0:00:00 –> 0:00:02.47 Support for Yale Cancer Answers
0:00:02.47 –> 0:00:04.94 comes from AstraZeneca, dedicated
0:00:05.018 –> 0:00:07.373 to advancing options and providing
0:00:07.373 –> 0:00:10.34 hope for people living with cancer.
0:00:10.34 –> 0:00:13.548 More information at astrazeneca-us.com.
0:00:13.55 –> 0:00:15.368 Welcome to Yale Cancer Answers with
0:00:15.368 –> 0:00:17.392 your host doctor Anees Chagpar.
0:00:17.392 –> 0:00:19.267 Yale Cancer Answers features the
0:00:19.267 –> 0:00:21.493 latest information on cancer care by
0:00:21.493 –> 0:00:22.881 welcoming oncologists and specialists
0:00:22.881 –> 0:00:25.314 who are on the forefront of the
0:00:25.314 –> 0:00:27.39 battle to fight cancer. This week
0:00:27.39 –> 0:00:29.12 it's a conversation about palliative
0:00:29.12 –> 0:00:30.85 care with Doctor Laura Morrison.
0:00:30.85 –> 0:00:32.73 Doctor Morrison is an associate
0:00:32.73 –> 0:00:34.61 professor of medicine and geriatrics
0:00:34.673 –> 0:00:36.389 at the Yale School of Medicine,
0:00:36.39 –> 0:00:39.588 where Doctor Chagpar is a
0:00:39.588 –> 0:00:41.72 professor of surgical oncology.
0:00:41.72 –> 0:00:42.09 Laura,
0:00:42.09 –> 0:00:44.253 maybe we could start off by you
0:00:44.253 –> 0:00:46.946 telling us a little bit more about
0:00:46.946 –> 0:00:49.056 what exactly is palliative care.
0:00:49.06 –> 0:00:51.594 I get the sense that there are
0:00:51.594 –> 0:00:53.115 still some misperceptions about
0:00:53.115 –> 0:00:54.925 what the term really means.
0:00:56.58 –> 0:00:59.868 That's a common point.
0:00:59.87 –> 0:01:02.564 It's something that a lot of
0:01:02.564 –> 0:01:04.36 people still wonder about,
0:01:04.36 –> 0:01:07.508 so I'm really happy to
0:01:07.508 –> 0:01:11.1 give another sense of what it is.

0:01:11.1 –> 0:01:13.51 Palliative care is a medical
0:01:13.51 –> 0:01:15.92 subspecialty that focuses on quality
0:01:16 –> 0:01:18.358 of life for patients with serious
0:01:18.358 –> 0:01:21.419 illness of any type and their families.
0:01:23.67 –> 0:01:26.729 And we also focus on relieving suffering,
0:01:26.73 –> 0:01:30.434 so again, it's really about quality of life
0:01:30.434 –> 0:01:33.718 and relieving suffering as much as we can.
0:01:33.72 –> 0:01:37.368 This all takes place in the setting of
0:01:37.368 –> 0:01:39.76 an interdisciplinary professional team.
0:01:39.76 –> 0:01:44.128 And we really focus on physical symptoms.
0:01:44.13 –> 0:01:46.764 Coping and the stress that patients
0:01:46.764 –> 0:01:49.482 and families deal with around serious
0:01:49.482 –> 0:01:52.555 illness as well as trying to streamline
0:01:52.555 –> 0:01:54.532 and support good communication
0:01:54.532 –> 0:01:57.442 for patients and families so they
0:01:57.442 –> 0:01:59.592 get their questions answered
0:01:59.592 –> 0:02:01.808 as well as possible.
0:02:03.28 –> 0:02:06.76 But that sounds like a
0:02:06.76 –> 0:02:09.74 combination of pain
0:02:09.74 –> 0:02:13.48 medicine and psychology and
0:02:13.48 –> 0:02:18.256 it's a bit of social work mixed in.
0:02:18.26 –> 0:02:21.492 Tell us more about how that works and
0:02:21.492 –> 0:02:23.853 how that's different from people's
0:02:23.853 –> 0:02:27.269 usual doctors who also may be very
0:02:27.362 –> 0:02:29.887 interested in their quality of
0:02:29.89 –> 0:02:33.338 life?
0:02:33.34 –> 0:02:35.57 First of all, you know,
0:02:35.57 –> 0:02:38.524 we really hope that all health care
0:02:38.524 –> 0:02:40.7 professionals get some training in
0:02:40.7 –> 0:02:43.19 palliative care and that they provide
0:02:43.19 –> 0:02:46.037 what we would call primary palliative

0:02:46.037 –> 0:02:48.462 care or basic palliative care.

0:02:53.77 –> 0:02:57.435 These are primary skills in addressing basic

0:02:57.435 –> 0:03:01.859 pain management and providing an

0:03:01.859 –> 0:03:06.367 initial level of support

0:03:06.367 –> 0:03:10.55 around coping as well as some

0:03:10.55 –> 0:03:12.406 nice early communication

0:03:12.406 –> 0:03:13.798 support as well.

0:03:13.8 –> 0:03:16.29 Palliative care goes beyond that

0:03:16.29 –> 0:03:19.328 in terms of being very specialized

0:03:19.328 –> 0:03:22.499 and part of that is because we

0:03:22.499 –> 0:03:25.397 do have a team model of care.

0:03:25.4 –> 0:03:27.256 Not all institutions are

0:03:27.256 –> 0:03:30.04 equal in terms of how many

0:03:30.04 –> 0:03:32.542 resource supports they are

0:03:32.542 –> 0:03:35.609 able to put toward palliative care,

0:03:35.61 –> 0:03:39.777 but in our setting at Smilow and across Yale,

0:03:41.154 –> 0:03:44.85 we're really focused on having a robust team,

0:03:44.85 –> 0:03:48.04 and for us that includes

0:03:48.04 –> 0:03:49.704 social work, chaplaincy, nursing,

0:03:49.704 –> 0:03:52.887 both at an RN and an advanced

0:03:52.887 –> 0:03:54.69 practice nurse level.

0:03:54.69 –> 0:03:58.071 We also are very fortunate to have

0:03:58.071 –> 0:04:00.972 our team psychologist as well as

0:04:00.972 –> 0:04:03.237 a pharmacist and art therapist,

0:04:03.24 –> 0:04:05.62 so this is

0:04:05.62 –> 0:04:07.604 a very broad approach,

0:04:07.604 –> 0:04:10.58 and I think the special part

0:04:10.687 –> 0:04:13.219 about it is that you know,

0:04:13.22 –> 0:04:16.289 we acknowledge that

0:04:16.29 –> 0:04:19.305 pain and other symptoms are

0:04:19.305 –> 0:04:22.32 sort of a total phenomenon,

0:04:22.32 –> 0:04:25.584 meaning that people can have pain

0:04:25.584 –> 0:04:28.548 and anxiety and depression

0:04:28.548 –> 0:04:31.968 that is in different domains,

0:04:31.97 –> 0:04:33.776 meaning the spiritual,

0:04:33.776 –> 0:04:34.98 the physical,

0:04:34.98 –> 0:04:38 emotional and so are different

0:04:38 –> 0:04:41.175 team members can play really

0:04:41.175 –> 0:04:44.35 important roles in addressing symptoms

0:04:44.449 –> 0:04:47.199 across this kind of spectrum

0:04:47.2 –> 0:04:49.145 of suffering and really trying

0:04:49.145 –> 0:04:51.5 to again improve quality of life.

0:04:52.52 –> 0:04:56.008 As you think about suffering,

0:04:56.01 –> 0:04:58.19 particularly of our cancer patients,

0:04:58.19 –> 0:05:00.8 and many of them have symptoms.

0:05:00.8 –> 0:05:03.055 Whether it's symptoms related to

0:05:03.055 –> 0:05:05.31 treatment or whether it's symptoms

0:05:05.385 –> 0:05:07.34 related to the cancer itself,

0:05:07.34 –> 0:05:10.814 one can't help but think that the whole Covid

0:05:10.814 –> 0:05:13.879 crisis kind of exacerbated that suffering,

0:05:13.88 –> 0:05:16.496 especially when you put it into

0:05:16.496 –> 0:05:18.68 those domains of

0:05:18.68 –> 0:05:20.855 not just the physical suffering,

0:05:20.86 –> 0:05:22.444 but emotional suffering.

0:05:22.444 –> 0:05:23.5 Financial suffering.

0:05:23.5 –> 0:05:26.216 All of the things that covid kind

0:05:26.216 –> 0:05:28.63 of brought to the forefront.

0:05:28.63 –> 0:05:31.838 Did you find an uptick in the need

0:05:31.838 –> 0:05:34.61 for palliative care during the crisis?

0:05:36.21 –> 0:05:38.555 You know, I think you're absolutely right.

0:05:38.56 –> 0:05:41.535 Covid sent us something that we were

0:05:41.54 –> 0:05:45.65 really challenged by

0:05:45.65 –> 0:05:48.39 especially initially figuring out
0:05:48.39 –> 0:05:53.223 how we could best support both our
0:05:53.223 –> 0:05:57.147 colleagues and our patients and families.
0:05:57.15 –> 0:06:00.17 I think the need shifted.
0:06:00.17 –> 0:06:03.69 I think at first we weren't sure because
0:06:03.69 –> 0:06:06.953 of just the exposure issues and how
0:06:06.953 –> 0:06:10.44 to still be as helpful as possible,
0:06:10.44 –> 0:06:13.242 but I think what really happened
0:06:13.242 –> 0:06:16.386 was of course, as we all know,
0:06:16.386 –> 0:06:19.581 in the earlier surge there was such
0:06:19.581 –> 0:06:23.046 a concern about how sick people were,
0:06:23.05 –> 0:06:26.564 and of course unfortunately a lot of
0:06:26.564 –> 0:06:30.25 people were sick enough that they were
0:06:30.25 –> 0:06:33.001 in a place where they were not
0:06:33.001 –> 0:06:36.428 able to get better and were dying.
0:06:36.43 –> 0:06:40.396 And so for us in particular,
0:06:40.4 –> 0:06:43.46 we were really brought in for
0:06:43.46 –> 0:06:44.99 physical symptom management,
0:06:44.99 –> 0:06:48.11 especially around shortness of breath.
0:06:48.11 –> 0:06:51.414 Which is where we saw COVID
0:06:51.414 –> 0:06:54.679 hit us all very hard.
0:06:54.68 –> 0:06:57.392 So managing shortness of breath for
0:06:57.392 –> 0:06:59.757 people that were really suffering
0:06:59.757 –> 0:07:03.082 with that and trying to improve their
0:07:03.082 –> 0:07:05.739 day-to-day and in cases where people
0:07:05.739 –> 0:07:08.783 were sick enough that they were dying,
0:07:08.783 –> 0:07:11.798 we were really pulled in to
0:07:13.224 –> 0:07:16.309 be present with them as much as possible,
0:07:16.31 –> 0:07:19.058 but to really be involved in
0:07:19.058 –> 0:07:21.81 reaching out to their families.
0:07:21.81 –> 0:07:24.53 Trying to help our medical

0:07:24.53 –> 0:07:27.25 colleagues in the ICU's with

0:07:27.25 –> 0:07:29.97 spending extra time

0:07:29.97 –> 0:07:32.146 being available to families,

0:07:32.15 –> 0:07:36.494 especially and to really try to help there.

0:07:36.5 –> 0:07:41.456 Be some contact before someone died.

0:07:41.46 –> 0:07:43.662 So that was challenging

0:07:43.662 –> 0:07:45.85 in a different way for sure.

0:07:45.85 –> 0:07:47.726 And fortunately I think,

0:07:47.726 –> 0:07:50.54 now that we've gotten on top

0:07:50.632 –> 0:07:53.2 of Covid and learned so much,

0:07:53.2 –> 0:07:55.546 and people are really

0:07:55.55 –> 0:07:57.52 doing a lot better now,

0:07:57.52 –> 0:08:00.264 certainly not as many people are dying,

0:08:00.27 –> 0:08:03.12 but we still have those roles

0:08:03.12 –> 0:08:04.545 currently trying to

0:08:04.55 –> 0:08:08.062 still be present to have these

0:08:08.062 –> 0:08:10.39 harder discussions and prepare patients

0:08:10.39 –> 0:08:13.12 and families for what can happen.

0:08:13.12 –> 0:08:17.216 I actually just took care of a patient a

0:08:17.216 –> 0:08:21.291 week ago who was in her 90s and

0:08:21.291 –> 0:08:24.779 dealing with covid and in isolation.

0:08:24.78 –> 0:08:27.797 And was actually in a mode where

0:08:27.797 –> 0:08:30.261 the patient and daughter were

0:08:30.261 –> 0:08:33.495 accepting that she might not live

0:08:33.495 –> 0:08:36.639 through this covid episode for her,

0:08:36.64 –> 0:08:40.064 but in fact she has been able to

0:08:40.064 –> 0:08:43.109 be stable and come through that

0:08:43.109 –> 0:08:46.229 and actually come out of sort

0:08:46.336 –> 0:08:48.986 of a comfort focused time.

0:08:48.99 –> 0:08:52.026 And now we're focusing on how

0:08:52.026 –> 0:08:54.51 to think about supporting her

0:08:54.51 –> 0:08:57.359 the best we can for her to
0:08:57.359 –> 0:08:59.42 ultimately try to recover.
0:08:59.42 –> 0:09:02.01 So things are a little different now.
0:09:03.66 –> 0:09:05.98 I can imagine that,
0:09:05.98 –> 0:09:08.548 particularly during the covid crisis and
0:09:08.548 –> 0:09:11.99 and even now for patients in isolation,
0:09:11.99 –> 0:09:14.305 that comfort and that support
0:09:14.305 –> 0:09:15.694 and that communication,
0:09:15.7 –> 0:09:17.548 particularly with the family,
0:09:17.548 –> 0:09:19.396 must be really difficult.
0:09:19.4 –> 0:09:21.72 I mean, how do you
0:09:21.72 –> 0:09:24.702 do that when both
0:09:24.702 –> 0:09:27.335 the family wants to be with
0:09:27.335 –> 0:09:29.837 their loved ones who are facing
0:09:29.837 –> 0:09:33.009 a potentially terminal crisis,
0:09:33.01 –> 0:09:38.176 and patients themselves are suffering.
0:09:38.18 –> 0:09:41.169 And dealing with more than
0:09:41.169 –> 0:09:44.362 the usual because not only do they
0:09:44.362 –> 0:09:46.647 have their physical symptoms,
0:09:46.65 –> 0:09:48.88 but also the emotional isolation.
0:09:50.134 –> 0:09:53.609 How do you kind of bridge that and
0:09:53.609 –> 0:09:56.745 be with with the patient and
0:09:56.745 –> 0:10:00.03 be there for the family as well?
0:10:02.91 –> 0:10:06.661 It's such a privileged place to be.
0:10:06.661 –> 0:10:08.646 It's awfully difficult as well,
0:10:08.65 –> 0:10:12.214 but I think all of us on the team,
0:10:12.22 –> 0:10:15.26 whether it's one of our chaplains
0:10:15.26 –> 0:10:18.524 or one of our social workers, our nurses,
0:10:18.524 –> 0:10:22.14 I think all of us just try to bring
0:10:22.14 –> 0:10:25.35 110% of our presence
0:10:25.35 –> 0:10:30.102 to open up conversations to just try to give

0:10:30.102 –> 0:10:34.565 people the space and opportunity to express
0:10:34.57 –> 0:10:36.922 the deepest part of what's
0:10:36.922 –> 0:10:39.168 weighing on them and what they are
0:10:39.17 –> 0:10:41.875 most worried about and
0:10:41.875 –> 0:10:44.039 to acknowledge the sadness.
0:10:44.04 –> 0:10:46.74 The heaviness of the situation.
0:10:46.74 –> 0:10:49.96 Sometimes we're able to be
0:10:49.96 –> 0:10:53.18 in person with the patient.
0:10:53.18 –> 0:10:56.35 Occasionally, if someone really is
0:10:56.35 –> 0:10:59.948 seemingly in a place where they
0:10:59.948 –> 0:11:03.529 may be dying in the next hours,
0:11:03.53 –> 0:11:06.792 family may be able to visit
0:11:06.792 –> 0:11:10.41 briefly and we try to be present
0:11:10.41 –> 0:11:13.065 for those opportunities and to
0:11:13.065 –> 0:11:15.839 advocate for them when possible.
0:11:15.84 –> 0:11:18.923 We've also had the opportunity, obviously,
0:11:18.923 –> 0:11:23.027 to use technology and have families
0:11:23.03 –> 0:11:26.32 through FaceTime or through Zoom.
0:11:26.32 –> 0:11:29.506 and be able to
0:11:29.51 –> 0:11:31.418 see their loved one.
0:11:31.418 –> 0:11:33.803 Sometimes that person can respond
0:11:33.803 –> 0:11:36.088 and sometimes they can't.
0:11:38.5 –> 0:11:42.478 I think we try to always make it as
0:11:42.478 –> 0:11:45.229 personalized a situation as possible.
0:11:45.23 –> 0:11:47.96 Sometimes there's music that is meaningful
0:11:47.96 –> 0:11:50.999 to the patient or family members.
0:11:51 –> 0:11:56.285 Last week I had a patient who
0:11:56.29 –> 0:11:59.738 was dying and the family was able to
0:12:00.698 –> 0:12:04.051 let us know that that person really
0:12:04.051 –> 0:12:06.793 enjoyed jazz music and we were
0:12:06.793 –> 0:12:09.775 able to have that present and you

0:12:09.775 –> 0:12:12.663 know it seemed to be part of the

0:12:12.67 –> 0:12:16.436 quality that we could add to

0:12:16.44 –> 0:12:20.838 a sad situation for sure.

0:12:20.84 –> 0:12:24.515 I think earlier

0:12:24.515 –> 0:12:28.008 when we had more people who

0:12:28.008 –> 0:12:31.003 seemed to be facing death,

0:12:32.153 –> 0:12:34.058 we had a lot more technology

0:12:34.058 –> 0:12:36.858 and a lot more Zoom meetings,

0:12:36.86 –> 0:12:39.8 we would have occasionally a family who

0:12:39.8 –> 0:12:42.708 would get connected from around the world

0:12:42.71 –> 0:12:46.336 and Zoom together

0:12:46.336 –> 0:12:49.572 and sometimes they would stay on for

0:12:49.572 –> 0:12:52.979 12 or 24 hours with their loved one.

0:12:52.98 –> 0:12:56.628 Until they passed away.

0:12:58.531 –> 0:13:01.268 It's such a time to

0:13:01.268 –> 0:13:03.969 reflect on what matters to people

0:13:03.969 –> 0:13:07.506 and to try to help families be able

0:13:07.506 –> 0:13:10.346 to focus in on how much time we

0:13:10.35 –> 0:13:13.199 think we may have and

0:13:13.2 –> 0:13:15.685 what is possible to try to make

0:13:15.685 –> 0:13:18.27 things you know a little more

0:13:18.27 –> 0:13:19.707 meaningful to everybody.

0:13:20.48 –> 0:13:22.388 Yeah, it's so important,

0:13:22.388 –> 0:13:25.25 particularly at the end of life,

0:13:29.54 –> 0:13:32.9 and the suffering that the families go through

0:13:32.9 –> 0:13:36.22 doesn't end when their loved ones pass.

0:13:36.22 –> 0:13:39.622 In fact, sometimes is just starting

0:13:39.622 –> 0:13:43.377 to surge their own grief over the loss.

0:13:43.38 –> 0:13:46.236 What about palliative care for them?

0:13:46.24 –> 0:13:48.144 Does your role continue?

0:13:48.144 –> 0:13:50.524 Or how does that work?

0:13:51.35 –> 0:13:53.684 Yes, thank you for asking that

0:13:53.684 –> 0:13:55.752 question because it's so important

0:13:55.752 –> 0:13:58.38 to acknowledge

0:13:58.38 –> 0:14:00.88 that there's so much more

0:14:00.88 –> 0:14:03.094 to the journey for family members,

0:14:03.1 –> 0:14:06.54 especially, even after someone dies.

0:14:06.54 –> 0:14:09.18 So we're very fortunate within our

0:14:09.18 –> 0:14:11.933 Hospital system and

0:14:11.933 –> 0:14:14.208 Smilow that within our palliative

0:14:14.208 –> 0:14:17.33 care program we do have a bereavement

0:14:17.33 –> 0:14:20.298 service that's been really a critical part

0:14:20.298 –> 0:14:23.974 of what we do for a number of years now.

0:14:26.32 –> 0:14:28.81 We have two

0:14:28.81 –> 0:14:31.995 full time social workers,

0:14:31.995 –> 0:14:34.543 bereavement specialists, who work

0:14:34.543 –> 0:14:37.669 within our program and so when we

0:14:37.669 –> 0:14:40.789 do have a death on our service,

0:14:40.79 –> 0:14:44.198 we let our bereavement coordinators

0:14:44.198 –> 0:14:47.528 and specialists know about that particular

0:14:47.528 –> 0:14:51.73 family and then they are able to follow up.

0:14:51.73 –> 0:14:56.224 We have a number of really wonderful

0:14:56.23 –> 0:14:57.934 support group opportunities

0:14:57.934 –> 0:15:01.036 as well as the option for

0:15:01.036 –> 0:15:03.381 a referral for more formalized

0:15:03.381 –> 0:15:05.7 counseling or psychotherapy as well

0:15:05.7 –> 0:15:07.96 within our community,

0:15:07.96 –> 0:15:10.792 but I think the really important

0:15:10.792 –> 0:15:14.111 first step is just to make sure

0:15:14.111 –> 0:15:17.219 that we do have that follow through

0:15:17.32 –> 0:15:20.239 to be able to check on families

0:15:20.239 –> 0:15:23.254 and to really check in with them

0:15:23.254 –> 0:15:25.459 specifically weeks after to just

0:15:25.459 –> 0:15:28.068 see how they're coping.

0:15:28.07 –> 0:15:29.252 and to acknowledge

0:15:29.252 –> 0:15:32.01 all the normal parts of

0:15:32.089 –> 0:15:34.969 grief and the bereavement process.

0:15:34.97 –> 0:15:37.685 So that's absolutely critical to

0:15:37.685 –> 0:15:40.858 our community and something that I

0:15:40.858 –> 0:15:43.434 think is unique that we are able

0:15:43.434 –> 0:15:46.01 to provide in that regard.

0:15:46.79 –> 0:15:49.1 Great, we're going to take a

0:15:49.1 –> 0:15:51.29 short break for a medical minute.

0:15:51.29 –> 0:15:53.456 Please stay tuned to learn more

0:15:53.456 –> 0:15:54.9 information about palliative care

0:15:54.962 –> 0:15:56.82 with my guest Dr. Laura Morrison.

0:15:57.44 –> 0:15:59.99 Support for Yale Cancer Answers

0:15:59.99 –> 0:16:03.026 comes from AstraZeneca working to

0:16:03.026 –> 0:16:05.854 eliminate cancer as a cause of death.

0:16:05.86 –> 0:16:09.608 Learn more at astrazeneca-us.com.

0:16:09.61 –> 0:16:12.858 This is a medical minute about lung cancer.

0:16:12.86 –> 0:16:15.408 More than 85% of lung cancer diagnosis

0:16:15.408 –> 0:16:18.336 are related to smoking and quitting even

0:16:18.336 –> 0:16:20.976 after decades of use can significantly

0:16:21.049 –> 0:16:23.443 reduce your risk of developing lung

0:16:23.443 –> 0:16:25.421 cancer. For lung cancer patients

0:16:25.421 –> 0:16:27.326 clinical trials are currently underway

0:16:27.326 –> 0:16:29.5 to test innovative new treatments.

0:16:29.5 –> 0:16:32.506 Advances are being made by utilizing

0:16:32.506 –> 0:16:34.51 targeted therapies and immunotherapies.

0:16:34.586 –> 0:16:36.644 The BATTLE II trial aims to learn

0:16:36.644 –> 0:16:39.23 if a drug or combination of drugs

0:16:39.23 –> 0:16:41.678 based on personal biomarkers can help

0:16:41.68 –> 0:16:44.676 to control non small cell lung cancer.

0:16:44.68 –> 0:16:47.455 More information is available

0:16:47.455 –> 0:16:48.565 at yalecancercenter.org.

0:16:48.57 –> 0:16:52.908 You're listening to Connecticut Public Radio.

0:16:52.91 –> 0:16:53.3 Welcome

0:16:53.3 –> 0:16:55.27 back to Yale Cancer Answers.

0:16:55.27 –> 0:16:57.628 This is doctor Anees Chagpar

0:16:57.63 –> 0:16:59.802 and I'm joined tonight by

0:16:59.802 –> 0:17:01.95 my guest doctor Laura Morrison.

0:17:01.95 –> 0:17:03.518 We're talking about palliative

0:17:03.518 –> 0:17:05.38 care and Laura,

0:17:05.38 –> 0:17:08.1 before the break we were talking a lot

0:17:08.174 –> 0:17:11.1 about how palliative care has a role

0:17:11.1 –> 0:17:13.35 in supporting patients and families,

0:17:13.35 –> 0:17:14.758 particularly at

0:17:14.758 –> 0:17:17.841 the time of of death and when

0:17:17.841 –> 0:17:19.625 patients are really suffering.

0:17:19.63 –> 0:17:22.388 But I think one of the misconceptions

0:17:22.388 –> 0:17:24.04 is this whole idea

0:17:24.04 –> 0:17:26.652 of palliative care versus

0:17:26.652 –> 0:17:29.264 Hospice versus death panels.

0:17:29.27 –> 0:17:33.526 Can you clarify where palliative

0:17:33.526 –> 0:17:37.768 care sits in this whole spectrum?

0:17:39.12 –> 0:17:40.186 Yes, absolutely.

0:17:40.186 –> 0:17:42.318 It's an important distinction,

0:17:42.32 –> 0:17:46.47 so palliative care again is for any patient

0:17:46.47 –> 0:17:50.31 with a serious illness in their family.

0:17:50.31 –> 0:17:52.98 That's a pretty broad group,

0:17:52.98 –> 0:17:58.636 but not everyone is referred to us so

0:17:58.64 –> 0:18:01.79 theoretically, anyone with a serious

0:18:01.79 –> 0:18:04.31 illness could request palliative

0:18:04.31 –> 0:18:08.98 care through their physician
0:18:08.98 –> 0:18:12.436 so palliative care can be involved
0:18:12.44 –> 0:18:15.308 for that extra attention
0:18:15.308 –> 0:18:17.81 to really improving quality of
0:18:17.81 –> 0:18:19.818 life and relieving suffering.
0:18:19.82 –> 0:18:22.874 That's part of many people's experience
0:18:22.874 –> 0:18:25.905 with serious illness and so with
0:18:25.905 –> 0:18:28.18 palliative care we
0:18:28.18 –> 0:18:30.82 coexist and Co manage our
0:18:30.82 –> 0:18:33.202 patients together with their
0:18:33.202 –> 0:18:35.362 specialists and physicians
0:18:35.362 –> 0:18:37.522 and primary care doctors.
0:18:37.53 –> 0:18:39.526 So for Smilow patients,
0:18:39.526 –> 0:18:42.021 that means that we're
0:18:42.021 –> 0:18:44.842 often Co managing with the
0:18:44.842 –> 0:18:47.078 oncologist or the hematologist.
0:18:47.08 –> 0:18:52.81 Hospice is a separate entity.
0:18:52.81 –> 0:18:54.478 Hospice is an opportunity
0:18:54.478 –> 0:18:56.146 for patients and families
0:18:56.15 –> 0:18:59.278 when a patient is coming to a time
0:18:59.278 –> 0:19:02.606 in their illness where their life is
0:19:02.606 –> 0:19:05.879 likely going to be limited in time.
0:19:05.88 –> 0:19:10.236 And so if someone has six months or
0:19:10.236 –> 0:19:14.327 less in their disease course, they
0:19:15.047 –> 0:19:18.632 may become eligible for Hospice and
0:19:18.632 –> 0:19:22.36 that happens in conjunction with
0:19:22.36 –> 0:19:25.36 making decisions usually to
0:19:25.36 –> 0:19:28.402 steer away from more therapies
0:19:28.402 –> 0:19:30.43 that would prolong life,
0:19:30.43 –> 0:19:33.72 and so it's a time when people
0:19:33.72 –> 0:19:36.76 are really focused on comfort and

0:19:36.76 –> 0:19:39.814 really having as their primary aim
0:19:39.814 –> 0:19:43.11 the quality of life and comfort,
0:19:43.646 –> 0:19:46.326 and potentially no longer pursuing
0:19:46.326 –> 0:19:49.7 curative or life prolonging therapy and so
0:19:49.7 –> 0:19:52.724 Hospice is a time when usually people
0:19:52.724 –> 0:19:56.236 are not as involved with their
0:19:56.236 –> 0:19:59.064 oncologist or hematologist anymore.
0:20:00.345 –> 0:20:02.895 And really palliative care
0:20:02.895 –> 0:20:05.728 can enter at any time and stay with
0:20:05.728 –> 0:20:08.979 people even if they are able to be cured.
0:20:08.98 –> 0:20:12.466 Or just have a long period of
0:20:12.466 –> 0:20:14.89 time in their illness
0:20:14.89 –> 0:20:18.106 course, and so I think that
0:20:18.106 –> 0:20:19.714 that's really important,
0:20:19.72 –> 0:20:22.828 because palliative care then does not
0:20:22.828 –> 0:20:27.181 mean that there is any sense that your
0:20:27.181 –> 0:20:30.457 life expectancy is somewhat limited.
0:20:30.46 –> 0:20:34.756 It simply means that you have some suffering,
0:20:34.76 –> 0:20:37.44 whether that is physical suffering,
0:20:37.44 –> 0:20:39.936 emotional suffering, spiritual suffering,
0:20:39.936 –> 0:20:44.838 or other needs in terms
0:20:44.838 –> 0:20:47.498 of communication or spiritual
0:20:47.498 –> 0:20:51.715 needs that could use the services of
0:20:51.715 –> 0:20:54.239 a dedicated interdisciplinary team?
0:20:54.24 –> 0:20:56.019 Is that right?
0:20:56.02 –> 0:21:00.688 That's absolutely right, yes.
0:21:00.688 –> 0:21:03.64 I think it often starts just
0:21:03.722 –> 0:21:06.515 with acknowledging what a change it
0:21:06.515 –> 0:21:09.905 is for people to be diagnosed with a
0:21:09.905 –> 0:21:12.764 serious illness and how stressful that is,
0:21:12.764 –> 0:21:15.368 and simply the stresses of being in

0:21:15.368 –> 0:21:18.193 the hospital and not being in your
0:21:18.193 –> 0:21:21.098 own realm of control in the same way.
0:21:21.1 –> 0:21:23.66 So it really starts at that very basic
0:21:23.66 –> 0:21:26.083 human level of just acknowledging that
0:21:26.083 –> 0:21:28.657 things are really changing for somebody.
0:21:28.66 –> 0:21:32.354 And as you pointed out, we do have that.
0:21:35.06 –> 0:21:38.543 And it may be that one member of
0:21:38.543 –> 0:21:41.641 our team is a little more relevant
0:21:41.641 –> 0:21:44.26 at one time or another,
0:21:44.26 –> 0:21:48.64 but we do have the full team to draw upon.
0:21:48.64 –> 0:21:51.699 So for instance, we have some patients,
0:21:51.7 –> 0:21:53.89 many patients in active treatment,
0:21:53.89 –> 0:21:56.898 and sometimes our real goal is just to
0:21:56.898 –> 0:21:59.846 get them through their active treatment
0:21:59.846 –> 0:22:03.014 in the best supported way possible.
0:22:03.02 –> 0:22:05.348 And that may mean that they're
0:22:05.348 –> 0:22:08.14 coming to an art therapy group.
0:22:08.14 –> 0:22:10.565 You know, while they're getting
0:22:10.565 –> 0:22:12.99 treatment for their breast cancer
0:22:13.07 –> 0:22:15.46 or their acute myeloid leukemia.
0:22:15.46 –> 0:22:18.444 Maybe at a later time they're
0:22:18.444 –> 0:22:20.911 coming into our clinic when they
0:22:20.911 –> 0:22:23.371 come in to see their hematologist,
0:22:23.38 –> 0:22:25.355 because we're helping them with
0:22:25.355 –> 0:22:26.935 pain or their fatigue.
0:22:26.94 –> 0:22:29.316 So we do have an inpatient,
0:22:29.32 –> 0:22:31.696 and an outpatient presence as well.
0:22:32.97 –> 0:22:36.53 I think that that's so important,
0:22:36.53 –> 0:22:38.86 particularly now during covid when
0:22:38.86 –> 0:22:42.558 you know the real thrust was to try
0:22:42.558 –> 0:22:45.12 to manage patients in an outpatient

0:22:45.12 –> 0:22:47.208 setting as much as possible.

0:22:47.21 –> 0:22:50.77 So for patients who are not in hospital,

0:22:50.77 –> 0:22:54.54 who may be at home,

0:22:54.54 –> 0:22:58.047 tell us more about how the outpatient

0:22:58.047 –> 0:23:00.04 palliative care services work.

0:23:00.04 –> 0:23:02.77 It seemed from our earlier

0:23:02.77 –> 0:23:05.27 discussion that the inpatient

0:23:05.27 –> 0:23:08.04 service was

0:23:08.04 –> 0:23:09.54 this multidisciplinary service

0:23:09.54 –> 0:23:12.04 integrated with the managing team,

0:23:12.04 –> 0:23:14.04 the oncologist, and together

0:23:14.04 –> 0:23:16.54 managing patients in the hospital.

0:23:16.54 –> 0:23:21.54 But for patients who are at home, how do you do that?

0:23:24.04 –> 0:23:28.13 Is tha by virtual visits.

0:23:28.13 –> 0:23:30.75 How does that really manifest?

0:23:32.05 –> 0:23:35.542 We have a really vibrant palliative

0:23:35.542 –> 0:23:39.827 care clinic that is located in New

0:23:39.827 –> 0:23:43.96 Haven within Smilow, so people come

0:23:43.96 –> 0:23:49.28 into the 4th or 8th floor usually.

0:23:49.28 –> 0:23:52.264 And then we also have one of our

0:23:52.264 –> 0:23:54.12 colleagues see patients as well

0:23:54.12 –> 0:23:57.22 at a number of the care centers

0:23:57.22 –> 0:24:00.664 around New Haven in North

0:24:00.664 –> 0:24:03.5 Haven and Guilford and Trumbull.

0:24:03.5 –> 0:24:05.978 Torrington, so there's

0:24:05.98 –> 0:24:08.878 a fairly good access to our services.

0:24:08.88 –> 0:24:10.472 As you're pointing out,

0:24:10.472 –> 0:24:12.86 the Covid situation has altered our

0:24:12.93 –> 0:24:15.09 practice patterns there as well,

0:24:15.09 –> 0:24:17.34 and we've come

0:24:17.34 –> 0:24:19.65 in and out of virtual

0:24:19.65 –> 0:24:22.471 and in person visits a couple of
0:24:22.471 –> 0:24:24.61 different times with the surges.
0:24:24.61 –> 0:24:26.278 But you know, eventually,
0:24:26.278 –> 0:24:28.363 obviously we hope to be
0:24:28.363 –> 0:24:30.407 back to mostly in person,
0:24:30.41 –> 0:24:32.96 but I think we all acknowledge
0:24:32.96 –> 0:24:35.449 that virtual visits are going to
0:24:35.45 –> 0:24:37.568 carry forward with us.
0:24:37.568 –> 0:24:39.686 At the moment,
0:24:39.69 –> 0:24:41.8 the majority of our clinic
0:24:41.8 –> 0:24:44.39 visits are virtual at this time,
0:24:44.39 –> 0:24:47.54 but you know you schedule an
0:24:47.54 –> 0:24:50.228 appointment with us just like
0:24:50.228 –> 0:24:53.114 you do with any other clinic
0:24:53.12 –> 0:24:55.33 if they are in person,
0:24:55.33 –> 0:24:57.878 then we often try to pair them
0:24:57.878 –> 0:25:00.051 up with someone's oncology or
0:25:00.051 –> 0:25:02.556 hematology visit so that people
0:25:02.556 –> 0:25:04.59 aren't making multiple trips,
0:25:04.59 –> 0:25:07.198 so we really do try to be wary
0:25:07.198 –> 0:25:10.174 of those extra burden
0:25:10.174 –> 0:25:12.964 issues for patients and families.
0:25:14.18 –> 0:25:17.264 So when you pull up caring
0:25:17.264 –> 0:25:19.32 and alleviation of suffering,
0:25:19.32 –> 0:25:22.302 whether that's pain or fatigue or
0:25:22.302 –> 0:25:25.489 nausea or any number of symptoms,
0:25:25.49 –> 0:25:28.958 physical, emotional or otherwise,
0:25:28.96 –> 0:25:31.683 some patients may be at
0:25:31.683 –> 0:25:34.549 home and suffering that way.
0:25:34.55 –> 0:25:37.13 Is there such a thing as
0:25:37.13 –> 0:25:38.42 home palliative care?

0:25:38.42 –> 0:25:40.982 Where people can

0:25:40.982 –> 0:25:43.15 deliver therapies at home?

0:25:44.11 –> 0:25:48.716 Yes, so it follows a model that is

0:25:48.716 –> 0:25:51.968 similar to home nursing services that

0:25:51.968 –> 0:25:55.885 we typically get through Medicare

0:25:55.885 –> 0:26:00.386 or private insurance so people can have

0:26:00.386 –> 0:26:03.776 what is called home palliative care.

0:26:03.78 –> 0:26:06.548 It's typically through the

0:26:06.548 –> 0:26:09.316 same kind of agency

0:26:09.32 –> 0:26:13.504 that regular home nurse would be set up,

0:26:13.51 –> 0:26:17.178 but these are specialized groups within that,

0:26:17.18 –> 0:26:20.295 so a number of our local organizations

0:26:20.295 –> 0:26:22.964 in the community around Connecticut

0:26:22.964 –> 0:26:26.084 have home palliative care services,

0:26:26.09 –> 0:26:30.5 and what that looks like for patients

0:26:30.5 –> 0:26:35.431 and families is really at the most a

0:26:35.431 –> 0:26:39.878 daily visit for an hour or two perhaps.

0:26:39.88 –> 0:26:42.37 They can also include physical and

0:26:42.37 –> 0:26:44.39 occupational therapy services within that,

0:26:44.39 –> 0:26:46.03 but the nursing component

0:26:46.03 –> 0:26:47.67 often isn't even everyday.

0:26:47.67 –> 0:26:51.342 It's sort of based on what the need of

0:26:51.342 –> 0:26:55.244 the patient is as far as the frequency.

0:26:55.25 –> 0:26:57.825 But these are typically nurses

0:26:57.825 –> 0:27:01.772 who may have had a prior

0:27:01.772 –> 0:27:05.558 opportunity to do some Hospice work.

0:27:05.56 –> 0:27:09 Or may have a particular interest or training

0:27:09 –> 0:27:12.216 in more on the palliative care side,

0:27:12.22 –> 0:27:14.614 and those skill sets are quite

0:27:14.614 –> 0:27:17.669 similar and they bring a more

0:27:17.669 –> 0:27:19.969 holistic approach to really assessing

0:27:19.969 –> 0:27:22.429 and trying to manage symptoms.
0:27:22.43 –> 0:27:24.985 The management part is still
0:27:24.985 –> 0:27:27.029 handled by a physician
0:27:27.03 –> 0:27:29.346 who is
0:27:29.346 –> 0:27:32.82 covering and supporting that Nurse.
0:27:36.41 –> 0:27:39.392 Offering that kind of nursing service
0:27:39.392 –> 0:27:43.569 would exist on its own for some patients
0:27:43.569 –> 0:27:46.713 that might then later transition into
0:27:46.801 –> 0:27:49.909 a Hospice type of approach as well.
0:27:51.36 –> 0:27:53.598 And so you mentioned insurance briefly,
0:27:53.6 –> 0:27:56.705 but expand on that a little bit more in
0:27:56.705 –> 0:27:59.587 terms of palliative care you had said,
0:27:59.59 –> 0:28:01.97 anyone who has a serious
0:28:01.97 –> 0:28:04.08 illness can request palliative care,
0:28:04.08 –> 0:28:06.324 but I'm sure many of our
0:28:06.324 –> 0:28:07.82 listeners might be thinking,
0:28:07.82 –> 0:28:10.06 it sounds like this is yet another cost
0:28:10.06 –> 0:28:12.68 with a specialized interdisciplinary team.
0:28:12.68 –> 0:28:14.816 Whether it's in the inpatient or
0:28:14.816 –> 0:28:17.17 the outpatient or the home setting,
0:28:17.17 –> 0:28:19.27 is that yet another medical bill
0:28:19.27 –> 0:28:22.012 that's going to add to the financial
0:28:22.012 –> 0:28:23.704 suffering that people have?
0:28:23.71 –> 0:28:25.43 Are these services generally
0:28:25.43 –> 0:28:26.72 covered by insurance?
0:28:28.07 –> 0:28:30.8 Thankfully, yes.
0:28:30.8 –> 0:28:33.648 Palliative care is considered
0:28:33.648 –> 0:28:35.784 a medical subspecialty,
0:28:35.79 –> 0:28:38.642 just as infectious disease,
0:28:38.642 –> 0:28:42.408 cardiology, neurology. So
0:28:42.408 –> 0:28:45.586 that part of the financial picture is

0:28:45.586 –> 0:28:48.846 really handled in a billing fashion

0:28:48.846 –> 0:28:51.556 just like any other subspecialty.

0:28:51.56 –> 0:28:54.17 Even similar to oncology or hematology.

0:28:55.277 –> 0:28:57.86 For the most part that would be

0:28:57.943 –> 0:29:00.203 covered by a private insurance

0:29:00.203 –> 0:29:03.31 as well as Medicare and Medicaid.

0:29:03.96 –> 0:29:06.192 Doctor Laura Morrison is an associate

0:29:06.192 –> 0:29:08.1 professor of medicine and geriatrics

0:29:08.1 –> 0:29:10.224 at the Yale School of Medicine.

0:29:10.23 –> 0:29:11.71 If you have questions,

0:29:11.71 –> 0:29:13.19 the address is canceranswers@yale.edu

0:29:13.19 –> 0:29:15.235 and past editions of the program

0:29:15.235 –> 0:29:17.101 are available in audio and written

0:29:17.162 –> 0:29:18.719 form at yalecancercenter.org.

0:29:18.72 –> 0:29:21.392 We hope you'll join us next week to

0:29:21.392 –> 0:29:23.994 learn more about the fight against

0:29:23.994 –> 0:29:26.784 cancer here on Connecticut Public Radio.