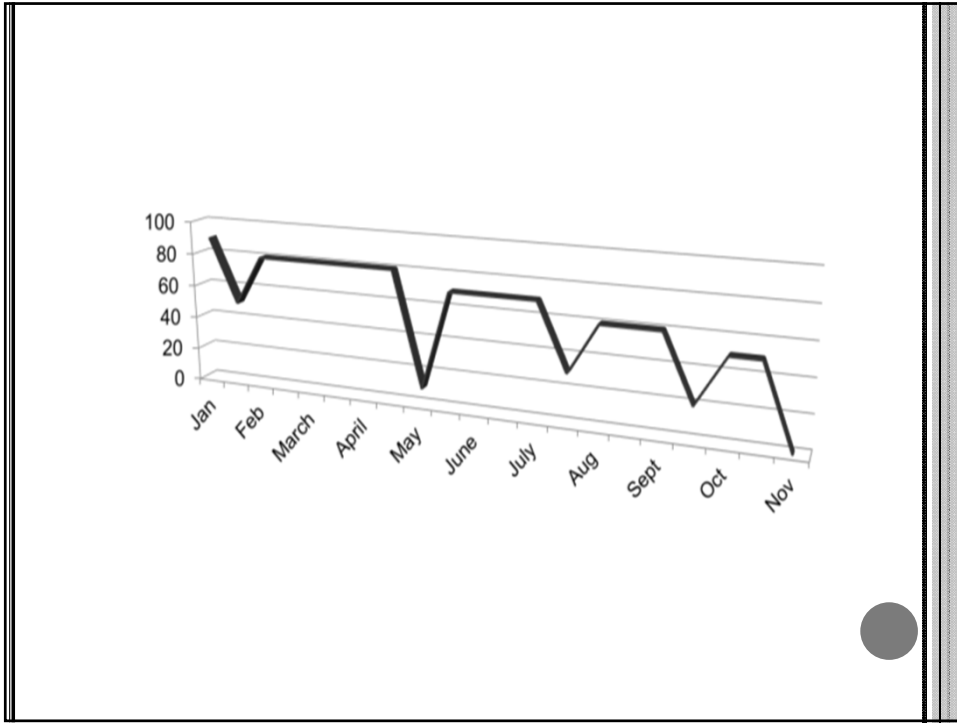


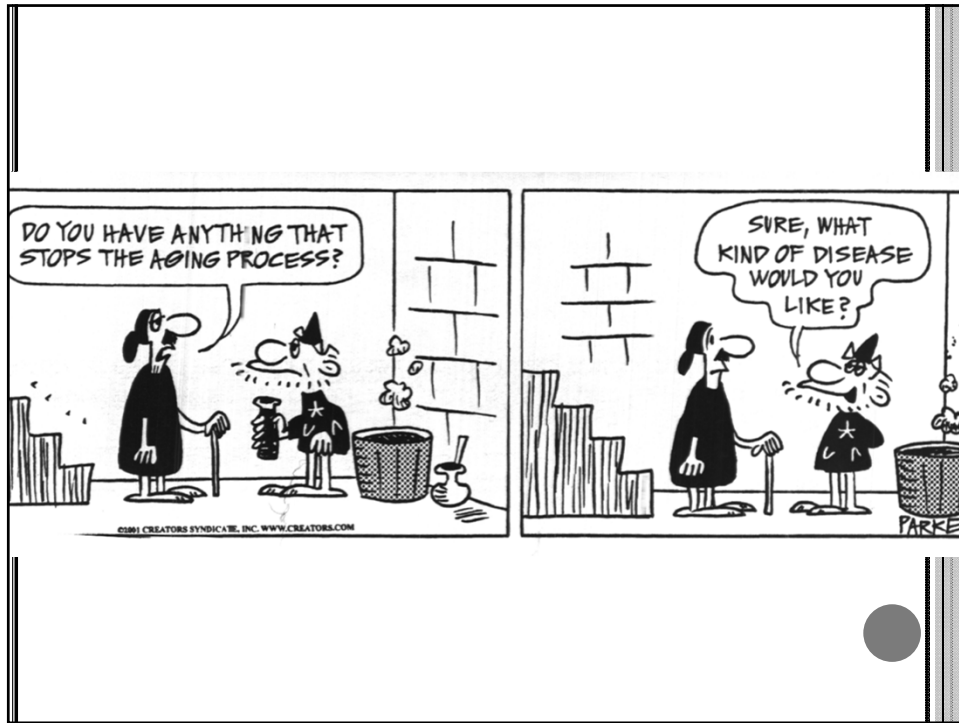
MORTALITY IN ETHIOPIA

2002

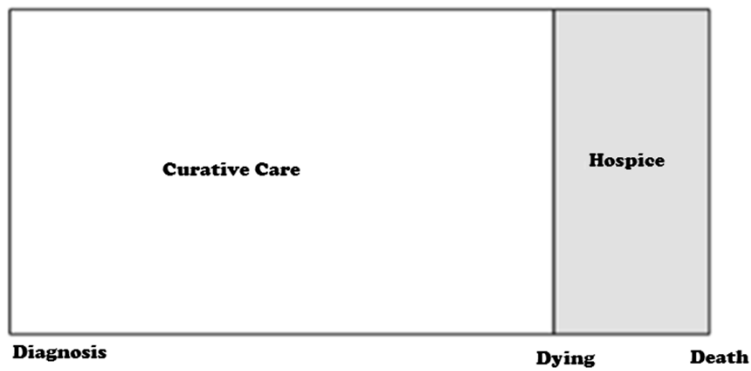








False Dichotomy

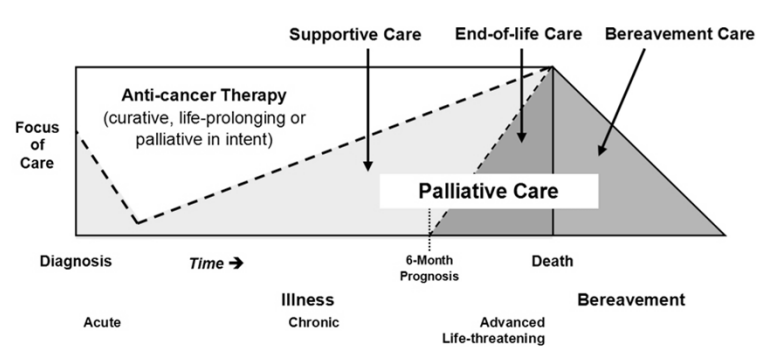


Traditional Dichotomy of Curative and Palliative Care for Incurable Disease


Palliative Care

- Offered through continuum of care
- Does not preclude disease curing/modifying treatment
- Offered in various settings
- Relieves distressing symptoms and defines goals of care


INTEGRATED CARE




GOALS OF CARE

- Not only about treatment options but about Goals
 - Individualized, “Broken” “To be whole again”
 - Evolving
 - Historical Dichotomy; relief of suffering VS cure
 - Need for Hospice & PC
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GOALS OF CARE

- Medical care primarily to provide comfort and alleviate suffering
 - Focus shifted with scientific progress
 - Medical Futility
 - Advance Care Planning
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GOALS OF CARE

- Cure Disease
 - Prolong Life
 - Maintain or Improve Function
 - Maintain or improve Quality of Life
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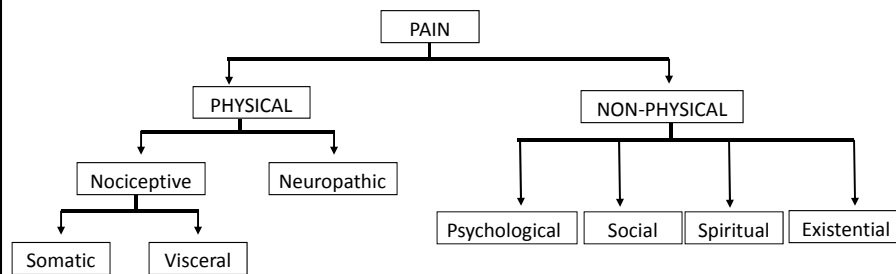
GOALS OF CARE

- Relieve Burdens, Support Loved Ones
 - Relieve Suffering
 - Accomplish Personal Milestones
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SYMPTOM RELIEF

- Total Pain
- Dyspnea
- Nausea/Vomiting
- Constitutional Symptoms
- Depression, Delirium

Types of Pain



SYMPTOM RELIEF

- Fear of Suffering, not Fear of Death
- Up to 40% of patients at the end of life have unresolved pain
- High Symptom Burden Index at End of Life



INTERDISCIPLINARY

- Physical
- Psychological
- Social
- Spiritual
- Financial





CARE SETTING

- 70% of Americans would like to die at Home
- Only 25% die at Home
- 80% of patients with chronic diseases want to avoid hospitalization and ICU when they are dying







Communicating Bad News

- Assess what patient knows/wants to know
- Be truthful
- Avoid medical jargons/euphemisms
- Identify cultural and religious barriers

Communicating Bad News

- Ethical and legal obligations
 - Clarify/modify goal
 - Ensure continuity of care
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Grief and Bereavement

- Normal reactions
 - Anticipatory to resolution
 - Early intervention for complicated grieving
 - Support group: faith based, community, family
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Conclusion

- Start PC early in all care settings
- Incorporate in continuum of care
- Inter-disciplinary care
- Aggressive symptom management
- Cure elusive, but relieve of pain and suffering achievable



Conclusion

*“To cure sometimes, to relieve often, to
comfort always...this is our work”*

-Anonymous

