Providing Palliative Care

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Definition

Palliative care is an approach that improves the quality of life of patients and their families facing the problem 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, psychological and spiritual. Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- 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, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of 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.
GPs provide palliative care...

The Palliative Approach:
Outreach Service Hotline: 1300 558 655

Specialist Palliative Care Services:
- Silver Chain Hospice Care Service 9242 0242
- Metro Palliative Care Consultancy Service 9217 1777
- Hospice or Palliative Care Units
- Public and Private Hospitals
- Paediatric Services – Childrens Hospital

The biggest problem facing Palliative Care?

- Trigger for referral is not as clear as other specialties.
- Difficult to control symptoms
- Advance Care Planning
The diagnosis of “Frailty”

Supportive & Palliative Care Indicators Tool (SPICT)

- Evidence based clinical indicators to guide identification of people at risk of deteriorating & dying
- Boyd K, Murray SA. Recognising and managing key transitions in end of life care. BMJ 2010; 341:c4863
- Can be used in various care settings
- Can be used in conjunction with the Surprise Question
- Provides prompts for assessment of current & future needs
- Can help initiate review of goals of care
- Not designed to identify pts for specialist palliative care

Acknowledgement: Dr Anil Tandon for this slide
Patterns of functional decline

Back to our case study

55yo man with progressive pancreatic cancer
- Pain
- Vomiting (sometimes nausea)
- Diarrhoea
- Ascites
- Portal vein thrombosis – variceal bleeding or direct erosion into stomach/ duodenum
- Biliary obstruction
- Diabetes (infrequently)

“Total” Pain

Dame Cicely Mary Saunders
WHO Cancer Pain Ladder


Fig. 3. Overview of proposed five-step WHO analgesic and side effect ladder.

Pain management options

- Steroids or NSAIDS
- Opioids
- Coeliac plexus block
- Intrathecal catheter
Nausea VS Vomiting

Selecting medication for NAUSEA

Brain
- Cerebral cortex
- Chemoreceptor trigger zone (area postrema, solitary tract nucleus)
- Vestibular system
- Pressure receptors

Dexamethasone

Vomiting center(s)

Emesis

- Functional gastric mass
- Hapatomegaly
- Intestinal obstruction
- Radiotherapy
- Chemotherapy

- 5-HT3 receptor
- 5-HT4 receptor
- Dopamine receptor
- Cholinergic muscarinic receptor
- Histamine receptor
- α-aminobutyric acid receptor

- Ondansetron
- Haloperidol, stemetil, maxolon
- Phenergan, cyclizine
- Lorazepam, midazolam
Vomiting

- Ask: Is this the predominant problem rather than nausea?
- Often the vomiting comes with very little warning
- Often occurs with sitting up or rolling over

Vomiting management

- Diagnose the cause
- Remove any offending drugs if possible – ondansetron, opioids, anticholinergics
- Surgical or stentable lesions?
- Prokinetics: Metoclopramide or domperidone
Other problems

- Diarrhoea - Malabsorption is a major problem
- Malignant Ascites - paracentesis, Rocket Cath, diuretics unlikely to help
- Catastrophic Bleeding - “Dark coloured towels”
- Biliary obstruction - Stent if appropriate

End of life planning discussions

- Rapport and relationship
- Insight and ICE questions (Ideas, Concerns & Expectations)
- Propose options
Questions?