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 3\textsuperscript{rd} line Chemotherapy, her cancer progressed & got more symptoms. Oncologist suggested further treatment, \textbf{if she become better with improved functional status} & referred to me!

(Patient got it as.... further treatment \textbf{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? & } In terms of Diagnosis / 
  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
  - Liver impairment
  - Hypercalcaemia treated & 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 straightforward ‘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?
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- 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...?*
ANY questions?