

Palliative and End of life Care



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Aims

- ▶ Overview of advance care planning
- ▶ Recognising symptoms when someone is approaching the end of their life
- ▶ The importance of communication



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Pancreatic cancer

- ▶ 5th commonest source of referrals to City Hospice
- ▶ UK stats: lowest survival of all common cancers five year survival less than 7%
- ▶ In Wales 1 year survival 24.5%
- ▶ 3 in 5 people are diagnosed at an advanced stage
- ▶ 7 in 10 people with pancreatic cancer do not receive any active treatment

Clinical history



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- ▶ Builder
- ▶ Returned from holiday
- ▶ Attended A&E abdominal pain

Investigations



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- ▶ Blood tests
- ▶ CT scan
- ▶ ERCP and biopsy
- ▶ OPA = telephone result of scan
- ▶ Referred for palliative care

Palliative medicine Assessment



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- ▶ Clarify understanding
- ▶ Communication
- ▶ Expectations
- ▶ Holistic assessment (physical, psychological, spiritual social)
- ▶ Symptoms (pain, GI, pancreatic function)
- ▶ Management plan for symptoms
- ▶ Introduce the concept of Future care planning

Communication



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- ▶ Relevance to all health professionals
- ▶ Establishing patients understanding
- ▶ Establish families understanding
- ▶ Correct misunderstanding
- ▶ Answer questions
- ▶ Consider implications

Communication



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Cardiff 6 point tool kit

- ▶ Comfort
- ▶ Language
- ▶ Listening & Silence
- ▶ Question style
- ▶ Reflection
- ▶ Summary



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Professional aims for the consultation

- ▶ Pain control - adjustments needed
- ▶ GI function
- ▶ Pancreatic function
- ▶ Discussion around 'what to do if health changes'
- ▶ Discussion with family
- ▶ Future care planning - what are his priorities?



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Person centred care

- ▶ Regular follow up
- ▶ Oral route for medication
- ▶ Titration of analgesia
- ▶ Laxatives
- ▶ Anti-emetics
- ▶ Check Blood sugar
- ▶ Short course of steroids?
- ▶ Referrals
- ▶ Exploration of his concerns and consider future care planning

Future care planning



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- ▶ Advance care planning
- ▶ Advance Directive to Refuse Treatment
- ▶ Lasting Power of Attorney



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Advance care planning

- ▶ A process of discussion between the patient & their healthcare providers to clarify their wishes in the context of an anticipated deterioration in their condition with attendant loss of capacity to make decision or communicate wishes

Advance care plan

Anticipatory prescribing

DNACPR

Appendix 1 – DNACPR Form (A&M)

Date of DNACPR order: _____

Review date: _____

Reviser date: _____


THIS ORDER WHILE ACTIVE MEANS:

1. Does the patient have capacity to make and communicate their own decisions?
If "YES" go to Box 2
If "NO?" you must of a valid Lasting Power of Attorney (LPA) or a valid Advance Decision (AD) over 18 relating CPR which is relevant to the current situation.
If "YES" go to Box 4
If "NO?", has the patient appointed a Welfare Attorney?
If "YES" they must be consulted.
All other decisions must be made in the patient's best interests.
Go to Box 2

2. Summary of the main clinical problems and relevant patient's best interests. Tick all that apply (you may tick more than one):
Clinical Summary:

Reasons:
Not in best interest/ harm from CPR > benefit
Patient refused CPR
This is a N/AAD
Other (please elaborate in patient's healthcare record)





NHS
Welsh Language
Cardiff and Vale
University Health Board

Advance Care Planning Record of Advance Care Plans & Preferences

ACP
A

Name:
Address:
Postcode:
GP and practice:

NHS no:
Date of birth:
Hospital no:

This form is to record the advance care wishes of a patient with mental capacity. The decisions recorded here are not legally binding, but should inform any clinical decisions made on behalf of the patient.

Date:

1 INVOLVING OTHERS IN DECISION MAKING

Have you appointed a Lasting Power of Attorney? Yes ☐ No ☐

Is it for health matters ☐, or financial matters ☐, or both? ☐

Name:

Tel no:

If not, is there someone you would like to be consulted if the doctors ever have to make treatment decisions on your behalf?

Name:

Tel no:

2 DEPENDENTS

Do you have anyone dependent on you for their care (e.g. children, partner or elderly relatives)?
Record who, what relationship, and age.

If so, have you made any plans for their care if you are unable to look after them?
Record brief details:

3 TREATMENT & CARE PREFERENCES / PLACE OF CARE

Have you ever made a "Living Will" - either an Advance Decision to Refuse Treatment (ADRT) ☐ or a written statement of your wishes about medical treatment? ☐

If so, what does it say and where is it kept? (Is a copy available in the medical records?)

If not already covered by the above -

Do you have a preference about where you would like to be cared for if you become less well, including when you are nearing the end of your life?

Advance Care Planning - Record of Advance Care Plans and Preferences

V11 - 21/11/2012

- 1 -

<http://wales.palcare.info>



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Advance decision to refuse treatment

- ▶ Legally binding
 - ▶ An advance decision to refuse specific medical treatment
 - ▶ Specify the medical circumstances
 - ▶ May include resuscitation
 - ▶ Effective when individual loses capacity to make decisions about treatment
- (including giving or refusing consent to treatment)



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ADRTs for ‘life sustaining treatment’

To be legally binding ADRTs of life sustaining treatment must be:-

- ▶ Written, signed by patient AND independent witness
- ▶ specify circumstances in which it should apply
- ▶ include the statement “even if my life is at risk as a result”
- ▶ involves assessment of capacity when made
- ▶ professional needs to consider validity before acting on it
- ▶ an ADRT cannot override comfort measures like warmth, shelter and basic care (hygiene and offers of food and water by mouth).



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Lasting Power of Attorney (LPA)

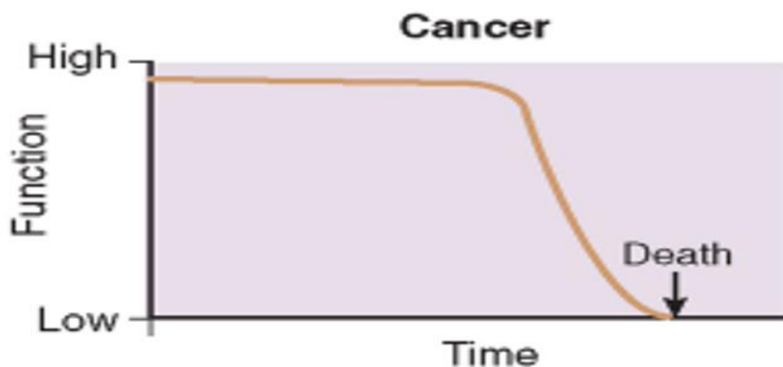
- ▶ Allows a person to choose other people to make decisions on their behalf should they ever lack the mental capacity to make decisions themselves.
- ▶ There are two types of LPA that are valid in England and Wales:
- ▶ **LPA for Health and care decisions** - this allows the attorney(s) to make decisions about treatment, care, medication and place of care.
- ▶ **LPA for financial decisions** - this allows the attorney(s) to make decisions about financial affairs e.g. paying bills, dealing with the bank and property
- ▶ Need to be registered with the Office of the Public Guardian



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Consider the cancer illness in context

- Place current situation into longer context





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Symptoms suggestive of deterioration in health

- ▶ Deteriorating performance status
- ▶ Fatigue
- ▶ Breathlessness
- ▶ Reduced oral intake - food, fluids
- ▶ Difficulty swallowing medication

Management of general deterioration



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- ▶ Identify the cause(s)
- ▶ Investigate and treat reversible causes appropriately
- ▶ Has the patient made any advance care plan which has a bearing on the situation?
- ▶ Consider is this an End Of Life event?
- ▶ Treat symptoms
 - ▶ Non- drug treatment - maximise independence, consider goals, revisit equipment and care needs
 - ▶ Family support
 - ▶ Drug treatment



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Preparation for End of life care

- ▶ Communication - patient
- ▶ Medication - rationalise and plan ahead
- ▶ Equipment
- ▶ Communication with the family (expectations, how to support, fears & concerns)
- ▶ Reiterate contact details for health professionals (palliative care, District nursing, GP OOH)
- ▶ What to do after death
- ▶ Communication with other health professionals



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Anticipatory medication

- ▶ Route
- ▶ Drug Availability
- ▶ Pain/breathlessness - morphine
- ▶ Vomiting - metoclopramide/levomepromazine
- ▶ Agitation - midazolam
- ▶ Respiratory secretions - hyoscine hydrobromide
- ▶ Water for injection
- ▶ Mouth care



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Specific symptoms: pain

- ▶ Common - SUPPORT study 40% 'had severe pain most of the time' in the last 3 days of life
- ▶ Investigate only if it will change management in the context of the individuals ACP & circumstances
- ▶ Consider alternative routes for medication
- ▶ Empower family members
- ▶ If on transdermal patches - continue patch and add subcutaneous medication to this as required



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Subcutaneous route

- ▶ Safe and reliable route to use for patients who are dying
- ▶ Can deliver regular medication or ‘just in case’ PRN medication
- ▶ Every patient should have provision for ‘just in case’ PRN medication

but

Not every dying patient needs a syringe driver

Summary



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- ▶ Communication - ongoing & multiprofessional
- ▶ Planning - progressive & evolving situation
- ▶ Essential for ongoing reassessment
- ▶ Support - based on patient & families preferences
- ▶ Safety netting

Questions?



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