

Why 'Palliative Care Approach' Goes Wrong at times ?

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Can Palliative Care Approach go wrong?

Of course.....YES!



Reasons for Palliative Care approach go wrong?

- We are dealing with very sensitive patient cohort
- 'Selective perception' with vulnerable patients / family /carers
- Rarely.....with low 'emotional intelligence' professionals may get into communication issues!
(Example: Give their professional opinion without finding out
How much they already know? and
How much the patient want to know?)

Case History -1

- 45 years old high profile female diagnosed with metastatic Ca
- Despite of 3rd line Chemotherapy, her cancer progressed & got more symptoms. Oncologist suggested further treatment, if she become better with improved functional status & referred to me!

(Patient got it as.... further treatment when she become better!)

- Patient was very keen to meet the ‘magic palliative care physician’ to improve the symptoms ASAP! To go back for the next ‘expensive treatment’.
- Reviewed by me at the Clinic for symptom control.....
- She is symptomatic – Constant nausea & lethargic & looking forward to be ‘fixed’

At the Palliative care clinic:

- I always ask two questions during my 1st review / visit.....
 - How much you know? & }
 - How much you want to know } Rx Options & Prognosis
- ❖ This is not only to get to know their understanding.... Their answers provide me a 'foundation /platform' to work on...
- ❖ Whether they know their actual disease status **or** not ready to accept their current disease status of their cancer journey!
- **Patient's reply:-** “Doc... we heard a lot about you.... We are lucky to have you here ! We trust you...”; “Oncologist is waiting to treat me, once these symptoms are fixed...”
 - **Not keen to answer to my questions – during the 1st review**
 - **They want to hear only positive news!**

At the Palliative care clinic:

- Found predominantly.... biochemical cause of nausea
 - Hypercalcaemia } Hypercalcaemia treated &
 - Liver impairment } Haloperidol 1mg po nocte started for nausea
- Patient developed more trust with improved nausea & expecting 'miracle' to improve her lethargy / functional status
- What is Happening at this point?
 - Not ready to talk about her cancer & looking for 'fixing options'
 - 'Selective Perception' – only positive
 - Positively nausea is cured & expecting more!

What happen next?

- **Management of 'Lethargy'**

1. Not a straight forward 'fixing' and
2. Treat the **Reversible causes** (e.g.: Anaemia, Electrolyte, Chemo / DXT, SEs); BUT....

- Mostly cancer related lethargy is due to:

Rapidly multiplying cancer cells with the high metabolic activities suck the energy stores & the output ("usage") is more than intake (Cancer patients usually have poor appetite & less intake)

[E.g.: - A water tank with a big-hole filled by a small water-pipe]

- Patient's understanding is paramount in setting realistic goals of 'lethargy management'

BUT.. she was never ready to hear anything 'bad'

- There is a conflict between unrealistic expectations & truth telling. As a Palliative care professional, ‘a negotiated management plan’ is important and I usually achieve by asking ‘thought provoking questions’

- My Questions were:
 - “ You believe that this chemotherapy is going to work; But you had three different sets of chemo..... despite of chemo.... your cancer progressed in the past....
 - “ Have you ever thought... this chemo may also not cure or reduce your cancer.....”

- Results:
 - ➔ She never want to see me again but agreed to accept my management (with previous successes), She needed a syringe driver at some point & died by 12 weeks.

What are the 'factors' make the good palliative input go wrong...?

- **Patient Factors**
- **Family Factors**
- **Professional Factors**

Patient Factors

- Unrealistic Expectations
- Unresolved psychosocial & spiritual problems
- Understanding Issues / Poor memory
- Restricted autonomy to patient
- Anxiety around the progressive symptoms
- Lack of trust in professionals
- Previous unhealthy or healthy treatment patterns / undue delays in the treatment

Family Factors

- Unrealistic Expectations
- Understanding Issues – Not aware of patient's Current Disease Status
- Pre-existing issues in their relationships or situation
- Perception quite different from the patient
- Projection of own problems on to patient
- 'Total Pain' of the family

Professional Factors

- Poor Multidisciplinary working
- Problems between Professionals
- Reluctance to follow advice of other professional
- Professional's anxieties related to the particular patient
- Lack of expertise in - Communication skills,
- Diagnosis, Therapeutics & Prognosis
- Projection of own distress / denial
- Ownership issues among the team
- Unclear Responsibilities

Discussion Point

What went wrong of my palliative approach ?

What went wrong of my palliative approach ?

- From my 1st review, I know their views.....
- Should I keep the patient happy with her unrealistic expectations.... (like other hospital colleagues...)?
- Is it ethically correct...?
- Should I waited for 'this talk' until she deteriorated further.....
 - (Then... It may be a huge shock for patient & she may loose the trust on me...or My Palliative Care Services!)
- She continued my advices re: medications through her GP
So.....did trust my management & continued as it helped... BUT didn't like my honesty.... (Upfront information...)
 - Does it Matter.....?..... If so how...?

Discussion Point

How do you proceed here?

Summary Points...

- There is no right or wrong here.....
- As a Clinician... Keep the patient in the unrealistic world until the end is wrong....!
- Timing may be an issue.... Should I have waited for few more clinic visits for her... to realise? There is no right answer.... On the other hand, it may be too late!!!
*(There is a “body -mind” mismatch situation here...
When she deteriorated..., would she have thought
about the worst case scenario...?)*
- But Knowing her terminal phase... keep her & family in dark may cause more distress at the end....
- The big Question is....
Did she ever accept her terminal phase...?





Thank You