Past, Present, Future of Palliative Care: Part One: That Was Then, This is Now…

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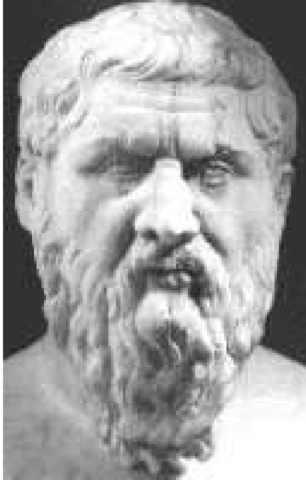


For the part cannot be well unless the whole is well…

Plato

427-347 BCE

Rene Descartes 1596-1650

Reintegration started with Advent & Growth of Psychiatry

Hysteria

Mental illness

Genetic predilections

Further changes in the Culture of Medicine…

- **Prior to antibiotics – Palliative emphasis**
- **Subsequent - “death is the enemy”**

Disease-modifying Therapy

(curative intent)

Palliative

Presentation **Death**

What are the Core Values of Modern Medicine?

- Multidisciplinary Care, Specialty driven
- Focused at
  - The Eradication of Disease
  - The Prolongation of Life

We are Warriors!

We've got us a Cancer to Smite!"

- Focus on cure
- Huge strides!
- Luge ride of "care"

The Tension re: Death and Dying despite Modern Medical Care!

- Death denying life prolonging high tech emphasis
- Death is failure
- “There’s nothing else to do”; “I have nothing more to offer you…”

“so let’s talk about hospice care….”

Whole person care

- Our conditioning and training as professional caregivers influences tremendously our ability to deliver whole-person care
- The current system does not support this approach in terms of training or in renumeration

Dame Cicely Saunders

Dame Cicely Saunders, 1960's-70's

Hospice was a vital response to a deficit

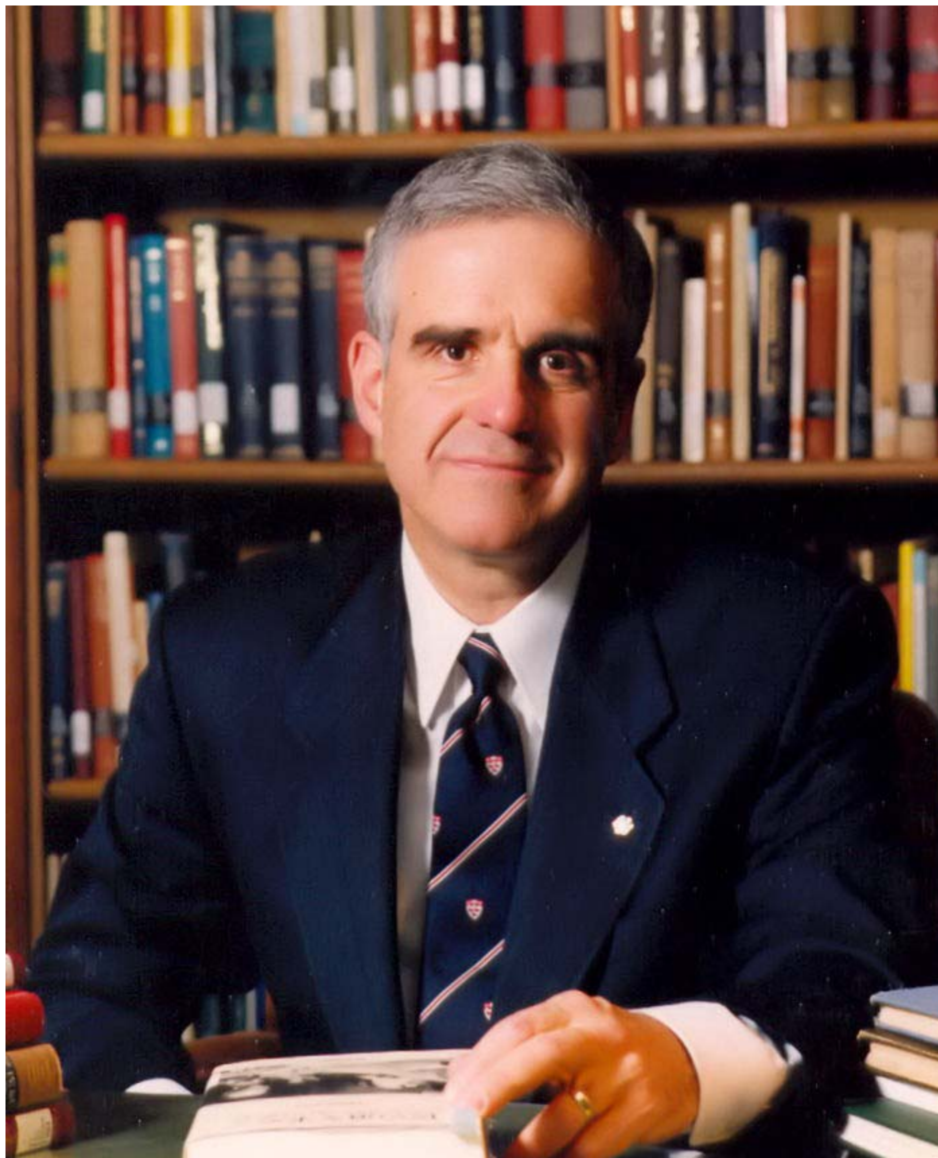
Curative	Palliative	
	Active	Terminal

Goals of Hospice

- Relief of suffering
- Promote quality of life
- Preparation for an expected death
- No longer pursuing disease-intervention Rxment

Why do we wait?

Why is it that we wait until death is imminent or, at the very least, obvious, to talk about quality of life and the goals of care???!



Dr. Balfour Mount

The application of whole-person, interdisciplinary care is needed, necessary, and vital far upstream to the hospice referral.

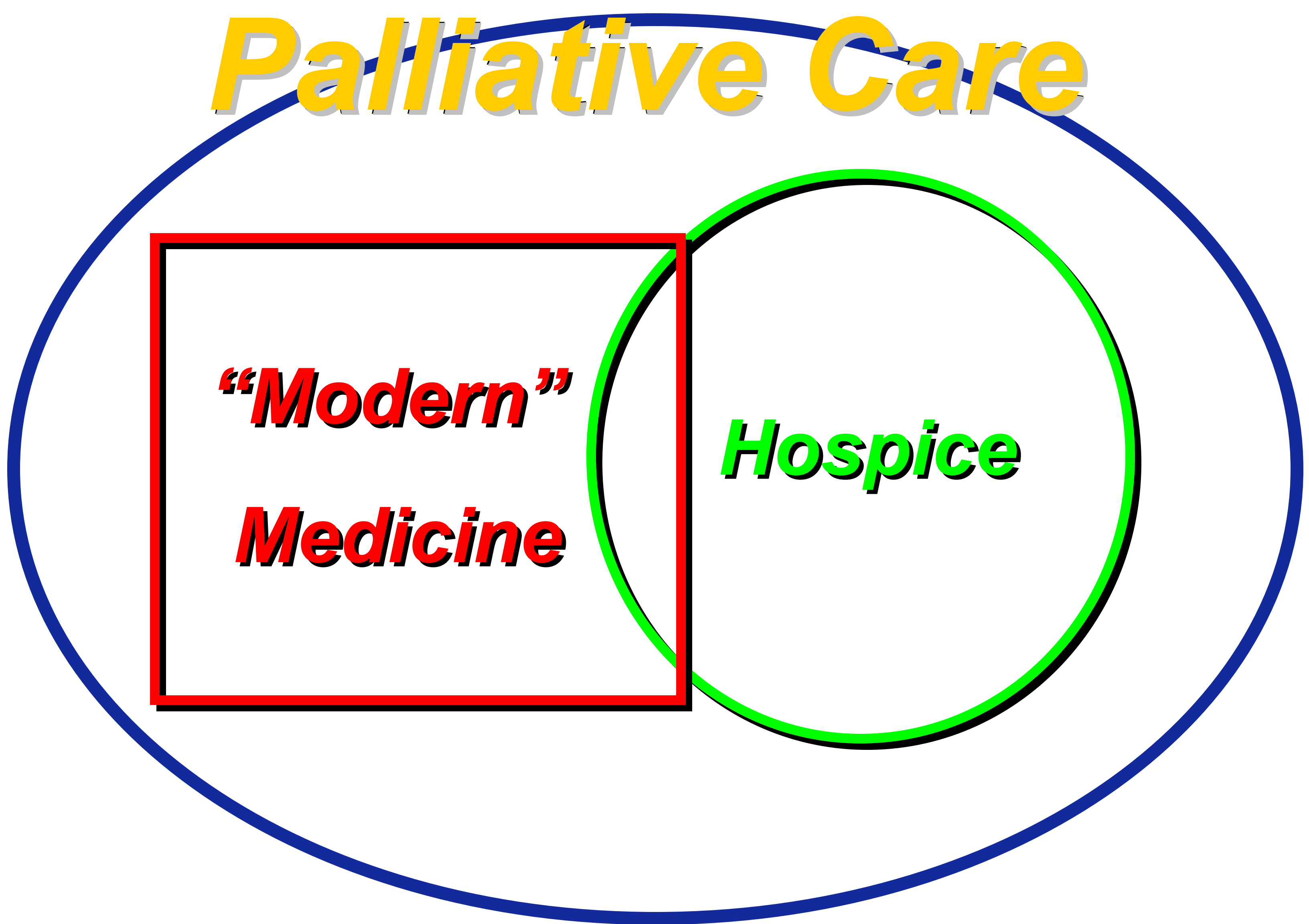
Boxes of Care

Opportunities for Continuum

Palliative Care is the dynamic means to facilitate a continuum

WHO definition of Palliative Care

An approach which improves the quality of life of patients and their families facing life-threatening illness, through the **prevention**, assessment, and treatment of pain and other physical, psychosocial, and spiritual problems.”



Palliative Care
“Modern”
Medicine
Hospice

So, all that is Hospice is Palliative Care

But All that is Palliative Care is not Hospice

By definition = Palliative Care is the foundation of good medical care

Our Target audience

- **Those with a recent or recurrent diagnosis of a life-threatening illness**
- **Those with chronic illness facing increasing debility, life-limitation, and life change**
- **The frail elderly and their families/caregivers strategizing the "what if..."**
- **The families and caregivers of the above….**

Palliative Care

Focuses on:

- **clarification of goals of care**
- **relief of suffering**
- **promotion of function**
- **support for patient and family caregivers**
- **aims for best possible quality of life as determined by patient and family**

The power of the narrative…

Claire

- 52 yo breast cancer survivor
- Active in Cancer Wellness Center support groups and healthy living activities
- LCSW at CWC notes that Claire's PPS is decreasing over a period of weeks (was 90, now 70)
- Suggests to Claire to consider a formal Palliative Care Consultation

Claire

- Calls CareCenter to arrange outpatient consultative visit.
- CareCenter calls Oncologist for “an order”
- Oncologist expresses shock – “She doesn’t need hospice!”
- CareCenter describes the difference
- Claire sees Palliative Care practitioner in office setting

Claire & PCC

- Discuss and establish greater clarity around Claire's goals
- Initiates symptom management for pain in the LLE, while collaborating with Claire and her Oncologist in a work up for the etiology.
- Discover Claire has recurrent disease with metastases to the hip.

Claire & PCC

- Coordinate with CWC (Wellness IDT) to facilitate a plan of care for individual psychology work, continued group support, and also access to community programs for her husband and children.
- Continue intermittent care and organize communication to inpatient PC service if/whenever Claire is hospitalized.