Palliative Care: Support for Patients and Families Facing Advanced Liver Disease

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Disclosures

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Topics

1) Palliative care is not hospice

2) Opioids can be necessary for patient comfort

3) Advance care planning is best started at an early stage of disease
“It troubles me that we’re being led into battle by a person wearing a bow tie.”
What Is Hospice?

Scary

Where people go to die

Home hospice or inpatient hospice
Palliative-Hospice Care Trajectory

Adapted from:
Palliative Care: Eight Domains

- Structure and Process
- Cultural
- Physical
- Psychological
- Care at EOL
- Ethical/Legal
- Social
- Spiritual
Palliative care is specialized medical care for people with serious illnesses. This type of care is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness—whatever the diagnosis.

The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a team of doctors, nurses, and other specialists who work with a patient's other doctors to provide an extra layer of support. Palliative care is appropriate at any age and at any stage in a serious illness, and can be provided together with curative treatment.
## Comparison

<table>
<thead>
<tr>
<th>Hospice</th>
<th>Palliative Care</th>
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<tr>
<td>Prognosis of under 6 months</td>
<td>Any time during illness</td>
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<td>Focus on comfort</td>
<td>May be combined with curative care</td>
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<tr>
<td>Medicare hospice benefit</td>
<td>Independent of payer</td>
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Do You Consult Palliative Care?

When?
When to Consider Palliative Care

Patient has life limiting illness and consider:

– The surprise question
– Hospital use
– Symptoms
– Functional and social factors
– Admission prompted by symptoms
– Advanced care planning
Opioids for Pain and Dyspnea
"Actually, all the leading pain relievers act the same, though some may be quicker-acting than others."
Why Use Opioids?

1) They relieve pain and dyspnea

2) No analgesic ceiling

3) No risk of damage to liver, kidneys, gastric mucosa.

4) No increased risk of bleeding.
Opioids to Know

More Likely
- Oxycodone
- Hydromorphone (Dilaudid)

Less Likely
- Morphine
- Methadone
- Fentanyl (patch)
- Oral Fentanyl (expensive)
Advance Care Planning
A LOOK AHEAD

36% - SORT OF A MISHMASH
9% - SWIFT AND MERCIFUL

26% - DRAWN-OUT BUT PRETTY COMFORTABLE

14% - QUICK BUT EXCRUCIATING

15% - LONG AND PAINFUL
Palliative Care is Guided by Goals of Care
Potential Goals

1) Cure of disease
2) Avoidance of premature death
3) Maintenance or improvement in function
4) Prolong life
5) Relief of suffering
6) Quality of life
7) Staying in control
8) Support for families and loved ones
9) A good death
Mr. T is 52 years old and was diagnosed with hepatitis related cirrhosis 6 years ago. Despite warnings he continues to drink a bottle of wine each day. Recently he has had increasing abdominal distention and, in the past week, his wife noticed increasing forgetfulness and sleeping during the day.

Today she called an ambulance because he would not wake up and had a fever of 102°.
Advance Care Planning #2

The medical team asks Mrs. T. questions about the severity of his illness and how aggressive he wants to be. She has never heard of advance care planning and is now responsible for carrying out her husband’s wishes when she is not really sure what they are.

How common is this scenario in patients with cirrhosis? How can we help family members like this?
Advance Care Planning #3

Little data in cirrhosis

Benefits in other patient populations include:

1) Improved communication and decision making at end of life
2) Higher quality of life
3) Improved patient’s satisfaction with care
4) Reduced hospitalizations
5) Increased use of palliative care services
6) Reduced use of life-sustaining treatments
7) Improved surrogate decision makers confidence and reduced anxiety and depression in family members.
Advance Care Planning (ACP)

Early use of ACP discussions are important as patients can develop:

1) Significant symptom burdens

2) Hepatic encephalopathy

3) Acute and often unpredictable declines in health
Examples of ACP Questions

Most are open ended as goal is to help patients to:

1) Identify their own specific goals
   For life; not just for their death

2) Encourage them to share those goals with loved ones
Patient Perspectives

“What is most important to you in life?”

“What aspect of health would need to be taken from you, for you to feel that living was worse than dying?”

“Are you a detail-oriented learner or do you prefer a general plan?”
Readiness to discuss ADP

“Very ill patients with cirrhosis cannot always make their own healthcare decisions. How would you feel about discussing how cirrhosis may affect you in the future?”

“If you were to get very sick, is there anyone you trust to make medical decisions for you? Does this person know what is important to you?”
Prognosis

“To make sure that both you and your family are prepared, I would like to address both the best and worst case scenarios regarding how your cirrhosis may progress. Can we talked about these now?”

“Some patients ask me how cirrhosis will affect how long they live. Are you interested in this type of information?”
Discussing Disease Complications

“The investigations that we have done show that your disease has worsened. I would like to discuss how that affects what treatments and therapies are going to help you live the best quality of life possible”

End of life wishes

“What would be important in your last months of life?”

“Where would you prefer to die?”
Maintaining Hope While Discussing Prognosis

So important in patients hoping for transplant and also as length of life can be so hard to predict
Summary

1) Palliative care can be integrated with life-prolonging care at any time in the care of a patient with cirrhosis

2) Opioids can be helpful and even necessary for the comfort of the patient with cirrhosis

3) Advance care planning is a crucial part of care for any patient with a life-limiting illness
"I said, one of us is hallucinating!"
Questions?