Module 4: End-of-Life Care Considerations

Our fourth (and final) learning module is a new addition to the Navigator Program. Developed in response to the unexpected passing last year of two navigated patients, the “End-of-Life Care Considerations” module is designed to introduce students to the principles of palliative care and hospice – mindful that MS1, MS2, and GSN students do not always receive formal education in end-of-life care.

Hospice is an interdisciplinary treatment model for patients with an estimated life expectancy of six months or less. Rather than the curing of disease, the primary goal of hospice is aggressive symptom management – adherent to a patient’s goals of care, with an emphasis on quality of life and alleviation of physical and emotional stress (patient, caregivers).

A Medicare benefit, hospice affords services to patients for which they would otherwise not be eligible, e.g., medical supplies, emotional/spiritual counseling, and bereavement support following a patient’s death. Hospice truly models an interdisciplinary approach to patient care, with a physician overseeing the care plan, but with interdisciplinary staff providing much of the hands-on care, including social and emotional support.

Surveys have shown that 98% of families whose loved one enrolled in hospice would recommend hospice care to others. Yet, despite such high satisfaction rates, hospice is still underutilized. Despite the six month benefit, the median length of hospice care is only 21-26 days – with ~1/3 of patients referred in the last week of their life. We will begin to further explore these concepts and some of the barriers to hospice enrollment – and consider how to most effectively communicate with patients and their families about hospice care.

Part 1
“An 86-Year-Old Woman With Cardiac Cachexia Contemplating the End of Her Life: Review of Hospice Care” [http://jama.ama-assn.org/content/303/4/349.full.pdf+html]

Part 2

Part 3
“On Breaking Bad News and Speaking of Death” [URL LINK]
   Dr. Jeffrey Cukor, UMass Emergency Medicine

Part 4
“In the Clinic: Palliative Care” [http://www.annals.org/content/156/3/ITC2-1.full.pdf+html]
   Annals of Internal Medicine (2011)

Part 5
A Geriatrics and Palliative Care Blog: http://www.geripal.org; onTwitter: @GeriPalBlog

AAMC Geriatric Competencies for Medical Students Addressed:

#14) Health Care Planning and Promotion: Define and differentiate among types of code status, health care proxies, and advance directives in the state where one is training.
#19) Palliative Care: Assess and provide initial management of pain and key non-pain symptoms based on patient’s goals of care.
#20) **Palliative Care:** Identify the psychological, social, and spiritual needs of patients with advanced illness and their family members, and link these identified needs with the appropriate interdisciplinary team members.

#21) **Palliative Care:** Present palliative care (including hospice) as a positive, active treatment option for a patient with advanced disease.

### Interprofessional Collaborative Practice, Core Competencies Addressed:

RR4) Explain the roles and responsibilities of other care providers and how the team works together to provide care.

CC8) Communicate consistently the importance of teamwork in patient-centered and community-focused care.

TT4) Integrate the knowledge and experience of other professions – appropriate to the specific care situation – in shared patient-centered problem-solving.

### Module 4: End-of-Life Care/Considerations: **Guideline Questions**

1. Has anyone had a personal experience with hospice that they would be willing to share?

2. What is the difference between palliative care and hospice?

3. What do you think are some of the most common barriers (on the part of patients, families, and physicians) for hospice enrollment? Why are so many patients only referred to hospice in the last week of their lives?

4. How can you effectively communicate with patients and their families about hospice?

5. Who are the interdisciplinary members that constitute a hospice team? What are their individual roles in providing care?

6. What are some non-cancer diagnoses which qualify patients for hospice?

7. What are some symptoms that a patient might experience at the end of their life besides pain?


### Module 4: End-of-Life Care/Considerations: **Reading and Reference List**


Cukor, Jeffrey, MD, lecture, “Caring for the Seriously Ill” elective.

Swetz, Keith M., MD, and Kamal, Arif H., MD. In the clinic: Palliative care. *Annals of Internal Medicine:* February 7, 2012; 156(3); ITC2-1.