

0:00:00 -> 0:00:02.63 Support for Yale Cancer Answers
0:00:02.63 -> 0:00:04.734 comes from AstraZeneca,
0:00:04.74 -> 0:00:06.776 proud partner in personalized
0:00:06.776 -> 0:00:08.303 medicine developing tailored
0:00:08.303 -> 0:00:10.47 treatments for cancer patients.
0:00:10.47 -> 0:00:12.55 Learn more at astrazeneca-us.com.
0:00:14.75 -> 0:00:16.082 Welcome to Yale Cancer
0:00:16.082 -> 0:00:17.414 Answers with your host
0:00:17.42 -> 0:00:19.09 Doctor Anees Chagpar.
0:00:19.09 -> 0:00:20.88 Yale Cancer Answers features the
0:00:20.88 -> 0:00:23.079 latest information on cancer care by
0:00:23.079 -> 0:00:24.467 welcoming oncologists and specialists
0:00:24.467 -> 0:00:26.808 who are on the forefront of the
0:00:26.808 -> 0:00:28.434 battle to fight cancer. This week
0:00:28.44 -> 0:00:30.11 it's a conversation about end
0:00:30.11 -> 0:00:31.78 of life and palliative care,
0:00:31.78 -> 0:00:33.45 with doctor Elizabeth Prsic,
0:00:33.45 -> 0:00:35.364 Doctor Prsic is the director of
0:00:35.364 -> 0:00:37.13 the Adult Palliative Care Program,
0:00:37.13 -> 0:00:38.8 an an assistant professor at
0:00:38.8 -> 0:00:40.47 Yale School of Medicine
0:00:44.71 -> 0:00:45.82 Elizabeth,
0:00:45.82 -> 0:00:50.153 I think there are at
0:00:50.153 -> 0:00:52.826 least some misperceptions about
0:00:52.826 -> 0:00:56.326 what exactly is palliative care.
0:00:56.33 -> 0:00:59.084 Can you tell us a little bit about that?
0:00:59.09 -> 0:01:02.47 I mean it goes all the way back to
0:01:02.47 -> 0:01:04.05 previous presidential elections when people
0:01:04.05 -> 0:01:05.85 were talking about death panels.
0:01:05.85 -> 0:01:07.999 Is that really what we're talking about?
0:01:08 -> 0:01:09.836 There's a lot of misperceptions

0:01:09.836 -> 0:01:11.421 out there about what palliative
0:01:11.421 -> 0:01:13.514 care is and what we can provide.
0:01:13.52 -> 0:01:15.976 Palliative care is a medical subspecialty,
0:01:15.98 -> 0:01:17.58 that's really focused on the
0:01:17.58 -> 0:01:19.18 comprehensive care of patients with
0:01:19.234 -> 0:01:21.404 serious illness and the support of their
0:01:21.404 -> 0:01:22.947 caregivers and family members. We're
0:01:22.947 -> 0:01:24.627 involved from the time of diagnosis
0:01:24.627 -> 0:01:26.474 all the way through an illness,
0:01:26.474 -> 0:01:27.437 whether that's
0:01:27.44 -> 0:01:29.19 a terminal illness or whether they're
0:01:29.19 -> 0:01:30.59 working towards curative therapy,
0:01:30.59 -> 0:01:32.963 we're there to help support the
0:01:32.963 -> 0:01:35.139 families as well as the patients.
0:01:35.14 -> 0:01:36.54 Oftentimes we help with
0:01:36.54 -> 0:01:37.94 symptom management and support,
0:01:37.94 -> 0:01:40.04 but also
0:01:40.04 -> 0:01:41.09 with communication support,
0:01:41.09 -> 0:01:42.49 support for the medical
0:01:42.49 -> 0:01:44.24 teams caring for the patients
0:01:44.24 -> 0:01:48.083 as well.
0:01:48.09 -> 0:01:49.682 So this is not hospice,
0:01:49.682 -> 0:01:51.672 you're going to die,
0:01:51.68 -> 0:01:54.473 let me help you to go blissfully
0:01:54.473 -> 0:01:56.068 into the good night, right?
0:01:56.068 -> 0:01:58.854 Tell us about the difference,
0:01:58.86 -> 0:02:01.764 because I think that people really
0:02:01.764 -> 0:02:03.7 get confused between palliative
0:02:03.78 -> 0:02:05.85 care which you said
0:02:05.85 -> 0:02:08.009 starts at the time of diagnosis
0:02:08.009 -> 0:02:10.473 and can even be used for people

0:02:10.473 -> 0:02:12.43 who are undergoing therapy for
0:02:12.43 -> 0:02:14.42 curative intent versus Hospice. So
0:02:14.42 -> 0:02:16.048 what's Hospice?
0:02:16.048 -> 0:02:18.083 Hospice is care that's really focused
0:02:18.09 -> 0:02:20.694 on end of life where a patients prognosis
0:02:20.694 -> 0:02:23.815 is 6 months or less and that's really
0:02:23.815 -> 0:02:26.673 focused on the comfort based care of
0:02:26.673 -> 0:02:29.211 the patient
0:02:29.211 -> 0:02:31.26 rather than any curatives disease.
0:02:31.26 -> 0:02:33.254 Most Hospice care
0:02:33.254 -> 0:02:35.642 is provided in the home setting,
0:02:35.65 -> 0:02:38.038 with families serving as primary caretakers.
0:02:38.04 -> 0:02:40.404 Although some Hospice care is delivered
0:02:40.404 -> 0:02:43.447 in a hospital setting or in a nursing
0:02:43.447 -> 0:02:45.541 facility or even inpatient
0:02:45.609 -> 0:02:48.519 require intensive management so Hospice care
0:02:48.52 -> 0:02:50.592 is a form of palliative care in that
0:02:50.592 -> 0:02:52.842 we're really focusing on the support of
0:02:52.842 -> 0:02:54.99 patients and families facing serious illness,
0:02:54.99 -> 0:02:56.515 but Hospice care is really
0:02:56.515 -> 0:02:58.38 directed towards the end of life and
0:03:00.39 -> 0:03:01.71 symptom support rather than
0:03:01.71 -> 0:03:03.03 curative
0:03:03.03 -> 0:03:04.68 directed therapy, so one
0:03:04.68 -> 0:03:06.864 important thing I think for people
0:03:06.864 -> 0:03:08.662 to understand is that difference because
0:03:08.662 -> 0:03:10.65 so often people will have
0:03:10.65 -> 0:03:12.93 pain or they'll have nausea,
0:03:12.93 -> 0:03:14.58 or they'll have
0:03:14.58 -> 0:03:16.911 some sort of issue or an emotional
0:03:16.911 -> 0:03:18.853 issue and somebody will say,

0:03:18.853 -> 0:03:20.731 maybe you oughta talk to
0:03:20.731 -> 0:03:22.763 some of the palliative care team
0:03:22.763 -> 0:03:25.47 people and people will go, Oh my God,
0:03:25.47 -> 0:03:27.78 what do you mean? Am I dying?
0:03:27.78 -> 0:03:31.14 Which is not the same.
0:03:31.14 -> 0:03:33.352 You also specialize in end of life
0:03:33.352 -> 0:03:35.85 and for a lot of patients,
0:03:35.85 -> 0:03:37.21 especially patients with cancer,
0:03:37.21 -> 0:03:38.91 that's something that they don't
0:03:38.91 -> 0:03:40.248 really want to think about,
0:03:40.25 -> 0:03:43.067 but they are forced to kind of think about.
0:03:43.07 -> 0:03:44.96 Tell us about what that's like.
0:03:45.27 -> 0:03:47.398 When you say I think the patients
0:03:47.398 -> 0:03:49.348 don't want to think about it,
0:03:49.35 -> 0:03:51.854 I think that is in many cases true.
0:03:51.86 -> 0:03:53.708 But oftentimes patients do think a
0:03:53.708 -> 0:03:56.012 lot about it and may not have the
0:03:56.012 -> 0:03:57.965 tools or may not have the comfort
0:03:57.965 -> 0:04:00.173 level to speak to certain providers
0:04:00.173 -> 0:04:02.3 or family members about that so
0:04:02.3 -> 0:04:04 in a lot of cases,
0:04:04 -> 0:04:05.944 I feel that we're having these
0:04:05.944 -> 0:04:07.581 conversations that families and patients
0:04:07.581 -> 0:04:09.837 often want to have and may have been
0:04:09.837 -> 0:04:11.535 thinking of having for a long time,
0:04:11.54 -> 0:04:13.532 but just didn't have the outlet or the
0:04:13.532 -> 0:04:15.6 support to have these tough conversations.
0:04:16.54 -> 0:04:18.748 And I think that a lot of
0:04:18.748 -> 0:04:20.69 people are just scared they don't
0:04:20.69 -> 0:04:23.236 know what to expect and that makes
0:04:23.236 -> 0:04:25.24 the conversation very difficult.

0:04:25.24 -> 0:04:27.544 So how do you start
0:04:27.544 -> 0:04:29.07 having that conversation?
0:04:29.97 -> 0:04:32.474 Each and every patient in each and
0:04:32.474 -> 0:04:34.17 every circumstance is very different.
0:04:34.17 -> 0:04:36.424 Obviously there is a lot of fear,
0:04:36.43 -> 0:04:37.399 and apprehension
0:04:37.399 -> 0:04:39.66 about care at the end of life,
0:04:39.66 -> 0:04:41.598 and about confronting end of life.
0:04:41.6 -> 0:04:43.538 But that isn't always the case
0:04:43.54 -> 0:04:44.527 for every patient.
0:04:44.527 -> 0:04:47.512 There are many patients that I speak to that
0:04:47.512 -> 0:04:50 have very clear wishes about what they want
0:04:50 -> 0:04:51.61 at the end of life,
0:04:51.61 -> 0:04:53.245 and in particular what they
0:04:53.245 -> 0:04:55.489 don't want at the end of life.
0:04:55.49 -> 0:04:57.73 There are a lot of fears that
0:04:57.73 -> 0:04:59.69 people are willing to talk about.
0:04:59.69 -> 0:05:00.334 For instance,
0:05:00.334 -> 0:05:02.266 fear of uncontrolled symptoms of pain,
0:05:02.27 -> 0:05:03.428 fears of abandonment,
0:05:03.428 -> 0:05:05.744 feeling that their doctors or other
0:05:05.744 -> 0:05:07.7 members of their care team may not
0:05:07.7 -> 0:05:10.109 continue to care for them if they quote,
0:05:10.11 -> 0:05:12.329 you know, give up or stop focusing
0:05:12.329 -> 0:05:13.81 on disease directed therapy,
0:05:13.81 -> 0:05:16.506 and that's not at all the case.
0:05:16.51 -> 0:05:18.19 There's always support for patients,
0:05:18.19 -> 0:05:20.367 and there's always things that we can
0:05:20.367 -> 0:05:23.249 do to help them cope with their illness,
0:05:23.25 -> 0:05:24.494 cope with their symptoms,
0:05:24.494 -> 0:05:26.36 and support them along this really

0:05:26.414 -> 0:05:27.97 natural and universal process.
0:05:28.87 -> 0:05:31.6 So one of the things that I
0:05:31.6 -> 0:05:34.362 think people may have fears about
0:05:34.362 -> 0:05:36.857 is what happens after death.
0:05:36.86 -> 0:05:40.964 I mean, whether they come from a spiritual
0:05:40.964 -> 0:05:44.648 background or religious background or not.
0:05:44.65 -> 0:05:46.456 I think that
0:05:46.456 -> 0:05:48.51 may play into that apprehension.
0:05:48.51 -> 0:05:50.967 Talk about how you broach that topic.
0:05:50.97 -> 0:05:53.399 I mean, are there people on the
0:05:53.399 -> 0:05:55.903 palliative care or the end of life
0:05:55.903 -> 0:05:57.985 team who can discuss those issues?
0:05:57.99 -> 0:06:00.447 And how exactly does that conversation go?
0:06:00.45 -> 0:06:02.2 That's a big question.
0:06:02.2 -> 0:06:02.9 Maybe one
0:06:02.9 -> 0:06:04.655 of the biggest questions that
0:06:04.655 -> 0:06:06.779 we have as human beings, right?
0:06:06.779 -> 0:06:09.362 And I'm glad you brought this
0:06:09.362 -> 0:06:12.564 question up because I can talk a bit about
0:06:12.564 -> 0:06:15.008 the wonderful team with which we work.
0:06:18.986 -> 0:06:20.43 We have dedicated physicians,
0:06:20.43 -> 0:06:21.15 nurse practitioners,
0:06:21.15 -> 0:06:23.67 nurses and also social workers and chaplains,
0:06:23.67 -> 0:06:25.05 both inpatient and outpatient,
0:06:25.05 -> 0:06:27.982 as well as a dedicated art therapist and
0:06:27.982 -> 0:06:30.376 a dedicated psychologist who only focus
0:06:30.376 -> 0:06:33.055 on patients that are at the Cancer Center,
0:06:33.06 -> 0:06:34.87 not end of life necessarily,
0:06:34.87 -> 0:06:37.03 but anywhere throughout their cancer journey.
0:06:37.03 -> 0:06:38.84 Supporting them in this regard,
0:06:38.84 -> 0:06:41.136 so many patients do have a lot of

0:06:41.136 -> 0:06:43.472 what we call existential distress
0:06:43.472 -> 0:06:45.155 or spiritual concerns.
0:06:45.16 -> 0:06:47.06 That's something that all palliative
0:06:47.06 -> 0:06:48.96 care providers are adapted at
0:06:48.96 -> 0:06:50.1 identifying and discussing
0:06:50.1 -> 0:06:51.24 with their patients.
0:06:51.24 -> 0:06:52.335 But in particular,
0:06:52.335 -> 0:06:54.525 we rely upon our spiritual care
0:06:54.525 -> 0:06:56.487 providers and our social workers
0:06:56.487 -> 0:06:58.402 and chaplains for those particular
0:06:58.402 -> 0:07:00.737 needs that patients may present with.
0:07:00.74 -> 0:07:02.978 That doesn't mean that patients necessarily
0:07:02.978 -> 0:07:04.92 have a strong religious belief,
0:07:04.92 -> 0:07:07.391 or they may not identify it as
0:07:07.391 -> 0:07:09.1 spiritual or existential distress.
0:07:09.1 -> 0:07:11.473 That's sort of our jargon that we
0:07:11.473 -> 0:07:14.04 use to talk about these things,
0:07:14.04 -> 0:07:15.18 but you know,
0:07:15.18 -> 0:07:17.08 fears about what happens next
0:07:17.08 -> 0:07:18.048 with finding meaning
0:07:18.048 -> 0:07:19.812 in their life and their current
0:07:19.812 -> 0:07:21.498 experience is thinking about legacy.
0:07:21.5 -> 0:07:23.495 You know what's important to them now?
0:07:23.5 -> 0:07:25.81 What's important for them to
0:07:25.81 -> 0:07:27.85 leave behind and pass forward,
0:07:27.85 -> 0:07:30.376 and sometimes that presents in anxiety
0:07:30.376 -> 0:07:32.32 or sometimes that presents in
0:07:33.12 -> 0:07:35.12 thinking more about the spiritual
0:07:35.12 -> 0:07:37.614 or deeper aspects of really the
0:07:37.614 -> 0:07:38.428 human experience.
0:07:38.43 -> 0:07:41.796 So that's a big question and we try to

0:07:41.796 -> 0:07:44.528 address that on an individual level.
0:07:44.53 -> 0:07:47.036 I've had many patients that really don't
0:07:47.036 -> 0:07:49.109 identify with any particular religion
0:07:49.109 -> 0:07:51.444 or identify themselves as either,
0:07:51.45 -> 0:07:53.886 you know, generally spiritual or atheists,
0:07:53.89 -> 0:07:55.93 or relapsed Catholic,
0:07:55.93 -> 0:07:57.366 as many people say.
0:07:57.366 -> 0:07:59.952 But there are many different ways to
0:07:59.952 -> 0:08:02.507 kind of talk about these things and
0:08:02.507 -> 0:08:04.773 provide comfort and support and just
0:08:04.773 -> 0:08:06.963 a shared sense of humanity facing
0:08:06.97 -> 0:08:09.04 these questions and concerns.
0:08:09.383 -> 0:08:11.098 and when you talk about,
0:08:11.45 -> 0:08:13.844 the questions about leaving a legacy.
0:08:13.85 -> 0:08:15.73 I think the other
0:08:15.73 -> 0:08:18.08 thing that happens
0:08:18.08 -> 0:08:20.628 at the end of life that
0:08:20.63 -> 0:08:22.855 people may be thinking
0:08:22.855 -> 0:08:24.19 about is relationships,
0:08:24.19 -> 0:08:25.97 either relationships that require
0:08:25.97 -> 0:08:28.195 mending things that have happened,
0:08:28.2 -> 0:08:31.308 that you know have not been resolved,
0:08:31.31 -> 0:08:33.98 and how to how to deal
0:08:33.98 -> 0:08:35.315 with those relationships,
0:08:35.32 -> 0:08:38.127 particularly as you face the end of
0:08:38.127 -> 0:08:40.856 life because we all have relationships
0:08:40.856 -> 0:08:44.216 where there may have been some strain.
0:08:44.22 -> 0:08:46 There may have been,
0:08:46 -> 0:08:48.222 you know, people have fights,
0:08:48.222 -> 0:08:49.998 or bickering or whatever,
0:08:50 -> 0:08:53.97 and then you're facing this

0:08:53.97 -> 0:08:55.066 inevitable event and you may want
0:08:58.902 -> 0:09:01.773 to find closure in that.
0:09:01.773 -> 0:09:04.573 Is that part of what
0:09:04.573 -> 0:09:07.009 your team can help people with?
0:09:07.01 -> 0:09:09.326 How do you do that?
0:09:09.33 -> 0:09:12.418 Yes, absolutely.
0:09:12.42 -> 0:09:12.8 And
0:09:12.8 -> 0:09:15.341 again, I think when we talk about
0:09:15.341 -> 0:09:17.957 palliative care we talk about all these
0:09:17.957 -> 0:09:20.91 kind of larger issues and larger questions.
0:09:20.91 -> 0:09:23.549 And when I think about how it's
0:09:23.549 -> 0:09:26.309 implemented and how it unfolds day to day,
0:09:26.31 -> 0:09:28.5 it's such an individual experience.
0:09:28.5 -> 0:09:30.481 So I think one thing that we're
0:09:30.481 -> 0:09:32.286 particularly adept at is identifying
0:09:32.286 -> 0:09:33.627 these relationships.
0:09:33.63 -> 0:09:36.017 These legacy concerns that people may have.
0:09:36.02 -> 0:09:37.392 Sometimes they're linked to
0:09:37.392 -> 0:09:39.103 physical symptoms. To be honest,
0:09:39.103 -> 0:09:41.149 I've had patients that you know,
0:09:41.15 -> 0:09:43.544 their blood pressure goes up, their
0:09:43.544 -> 0:09:45.337 heart rate is high, they have headaches
0:09:45.337 -> 0:09:47.551 and day
0:09:47.551 -> 0:09:49.358 after day you kind of notice
0:09:49.36 -> 0:09:51.848 there is always a certain time of day
0:09:51.848 -> 0:09:53.808 when certain people are visiting.
0:09:53.81 -> 0:09:56.197 You know what's going on with those.
0:09:56.2 -> 0:09:58.252 People they have been
0:09:58.252 -> 0:09:59.918 hospitalised many, many times and
0:09:59.918 -> 0:10:02.628 they want to make amends with a loved
0:10:02.628 -> 0:10:05.426 one that maybe they have been

0:10:05.426 -> 0:10:07.066 separated from for whatever reason.
0:10:07.07 -> 0:10:09.962 Or want to reconnect with
0:10:09.962 -> 0:10:11.89 children or spouses or
0:10:11.89 -> 0:10:13.82 make a lifelong commitment.
0:10:13.82 -> 0:10:15.36 We've had several marriages
0:10:15.36 -> 0:10:17.67 in just the past year,
0:10:17.67 -> 0:10:19.974 both of patients and a family
0:10:19.974 -> 0:10:21.126 member and just,
0:10:21.13 -> 0:10:21.936 you know,
0:10:21.936 -> 0:10:23.951 solidifying that link or recognizing
0:10:23.951 -> 0:10:25.975 these missing pieces in people's
0:10:25.975 -> 0:10:27.84 lives or these important components
0:10:27.84 -> 0:10:29.989 of closure of legacy for them,
0:10:29.99 -> 0:10:31.952 and helping to facilitate that.
0:10:31.952 -> 0:10:34.698 A big part of that comes into play
0:10:34.698 -> 0:10:36.526 with children, with guardianship.
0:10:36.53 -> 0:10:38.972 With financial planning and we actually
0:10:38.972 -> 0:10:41.919 have a program
0:10:44.41 -> 0:10:46.629 where we have
0:10:46.629 -> 0:10:48.68 a partnership with the Yale Law
0:10:48.68 -> 0:10:50.756 school and there's a
0:10:50.756 -> 0:10:52.707 partnership that's facilitated with the
0:10:52.707 -> 0:10:55.023 palliative care service and social work
0:10:55.03 -> 0:10:57.655 where we can help provide some legal
0:10:57.655 -> 0:10:59.987 systems to patients that may need it,
0:10:59.99 -> 0:11:02.444 for instance, to help provide assistance
0:11:02.444 -> 0:11:04.746 with guardianship or paperwork to help
0:11:04.746 -> 0:11:06.846 give people peace of mind that maybe
0:11:06.846 -> 0:11:08.905 they've been unable to obtain through
0:11:08.905 -> 0:11:11.066 the usual measures because of illness.
0:11:11.066 -> 0:11:12.89 Because of repeated hospitalizations.

0:11:12.89 -> 0:11:15.634 Helping patients get married
0:11:15.634 -> 0:11:18.103 in the hospital or helping facilitate a
0:11:18.103 -> 0:11:21.438 ceremony so that they can really make a
0:11:21.438 -> 0:11:23.538 concrete demonstration of their family
0:11:23.538 -> 0:11:26.291 ties and that brings so much peace
0:11:26.291 -> 0:11:28.79 and closure and that does more than any
0:11:28.86 -> 0:11:31.8 medication that I could certainly provide.
0:11:31.8 -> 0:11:34.266 We rely heavily on our
0:11:34.266 -> 0:11:35.91 palliative team for that,
0:11:35.91 -> 0:11:37.965 and in particular our social
0:11:37.965 -> 0:11:39.609 work and Chaplin team.
0:11:39.61 -> 0:11:42.501 You certainly don't think of
0:11:42.501 -> 0:11:44.949 palliative care services as being,
0:11:44.95 -> 0:11:48.81 wedding court.
0:11:48.81 -> 0:11:52.296 But it is cool that
0:11:52.296 -> 0:11:55.113 you really do take a holistic
0:11:55.113 -> 0:11:57.764 view of what are the things that
0:11:57.764 -> 0:12:00.464 are important in this person's life,
0:12:00.47 -> 0:12:02.35 that they want to celebrate,
0:12:02.35 -> 0:12:04.6 that they want to amend, that
0:12:04.6 -> 0:12:07.608 they want to get done before
0:12:07.608 -> 0:12:09.865 the capstone of their life, right?
0:12:09.865 -> 0:12:12.115 And even thinking back on
0:12:12.12 -> 0:12:14 different capstones that
0:12:14 -> 0:12:15.88 they've had in the past.
0:12:15.88 -> 0:12:18.904 Are they proud of what if they spent their
0:12:18.904 -> 0:12:21.488 lives cultivating and practicing and
0:12:21.49 -> 0:12:22.89 what's important to them?
0:12:22.89 -> 0:12:24.99 And so I think as physicians,
0:12:24.99 -> 0:12:26.922 we tend to think about illness
0:12:26.922 -> 0:12:29.408 and end of life from a very

0:12:29.408 -> 0:12:31.288 medical viewpoint as we should.
0:12:31.29 -> 0:12:33.234 But really, from a patient perspective
0:12:33.234 -> 0:12:35.49 and from a human experience,
0:12:35.49 -> 0:12:37.24 there's really so much more
0:12:37.24 -> 0:12:38.99 and I think with palliative care
0:12:38.99 -> 0:12:41.378 we help obviously with the symptom
0:12:41.378 -> 0:12:42.97 support with the communication
0:12:43.033 -> 0:12:45.014 support we have the time to really
0:12:45.014 -> 0:12:47.354 sit down and delve into these deeper
0:12:47.354 -> 0:12:49.49 issues and help resolve and support
0:12:49.49 -> 0:12:52.016 patients at times of crisis.
0:12:52.02 -> 0:12:53.046 And great sadness,
0:12:53.046 -> 0:12:54.756 but also there's such an
0:12:54.756 -> 0:12:56.429 opportunity for joy for meaning,
0:12:56.43 -> 0:12:58.105 and I think that's what
0:12:58.105 -> 0:13:00.16 keeps all of us doing what
0:13:00.16 -> 0:13:01.85 we do.
0:13:01.85 -> 0:13:04.892 I was at a conference several years ago now,
0:13:04.9 -> 0:13:07.292 and it was
0:13:07.292 -> 0:13:09.309 a career fair for students,
0:13:09.31 -> 0:13:11 and they were thinking about
0:13:11 -> 0:13:11.676 different specialties.
0:13:11.68 -> 0:13:15.41 And one of them came up to me and asked me,
0:13:15.41 -> 0:13:17.492 how could anybody do
0:13:17.492 -> 0:13:19.479 palliative care and end of life?
0:13:19.48 -> 0:13:22.918 Because I mean it's just such a depressing
0:13:22.92 -> 0:13:26.24 field
0:13:26.24 -> 0:13:29.44 and I came back and I asked one of
0:13:29.529 -> 0:13:33.069 our palliative care physicians about that,
0:13:33.07 -> 0:13:35.626 and she said, well,
0:13:35.63 -> 0:13:39.046 the two greatest moments are life and death,

0:13:39.05 -> 0:13:40.758 and those are
0:13:40.758 -> 0:13:42.039 inevitable.
0:13:42.04 -> 0:13:43.796 And there's something important
0:13:43.796 -> 0:13:45.991 about being there for patients
0:13:45.991 -> 0:13:47.59 at those two times,
0:13:47.59 -> 0:13:48.015 absolutely.
0:13:48.44 -> 0:13:51.093 I mean, it's truly an honor to be
0:13:51.093 -> 0:13:53.783 with patients that are going through
0:13:53.783 -> 0:13:56.243 difficult times wherever they are
0:13:56.25 -> 0:13:58.548 along their journey of serious illness
0:13:58.548 -> 0:14:01.058 and certainly at end of life and the
0:14:01.058 -> 0:14:03.543 way I see it is it's not just about the
0:14:03.543 -> 0:14:06 patient but also about their family and
0:14:06 -> 0:14:08.065 caregiver and what happens after the
0:14:08.065 -> 0:14:09.58 patients pass and their bereavement.
0:14:09.58 -> 0:14:11.205 How they look back upon
0:14:11.205 -> 0:14:12.18 the patient's illness.
0:14:12.18 -> 0:14:13.48 Did they feel supported?
0:14:13.48 -> 0:14:14.78 Cared for.
0:14:14.78 -> 0:14:17.685 Did the patient feel that things went
0:14:17.69 -> 0:14:19.754 in a way that they wanted things to
0:14:19.754 -> 0:14:22.039 go. Were their wishes respected,
0:14:22.04 -> 0:14:23.284 their goals recognized
0:14:23.284 -> 0:14:24.528 and appreciated and valued.
0:14:24.53 -> 0:14:27.154 So I know for many people it does
0:14:27.154 -> 0:14:29.862 seem like a very sad topic
0:14:29.862 -> 0:14:32.618 and there is a lot of loss and grief.
0:14:32.62 -> 0:14:34.972 But our team finds a lot of meaning
0:14:34.972 -> 0:14:37.643 and a lot of joy and we do this
0:14:37.643 -> 0:14:39.15 because it's a passion.
0:14:39.15 -> 0:14:41.327 I don't think any of us

0:14:41.33 -> 0:14:42.494 woke up
0:14:42.494 -> 0:14:44.62 the last day of college
0:14:44.62 -> 0:14:47.108 and said, I'm going to be a palliative
0:14:47.108 -> 0:14:48.709 care provider but
0:14:48.71 -> 0:14:50.656 we find our way into this field
0:14:50.656 -> 0:14:52.765 for a reason and we're generally
0:14:52.765 -> 0:14:53.968 a pretty happy bunch,
0:14:54.3 -> 0:14:56.154 We're going to talk more about
0:14:56.154 -> 0:14:58.487 how you care not only for the
0:14:58.487 -> 0:15:00.545 patient but also for their family
0:15:00.55 -> 0:15:02.404 after we take a short
0:15:02.404 -> 0:15:04.17 break for a medical minute.
0:15:04.86 -> 0:15:07.56 Support for Yale Cancer Answers
0:15:07.56 -> 0:15:10.26 comes from AstraZeneca, dedicated
0:15:10.343 -> 0:15:13.663 to providing innovative treatment
0:15:13.663 -> 0:15:17.813 options for people living with
0:15:17.813 -> 0:15:18.643 cancer. Learn more at astrazeneca-us.com.
0:15:18.65 -> 0:15:20.71 This is a medical minute
0:15:20.71 -> 0:15:21.946 about colorectal cancer.
0:15:21.95 -> 0:15:23.189 When detected early,
0:15:23.189 -> 0:15:25.254 colorectal cancer is easily treated
0:15:25.26 -> 0:15:28.144 and highly curable and as a result,
0:15:28.15 -> 0:15:30.37 it's recommended that men and women
0:15:30.37 -> 0:15:33.286 over the age of 50 have regular
0:15:33.286 -> 0:15:35.998 colonoscopies to screen for the disease.
0:15:36 -> 0:15:38.502 Tumor gene analysis has helped improve
0:15:38.502 -> 0:15:40.17 management of colorectal cancer
0:15:40.239 -> 0:15:42.264 by identifying the patients most
0:15:42.264 -> 0:15:44.289 likely to benefit from chemotherapy
0:15:44.358 -> 0:15:45.91 and newer targeted agents,
0:15:45.91 -> 0:15:47.814 resulting in more patient

0:15:47.814 -> 0:15:48.766 specific treatments.
0:15:48.77 -> 0:15:50.81 More information is available
0:15:50.81 -> 0:15:51.83 at yalecancercenter.org.
0:15:51.83 -> 0:15:56 You're listening to Connecticut Public Radio.
0:15:56 -> 0:15:56.4 Welcome
0:15:56.4 -> 0:15:59.504 back. We are discussing end of life and
0:15:59.504 -> 0:16:01.96 palliative care and right before the
0:16:01.96 -> 0:16:04.843 break Elizabeth was telling us that this
0:16:04.843 -> 0:16:07.608 really is not necessarily a morbid field
0:16:07.608 -> 0:16:10.864 that part of her job is to really
0:16:10.864 -> 0:16:14.203 care for and support and at times even
0:16:14.203 -> 0:16:17.2 bring joy to patients at
0:16:17.2 -> 0:16:20 a really important time in their life.
0:16:20 -> 0:16:22.4 And it's not just the patient,
0:16:22.4 -> 0:16:24 right Elizabeth, it's also,
0:16:24 -> 0:16:26.4 you know, caring for the family
0:16:26.4 -> 0:16:27.6 and the caregivers.
0:16:27.6 -> 0:16:31.97 So talk a little bit about that.
0:16:31.97 -> 0:16:34.75 Being a caregiver, I think is one of
0:16:34.75 -> 0:16:37.24 the hardest jobs that anyone can have.
0:16:37.24 -> 0:16:39.69 Being a caregiver from my past experience,
0:16:39.69 -> 0:16:41.951 when I think about myself going through
0:16:41.951 -> 0:16:44.259 medical school and residency and training,
0:16:44.26 -> 0:16:47.05 I tend to think about the caregiver as the
0:16:47.05 -> 0:16:49.544 support person that brings the patient to
0:16:49.544 -> 0:16:52.328 the hospital that picks up their medications,
0:16:52.33 -> 0:16:54.85 that helps coordinate things and what
0:16:54.85 -> 0:16:56.893 I've learned through personal experience
0:16:56.893 -> 0:16:59.593 and what I see every day is that this
0:16:59.665 -> 0:17:02.108 is really an all encompassing job that
0:17:02.11 -> 0:17:04.095 you can't really understand until

0:17:04.095 -> 0:17:06.484 you've been there.
0:17:06.484 -> 0:17:08.474 We recognize that the caregivers
0:17:08.474 -> 0:17:10.901 are really the most important people
0:17:10.901 -> 0:17:13.241 in the lives of our patients,
0:17:13.25 -> 0:17:15.24 and vice versa and try
0:17:15.24 -> 0:17:17.628 our best to recognize their value,
0:17:17.63 -> 0:17:19.222 incorporate them into medical
0:17:19.222 -> 0:17:20.814 decision making, into conversations,
0:17:20.82 -> 0:17:22.925 making sure we communicate with
0:17:22.925 -> 0:17:25.03 them and bring in communication
0:17:25.105 -> 0:17:27.175 from the medical teams as well as
0:17:27.18 -> 0:17:28.772 just recognizing that essential
0:17:28.772 -> 0:17:30.762 role that all caregivers play.
0:17:30.77 -> 0:17:32.567 And really, the
0:17:32.567 -> 0:17:35.562 extreme exhaustion and fatigue and
0:17:35.562 -> 0:17:39.16 distress that this job carries with it.
0:17:39.74 -> 0:17:43.779 I mean, I can imagine
0:17:43.78 -> 0:17:46.654 watching a loved one face the
0:17:46.654 -> 0:17:50.085 end of life and watching them
0:17:50.085 -> 0:17:53.585 go through everything,
0:17:53.59 -> 0:17:54.952 treatments, symptoms,
0:17:54.952 -> 0:17:57.676 ultimately facing their demise,
0:17:57.68 -> 0:18:02.293 it is a harrowing experience for them
0:18:02.293 -> 0:18:06.161 while they're trying to be supportive
0:18:06.161 -> 0:18:10.298 of the person going through it and
0:18:10.3 -> 0:18:12.505 I can't imagine what that's like.
0:18:12.51 -> 0:18:14.654 So tell me about how you not only
0:18:14.654 -> 0:18:16.799 try to support the patient and
0:18:16.799 -> 0:18:19.097 help them with their symptoms and
0:18:19.166 -> 0:18:21.14 help them to find peace at the
0:18:21.14 -> 0:18:24.16 end of life and at the same time,

0:18:24.16 -> 0:18:26.722 try to help the caregiver who
0:18:26.722 -> 0:18:28.43 themselves is going through
0:18:28.51 -> 0:18:30.61 their own grief and sadness,
0:18:30.61 -> 0:18:32.76 watching the demise or potential
0:18:32.76 -> 0:18:34.91 demise of a loved one.
0:18:36.24 -> 0:18:38.64 I think number one is
0:18:38.64 -> 0:18:40.24 recognizing their role,
0:18:40.24 -> 0:18:41.84 recognizing their presence, incorporating
0:18:41.84 -> 0:18:43.44 caregivers into the communication,
0:18:43.44 -> 0:18:45.84 whether that be inpatient or outpatient,
0:18:45.84 -> 0:18:48.294 regardless of whatever serious
0:18:48.294 -> 0:18:50.64 illness their loved one is facing.
0:18:50.64 -> 0:18:52.64 We really view the palliative
0:18:52.64 -> 0:18:54.64 care patient experience as that
0:18:54.64 -> 0:18:56.64 of a patient and caregiver.
0:18:58.64 -> 0:19:01.004 Sometimes it's a family of 20
0:19:01.004 -> 0:19:03.04 that's in the patient's room,
0:19:03.04 -> 0:19:06.18 and so we recognize them.
0:19:08.08 -> 0:19:09.444 They are really integrated into
0:19:09.444 -> 0:19:10.467 the patient's care.
0:19:10.47 -> 0:19:12.402 We involve them in our
0:19:12.402 -> 0:19:14.58 spiritual care in our social work,
0:19:14.58 -> 0:19:16.967 we involve them in our symptom assessment.
0:19:16.97 -> 0:19:19.245 We involve them in every single communication
0:19:19.245 -> 0:19:21.08 and recognize their expertise.
0:19:21.08 -> 0:19:23.126 They know the patient better than
0:19:23.126 -> 0:19:25.178 anyone else, and they always will,
0:19:25.178 -> 0:19:27.476 no matter how much time we've
0:19:27.476 -> 0:19:29.97 been with them in the ICU setting,
0:19:29.97 -> 0:19:32.016 or how many labs we've reviewed,
0:19:32.02 -> 0:19:34.372 or how far back into their

0:19:34.372 -> 0:19:35.78 record we've gone.
0:19:35.78 -> 0:19:37.97 They know the patient best.
0:19:37.97 -> 0:19:42.17 Our social workers also follow
0:19:42.17 -> 0:19:43.229 patients, families, outpatient.
0:19:43.229 -> 0:19:44.994 They have caregiver support groups.
0:19:45 -> 0:19:47.478 They have bereavement support groups as well.
0:19:49.6 -> 0:19:50.924 It's a hard job.
0:19:50.924 -> 0:19:52.91 There's a lot of resources out
0:19:52.989 -> 0:19:55.389 there that social work may also
0:19:55.389 -> 0:19:58.182 connect folks with, both at a state and
0:19:58.182 -> 0:20:00.172 local and national level.
0:20:00.18 -> 0:20:02.196 I fill out a lot of family
0:20:02.196 -> 0:20:03.204 medical leave paperwork.
0:20:03.21 -> 0:20:05.569 Even though any physician can do that,
0:20:05.57 -> 0:20:07.761 but it is time intensive and it's
0:20:07.761 -> 0:20:09.484 something that many people don't
0:20:09.484 -> 0:20:11.294 think about until they're kind
0:20:11.3 -> 0:20:13.326 of asked,
0:20:13.326 -> 0:20:15.678 because they can imagine that you know,
0:20:15.68 -> 0:20:17.696 while the caregiver is the caregiver,
0:20:17.7 -> 0:20:19.728 the caregiver is also the patient.
0:20:19.73 -> 0:20:22.089 Who is a different patient,
0:20:22.09 -> 0:20:24.435 but you know somebody who is also
0:20:24.435 -> 0:20:26.514 going through their own form of
0:20:26.514 -> 0:20:28.524 depression and their own form of
0:20:28.524 -> 0:20:30.507 internal pain and their own issues,
0:20:30.51 -> 0:20:32.598 which only add to the plate
0:20:32.598 -> 0:20:33.99 that they've already got.
0:20:33.99 -> 0:20:35.45 That's already overflowing with
0:20:35.45 -> 0:20:38.006 all of the issues that they have
0:20:38.006 -> 0:20:40.56 to deal with for their loved one,

0:20:40.56 -> 0:20:42.75 right? So, recognizing that this is
0:20:42.75 -> 0:20:45.31 a group effort, not any of this,
0:20:45.31 -> 0:20:47.86 caregiving is not a single person's job.
0:20:47.86 -> 0:20:50.513 And there's a team of people to
0:20:50.513 -> 0:20:52.563 help support every patient and
0:20:52.563 -> 0:20:55.059 every caregiver and if it's
0:20:55.06 -> 0:20:56.638 a situation that
0:20:56.638 -> 0:20:58.355 isn't safe for their patient or
0:20:58.355 -> 0:20:59.885 isn't safe for the caregiver,
0:20:59.89 -> 0:21:01.871 I've had so many caregivers
0:21:01.871 -> 0:21:03.84 breaking an arm break a leg,
0:21:03.84 -> 0:21:05.14 they haven't slept in days
0:21:05.14 -> 0:21:06.989 and we need to recognize it.
0:21:06.99 -> 0:21:09.537 You know everyone needs to be cared for here.
0:21:09.54 -> 0:21:11.528 This is not a one person job.
0:21:11.53 -> 0:21:13.518 This is a marathon, not a race.
0:21:13.52 -> 0:21:15.585 And there's a team of people really
0:21:15.585 -> 0:21:17.453 here to support you and in the
0:21:17.453 -> 0:21:19.48 hospital we have a lot of resources,
0:21:19.48 -> 0:21:21.468 of course, but we also help coordinate
0:21:21.468 -> 0:21:22.61 outpatient support as well,
0:21:22.61 -> 0:21:24.03 whether that's home health aides,
0:21:24.03 -> 0:21:25.162 visiting nurses, home
0:21:25.162 -> 0:21:27.122 care, home Hospice support,
0:21:27.122 -> 0:21:28.978 medical equipment hospital beds,
0:21:28.98 -> 0:21:29.479 commodes,
0:21:29.479 -> 0:21:32.473 things like that that will make
0:21:32.473 -> 0:21:34.36 caregivers lives easier when
0:21:34.36 -> 0:21:36.312 they leave the hospital.
0:21:36.312 -> 0:21:39.249 What about your personal health, right?
0:21:39.249 -> 0:21:41.694 Because as a member of

0:21:41.694 -> 0:21:43.65 the palliative care team,
0:21:43.65 -> 0:21:46.765 I can imagine how emotionally invested you
0:21:46.765 -> 0:21:50.487 are in your patients and how exhausting
0:21:50.49 -> 0:21:53.514 just from an emotional burnout perspective
0:21:53.514 -> 0:21:57.4 that can be helping all of these patients
0:21:57.4 -> 0:21:59.464 and their
0:21:59.464 -> 0:22:02.044 families with their medical issues,
0:22:02.05 -> 0:22:04.273 their symptom issues.
0:22:04.273 -> 0:22:06.496 Their emotional issues.
0:22:06.5 -> 0:22:08.868 That must be exhausting.
0:22:10.21 -> 0:22:11.21 It can be exhausting.
0:22:11.21 -> 0:22:12.71 I will not lie.
0:22:12.71 -> 0:22:14.694 I think all of us in medicine and
0:22:14.694 -> 0:22:16.458 many other fields we work
0:22:16.46 -> 0:22:18.662 a lot of hours
0:22:18.662 -> 0:22:21.598 and do a lot of good work.
0:22:21.6 -> 0:22:23.819 I think it's important to take breaks
0:22:23.819 -> 0:22:26.05 to step away every now and then,
0:22:26.05 -> 0:22:28.363 but I think for me one of the key
0:22:28.363 -> 0:22:30.753 things that help prevent burnout and
0:22:30.753 -> 0:22:33.153 helps with provider and caregiver well
0:22:33.153 -> 0:22:35.583 being is I find so much meaning in my
0:22:35.59 -> 0:22:39.41 work and a lot of joy in the work that I do.
0:22:39.41 -> 0:22:41.318 So seeing a patient that was
0:22:41.318 -> 0:22:42.59 in just insufferable pain,
0:22:42.59 -> 0:22:43.541 unable to walk,
0:22:43.541 -> 0:22:45.126 having trouble eating and drinking,
0:22:45.13 -> 0:22:47.038 and two days later he's up
0:22:47.038 -> 0:22:48.31 and walking the halls,
0:22:48.31 -> 0:22:52.09 passing me by as I do my notes and
0:22:52.09 -> 0:22:54.781 those sorts of things just bring me so much

0:22:54.781 -> 0:22:57.497 joy and we do really great work every day.
0:22:57.5 -> 0:22:59.318 So that makes the job easier
0:22:59.318 -> 0:23:00.99 in a lot of ways
0:23:00.99 -> 0:23:02.844 and I think many people on
0:23:02.844 -> 0:23:04.809 my team feel the same way.
0:23:04.81 -> 0:23:06.604 So it's intense and it's important
0:23:06.604 -> 0:23:08.534 to take time away and whether
0:23:08.534 -> 0:23:10.219 that's time with family,
0:23:10.22 -> 0:23:11.805 doing things that I enjoy
0:23:11.805 -> 0:23:13.073 outside of the hospital,
0:23:13.08 -> 0:23:14.59 spending time with people that
0:23:14.59 -> 0:23:16.89 I enjoy that are on my vacation,
0:23:16.89 -> 0:23:18.798 I do enjoy time with my
0:23:18.798 -> 0:23:20.07 patients and my colleagues,
0:23:20.07 -> 0:23:21.67 of course,
0:23:21.67 -> 0:23:24.862 but I do find a lot of meaning
0:23:24.862 -> 0:23:27.079 in the work I do every day.
0:23:27.08 -> 0:23:29.232 So on one hand it is very challenging
0:23:29.232 -> 0:23:31.02 work and it's important to
0:23:31.02 -> 0:23:32.995 recognize the potential for burnout.
0:23:33 -> 0:23:35.152 But at the same time I think my
0:23:35.152 -> 0:23:37.006 life without this work would
0:23:37.006 -> 0:23:38.26 be significantly lacking.
0:23:38.26 -> 0:23:40.412 So I enjoy what I do and I
0:23:40.412 -> 0:23:42.54 know my colleagues feel the
0:23:42.54 -> 0:23:44.18 same way. That's so important.
0:23:46.49 -> 0:23:49.066 We talked a little bit about
0:23:49.066 -> 0:23:51.39 making sure that when people pass away
0:23:51.39 -> 0:23:53.935 they pass away as they would wish.
0:23:53.935 -> 0:23:56.708 That their wishes are fulfilled in
0:23:56.708 -> 0:23:59.539 and that they find closure,

0:23:59.54 -> 0:24:01.88 in
0:24:01.88 -> 0:24:04.673 kind of put the finishing touches on
0:24:04.673 -> 0:24:07.34 the things that they wanted to do.
0:24:07.34 -> 0:24:10.372 Tell us about preparing for end of life
0:24:10.372 -> 0:24:12.809 because it's certainly not something that
0:24:12.809 -> 0:24:16.309 we all like to think about or talk about.
0:24:16.31 -> 0:24:18.97 And you had mentioned
0:24:18.97 -> 0:24:22.156 that one of the services that you have,
0:24:22.16 -> 0:24:25.429 in the myriad of services,
0:24:25.43 -> 0:24:28.209 was a partnership with Yale
0:24:28.209 -> 0:24:31.23 Law to help with legal documents?
0:24:31.23 -> 0:24:35.334 But what kinds of things should people really
0:24:35.334 -> 0:24:38.97 be thinking about before?
0:24:38.97 -> 0:24:41.94 Looking at end of life because we
0:24:41.94 -> 0:24:44.986 all know that it's coming at some point.
0:24:44.99 -> 0:24:47.391 It's coming and we we may not
0:24:47.391 -> 0:24:49.24 want to think about it.
0:24:49.24 -> 0:24:51.358 We may think that it is,
0:24:51.36 -> 0:24:52.066 you know,
0:24:52.066 -> 0:24:54.184 decades and decades and decades away.
0:24:54.19 -> 0:24:56.668 And so we don't think about it.
0:24:56.67 -> 0:24:59.057 But what things should we be thinking
0:24:59.057 -> 0:25:01.63 about and talking about with our families?
0:25:01.63 -> 0:25:02.689 I think there
0:25:02.69 -> 0:25:05.378 are two perspectives to take when you
0:25:05.378 -> 0:25:07.638 think about preparing for end of life.
0:25:07.64 -> 0:25:09.766 So there is the caregiver perspective
0:25:09.766 -> 0:25:11.676 and sort of the practical
0:25:11.676 -> 0:25:13.232 legal power of attorney
0:25:13.232 -> 0:25:14.75 perspective,
0:25:14.75 -> 0:25:16.5 and that's a hard job,

0:25:16.5 -> 0:25:18.6 so there's that perspective,
0:25:18.6 -> 0:25:19.88 the more practical sense.
0:25:19.88 -> 0:25:21.48 And then there's really the
0:25:21.48 -> 0:25:22.799 patient focused perspective,
0:25:22.8 -> 0:25:24.9 which I think is highly individualized.
0:25:24.9 -> 0:25:27.35 So in terms of the patient perspective,
0:25:27.35 -> 0:25:29.42 each and every patient is different
0:25:29.42 -> 0:25:32.658 than what I try to do is just normalize
0:25:32.658 -> 0:25:35.4 whatever is important to them at that time.
0:25:35.4 -> 0:25:37.983 So when patients face their
0:25:37.983 -> 0:25:39.948 mortality or nearing end of life,
0:25:39.95 -> 0:25:42.05 every patient has a unique story.
0:25:42.05 -> 0:25:44.768 Some people are really fixated on, and
0:25:44.77 -> 0:25:46.818 I had one patient who he managed all
0:25:46.818 -> 0:25:48.439 the practical things for his home.
0:25:48.44 -> 0:25:49.488 Everything outside
0:25:49.488 -> 0:25:51.06 of the home was his job.
0:25:51.06 -> 0:25:53.055 Everything inside the home was his wife's
0:25:53.055 -> 0:25:55.325 job and he said I need to teach her
0:25:55.325 -> 0:25:57.344 how to use the snow plow and this
0:25:57.344 -> 0:25:59.585 was a really key thing for him and I
0:25:59.585 -> 0:26:01.796 thought it was so touching that this was
0:26:01.8 -> 0:26:03.896 how this man lived his life.
0:26:03.9 -> 0:26:05.514 These were the people that he
0:26:05.514 -> 0:26:07.3 cared about and this was his job.
0:26:07.3 -> 0:26:08.874 And
0:26:08.874 -> 0:26:10.97 it may have seemed silly
0:26:10.97 -> 0:26:12.796 to some other people in his life,
0:26:12.8 -> 0:26:14.585 but for him this was really important
0:26:14.585 -> 0:26:16.707 to make sur. He already had all the
0:26:16.707 -> 0:26:18.729 financial things and all the other things.

0:26:18.73 -> 0:26:20.795 But his wife needed to learn how
0:26:20.795 -> 0:26:22.52 to use a snow plow.
0:26:22.52 -> 0:26:23.495 For other people,
0:26:23.495 -> 0:26:25.751 it's a physical legacy, right?
0:26:25.751 -> 0:26:28.875 So I want so and so to have my wedding
0:26:28.875 -> 0:26:32.3 ring I want so and so to have my boat,
0:26:32.3 -> 0:26:33.93 for other people it's
0:26:33.93 -> 0:26:35.51 personal physical items that they
0:26:35.51 -> 0:26:37.52 need to worry about other people.
0:26:37.52 -> 0:26:39.697 They may have already thought about these
0:26:39.697 -> 0:26:42.077 things, I've paid for my children's college.
0:26:43.632 -> 0:26:45.96 but I haven't really thought about
0:26:46.036 -> 0:26:48.311 myself and what I want to leave
0:26:48.311 -> 0:26:50.957 behind or what I need to process
0:26:50.957 -> 0:26:52.957 so every individual is different.
0:26:52.96 -> 0:26:55.696 There was a gentleman I took care of
0:26:55.696 -> 0:26:58.564 many years ago in a very far away place,
0:26:58.57 -> 0:27:01.138 but he was passing away at a pretty
0:27:01.138 -> 0:27:03.85 young age and it had a really diverse,
0:27:03.85 -> 0:27:05.5 exciting life and traveled extensively,
0:27:05.5 -> 0:27:07.3 studied extensively and he helped
0:27:07.3 -> 0:27:09.1 plan itinerariesvfor trips
0:27:09.159 -> 0:27:11.315 that he wanted his family to take
0:27:11.315 -> 0:27:12.759 that were meaningful for him.
0:27:12.76 -> 0:27:15.07 So this is where I studied abroad.
0:27:15.07 -> 0:27:17.71 This is where I had my first internship.
0:27:18.372 -> 0:27:21.02 This is the coffee shop that I used
0:27:21.098 -> 0:27:23.746 to study at back in wherever and so
0:27:23.75 -> 0:27:25.36 that was important to him,
0:27:25.36 -> 0:27:26.97 and we helped him facilitate
0:27:27.762 -> 0:27:30.534 writing all of these things down and

0:27:30.534 -> 0:27:32.51 documenting them.
0:27:32.51 -> 0:27:34.435 Everybody is different and I think I
0:27:34.435 -> 0:27:36.283 try to educate caregivers and family
0:27:36.283 -> 0:27:38.544 members to respect whatever it is that
0:27:38.603 -> 0:27:40.487 is important to their loved ones.
0:27:40.49 -> 0:27:42.338 So even if you're kind of
0:27:42.338 -> 0:27:43.57 rolling your eyes like
0:27:43.635 -> 0:27:46.018 I don't care about all of your passwords,
0:27:46.02 -> 0:27:47.91 I don't need to know the
0:27:47.91 -> 0:27:50.008 last four of every bank account.
0:27:50.01 -> 0:27:51.154 But for some people,
0:27:51.154 -> 0:27:53.39 that's just what they need to process.
0:27:53.39 -> 0:27:56.036 I liken it to when you have that nesting
0:27:56.036 -> 0:27:58.012 instinct when you're very, very pregnant,
0:27:58.012 -> 0:28:00.9 you just need to clean out
0:28:00.9 -> 0:28:03.204 whatever it is you need to clean out.
0:28:03.21 -> 0:28:04.254 And there's just
0:28:04.254 -> 0:28:05.994 no rationalizing it right.
0:28:06 -> 0:28:08.359 You need to clean out that
0:28:08.359 -> 0:28:09.92 bottom drawer in your garage.
0:28:09.92 -> 0:28:12.424 Otherwise you're going to go crazy.
0:28:12.424 -> 0:28:15.042 So whatever it is that people feel
0:28:15.042 -> 0:28:17.032 the need to do, respect that.
0:28:17.032 -> 0:28:19.168 Support them and
0:28:19.168 -> 0:28:20.596 normalize that itch, whatever
0:28:20.596 -> 0:28:21.308 that itch is.
0:28:21.308 -> 0:28:23.8 For people as a caregiver,
0:28:23.8 -> 0:28:25.936 I was medical and legal power
0:28:25.936 -> 0:28:28.058 of attorney for my mother, and
0:28:28.058 -> 0:28:31.989 it was sort of a crash course in all of this.
0:28:31.99 -> 0:28:33.094 And, you

0:28:33.094 -> 0:28:34.934 write down all those passwords.
0:28:34.94 -> 0:28:38.276 Keep a running log of all that
0:28:38.276 -> 0:28:40.515 important information because it is a
0:28:40.515 -> 0:28:43.15 boatload for people to take care of both
0:28:43.15 -> 0:28:45.76 if patients are diagnosed with serious
0:28:45.76 -> 0:28:48.158 illness or unable to participate
0:28:48.158 -> 0:28:51.048 in medical and financial decisions.
0:28:51.353 -> 0:28:53.474 I view it from a caregiver perspective
0:28:53.474 -> 0:28:54.78 and inpatient perspective,
0:28:54.78 -> 0:28:57.146 but there's no right or wrong way,
0:28:57.15 -> 0:28:58.51 and there's no one
0:28:58.51 -> 0:29:00.764 way to do it, certainly
0:29:00.764 -> 0:29:03.194 Dr. Prsic is the director of
0:29:03.194 -> 0:29:04.949 the Adult Palliative Care Program,
0:29:04.95 -> 0:29:06.645 an an assistant professor at
0:29:06.645 -> 0:29:08.34 the Yale School of Medicine.
0:29:08.34 -> 0:29:09.7 If you have questions,
0:29:09.7 -> 0:29:11.06 the address is canceranswers@yale.edu
0:29:11.06 -> 0:29:12.94 and past editions of the program
0:29:12.94 -> 0:29:14.656 are available in audio and written
0:29:14.708 -> 0:29:16.139 form at Yalecancercenter.org.
0:29:16.14 -> 0:29:18.867 We hope you'll join us next week to learn
0:29:18.867 -> 0:29:21.277 more about the fight against cancer.
0:29:21.28 -> 0:29:24.045 Here on Connecticut Public Radio.