



PETER BAKER

Jennifer Kapo, MD and Leslie Blatt, APRN

## Helping Patients Feel Better, Inside and Out

**Cancer does damage that never shows up on a scan:** losing sleep because of pain; worrying that you'll be too exhausted to tour a college with your high school senior; seeing your illness as a test of faith – and wondering if you'll pass it.

Smilow Cancer Hospital at Yale-New Haven's Palliative Care Service treats cancer pain wherever it strikes: body, mind, or spirit. The keys to feeling better will be different for everyone depending on their illness and even more so on the myriad other circumstances of life. "What's unique about this team," said the Rev. Jane Jeuland, the team chaplain, "is that every member sees each patient within the context of their story." Palliative care addresses such wide-ranging concerns as the effect of cancer on a patient's family or career.

Making people feel better obviously has an enormous value in itself, says Jennifer Kapo, MD, the service's chief, and it also has a measurable impact on disease. She points to a study of patients with advanced lung cancer.

People who received palliative care reported a higher quality of life and lived longer. YCC Director and Physician-in-Chief of Smilow Cancer Hospital, Thomas Lynch, MD, was a co-author of the paper published in *The New England Journal of Medicine*.

Andrew Putnam, MD, often sees fear on patients' faces when he introduces himself as a palliative care physician. The specialty is associated with end-of-life treatment. On the contrary, he explains, relieving pain can make it

possible for patients to continue with an aggressive therapy that provides the best hope of defeating the cancer. The team can offer a range of pain-relieving strategies, from simple remedies, such as position changes and hot packs, to medication. Dr. Kapo plans to add complementary therapies, such as massage, for patients and their caregivers.

Physical, spiritual, and mental pain can interact, so a full interdisciplinary

at Smilow in sessions arranged around their other appointments – for anxiety, depression, or other issues raised by their illness.

Though the team works with patients at all stages of disease, it does have a strong end-of-life component. Members follow patients who transfer to hospice programs in the community. Within five years, they plan to add a 10-bed palliative care unit at Smilow that would accommodate hospice

need for spiritual care for patients receiving outpatient care.

Educating palliative care professionals is a key component of the service. Next year Yale will offer a fellowship in palliative medicine for physicians, also supported by the Milbank Foundation. The United States needs an estimated 10,000 more doctors specializing in palliative medicine than it currently has, according to Dr. Kapo.

The palliative care team plans to add

**“What’s unique about this team is that every member sees each patient within the context of their story.”**

Reverend Jane Jeuland

team reviews every case. When Leslie Blatt, APRN, started the service, her only partner was a physician. Today team members come from nursing, medicine, psychology, social work, and spiritual care.

Ursula Nehrt, PA, was seeing a patient who had received a terminal diagnosis. The woman's family had accompanied her to the appointment. "They were distraught," Ms. Nehrt remembered. She immediately called Rev. Jeuland, who came to pray with the family. "It was tremendously helpful," Ms. Nehrt said.

The program also offers psychological care. Psychologist Dwain Fehon, PsyD, sees palliative care patients – often right

patients as well as other patients who need intensive symptom management. Ms. Blatt says that her dream is to offer hospice care to patients in their homes.

The palliative care service recently received a \$1 million gift from the Milbank Foundation to support clinical care, research, and education. Among other things, the gift will support a bereavement coordinator.

Dr. Kapo describes the team as "an extra layer of support" working with patients' primary oncologists. Today the team serves both inpatients and outpatients, though most cancer care is delivered on an outpatient basis. Jason Glombicki, a chaplain in training, is conducting a study to evaluate the

a research component to determine the best ways to help patients and families. The team now holds a weekly meeting where members take turns presenting new information in the evolving field of palliative care.

One of Dr. Kapo's priorities is helping team members to support each other through their work, which can be emotionally draining. But that work is also immensely rewarding. Susan Crawford, LCSW, describes cancer as a "life-altering illness" for patients and their families. Yet at every stage of the disease, there is hope. "Our job is to help define for the patient and the family what their hope is," she explained. ☺