Talking About Death

Why, When and How to Ask for Help

Tracey M. Piparo, PA-C
Inpatient Palliative Medicine
RWJBarnabas, New Jersey
PAHPM Outreach Chairperson

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I have no disclosures to share.

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I don’t understand why everyone makes the grim reaper out to be a bad guy. I mean, he’s just taking you to the afterlife. It’s not like he’s the one who killed you. Imagine if you had to go alone, it’s actually quite nice of him to walk with you.

#normalizedeathanddying

At the end of this session, participants should be able to:

- Review and discuss which seriously ill patients are appropriate for goals of care conversations in a primary care and/or specialty setting
- Identify patients requiring specialty palliative care
- Formulate treatment plans focused on patient-centered care by integrating knowledge from specialty palliative care consultations
- Reflect on the benefit and impact of palliative care on patients, families, and the clinical care team

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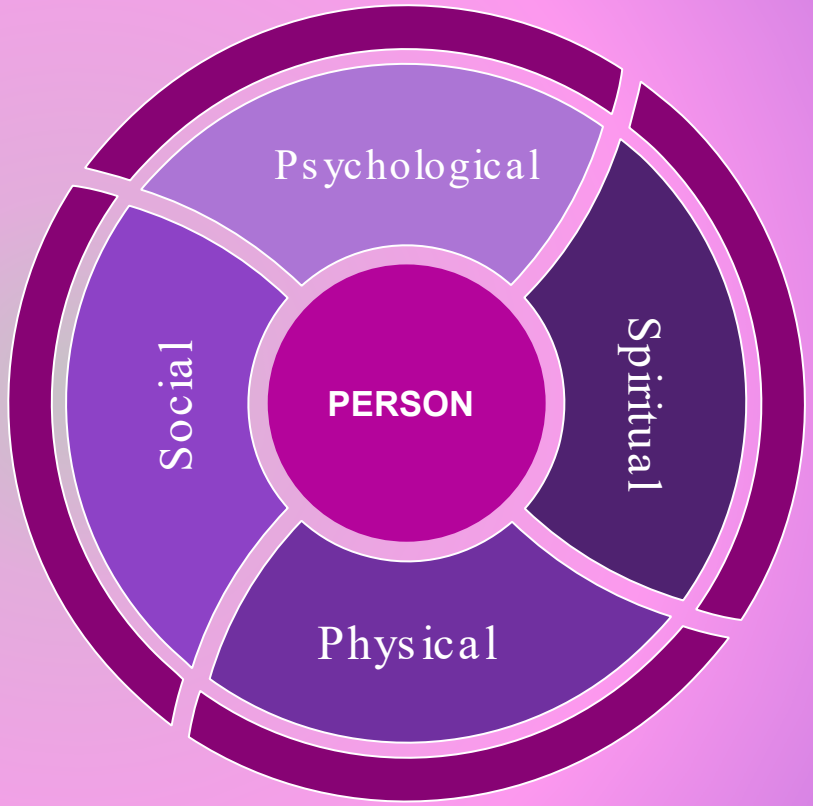
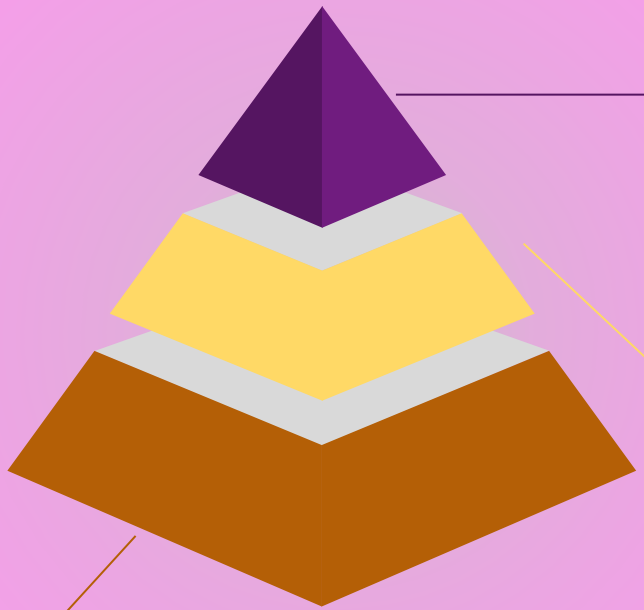
Person Centered Care



Primary Palliative care need and possible interventions



3

High Risk

Dying in 1-2 years,
Consider specialty PC.

2

At Risk

Serious illness,
Symptom management
GOC, EOL concerns

All

1

Advance directive
Surrogate/ HCP/ EHR

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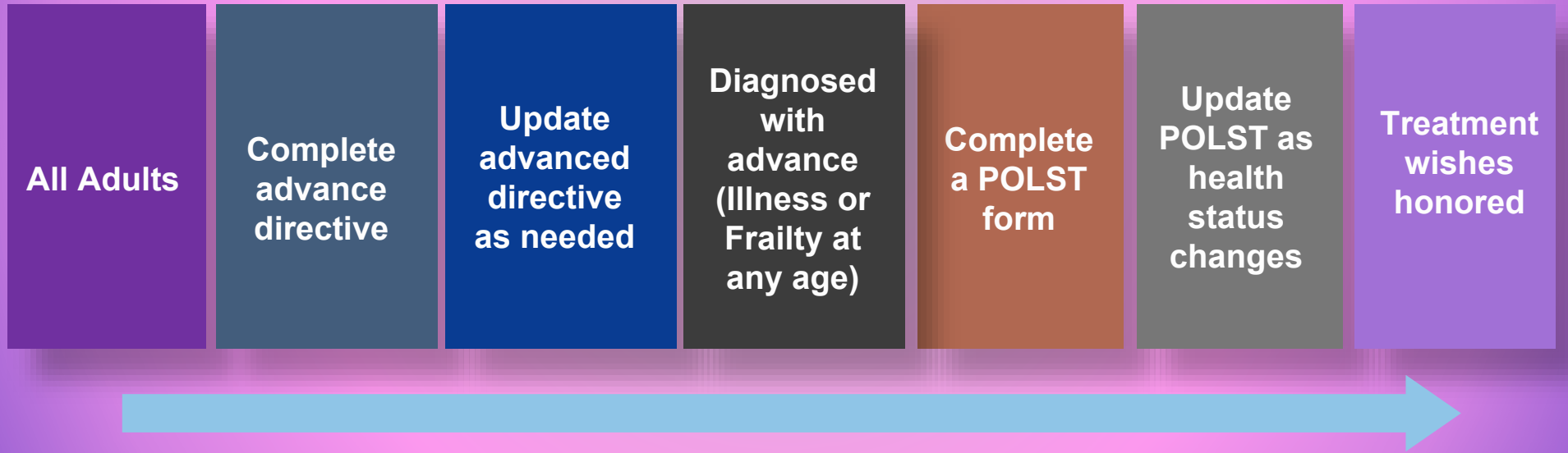
How Advance Directive and POLST form work together



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Goals of Care

Treatments that BEST align with a person's Goals and Values

A Person's Goals and Values ⟷ **Medical treatments**

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Who Are We Talking About?

Who may Benefit?

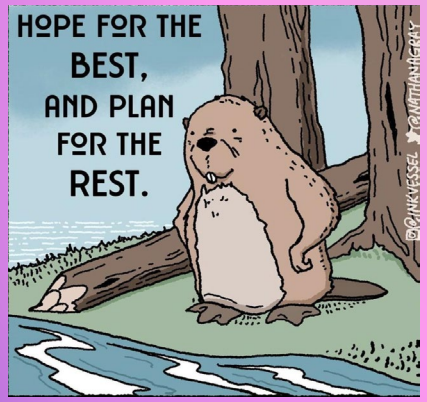
- Socially vulnerable
- Exhausted family members/caregivers
- High risk patients

What diagnoses may make you think?

- Advanced heart, lung, liver and kidney disease
- Dementia
- AIDS
- Disabling CVA and other neuro diseases
- Cancer

What may these patients look like?

- Frailty/wt loss (>10%)
- Cognitively impaired
- Multiple comorbidities
- Functional dependency
- Sentinel event



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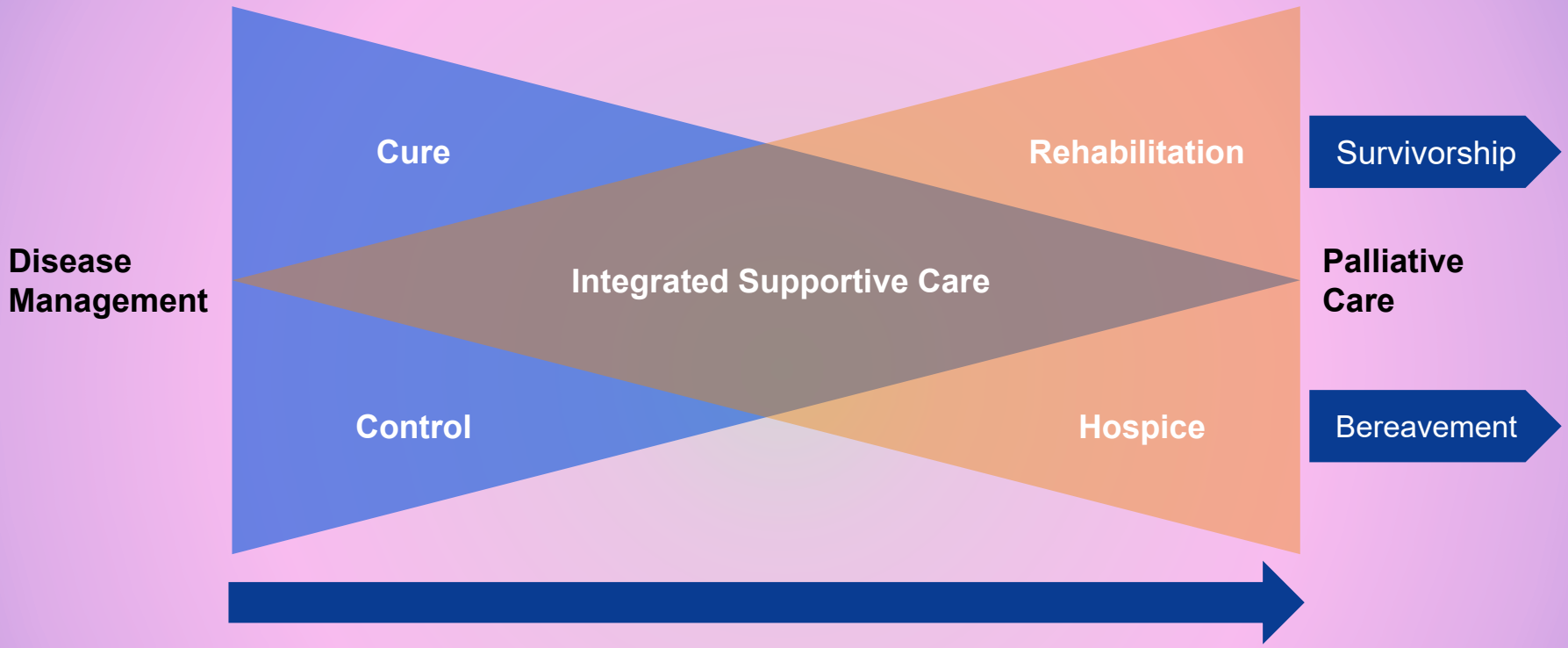
Primary Palliative Care

There are not enough Palliative clinicians (MD/DO, PA, APN, RN) for everyone that could benefit. Performing primary PC can offset that deficit.

- **Long standing relationship with patients. This helps you to be the best folks to have discussions regarding patients values, goals, ACP and code status.**
- **Basics of symptom management such as pain, dyspnea and fatigue etc**
- **Reduced inpatient and ED utilization**
- **Improved quality measure outcomes near end of life**



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What Can I Do?

Primary Palliative Care	Specialty Palliative Care

• Basic management of pain and symptoms
• Basic management of depression and anxiety
• Basic discussions about
  Prognosis
  Goals of treatment
  Suffering
  Code status
	• Management of refractory pain or other symptoms
	• Management of more complex depression, anxiety, grief, and existential distress
	• Assistance with conflict resolution regarding goals or methods of treatment
	  within families
	  between staff and families
	  among treatment teams
	• Assistance in addressing cases of near futility

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How can you start?

Identify those with serious illness

Offer PC early concurrent with disease directed treatment

- Primary or specialty

Discuss GOC throughout the illness

Document wishes and encourage patient to discuss with family as well as all other clinicians

Offer hospice as early as possible

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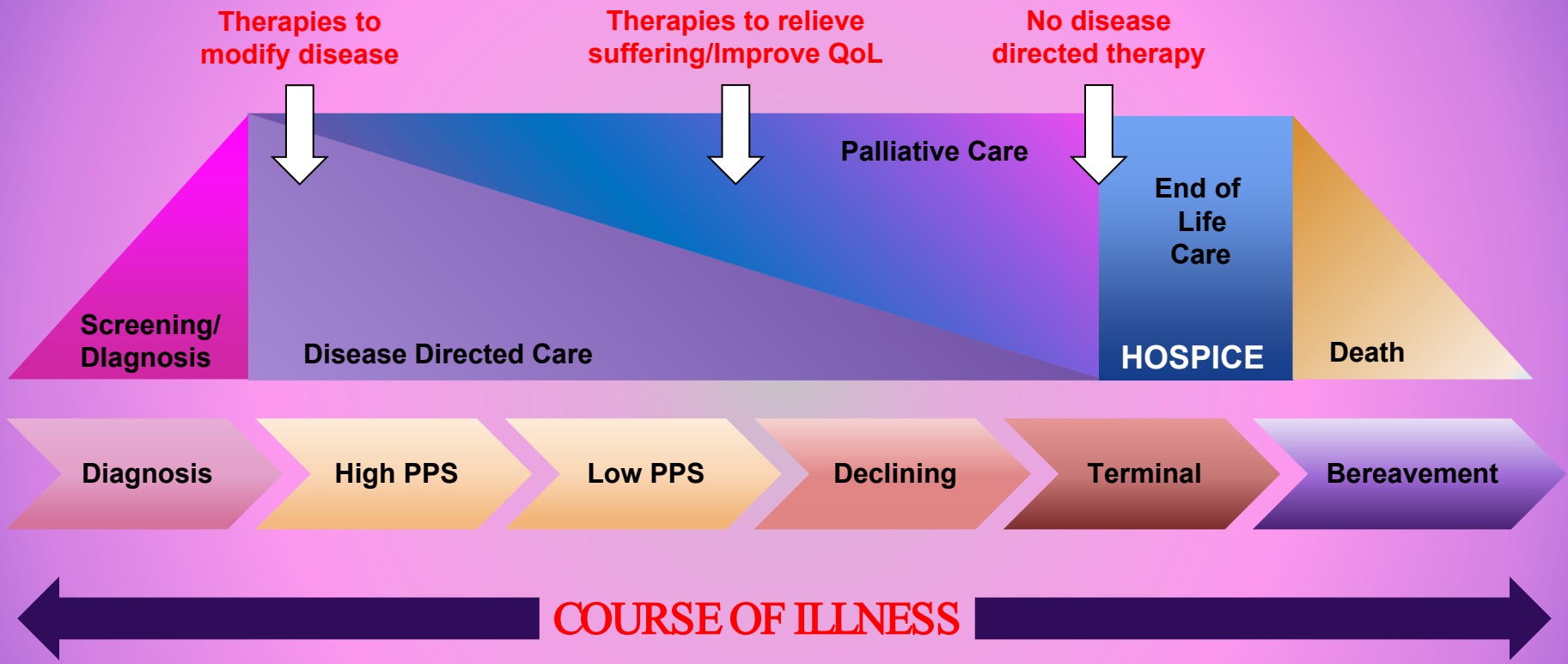

*PPS: Palliative Performance Score

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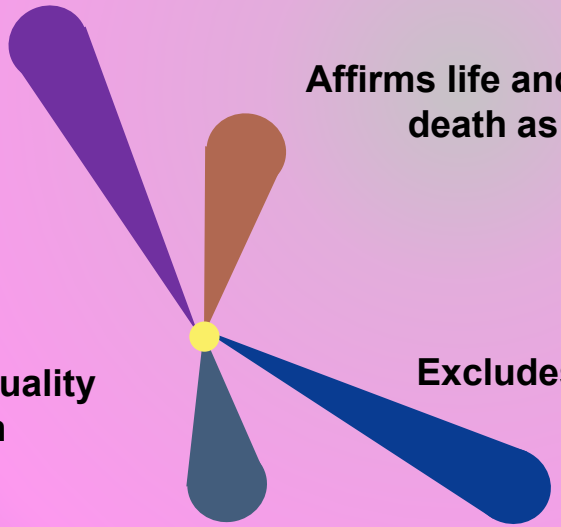
Specialty Palliative Care

Think of us for patients with complex needs

Provides relief from symptoms and stress of a serious illness

Affirms life and regards death as a normal process



Excludes nobody

Goal is to improve quality of life (QOL) for both patient and family

You can't give your life more time, So give the time you have left more LIFE.

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Expert management of Complex Patients

Extra layer of support – Emotional, spiritual, physical

Devoted to intense family meetings/ counselling

Based on needs of patient, not the prognosis

Expert management of complex physical & emotional symptoms – Pain, depression, anxiety, SOB, constipation, nausea

Skilled communication concerning expectations – care matches goals

Coordination and communication of care plans among providers

You matter because you are you. You matter to the last moment of y life, and we will do all we can, not to help you die peacefully, but also LIVE until you die.

–Dame Cicely Saunde

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What are you Afraid Of?

1. **Misperception**
   That PC is the same as hospice
2. **Uncertainty about disease trajectories**
   Difficult to know when specialty involvement is appropriate
3. **Patient preference**
   Patient preference to avoid more clinical appointments
4. **Organizational barriers**
   Organizational barriers preventing proper coordination

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Choosing Wisely®
CELEBRATING 10 YEARS

An initiative of the ABIM Foundation

Don't delay palliative care for a patient with serio illness who has physical, psychological, social or s distress because they are pursuing disease treatment.

Numerous studies—including randomized trials—provide evidence that palliative care improves pain and symptom control, improves family satisfaction with care and reduces costs. Palliative care does not accelerate death, and may prolong life in selected populations.

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Representative Primary and Subspecialty palliative care skills in each domain

Primary Palliative care skills	Subspecialty palliative care skills
Assessment/ Treatment of physical symptoms	
• Basic management of pain and other physical symptoms • Basic use of adjuvant pain relievers • Equianalgesic dose conversion	• Management of refractory pain and other refractory symptoms • Methadone transition – large doses of opioids being used • Addiction problems and serious illness
Psychological, social, cultural, and spiritual aspects of care	
• Basic management of depression/ anxiety • Exploration of psychosocial suffering, spiritual and religious views, and Basic exploratory family meeting	• Management of more complex depression, anxiety, grief, and existential distress • Severe religious/ spiritual suffering
Serious illness communication issues	
• Exploring patient goals in light of circumstances • Making recommendations about code status • Seeking consensus among treating professionals • Seeking consensus among patient and family	• Dying patients who want ‘everything’ • Major conflict among family members • Major conflict among treating teams • Requests about assisted dying
Care coordination	
• Coordinating care among specialists • Clearly defining the primary treating team • Managing transitions to hospice care, and out of hospital	• Transition to hospice with no clear provider • Patient/family major resistance to discharge • Conflict with the designated outpatient provider

Integrated Care after Specialty Referral

01 Support and continue conversations

02 Provide adequate documentation

03 Collaborative discussions – patient and family

04 Address prognosis when requested

05 Allow PC to manage complex symptoms

06 Coordinate with PC clinician

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What Can I Learn & Use?

Serious Illness Conversation Guide

1. Set up the conversation
2. Assess understanding and preferences
3. Share prognosis.
4. Explore key topics
5. Close the conversation.
6. Document your conversation
7. Communicate with key clinicians

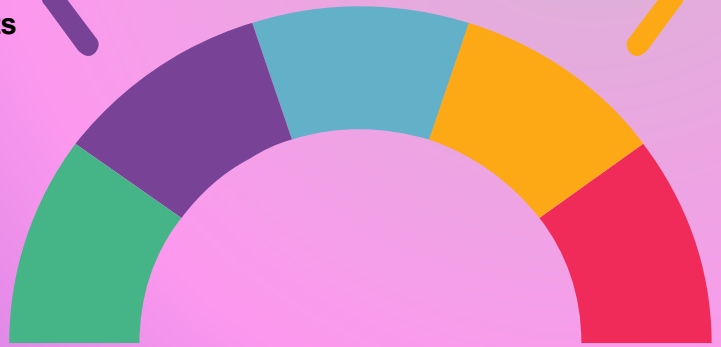
01 Improved Conversations

02 Reduction in emotional suffering – Especially cancer patients

03 More likely to receive care they want

04 Feel less distressed

05 Report better QoL



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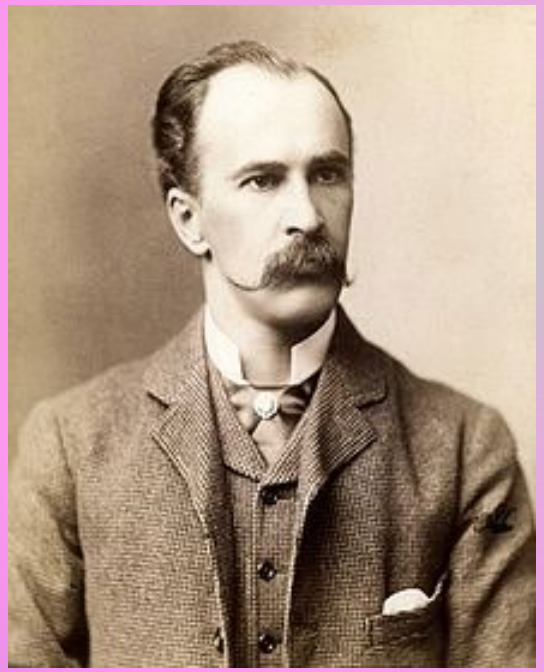
Impact of Palliative Care



‘Every patient you see is a lesson in much more than the malady from which he suffers.’

- Sir William Osler

Feeling a little lost after being in such a sacred space with him

Thank you for your help on this final journey. You helped through a difficult decision.

You're the first person who asked when I last showered.

I've dealt with illness and seen death for nearly 28 years. I've never experienced such beauty.

Build Your Toolkit

- **Vital Talk**
- **Center to Advance Palliative Care**
- **Prepare For Your Care**
- **Serious Illness Conversation Guide from Ariande Labs (Atul Gawande)**
- **PAHPM:** PAs in Hospice and Palliative Medicine
- **Conversation Project**
- **Stanford What Matters Most/Letter Project**
- **Facebook Group:** PAs are Perfect for PAlliative
- **NHPCO:** National Hospice and Palliative Care Org
- **American Academy of Hospice and Palliative Medicine**

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‘You treat a disease, yo
win, you lose. You treat
person, I guarantee you
you’ll win, no matter
what the outcome.’

–Patch Adams (1998)

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THANK YOU!

TPiparoPA@gmail.com

PsychoPompPA

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