Palliative Pearls from Prevalent Pitfalls

Jeanie Youngwerth, MD
University of Colorado School of Medicine
Associate Professor of Medicine, Hospitalist
Associate Program Director, Colorado Palliative Medicine Fellowship
Director, University of Colorado Hospital Palliative Care Service

- No interests to disclose

Objectives

- Discuss oncology guidelines on integration of palliative care
- Review medical decision making for unrepresented patients
- Describe a roadmap for responding to requests for medical aid in dying

Patient #1

28 y/o F with advanced metastatic melanoma

- s/p 1 month ICU stay with MOF due to complications from immunotherapy
  - s/p Vent; s/p RRT
- Transferred back to floor team
- Discussion at MDT rounds
  - "Not ready for palliative care"
    - Young age; children
    - Medical field
    - Not less than 6 month prognosis
    - Husband "fighter"

Pitfalls

- Assumptions
  - Age matters
  - Will upset them
  - Medical professionals don't need - they "know"
  - < 6 months prognosis
  - "Not ready…" "Not there yet…" "Fighter…"

Palliative Care: What is it?

- Well-being and QOL
  - Provide the opportunity to discuss what matters most
  - Match to plan of care

Palliative Care: What is it?

- Specialized medical care for people with *serious* illnesses
- Goal improve QOL for patient and family
  - Relief of pain, symptoms, stress
  - Extra layer of support
- ***In***dependent of prognosis
- Any age

CAPC Public Opinion Research 2011.

American Society of Clinical Oncology (ASCO)

What are ASCO's recommendations for specialized palliative care?

1. Recommend palliative care to all patients with brain metastasis
2. Recognize that palliative care can conflict with enrolling patients in trials
3. Palliative care should be recommended after 3rd line therapy
4. Recommend palliative care within 6 months of diagnosis
5. Palliative care should be provided early on with an advanced cancer

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ASCO: Standard of Cancer Care

- Patients with advanced cancer should receive dedicated palliative care services, **early** in the disease course, **concurrent** with active treatment
  - Recommendation strength: strong
- Early = within 8 weeks of diagnosis
- Advanced cancer = distant metastases, late-stage disease, cancer that is life limiting, and/or with prognosis of 6-24 months

Ferrell: J Clin Oncol 2017.

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Pearl

- Advanced cancer → early palliative care

Patient #2

- 43 y/o M with ESLD in ICU
  - Intubated, 2 pressors, CVVH
  - Obtunded, not on sedation
  - Oozing blood from rectum
  - Not a transplant candidate
- GI scope?
- Code status?
- No prior advance directives

Healthcare Decision Maker

- All interested parties
  - Brought in by the police, found passed out on Colfax
  - Can't find any family, friends or interested parties

Unrepresented Patient

What is the best next step for someone with no interested parties (reasonable efforts made to find someone)?

1. Pursue a physician as his proxy decision maker
2. Obtain legal guardianship with medical decision-making powers
3. The attending can make his medical decisions
4. The attending can claim "futility"
5. Keep searching for an interested party

Pitfalls

- Assuming the patient's attending can act as proxy
- Waiting the lengthy process for a guardian appointment

All Interested Parties (Proxy Medical Decision Maker)

- Interested persons are a patient's spouse, parents, adult children, sibling or grandchildren, or any close friend of the patient
  - No hierarchy system
- Interested persons must make reasonable efforts to reach a consensus

Colorado House Bill 16-1101.

Physician as Proxy Decision Maker

- Reasonable efforts to locate interested parties
  - Can initiate process for guardianship for medical decision making
- Attending physician may designate *another* willing physician to serve as proxy medical decision-maker

Colorado House Bill 16-1101.

Physician as Proxy Decision Maker

- Lacks decisional capacity
  - Another physician or collaborating advanced practice nurse concur
- No interested parties found, willing and able
- Ethics committee agrees with appointment
- Document it

Colorado House Bill 16-1101.

End-of-life Tx Considered to be Non-Beneficial

- Attending physician must obtain/document in EHR
  - Independent physician concurring about prognosis
  - Written consent of the physician proxy
  - Consensus with the ethics committee
- Agreement
  - Attending
  - Physician Proxy
  - Independent physician
  - Ethics

Colorado House Bill 16-1101.

Pearl

- Option of Physician as Proxy concerning medical decisions for unrepresented patients
- Obtain an MDPOA before the opportunity is lost!

Patient #3

- 58 y/o F with end-stage metastatic uterine cancer
- Hospitalized with malignant bowel obstruction
- Requests prescription for medical aid in dying (MAID)
- What would you do next?

Navigating a Request for MAID

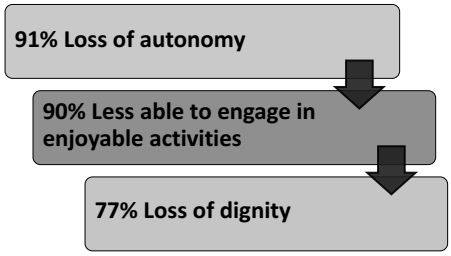
What is the best next step after a patient requests MAID?

1. Determine her/his eligibility
2. Begin documentation that her/his first oral request has occurred
3. Ask her/him more about the reasons for the request
4. Ask them if s/he is suicidal
5. Ask them who her/his prescribing physician will be

Pitfall

- Jumping straight to eligibility and the process

Reasons for Pursuing MAID



http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year19.pdf

MAID Position Statements

- AAHPM- studied neutrality
- HPNA- oppose
- NHPCO- oppose
- AMA- oppose

AAHPM 2016; HPNA 2011; NHPCO 2005; AMA: Annals.org 19 September 2017.

Provider Stressors

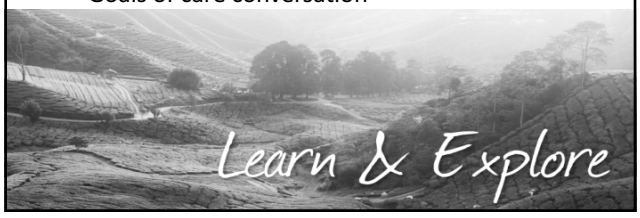
- Will I violate my personal/professional ethics
- Will I be responsible for my patient's death
- Will I lose the respect of valued colleagues
- Will I have failed to provide adequate pain and symptom management, or good palliative care
- Will my patient feel abandoned or judged
- Will my patient commit suicide

Check-In

- Morals
- Ethics
- Emotions

When Asked…

- Explore
  - Goals of care conversation



MAID Roadmap

1. **Explore the person behind the request**
2. **Explore the underlying reasons for the request**
   - Where is suffering arising from
   - Emotional, spiritual, situational, physical factors
3. Explore alternatives
   - Risks / benefits / burdens
4. Explore a mutually acceptable plan
   - Your commitment to care for the patient
5. Explore colleagues' input

AAHPM Advisory Brief: Guidance on Responding to Requests for Physician-Assisted Dying http://aahpm.org/positions/padbrief.

Explore

- I'd like to learn more about your request for MAID. In order for me to best help you, I need to learn more about you, in addition to your illness, and then how your illness has affected you. Can you first start with telling me a bit about yourself, before you were diagnosed with cancer…
- It sounds like your illness is really impacting your quality of life- can you tell me more about that?
- What are you worried about most looking forward? Hoping for most?

Explore

- When did things change for you? What changed?
- What is going on now that you are asking about MAID?
- Are you hoping for help in hastening your death or hoping to improve your quality of life?
- What do you hope will be better if you pursue MAID? What do you think may be worse?

Explore Alternatives

- "Comfort care, palliative care, hospice care, and pain control"
- Stopping burdensome therapies and/or medications, oral or artificial fluids and nutrition

Colorado Article 48: End of Life Options.

Pearl

- A request for MAID is an opportunity to explore more about the person
  - Goals of care conversation

Take Home Pearls

- Advanced cancer → early palliative care
- Option of Physician as Proxy concerning medical decisions for unrepresented patients
- Request for MAID is an opportunity to explore more about the person