

Palliative care & end of life care

Dr James Davies, Consultant in Palliative Medicine, City Hospice

Pancreatic
Cancer
UK

Who am I?



City Hospice
Caring for Cardiff

- Dr James Davies, Consultant in Palliative Medicine, City Hospice
- Lots like me around the country!

What we will cover

Palliative care

- What is palliative care?
- Benefits of palliative care
 - Breaking down the barriers to palliative care
- How to raise the subject with patients and families

End of life care

- Recognising someone as approaching end of life
- Communication around end of life care
- Support for end of life care in different settings

Pancreatic
Cancer
UK

Palliative care

Word cloud 1



What comes to mind when someone says ‘palliative care’?

Visit [menti.com](https://www.menti.com) and enter the code **2486 7713**, use the QR code or use the link that has been added to the chat.

Word cloud 2



What would you expect comes to a patient's mind when you say 'palliative care'?

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What is the most common intervention for patients with pancreatic cancer?

- Chemotherapy
- Best supportive care
- Surgery
- Radiotherapy
- Immunotherapy

- 'Best supportive care' is by far the most common intervention

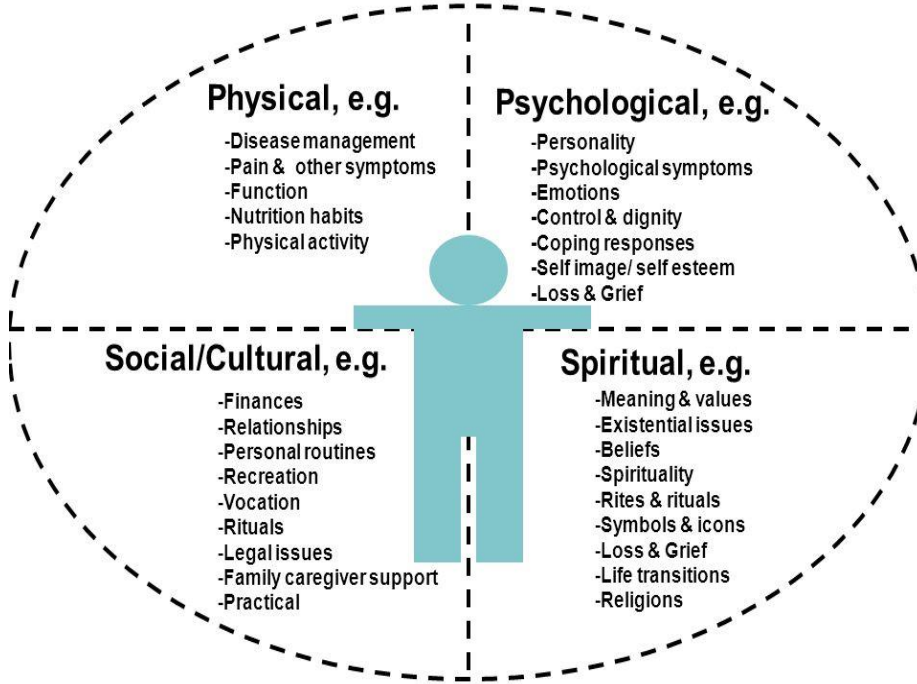
Pancreatic cancer

- 10th most common cancer, 6th most common cause of death
 - 25% alive at 1 year, 5% at 5 years
- Treatment for all stages (curative or palliative intent)
 - 28% chemotherapy
 - 10% surgery
 - 5% radiotherapy
- High symptom burden
- Potential for rapid deterioration

- Active anticancer treatment and best supportive care are not mutually exclusive
- Those undergoing active anticancer treatment should receive best supportive care alongside
- No active anticancer treatment does not = no treatment

What is palliative care?

Aspects/Domains of Holistic Care



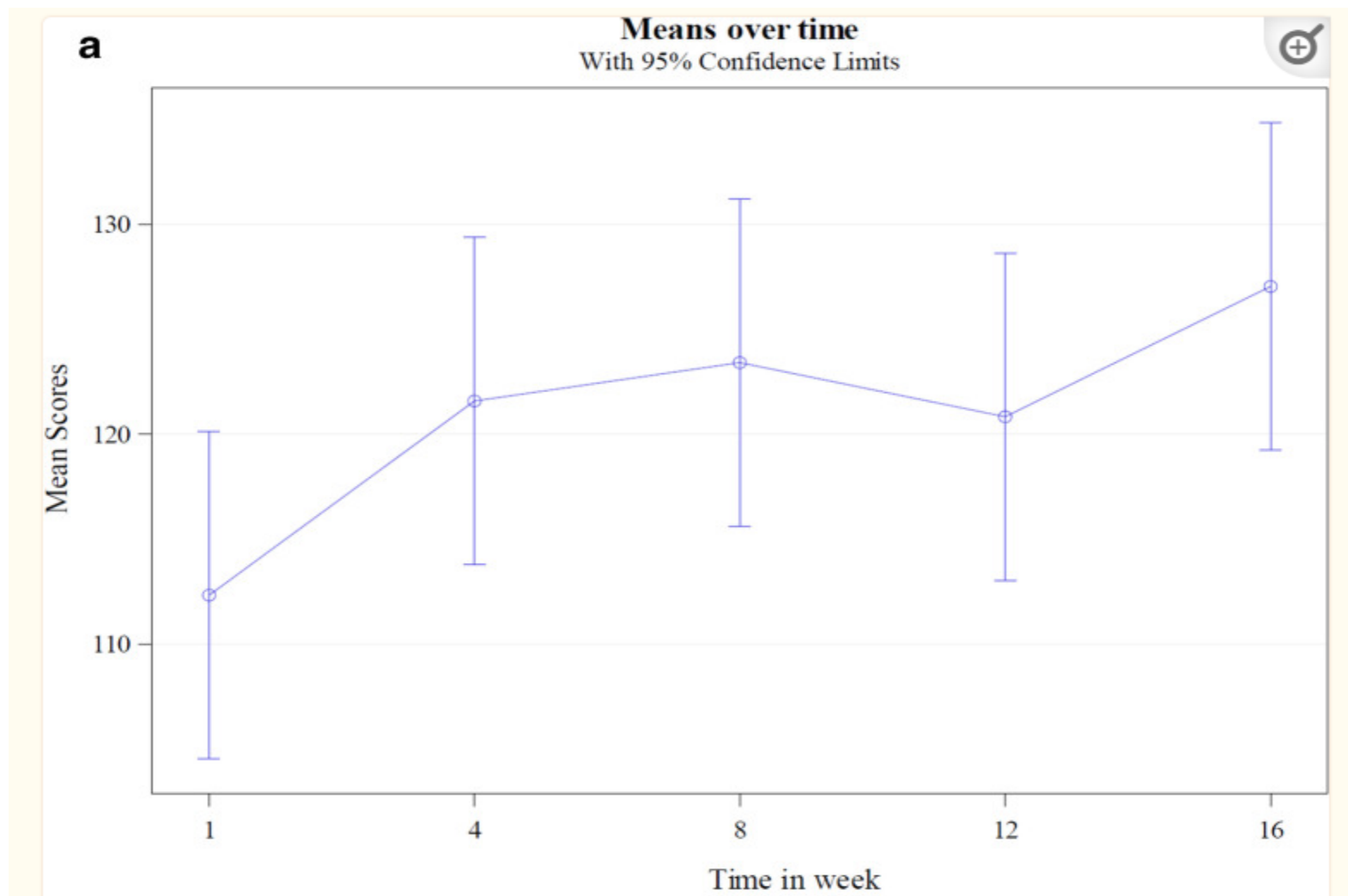
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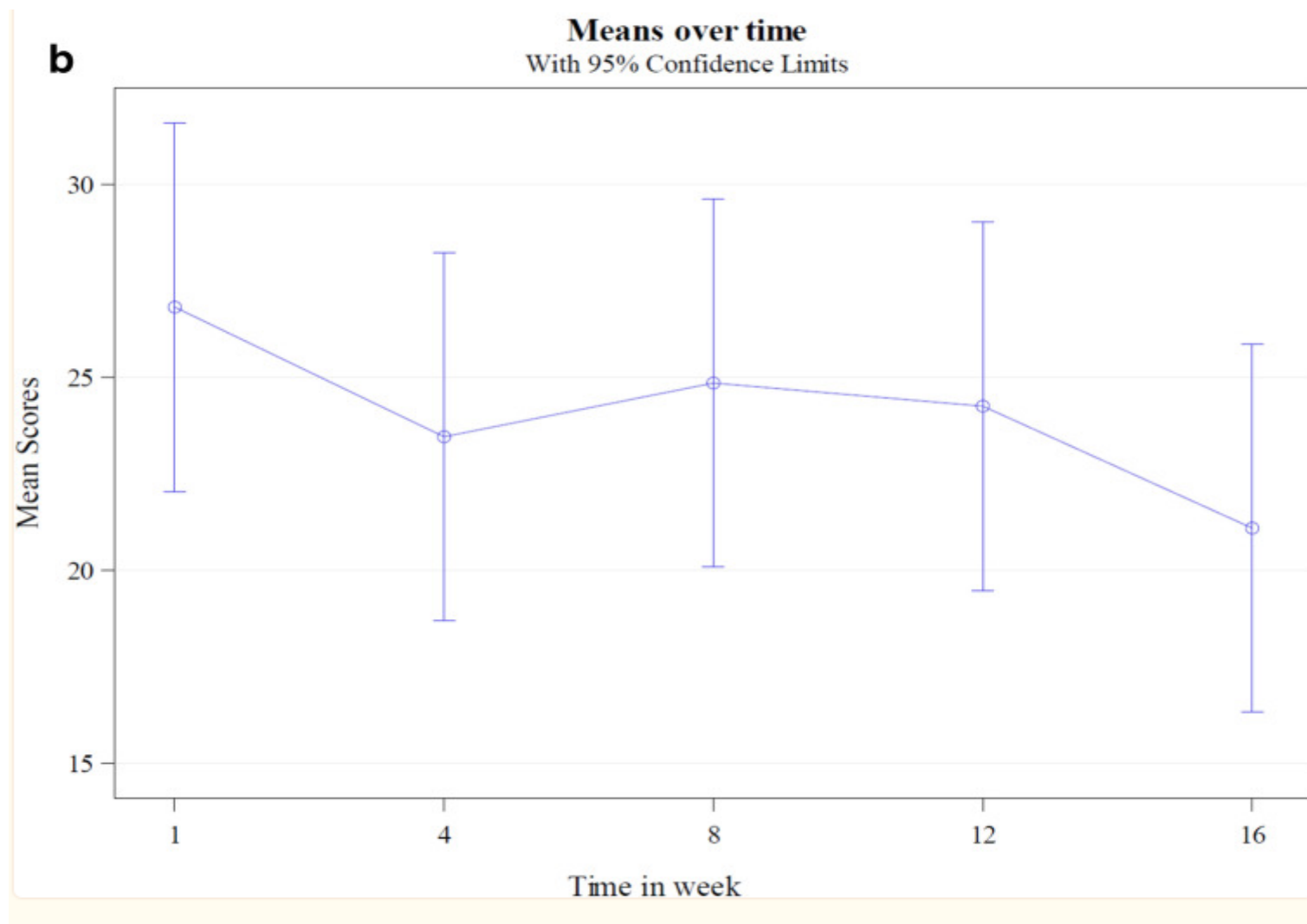
Advance care
planning

Communication

Benefits of palliative care: QOL scores



Benefits of palliative care: Symptom burden scores



Benefits of palliative care

- ?? Survival benefit: study of 151 patients¹ with metastatic NSCLC found improved symptom and QOL scores, but also better survival (11.6 vs 8.9 months); overall mixed results- I think at worst it will be neutral in terms of survival
- Less likely to be hospitalised and die in hospital²

1. Temel JS, Greer JA, Muzikansky A, Gallagher ER, Admane S, Jackson VA, Dahlin CM, Blinderman CD, Jacobsen J, Pirl WF, Billings JA, Lynch TJ. Early palliative care for patients with metastatic non-small-cell lung cancer. N Engl J Med. 2010 Aug 19;363(8):733-42

2. Seow H, Sutradhar R, Burge F, McGrail K, Guthrie DM, Lawson B, Oz UE, Chan K, Peacock S, Barbera L. End-of-life outcomes with or without early palliative care: a propensity score matched, population-based cancer cohort study. BMJ Open. 2021 Feb 12;11(2)

Word cloud 3



How do you feel when approaching the subject of referral to palliative care with patients and loved ones?

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Common scenario 1

- New patient in clinic
- Metastatic pancreatic cancer, with or without active treatment ongoing/planned
- Anxiety, verging on terror at word 'Hospice'
- How do I approach this?
- Everyone is an individual and has their own style, but in general people in palliative care are nice and can 'read the room'

Common scenario 2

- New patient in clinic
- Metastatic pancreatic cancer, with or without active treatment ongoing/planned
- Wants to plan everything
- Very open to discussions around advance care planning and end of life care
- 'I haven't been told enough'
- Communication will be much more direct



Communication top tips

- Honest, effective and empathetic communication is key to good care
 - Healthcare professional ↔ patient and loved ones
 - Patients ↔ loved ones
 - Healthcare professionals ↔ healthcare professionals
- Make sure you are all on the same page

Cardiff six point toolkit



- Comfort
- Language
- Listening and Silence
- Question Style
- Reflection
- Summary

What works for me

- Variations on the toolkit
- Adapting style
- Gaining a rapport
- Listening to my gut feeling, but sometimes pushing through
- Probing questions
- ‘What type of person are you?’
- ‘Can I talk openly?’
- ‘Can I carry on?’
- A bit of humour

If I were you ...

- Remember the holistic nature of what we all do
- Don't make the discussion focused on nothing but palliative care: part of a wider discussion on their general health, understanding of illness trajectory
- Please don't be falsely reassuring 'They'll just speak to you about your pain' 'Don't worry it's not about dying': brutal reality is for most it will be at some point which may be in the near future
- Take the opportunity when it arises to discuss
- You don't have to do it all
- Practice, practice, practice

End of life care



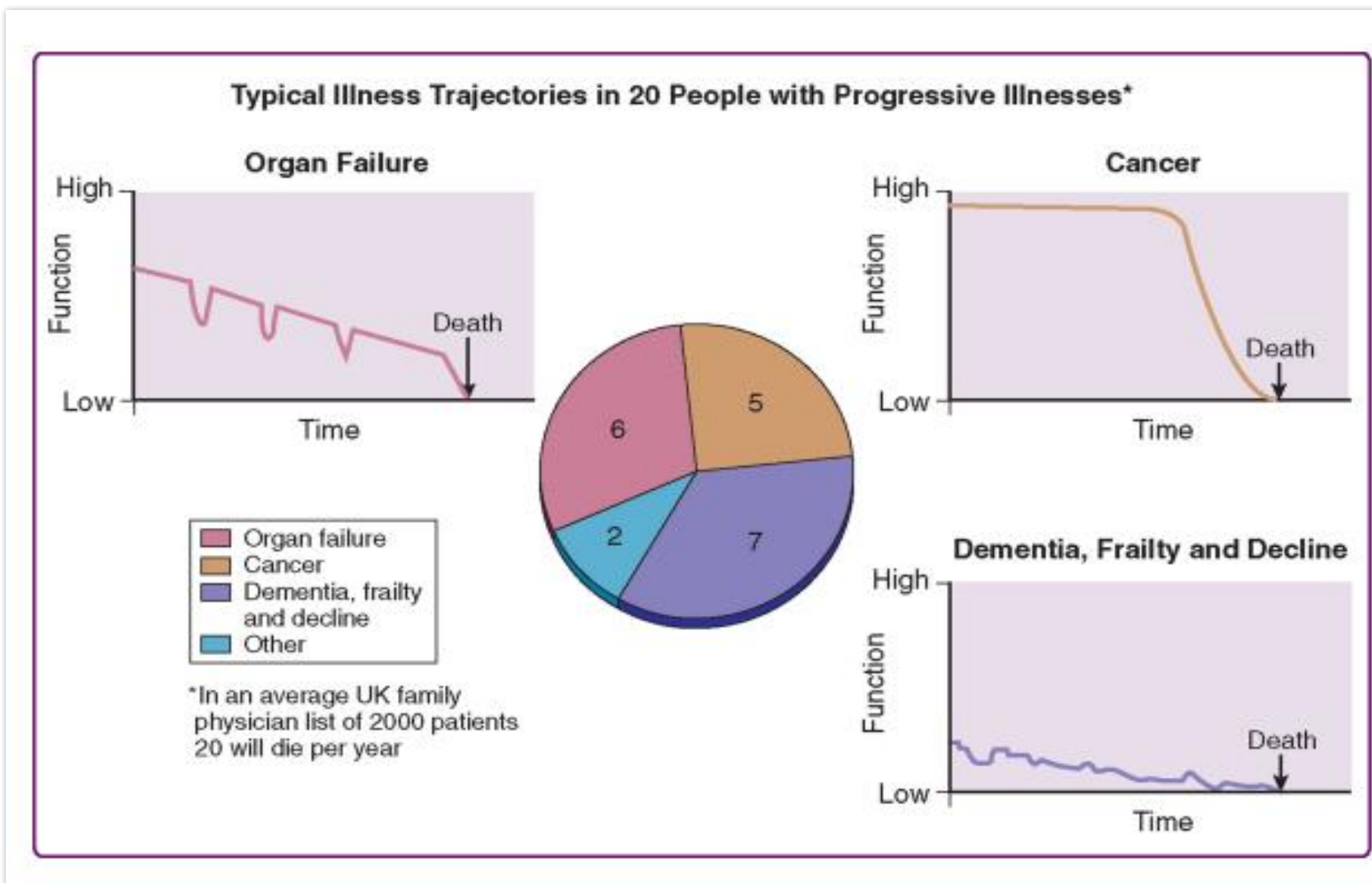
Word cloud 4



What and when is end of life care?

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Prognostication



Prognostication

- Usually an educated guess at best
- Don't give certainty
 - If deteriorating month by month, prognosis likely to be months
 - If deteriorating week by week, prognosis likely to be weeks
 - If deteriorating day by day, prognosis likely to be days

Advance care planning and end of life care

Videos

[Advance Care Planning - City Hospice](#)

- Advance care planning
- What to expect when a person's health deteriorates

Communication around advance care planning and end of life care

- Exactly the same tools as before

Cardiff six point toolkit



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Discussing advance care planning and end of life care: top tips

- Be honest
- Be as specific as you can be
- Tailor it to how close the person is to end of life and communication needs
- Hypothetical questions
- 'Hope for the best, plan for the worst'
- Ongoing discussions started as early as possible usually are best, and avoid a crisis
- I usually touch upon it when I first meet someone: often people want to go much further than expected

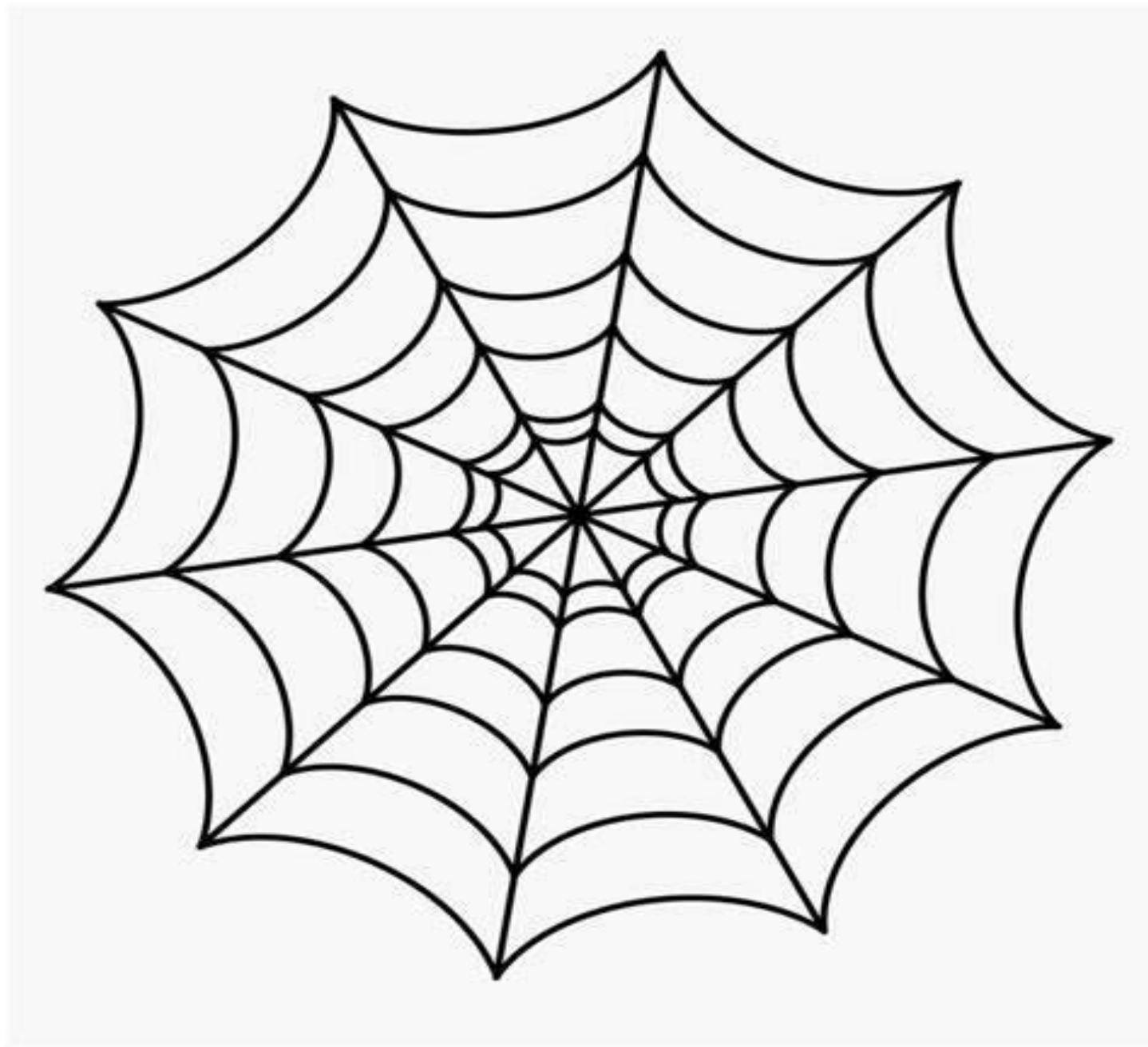
Common scenario 3



Denial

- Common defence mechanism
- Okay initially, however there comes a point where decisions need to be made
- Highlights the importance of advance care planning
- ‘I can see this is difficult for you to talk about. Some people are happy for someone close to them to talk to the medical team to help them make decisions. Would you want us to do this?’

Supporting a dying person



Who is involved?

- Surgical and oncological teams
- GPs and out of hours GPs
 - Oversee medical care in the community
 - Review of new medical issues
 - Prescriptions
 - Important involvement in end of life care at home
- District nurses
 - Available 24 hours a day, but often limited staff out of hours
 - Role in monitoring and medication administration that cannot be done by patient or family e.g. injectable medications
 - Often organise care for patients as their condition deteriorates

Specialist palliative care

- Often charities: local or national
- Different teams work differently, but should have community, inpatient, hospital and cancer centre provision
- Community: in peoples homes, outpatients
- Inpatient: 'hospice', for symptom control, people are admitted for end of life care but more than just this aspect
- Hospital: review of people admitted to acute hospitals
- Cancer centre: outpatient and inpatient reviews
- <https://www.hospiceuk.org/hospice-care-finder>

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London



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St. Luke's
Hospice

St Christopher's

St David's
Hospice Care



City Hospice
Caring for Cardiff

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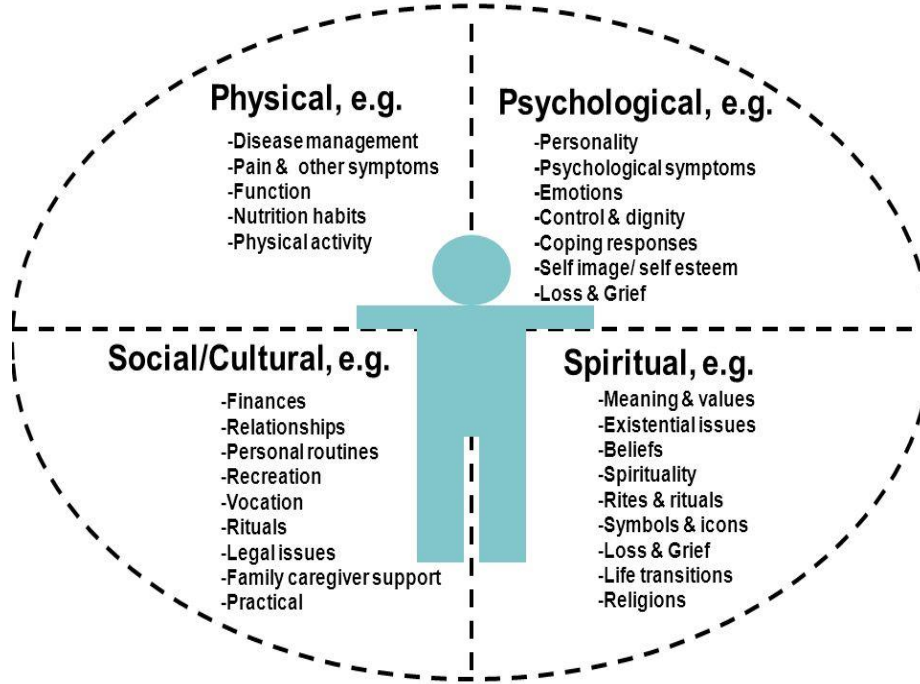
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MACMILLAN
CANCER SUPPORT



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Advance care
planning

Communication

Take home messages

- Communication should be open, honest and empathetic
- Use your tools and adapt them to the situation
- Palliative care is your patients' (and your) friend!
- Advance care planning is everyone's job- take the opportunity where it arises
- Don't let worry of upset stop you discussing difficult subjects

Pancreatic Cancer UK

