



INTRODUCTIONS

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TOPICS

- WHAT?
- WHY/WHEN?
- WHO?
- WHERE?
- PALLIATIVE CARE vs. HOSPICE CARE

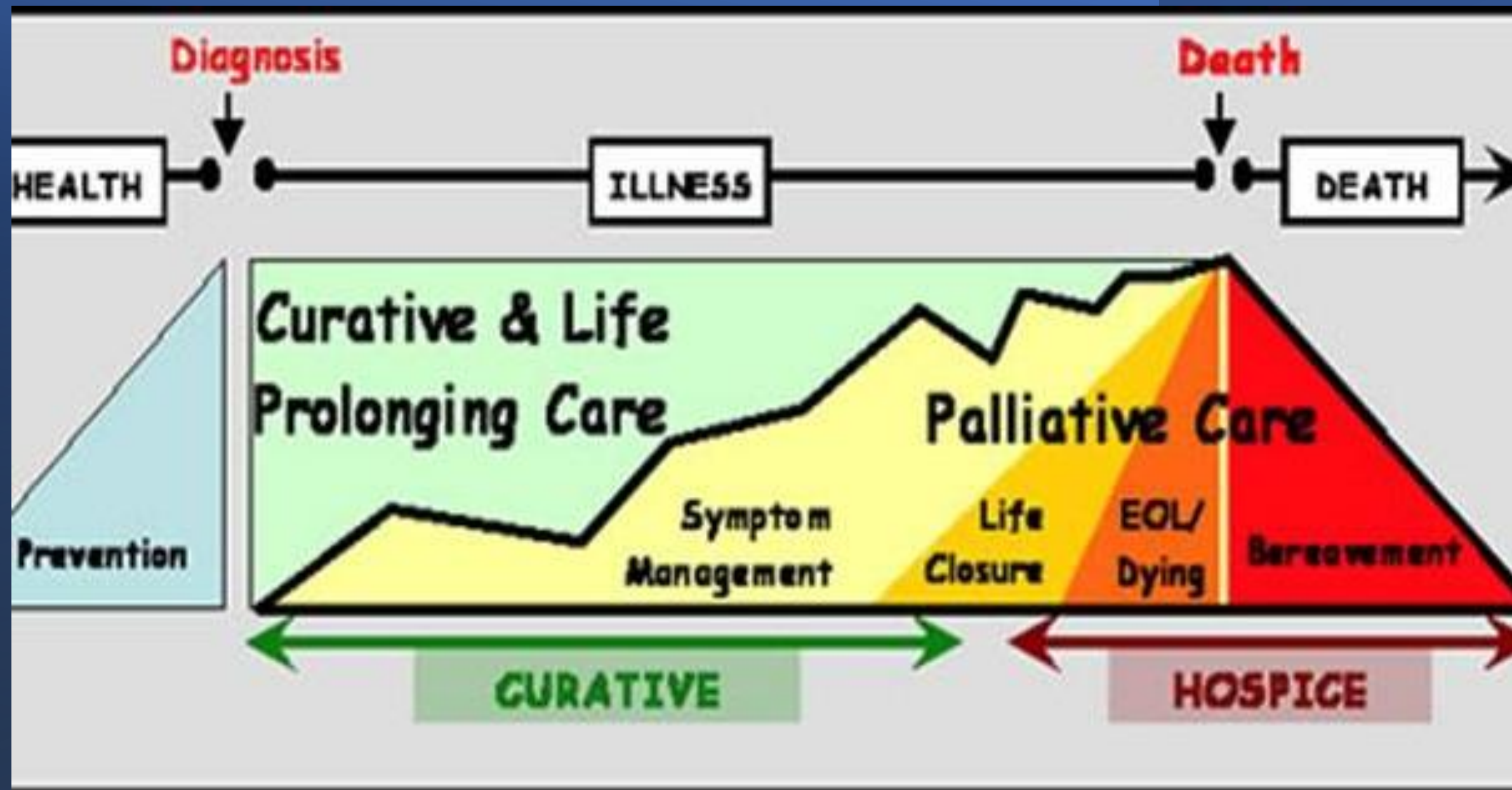
PALLIATIVE CARE

‘Palliate’ = to lessen or mitigate

‘Palliative Care’ = providing relief from the symptoms and stress of an illness

WHAT IS PALLIATIVE MEDICINE?

- Specialty focused on caring for those living with a serious illness that could potentially be life-limiting, or irreversible.
- ‘Extra layer of support’ for both patients and their loved ones/caregivers throughout the course of an illness.
- Can be provided along *with* disease-directed treatment.
- Care is based on needs, not necessarily on prognosis.
- Palliative care ≠ Hospice





Focused on improving your quality of life by:

- Treating the physical, emotional, and spiritual challenges of someone living with a serious life-limiting illness
- Maintain one's dignity

Exploring and understanding each person's unique priorities, hopes, worries, and treatment preferences to ensure that their treatment plan honors their values.

- Better understand your diagnosis and all it entails
- Help clarify your treatment goals and options
- Coordinate & communicate with others on your care team; we do not replace anyone on your care team
- Assist in making complex medical decisions
- Advanced care planning



WHO ARE WE?

- Complex symptom management
- Communication about serious illness & shared-decision making (what are your goals and how can we help you achieve them?)
- Prognostication (what to expect going forward?)

WHO IS IT MEANT FOR?

It is appropriate at any age and at any stage of a serious life-limiting illness.

- Cancer
- COPD/emphysema
- Stroke
- Heart disease / failure
- Dementia / Alzheimer's disease
- Parkinson's disease
- Other neurologic conditions (ALS, Multiple sclerosis etc)
- End stage kidney disease / failure
- End stage liver disease / failure

WHY would patients who are not terminal want a referral to palliative medicine?

Because serious illnesses come with:

- High symptom burden
- Complex and difficult conversations & tough decisions
 - Understand diagnosis
 - Align values with treatment goals
 - Get a clearer prognosis
- Complex psychosocial situations that would benefit from an interdisciplinary team (eg. financial, housing, transportation, legal, mental health)
- Serious illness affects patients AND their loved ones/caregivers.

WHERE can I receive these services?

Primary palliative care

- Anyone on your care team

Specialized palliative care

- Hospitals
- Specialized outpatient clinics
- Home (often connected to a hospice agency)
- Rehabs, Nursing facilities

Insurance coverage



Hospital setting: covered by most insurances



Home palliative care: varies by insurance carrier, county, state, etc.



****A social worker / case manager can help determine if it is covered under your insurance plan...**

If it's so great,
why doesn't
everyone get
referred to
palliative
medicine?

- Resource availability
 - Limited numbers of specialists
 - Urban vs. Rural
 - Cancer centers vs. community hospitals
 - Non-cancer diagnosis
- Lack of awareness/understanding

Myths of palliative medicine

- It means no more treatment
- It is the same as hospice
- Only for pain control
- Only for older people
- Only for those who are close to dying
- Only for those with cancer
- Getting referred to palliative means my doctor has given up hope
- Receiving palliative care means I've admitted defeat
- Taking medications in palliative care leads to addiction

Palliative care vs. Hospice

	Palliative care	Hospice/Comfort Care
Focuses on	QOL & Symptom management <u>Concurrent</u> with active disease-directed therapy	QOL & Symptom management when cure is no longer possible and/or burdens of treatment outweigh benefits
Who can receive this type of care?	Anyone living with a life-limiting serious illness Regardless of age or prognosis	Terminal stage of illness Prognosis <6 months
Who pays for this type of care?	Medicare, Medicaid, many insurance plans, VA, private pay	Medicare (+/- Medicare Advantage plan), state Medicaid plans, private insurance.
Where can I get this type of care?	Hospitals, nursing homes, rehabs, outpatient clinics, residential homes <i>**where available</i>	Wherever the patient lives/receive EOL care: nursing homes, long-term care, assisted-living, residential homes, inpatient hospice units, comfort homes <i>**where available</i>
What does this type of care include?	<ul style="list-style-type: none"> ▪ Pain and symptom management ▪ IDT members – physician/nurse, SW, chaplains, other support members, etc ▪ Care coordination ▪ Help with complex decision making (advanced directives, health care proxies, etc). 	<ul style="list-style-type: none"> ▪ Pain and symptom management ▪ IDT members – physician/nurse, home health aides, SW, trained volunteers, chaplains ▪ Coaching for caregivers ▪ Home medical supplies (eg. hospital bed) ▪ 24/7 phone call support ▪ Grief and bereavement support

Resources

- Palliative care <https://getpalliativecare.org/>
- The conversation project <https://theconversationproject.org/>
- Advance directive planning: Five Wishes [five-wishes-sample.pdf](https://www.fivewishes.org/five-wishes-sample.pdf)
([fivewishes.org](https://www.fivewishes.org))

You matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live well until you die.

— Cicely Saunders [founder of the modern hospice movement]

The end of life deserves as much beauty, care and respect as the beginning. — Anonymous