

# Palliative Care at Harborview Medical Center

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## What is Palliative Care?

“Palliate” means to ease, and the focus of palliative care is to ease the suffering that results from a life-threatening or life-limiting illness. Palliative care provides treatment for symptoms, even when the underlying disease cannot be cured. The goal of palliative care is to maximize comfort and assure that medical care supports the patient and family in living the best quality life possible given their unique values and goals.

Palliative care recognizes that patients and families are experts at knowing who they are and how they want to live their lives. The medical team is expert at treating complicated illness. The best medical care occurs when patients, families, and the medical team work together in developing a plan of care.

Palliative care can be given in addition to whatever care patients are already receiving.

## Our Palliative Care Specialists

At Harborview Medical Center, our Palliative Care Service provides specialists who are experts at caring for patients with complex illness where there are no easy answers as to what is the best medical care. We work in collaboration with your primary medical team to help reduce pain and other distressful symptoms and provide support to patients and families.

## Patients and Families Benefit from a Palliative Care Consult when:

- There are difficult symptoms such as pain, nausea, or shortness of breath that compromise the ability to continue treatment and are difficult to manage
- Team/patient/family needs assistance with complex decision-making and determination of goals of care, including addressing DNAR issues
- Curative therapies are no longer effective and the goals of care are changing
- There have been recurrent admissions for treatment of advance illness
- In an ICU setting with documented poor prognosis, or
- Prolonged stay in the ICU and/or transferred from ICU to ICU setting without evidence of progress
- There has been a significant injury or medical event that will result in permanent life changes that may effect quality of life as determined by the patient or family
- There is no documentation of discussion regarding wishes and treatment preferences if the medical conditions worsen
- Patients, families, or significant others are experiencing emotional distress or loss of hope
- Uncontrolled psychosocial or spiritual issues related to end-of-life
- Prolonged length of stay (>5 days) without evidence of progress for patients with a life-limiting illness

## The Palliative Care Team Assists with Care Planning

The palliative plan of care should address:

- Symptom and side effect management
- Family and patient understanding of disease status, preferences regarding treatment goals, and hopes for medical care outcome
- DNAR status
- Advance directives
- Religious/cultural rituals preferred
- Wishes for care before and at the time of death
- Care setting (e.g., space for families, privacy, attention to the environment)
- Goals of medical care
- Decision-making needs and priorities
- Discharge options

### To request palliative care

All consults are completed within 24 hours of referral. After the visit, our program will work with the primary medical team to make suggestions for care. A palliative care specialist will visit daily as long as the patient or family continue to benefit from our services.

A request for a Palliative Care consult can be made 24 hours a day, 7 days a week. You can also call for more information about the palliative care service.

For more information about Harborview's Palliative Care Service, please call our message phone at (206) 731-3409, or call the Harborview paging operator at (206) 731-3000 and ask to have the Palliative Care Clinician on-call paged.

## Palliative Care Case Studies

Mr. Johnson is a 54 year-old male with end stage liver disease. He was initially admitted to the MICU Service for a GI bleed (his second admission for this diagnosis within 9 months). After a short course of critical care, he was transferred to the medicine team. He has ascites, encephalopathy (significantly improved), and coagulopathy. Lifestyle issues prevent him from being a transplant candidate. He has no advance directives, including no known legal next of kin or durable power of attorney for healthcare. He is "full code" and "wants everything done." There is no documentation in Orca indicating that advance directives have been addressed during clinic visits.

Identify the palliative care issues for Mr. Johnson:

- A. Life-limiting illness, although not actively dying at present
- B. Goals of care are not clear
- C. No evidence of advance care planning
- D. All of the above

The correct answer is D. Mr. Johnson's end stage liver disease is a life limiting illness. Although not actively dying at present, based on his ascites, encephalopathy, coagulopathy, and now two GI bleeds his prognosis is very poor. The goals of care are not clear which indicates that the patient may not understand his diagnosis or prognosis, and therefore not be able to make informed decisions regarding his care. He has no written advance directives, no DPOA-HC, and is "full code." Because the patient's end stage liver disease is terminal, all treatment interventions are palliative. An understanding of what gives the patient's life meaning is essential to assisting him with establishing realistic goals of care. The Palliative

Care Consult Service provides expertise in all of these areas, and can assist both the patient and the team with this process.

Given his medical and social factors, what is Mr. Johnson's prognosis (or any patient with this diagnosis)?

- A. Less than 1 year
- B. Less than 2 years
- C. Less than 5 years
- E. Difficult to predict. Time until death is less important than acknowledging patient has a terminal illness and needs palliative care before the next crisis.

The correct answer is E. Based on the evidence it is highly likely that the patient's prognosis is less than one year. Because many complex factors are involved in prognostication, it is always difficult to predict. It is more important to acknowledge the terminal diagnosis, and to assist the patient and family with establishing goals of care that will guide future treatment decisions.

What does the evidence support in terms of outcomes of CPR for Mr. Johnson, or other patients with advance illness or age?

- A. There is no evidence to support outcomes of CPR in patients with ESLD
- B. He would likely survive with no neurological deficits
- C. He has a less than 5% chance of surviving until hospital discharge, and if he did, he would likely have some level of ischemic injury
- D. The outcomes are not relevant; if he wants CPR, he should get it

The correct answer is C. There is an abundance of literature related to outcomes of CPR available. According to a NEJM study, the public's understanding of CPR arises from television, where greater than 80% of patients receiving CPR survive with no functional deficits. DNAR and CPR discussions should **NEVER** be conducted as stand alone topics. They must **ALWAYS** be done in conjunction with discussing/establishing goals of care. Only then are patients able to better understand how CPR will or will not assist them with achieving their goals. The following phrases should be **AVOIDED** when discussing CPR:

1. What would you like us to do if you heart stops?
2. Do you want us to do everything?
3. Do you want us to start your heart if it stops?
4. If we do CPR we will break your ribs and you will need to be on a breathing machine—you don't want us to do that - do you? Effective DNAR and CPR conversations require skill and expertise that can be acquired only with **SUPERVISION**. These conversations should not be relegated to inexperienced members of the team until competency has been established.

How might the Palliative Care Consult Service assist with any or all of the issues identified above?

- A. Advance care planning
- B. Assistance with establishing goals of care
- C. Education for the patient and the team regarding palliative care issues
- D. All of the above

The correct answer is D. The Palliative Care Specialists at HMC are national clinical leaders in the field. As such, they provide assistance and teaching with all of the above issues either directly through patient and family consultation, or indirectly through medical education.

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