Palliative Care 101
Green Lake and Waushara
Rural Palliative Care Coalition

METASTAR

WI | ORH
Office of Rural Health
Objectives/Focus

- Define Palliative Care
- Differentiation between Palliative Care and Hospice
- Define the Palliative Care Team
- Myths and Facts of Palliative Care
- Who can Benefit from Palliative Care
What is Palliative Care?

- Palliative Care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.
- Provided by a specially-trained team, palliative care specialists work together with a patient’s other doctors to provide an extra layer of support. Palliative Care is based on the needs of the patient, not the patient’s prognosis. It is appropriate at any age and at any point in a serious illness and can be delivered with curative treatment.
“Are they going Palliative?”

**Palliative Care is:**
- a recognized medical specialty
- a philosophy of care and an approach to the care of seriously ill patients

**Palliative Care is NOT:**
- a place
- a status
- limited by curative intent

Image: Sandor Weisz
How is Palliative Care Different from Hospice?
The Goal of Hospice

• The patient agrees to *stop* treatments intended to cure
• In return, the patient *receives* treatments and services designed to relieve suffering on many levels
  • Physical
  • Psychological
  • Social
  • Spiritual or existential
Non-hospice palliative care

• Appropriate at any point in a serious illness
• Provided at the same time as life-prolonging treatment
• No prognostic requirement, no need to choose between treatment approaches

Hospice palliative care

• Provides care for those in last weeks/few months of life
• Patients must have a two MD-certified prognosis of less than six months and give up insurance coverage for curative/life prolonging treatment in order to be eligible
Palliative Care...

- Does not have to be offered in place of curative/disease-modifying therapy
- Is not tied to a ‘place’
  - Can be provided in/out patient
  - Integrated into Primary Care Physician (PCP) role or specialist level
- Is not the same as hospice
  - Hospice is a form of palliative care
  - Hospice is the appropriate care when disease modifying treatment is no longer effective or wanted
Interdisciplinary Palliative Care (PC) Team Members
# Roles and Functions of PC Team Members

<table>
<thead>
<tr>
<th>Role</th>
<th>Function</th>
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<tbody>
<tr>
<td>Medical care</td>
<td>Provide consultation and/or management of portions or all of a patient’s care by a physician, sometimes with a nurse practitioner or physician assistant</td>
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<tr>
<td>Nursing</td>
<td>Provide comprehensive assessment and implementation of treatments; contribute extensive experience and expertise</td>
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<tr>
<td>Psychosocial care</td>
<td>Provide psychosocial assessment and support to patient and family unit; contribute expertise in family systems theory</td>
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<tr>
<td>Spiritual care</td>
<td>Help patient and family find meaning and hope in the transcendent dimension; work with community pastors as indicated</td>
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<tr>
<td>Pharmacy</td>
<td>Provide consultative expertise in drug therapy, drug interactions, and patient/family education</td>
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**Table 1. Roles and Functions of Palliative Care Service Members**

<table>
<thead>
<tr>
<th>Role</th>
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<tbody>
<tr>
<td>Administration</td>
<td>Ensure smooth functioning of the team and facilitate problem solving</td>
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<tr>
<td>Volunteers</td>
<td>Provide additional care and support to patient and family; contribute time, the most valuable commodity</td>
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<tr>
<td>Therapy</td>
<td>Provide adjunctive therapies designed to achieve the goals of care; treat both patients and families</td>
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Myth: Palliative care is the same as hospice.
Fact: Unlike hospice care, which is limited to the last six months of life, palliative care is appropriate at any age and any stage of a serious illness. It can be provided alongside of curative treatment.

Myth: If you accept palliative care, you must stop other treatments.
Fact: Your treatment choices are up to you. You can receive palliative care at the same time as treatment meant to cure you.
Palliative Care - Myths and Facts

Myth: If I elect palliative care, I can no longer see my regular doctor.

Fact: The palliative care team provides an extra layer of support and works in partnership with your primary doctor.

Myth: Palliative care shortens life expectancy.

Fact: Recent evidence shows that providing palliative care alongside standard care not only improves quality of life, but also extends the life of patients. This is particularly true when palliative care is added early in the illness.
Who can benefit from Palliative Care?

Serious illnesses may include:

- Cancer
- Heart disease
- Lung disease
- Kidney disease
- Alzheimer’s
- HIV/AIDS
- ALS
- Multiple Sclerosis
- Parkinson’s
Palliative Care Benefits

- Improved quality of life
- Fewer symptoms
- Less caregiver exhaustion
- Fewer Emergency Department visits and hospitalizations
What can I expect from Palliative Care?

Symptoms Relief
- Pain
- Shortness of breath
- Fatigue
- Constipation
- Nausea
- Loss of appetite
- Difficulty sleeping

You can also expect close communication and more control over your care. **In short, you can expect the best possible quality of life**
How do I start Palliative Care?

• You just have to ask for it!
• Tell your doctors and nurses that you would like to see the Palliative Care team.
• Check with your insurance to see if a referral is needed. Most insurances including Medicare and Medicaid cover palliative care.
To Find a Provider Near You

• [www.GetPalliativeCare.org](http://www.GetPalliativeCare.org)
• Ask your primary care provider
Questions?
Contact Details

Name
Organization
Full address
E-mail address
Phone