Palliative Care and Surgeons
National Medical Association
Surgical Section
2014
Disclosures

- I have lots of conflicts, but none of them are related to this talk
- I have no financial interests, which is why I will still have to work when I am 80
Palliative Care

- WHO 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, psychosocial and spiritual.
When should palliative care begin in the ICU?
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WHEN THE PATIENT IS ADMITTED TO THE ICU!!!
Best Practices: ICU Care vs Palliative Care

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  - Patient/family centered
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## Best Practices: ICU Care vs Palliative Care

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Is this really a new thing for us?
ACS Statement of Principles of Palliative Care

- Drafted by the American College of Surgeons’ Task Force on Surgical Palliative Care and the Committee on Ethics
- Approved by the Board of Regents, February 2005
- An ethical compass for the conduct of care not only at end-of-life but in all encounters in which the relief of suffering and promoting quality of life are desired. It is an evolutionary step beyond the College’s 1998 Statement of Principles Guiding Care at End of Life.

Surgeons have always been at the forefront in Palliative care

- The person considered the “father” of palliative care in North America was a Canadian surgeon, Dr. Balfour Mount.
Surgical Palliative Care Defined
The treatment of suffering and the promotion of quality of life for seriously or terminally ill patients under surgical care

Billroth’s words:

I hope we have taken another good step towards securing people hitherto regarded as incurable or, if there be a recurrence of cancer, at least alleviating their suffering for a time.

February 4, 1881
Whipple’s words:
The considerable risk of 30% to 35% (mortality) is justified if they can be made comfortable for a year or two

Whipple AO. Present Day Surgery of the Pancreas. NEJM 1942
Surgery can be palliative even when immediate death is not the expected outcome

- Trach/G-tube for brain injury
- Supra-pubic tube for GU obstruction
- Some types of burn and reconstructive surgery
- VATS for pleural effusion
- Drainage procedures for ascites

Palliative Surgery: aimed at the alleviation of symptoms and improvement of quality of life with perhaps minimal impact on survival

“Palliation is not the opposite of cure: it has its own distinct indications and goals and should be evaluated independently”
Palliative Surgery Outcome Score

#symptom-free, non hospitalized days
#hospitalized days (up to 180)

Patient interviews → score of 0.7 corresponds to a successful intervention

McCahill, Ferrell: West J Med 2002
The Argument for Early Palliative Care

- Focus on goal setting, family involvement, multi-disciplinary approach, symptom management, etc. fits perfectly into current recommendations for optimal ICU care and optimal surgical care.
- Note that this is INDEPENDENT of prognosis.
- Setting this tone early in the patient’s hospital experience may ease the transition to planning for end of life should that occur.
When Should End-of-Life Care begin in the ICU?

- When the patient (if able), the family, and the multidisciplinary team agree that the goals of care should be to facilitate the dying process
- This is NOT dependent necessarily on when the death is expected to occur
Problem:

- The terms “palliative care” and “end-of-life” care are associated with giving up, and health care providers have a problem with that.
- Ethical, religious, control issues
  - Autonomy vs making recommendations
  - The “double effect” principle
  - Confusion of religion vs spirituality
Autonomy vs Making Recommendations: Whose Goal is it Anyway?

- Emphasis on what the patient wants
  - Re-emphasis of this if the decisions being made by the surrogate
- Goal is not to cause death: goal is to not cause suffering
  - Withdrawal of artificial support
  - Sedation and pain regimens
  - Not trying to take away hope: “miracles take care of themselves”
  - Appropriate setting of limits based on medical data
- De-emphasize technical considerations
- “What would you do if you were in my position?”
The “Double Effect” Principle

- An action with two possible effects, one good and one bad, is morally permitted if the action (1) is not in itself immoral, (2) is undertaken only with the intention of achieving the possible good effect, without intending the possible bad effect, although it may be foreseen, (3) does not bring about the possible good effect by means of the possible bad effect, and (4) is undertaken for a proportionately grave reason.
  - Sulmasy and Pellegrino. Arch Intern Med. 1999

- Institution of a procedure/treatment whose primary goal is to alleviate suffering/symptoms but whose application may hasten death
Separating Religion and Spirituality

- Religion refers to a socially and culturally grounded system of beliefs concerning the cause, nature and purpose of the universe and individual human life.
- Spirituality refers to one’s personal understanding of the relationship between oneself as a human being (spirit, soul) and other people/the universe.
- Both are important, but may have to be assessed and addressed as separate entities.
- We need to be able to recognize when our own biases/stressors are affecting our interactions: consider involving an objective party.
Summary

- Palliative Care should be a routine part of critical care and should not be dependent on prognosis
  - Better assessment of our patients: pre-hospital functioning, wishes; current status; future plans
  - Putting some of what we already do in a different perspective
- Surgeons should be as aggressive about providing good palliative and end-of-life care as we are about curative care
  - We do surgery for palliation all the time
- We need to recognize our own biases and what causes us stress: we communicate that to our patients whether we want to our not, so why not be honest about it?
REFERENCES

- Burt RA. The Supreme Court Speaks: Not Assisted Suicide but a Constitutional Right to Palliative Care. N Engl J Med. 1997; 337:1234-1236
REFERENCES


- Mosenthal AC, Murphy PA. “Trauma Care and Palliative Care: Time to Integrate the Two?” J Am Coll Surg 2003; 197: 509-516.


Thank You!

Mindfulness gives you time. Time gives you choices. Choices, skillfully made, lead to freedom. You don't have to be swept away by your feeling. You can respond with wisdom and kindness rather than habit and reactivity.

~ Bhante Henepola Gunaratana ~

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