

# End-of-Life Care



LIFE AND DEATH ARE  
ONE THREAD, THE SAME  
LINE VIEWED FROM  
DIFFERENT SIDES.

Lao Tzu

PICTUREQUOTES.COM

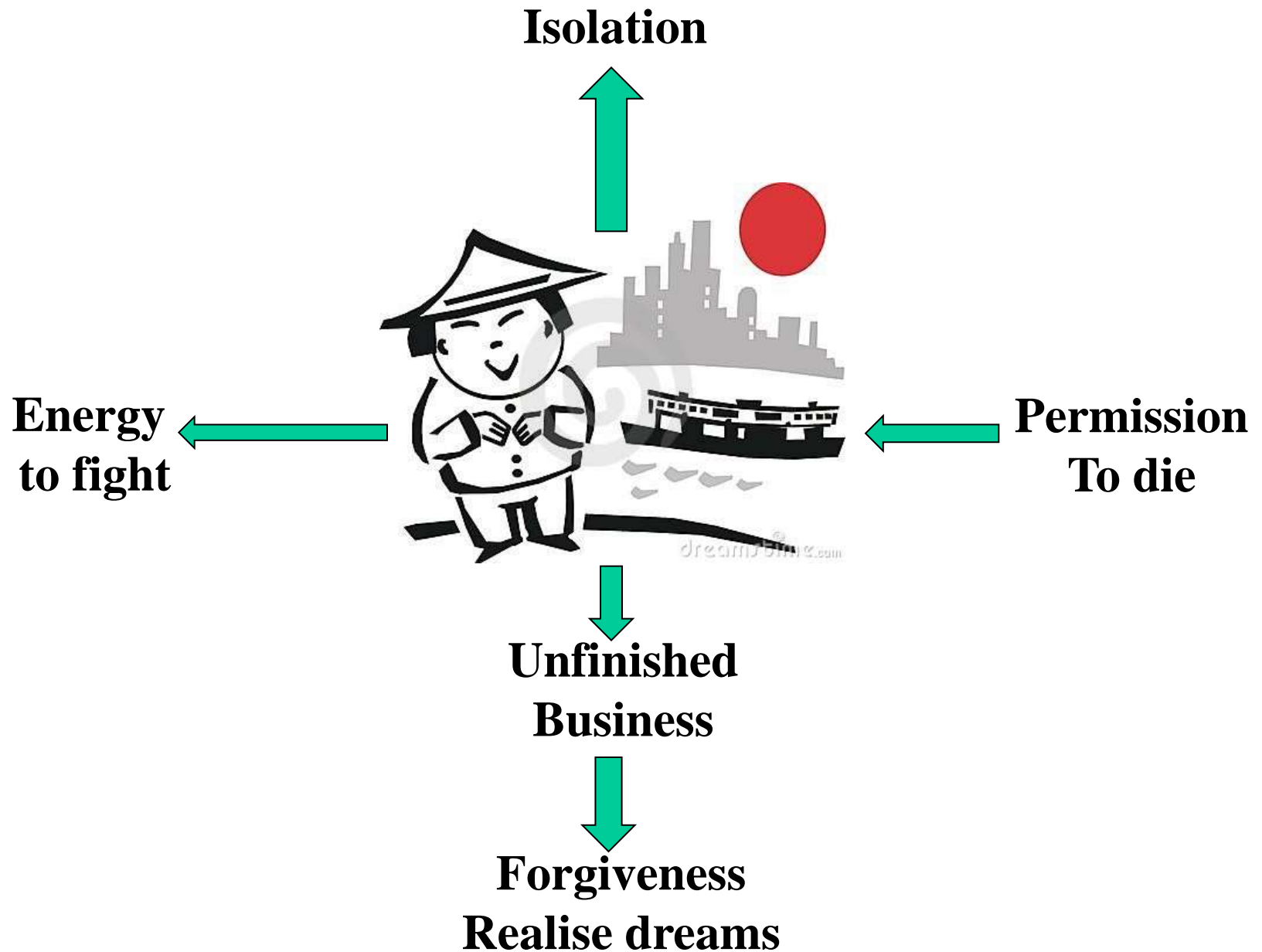
# Hospice



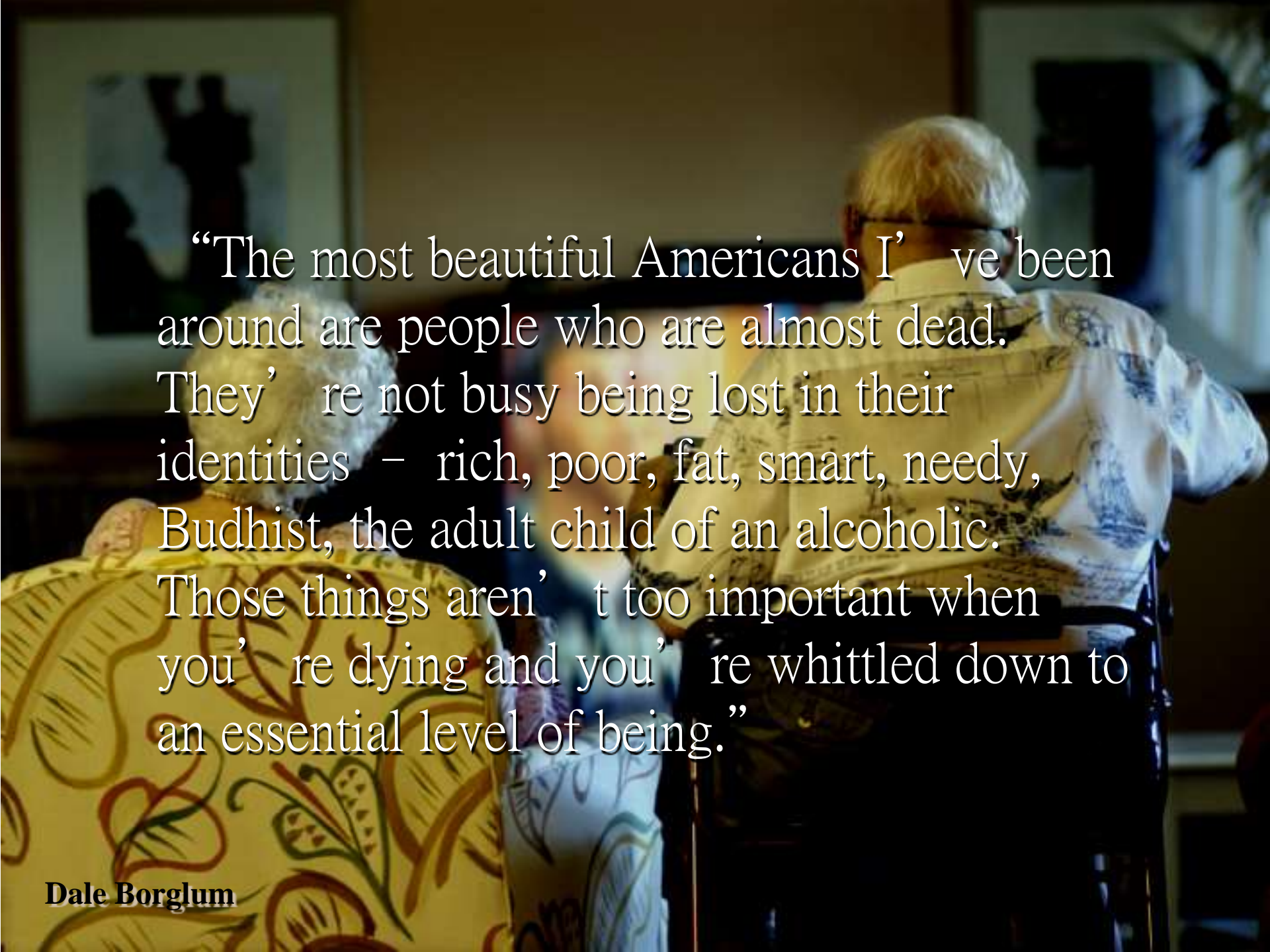
- Xian zhong                      good ending
- Xian ning                        good and peaceful
- Ning yang                      peaceful and nurturing
- Shu huan                        relax and relief

Without fear of  
death, there is no  
joy in life.  
(a taoist saying)

Unknown







“The most beautiful Americans I’ve been around are people who are almost dead. They’re not busy being lost in their identities – rich, poor, fat, smart, needy, Buddhist, the adult child of an alcoholic. Those things aren’t too important when you’re dying and you’re whittled down to an essential level of being.”

**Dale Borglum**

# Medical Model

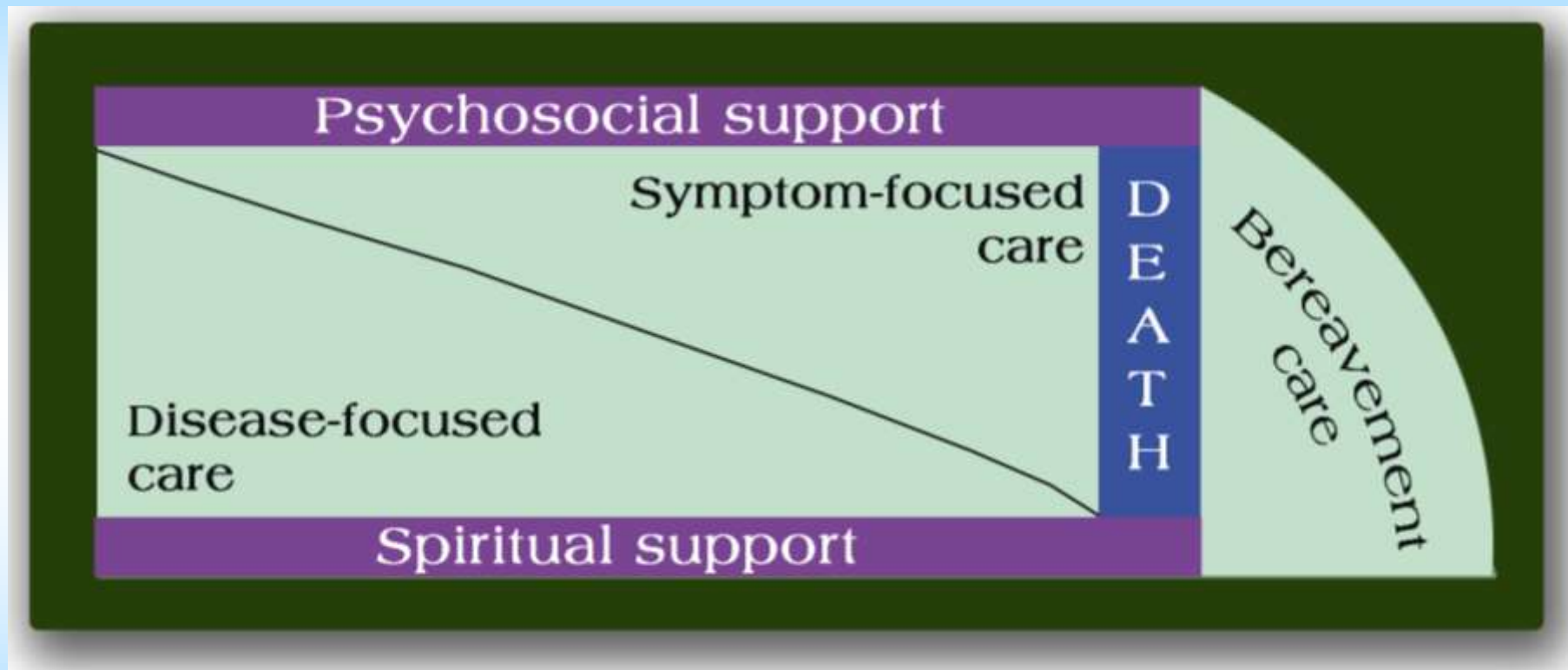
Cure-focused care

Palliative  
care

D  
E  
A  
T  
H

Physician: "I can't cure you.  
You don't need to see me anymore."

# End-of-Life Model





**END OF LIFE CARE = Palliative care + Hospice Care**

Approximately  
last  
2 years of life



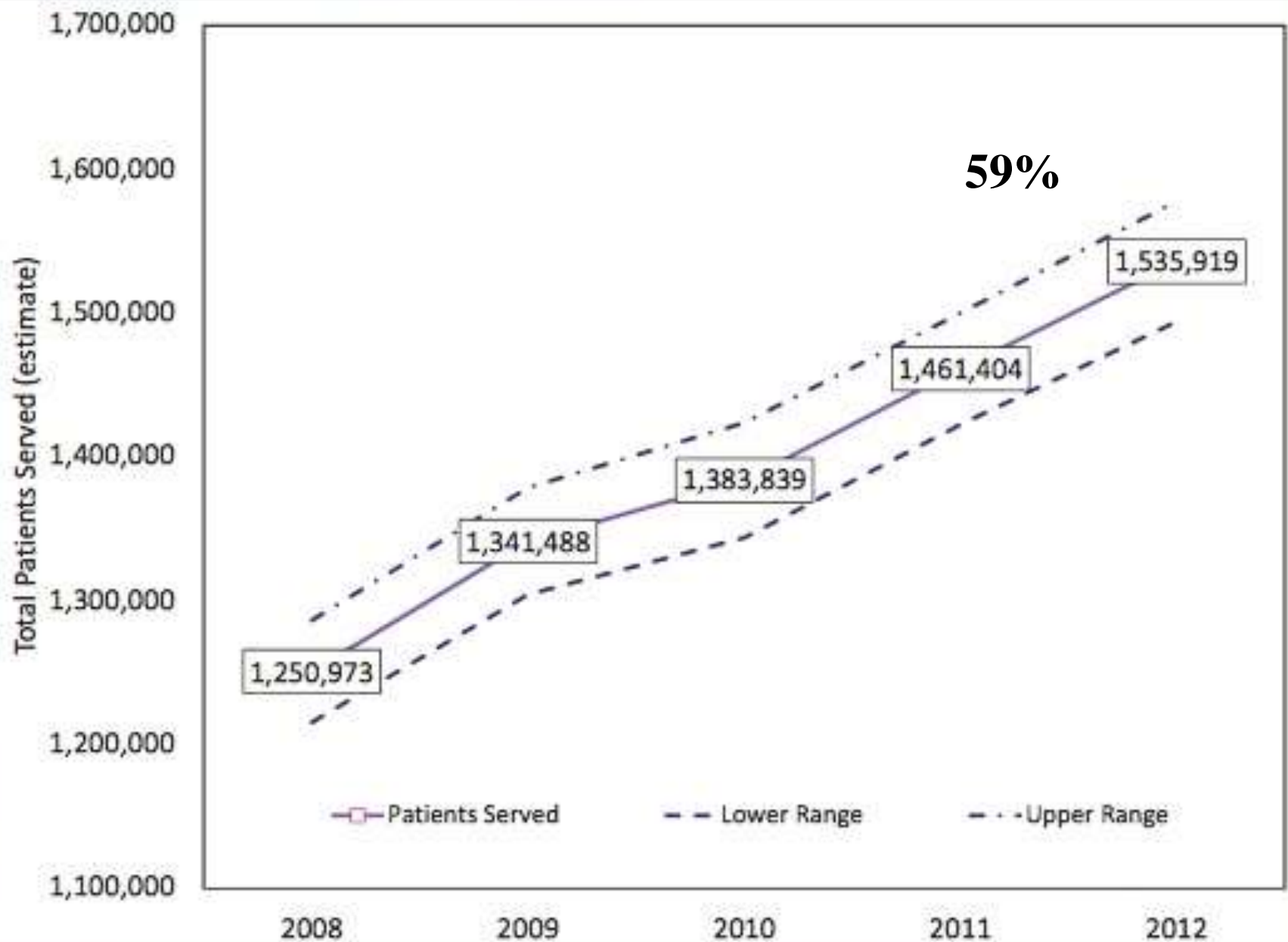
# Palliative Care

*To prevent and relieve suffering and to support the best possible quality of life for patients and their families, regardless of the stage of the disease or the need for other therapies*

## What is Hospice Care?

Hospice care is a form of palliative care, specifically for individuals with a life expectancy of six months or less (as determined by their physicians), whose goals for care focus on palliation (comfort measures) rather than cure of the underlying disease.





***Figure 2. Total Hospice Patients Served by Year<sup>1</sup>***

# End of Life Care : The beginnings



The Armatius  
Nursing Home in  
Constantinople  
(miniature from the  
*Code Vaticanus Grecus*,  
1613)





Dame Cicely Saunders  
founder of St. Christopher's Hospice









**Elisabeth Kubler-Ross**

Photo courtesy Ken Ross.

# The Five Stages of Dying

**Denial and Isolation:** “This is not happening to me.”

**Anger:** “How dare God do this to me?”

**Bargaining:** “Just let me live to see my son graduate.”

**Depression:** “I can’t bear to face going through this,  
putting my family through this.”

**Acceptance:** “I’m ready. I don’t want to struggle  
anymore.”

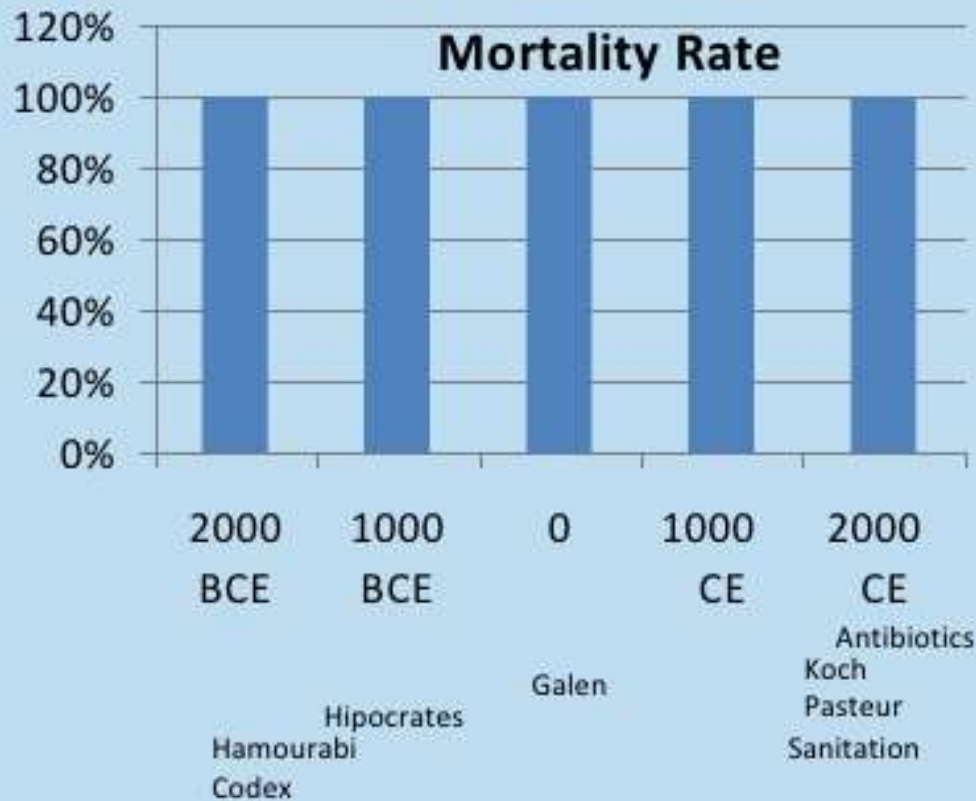




*“Let me tell you Doctor, dying  
is the experience of a lifetime.”*

-83y/o hospice patient

# Historic Human Mortality Rates







# FACT:

~ 5-6% of Medicare beneficiaries who die each year use....

**Dying is costly**

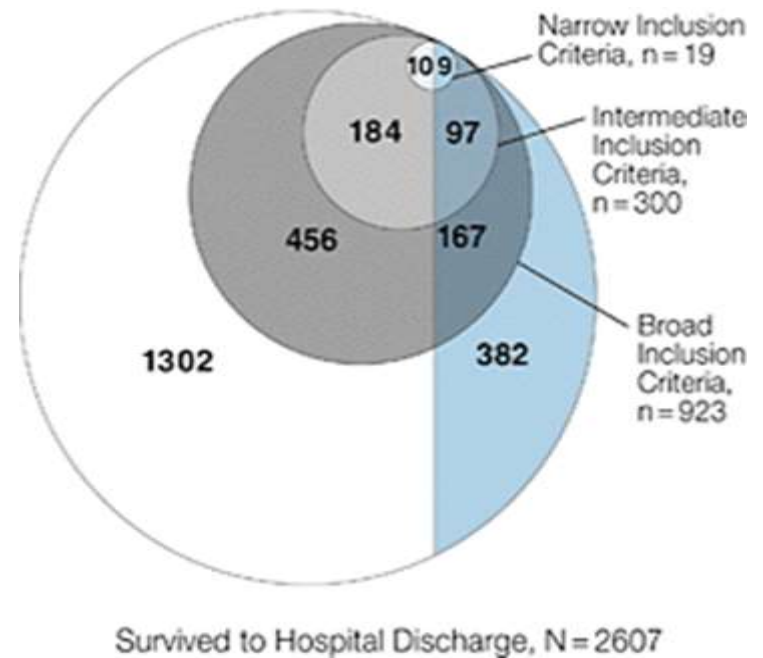
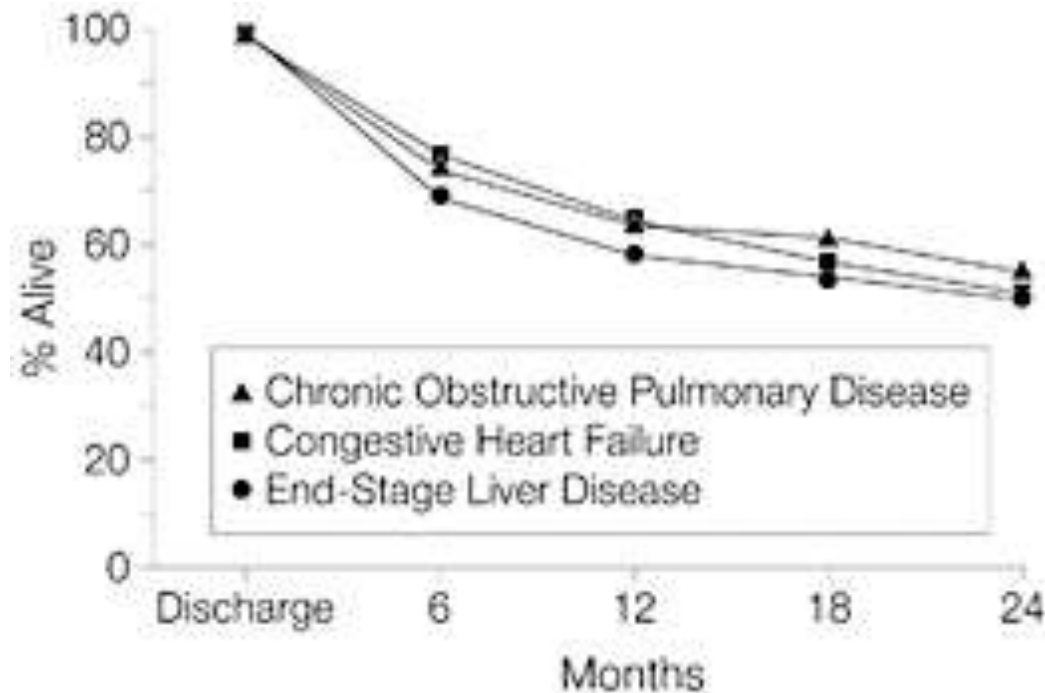
27-30% of the Medicare money

Lubitz JD, et al. Trends in Medicare payments in last year of life. *N Engl J Med* 1993;1092-6.

McCall N. Utilization and costs of Medicare services by beneficiaries in last year of life. *Med Care* 1984;329-42.

From: **Evaluation of Prognostic Criteria for Determining Hospice Eligibility in Patients With Advanced Lung, Heart, or Liver Disease**

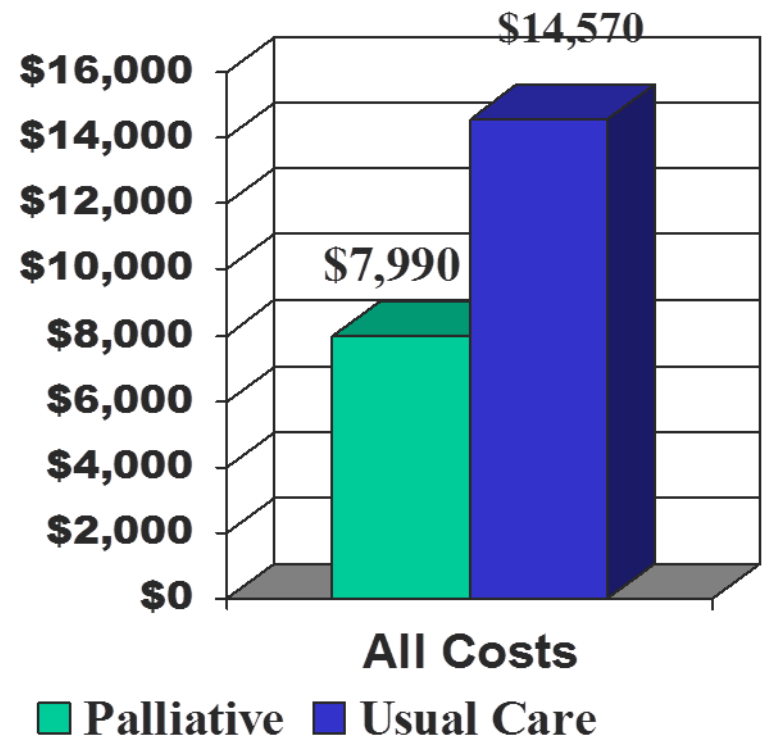
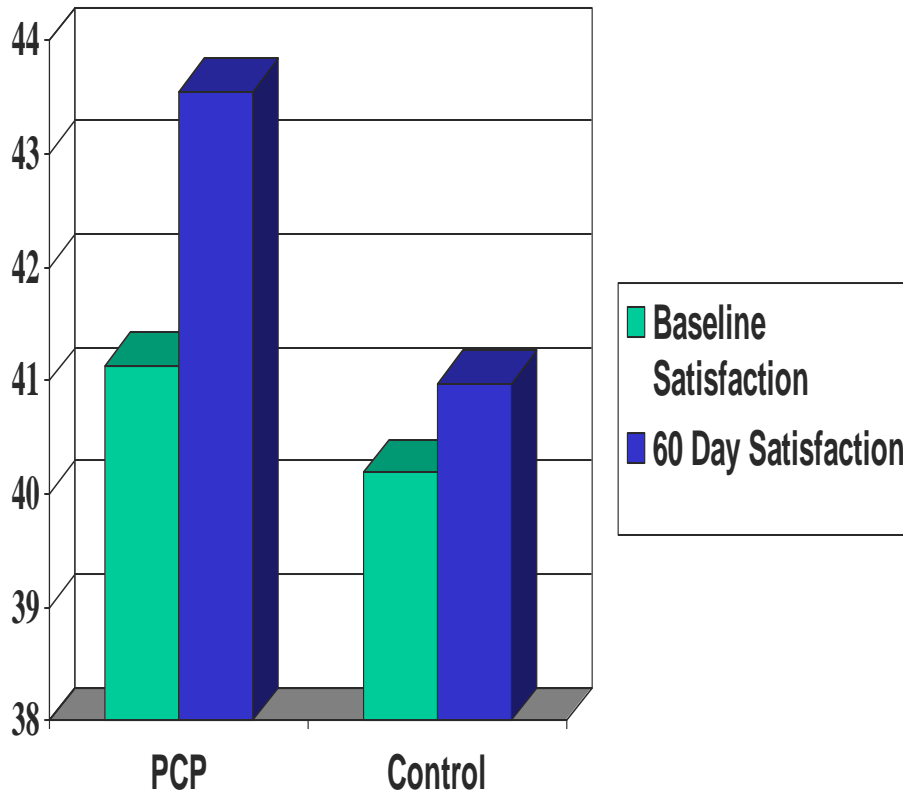
JAMA. 1999;282(17):1638-1645. doi:10.1001/jama.282.17.1638



# Kaiser:



## Palliative Care Improves Satisfaction And Reduces Costs



U. Michigan – Hospice of Michigan

# **The Palliative Care Trial Group Is Living *Longer* than the Usual Care Group (p NS)**

	Palliative Care	Control
Average Days in Study	266 days	227 days



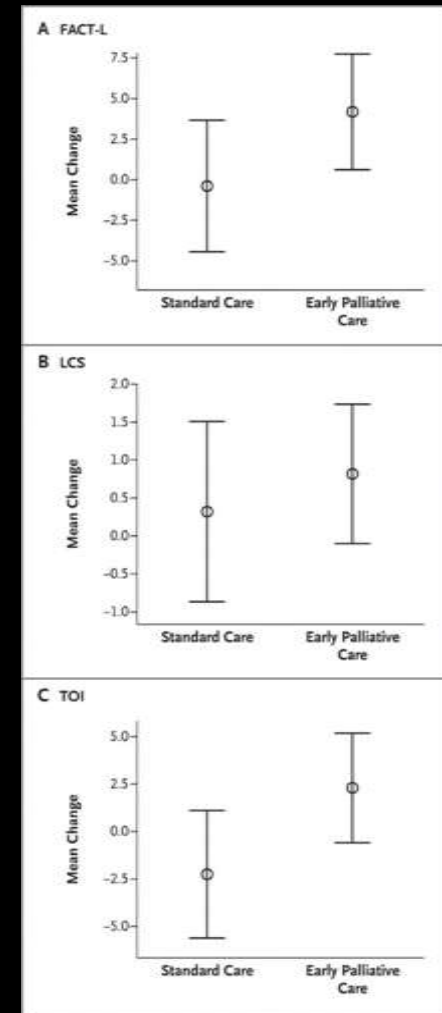
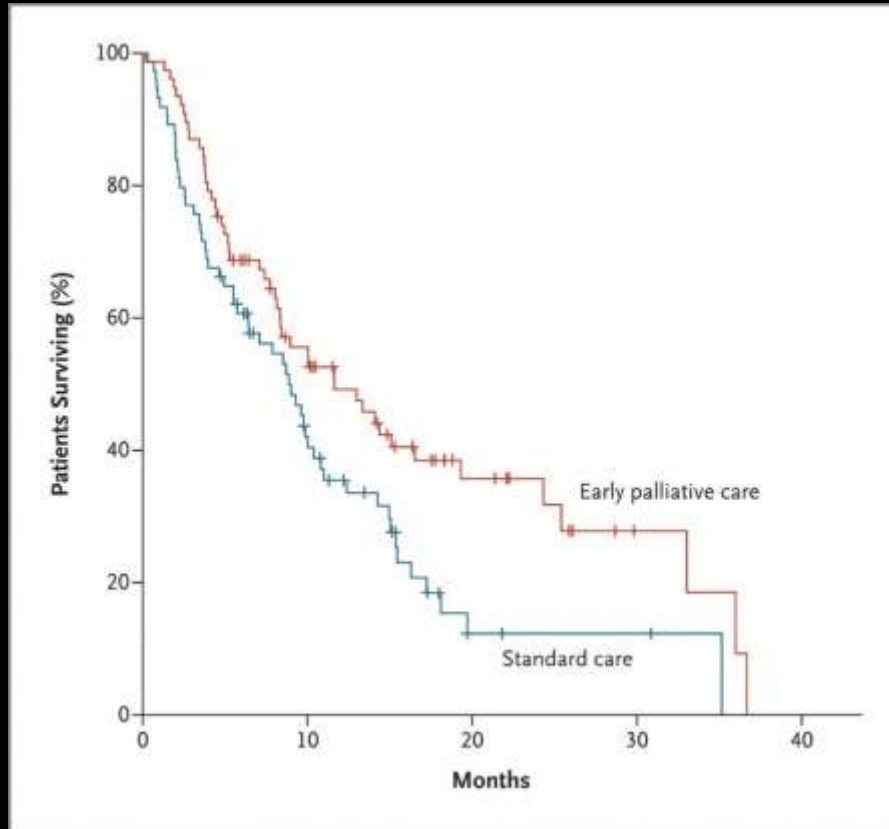


# Aetna Compassionate Care<sup>SM</sup>

## Results

	Enhanced Benefits Group		Commercial CM Group		Medicare CM Group	
	Study Group	Control Group	Study Group	Control Group	Study Group	Control Group
N	387	387	3,491	3,491	447	447
Average Number of Days in CM Program	42.3	--	39.6	--	56.7	--
Percentage Using Hospice/Respite	69.80%	27.90%	71.70%	30.80%	62.90%	N/A
Mean days between first hospice claim and death	36.7	21.4	28.6	15.9	N/A	N/A
Hospice Inpatient Days / 1000 members	1,819	744	2,027	654	N/A	N/A
Hospice Outpatient Days / 1000 members	16,501	4,090	13,297	3,753	N/A	N/A
Percent of members with Acute Inpatient Stay	16.80%	40.30%	22.70%	42.90%	30.00%	88.40%
Average Length of Acute Inpatient Stay	6.19	7.06	6.54	5.97	7.28	8.26
Percent of members with Emergency Visit	9.80%	15.20%	9.70%	14.40%	8.50%	32.90%
Percent of members with ICU Stay	9.60%	23.00%	11.70%	19.90%	14.80%	50.60%
Acute Inpatient Days / 1000 members	1,504	4,106	2,438	3,882	3,389	19,148
Emergency Visits / 1000 members	96	230	137	197	107	474
ICU Days / 1000 members	863	2,576	1,455	2,173	1,996	13,906

# Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer



Temel JS et al. N Engl J Med 2010;363:733-742.



The NEW ENGLAND  
JOURNAL of MEDICINE

# What Do Patients with Serious Illnesses Want?

- Pain and symptom control
- Avoid inappropriate prolongation of the dying process
- Achieve a sense of *control*
- Relieve burdens on family
- Strengthen relationships with loved ones

Singer *et al.* JAMA 1999;281(2):163-168.

**P**ain

**A**gitation Anxiety

**I**mpaction

**N**utrition

**S**piritual

**W**ater

**I**nfection Insomnia

**S**ocial

**D**epression

**O**<sub>2</sub> (dyspnea)

**M**outh, skin, eye  
(dryness)



# Pain

“to life which is a place of pain” “

Bhagawad Gita

- One of the most common fears for patients
  - Undertreated, undertreated, undertreated...
  - Self-reported (vs. observed\*)
  - Pain scales
  - Treatment options? So many, we can say “I promise”
- \* If patient cannot give subjective complaints, may have to use objective means and/or caregiver's objective observations.

**P**ain is real. (believe the patient!)

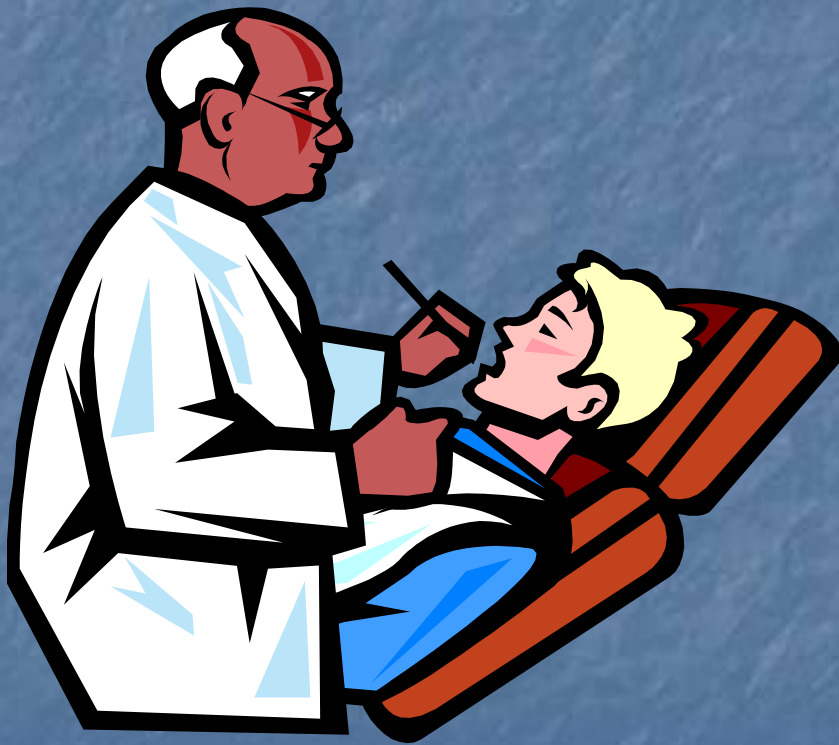
**A**sk about pain regularly

**I**solation (psychological and social problems)

**N**otice non-verbal pain signs

**E**valuate pain characteristics

**D**oes pain impair function?



■ PAIN IS GOD'S  
MEGAPHONE

.....C.S.Lewis

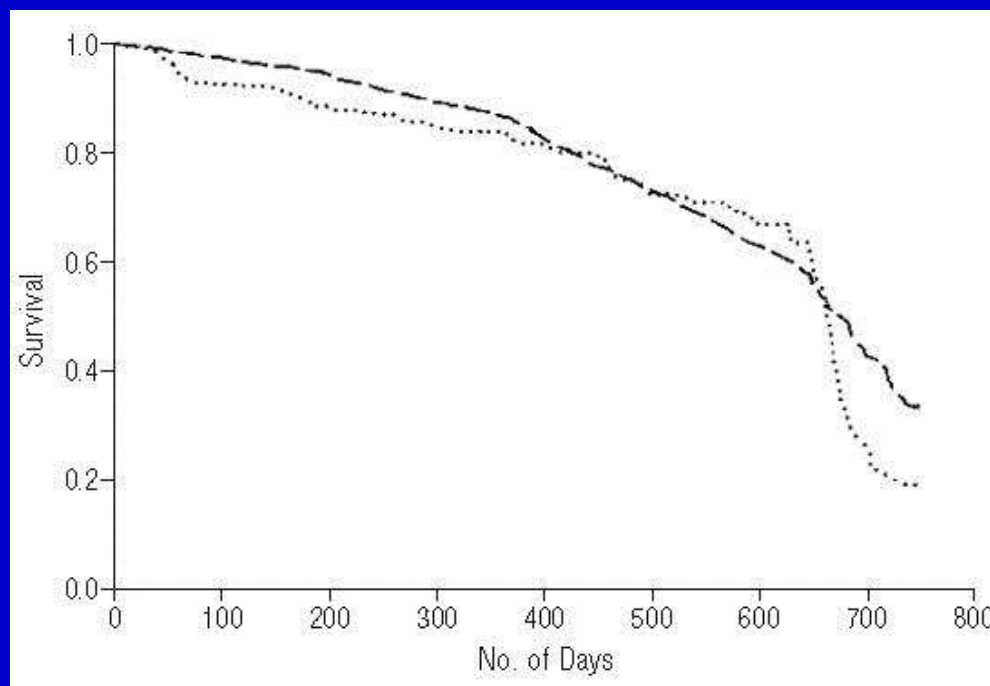


**“To a man with an empty stomach food is God”**  
*Mahatma Ghandi*



# The risk factors and impact on survival of feeding tube placement in nursing home residents with severe cognitive impairment

Feeding tube placement was not associated with survival (RR, 0.90; 95% CI, 0.67-1.21), even when adjusted for age <87 years, aspiration, chewing or swallowing problems, stroke, functional impairment, no dementia, pressure ulcers, and DNR status.





## Subjective Effects of Dagga (Marijuana)

Morley et al, SAMJ 47:1145 (1973)

	Usually (%)	Occasionally (%)	Never (%)
Appetite	56.7	33.3	12.0
Increase desire for food	88		
Taste	51.3	20.7	25.3
Substances taste better	72		
Smell	21.3	17.3	56.3
Substances smell richer	38.6		
Other	32.7	25.3	40.0
Decrease pain	58		
Feel Happy	56.7	34.0	9.3
	88.7		



- Enhanced total well being
- Increased family participation
- Complementary
- Reduced undesirable side effects





Palliative Care needs both  
high tech and high touch





# Palliative Care is a Team Sport

An Interdisciplinary Approach

The conference  
will be held at Hotel Dieu Saint Jacques  
2 rue Viguerie 31000 Toulouse, France

# The International Nursing Home

Research Conference

Wednesday 2<sup>nd</sup> &  
Thursday 3<sup>rd</sup> December, 2015  
Toulouse, France

## Call for abstracts :

Symposiums • Oral communication • Poster

Abstract deadline: Abstracts must be received by the secretary no  
later than June 30, 2015. This deadline will be strictly respected

