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Palliative care in intensive care units: why, where, what, who, when, how

Sebastiano Mercadante[1], Cesare Gregoretti[2] and Andrea Cortegiani[2*]

Anesthesia and Intensive Care Unit and Pain Relief and Supportive-Palliative Care Unit, La Maddalena Cancer Center, Via san Lorenzo 312, 90145 Palermo, Italy

Department of Biopathology and Medical Biotechnologies (DIBIMED). Section of Anestesia, Analgesia, Intensive Care and Emergency. Policlinico Paolo Giaccone, University of Palermo, Palermo, Italy

531 inpatient

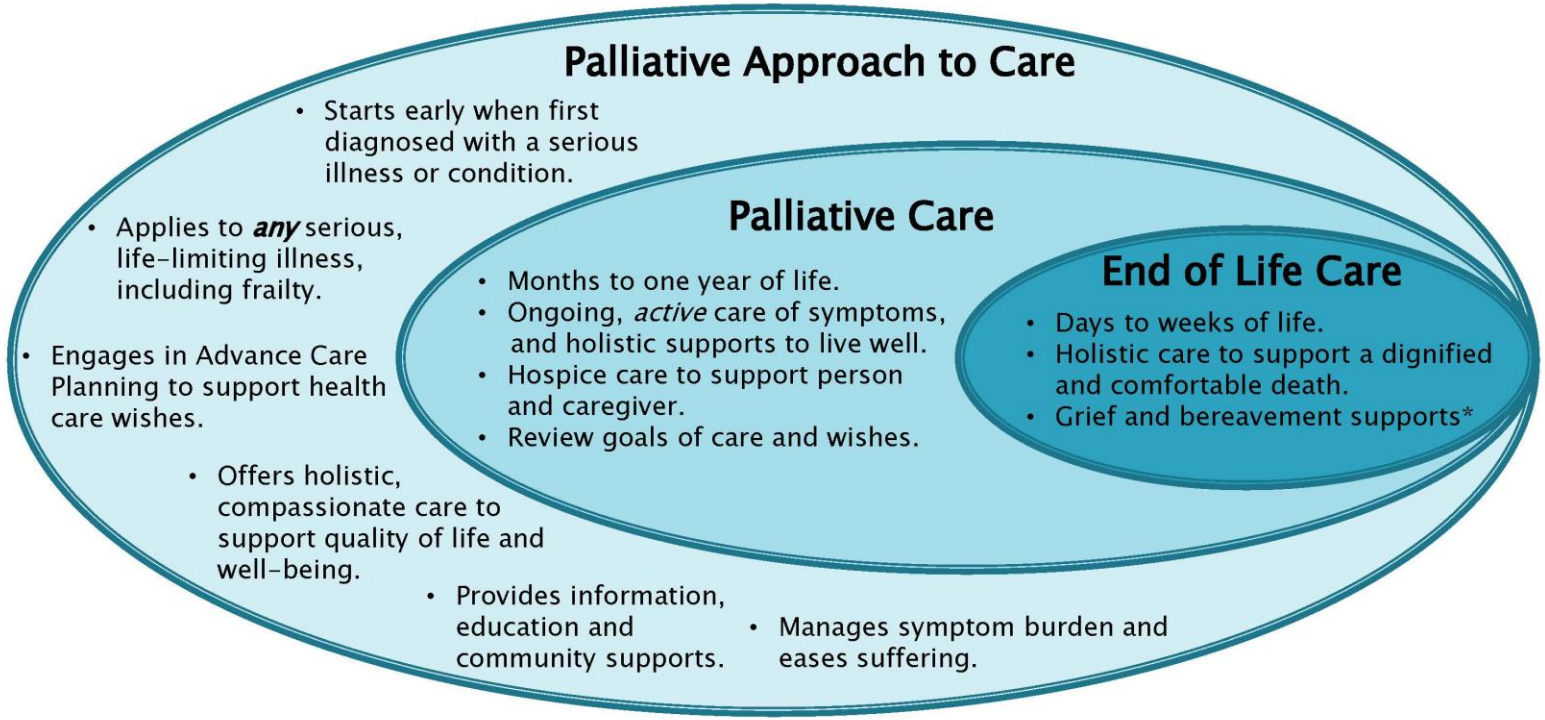


La Maddalena Cancer Center



Background

Understanding the Palliative Approach to Care Journey



*can be initiated at any time along the journey.

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Adapted from BC Palliative Centre for Excellence (2013)

ICU

- Aim :
  - Maintenance of vital functions to reduce mortality and prevent morbidity in patients with severe critical illness
- Mortality 25-30%
- 30% admissions in the last month of life

- ICU physicians should provide an acceptable death:

1. When the organ dysfunction of critical illness does not respond to treatment
2. The goals of care cannot be achieved anymore
3. When life support becomes to be non proportional to expected prognosis
4. When life-sustaining therapies are unable to meet the patient's goals, or paradoxically may result to be more burdensome than beneficial

Withdrawal? Withholding?

Challenges:

- Dying patients lack decision-making capacity
- Advanced directives

The Importance of Advance Directives

Why is an ADVANCE DIRECTIVE important?

An advance directive is important when you're badly hurt or have a serious illness that keeps you from making medical decisions for yourself. It tells your doctors and other health care workers what type of care you would like to have.

What is an ADVANCE DIRECTIVE?

Two parts of advance directives:



Part 1: Living Will - a form that states the type of medical treatment you want to receive as you near the end of your life and if you can no longer speak for yourself.

Part 2: Health Care Power of Attorney (POA) - allows you to name a person to make treatment decisions for you when you can't speak for yourself. This person can be a spouse, partner, parent, friend, or someone you trust to make health decisions for you.

When is the best time to create an ADVANCE DIRECTIVE?

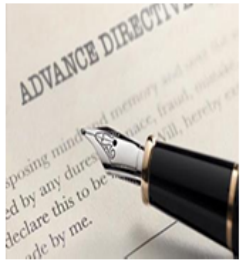
The best time to create an advance directive is when you are over 18 years old and capable of making your own medical decisions.

How to prepare an ADVANCE DIRECTIVE

❑ Step 1

Think about what kind of treatment you do or do not want in a medical emergency. (It is helpful to talk with your doctor about how your current health conditions might influence your health in the future. You can ask your doctor to help you understand and think through your choices before you put them in writing.)

❑ Step 2



Choose your health care agent. (This should be a person you trust to make medical decisions for you if you are too sick to make them yourself.)

❑ Step 3

Fill out the POA and Living Will forms.

❑ Step 4

Give copies of your Advance Directive to your family, doctor, and health care agent.

If you do not have an Advance Directive now, talk to your doctor as soon as possible!

Challenges:

- Dying patients lack decision-making capacity
- Advanced directives, but most of the time, the medical team's decision
  - Complex& Emotionally draining
- Complications of polypharmacy
- No realistic overview
- Poor attention to the quality of life
- Communication with relatives

- Ease distressing symptoms
  - Sedatives
  - Analgesics
  - other non-pharmacological methods
- Communication
  - Decision-making process
  - Autonomy
  - Capacity determination
  - Surrogacy

Symptoms in ICU

Patient

- Pain
- Thirst
- Anxiety
- Sleep disturbances
- Dyspnea

Family

- Depression
- Fear
- Anxiety
- Fatigue
- Anorexia
- Early PTSD

The situation looks like therapeutic obstinacy ...

Is it time to withhold life supports?

How should I discuss with his family?

Should I call the palliative care service for consultation?

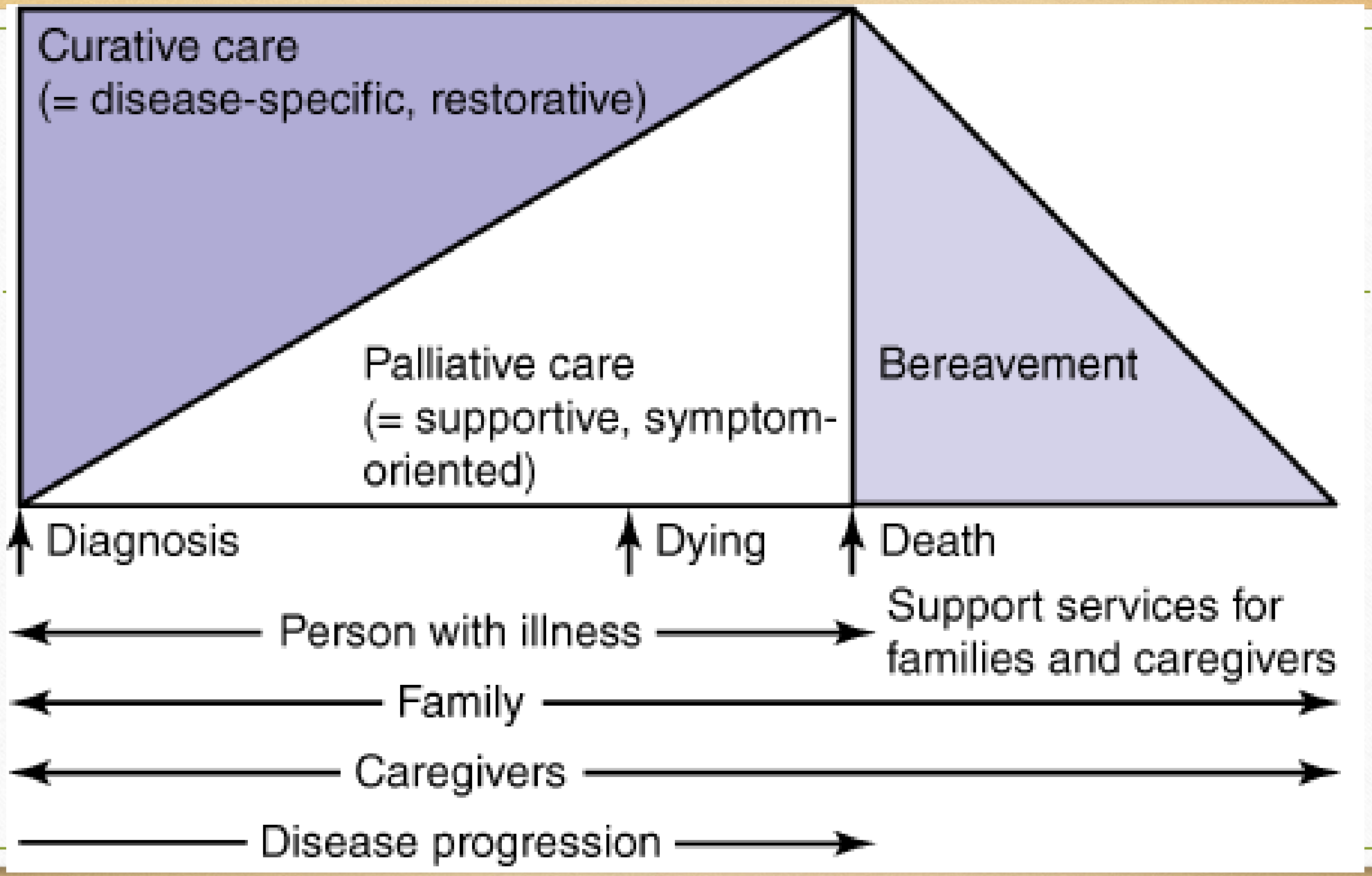


Palliative Care/Medicine

- Palliative care is patient and family-centered care with the aim of optimizing quality of life by anticipating, preventing, and treating suffering, providing a **comprehensive management** of patients facing incurable diseases, regardless of age, diagnosis, or prognosis.


PALLIATIVE MEDICINE
Pain Management
Distressing symptoms*
Nutritional support
Psychological Support
Grief and Bereavement Support
Empathetic communication
Hospice / Home care
Advance Care Planning
Support for caregivers


Palliative Care
Structures and processes of care
Physical aspects
Psychological/ psychiatric aspects
Social aspects
Spiritual, religious and existential aspects
Cultural aspects
Care near the end of life
Ethical and legal aspects


Curative care
(= disease-specific, restorative)
Palliative care
(= supportive, symptom-oriented)
Bereavement
Diagnosis
Dying
Death
Person with illness
Support services for families and caregivers
Family
Caregivers
Disease progression

Palliative care focuses

- Physical
- Psychological
- Spiritual
- Capacity to communicate and share decision-making
- Reducing the burden for caregivers

Oxymoron


Awfully Good Examples of Oxymorons
yesterday's news
CHOCOLATE BAR
Silent Scream
Old News
Bittersweet
Lead Balloon
Civil War
Plastic Silverware
Jumbo Shrimp
Paper Towel
Working Vacation
Negative Income

Talking Medicine Vs Technical Medicine

Why?

- In the ICU, a dying patient has distressful symptoms (27-75%)
  - 1/3 Delirium
  - 57% Traumatic Stress
  - 70-80% Anxiety & Depression
- Do all patients need palliative care in the ICU?
  - 14-20%

- Care at the end of life in the ICU should not include managing pain and symptoms only

but also

- supporting death dignity and respect, which are typical issues necessitating palliative care

Family satisfaction in ICU:

- Good-quality communication
- Support for shared decision-making
- Specific patient-care measures

Where?

- unfit for further aggressive treatments → transfer to a palliative care setting

- where there are physicians having certification in hospice and palliative medicine, and withdrawal procedures are commonly used in end-of-life care patients.

Palliative Care vs Hospice




I'll be a
window in
your home



What?

What?

- Physical and psychological symptoms
- Spiritual and existential distress
- Prognostication
- Communication about care goals in relation to patient values and preferences
- Ethical and legal aspects of decision making
- Transition planning
- Care during the dying process
- Family support, including grief and bereavement care
- Palliative Sedation

Who?

- The general palliative care issues should be responsibility of all ICU clinicians
  - knowledge and skills for symptoms management
  - appropriate techniques of communication
  - capability in sharing decision-making based on patients' values, goals and preferences

- Integrative Model
- Consultant Model
- Mixed Model

When?

- Dichotomous?
- the primary goal of each discipline is the secondary goal of the other
- Discussions about the changes of goals of care and a more proportional level of treatment should be started early in the ICU

How?

Core Aspect

- Basic symptom management

- Discussion of goals of care in relation to the patient's prognosis and preferences

Withdrawal & Withholding

- not homogeneous worldwide
- legal, political, religious issues
- The capacity of withdrawal or withholding aggressive and futile treatments should belong to the armamentarium of any ICU clinician

Opioids

Dying without distressing signs is practically possible and ethically feasible, as this does not hasten death

After Consultation

- 29% of patients were disconnected from mechanical ventilators
- 16% of patients discontinued the use of inotropic support
- 15.3% stopped artificial nutrition
- 6.4% stopped dialysis
- 2.5% discontinued hydration.

- 33% DNR before
- 83.4% DNR After consult

- Survival the same

Conclusion

- Although different approaches but the same concept

- both model of intervention, either consultative or integrative, may decrease hospital and ICU staying and do not affect mortality

- Barriers:
  - misperception of critical care and palliative care as sequential processes rather than complementary and simultaneous
  - unrealistic expectations
  - concerns that palliative care may hasten death

Enhanced professional education and training in **palliative care** are the means for the necessary changes to ensure that all critically ill patients and their families have access to an excellent level of palliative care able to successfully meet their needs