


End of life planning for the woman with cancer

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Australian and New Zealand Society of Palliative Medicine Inc

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Presentation overview

- Background
- Palliative Care Framework of care based on prognostication
- Key processes within the framework to meet emergent clinical needs
- Case study: Amber and the Framework



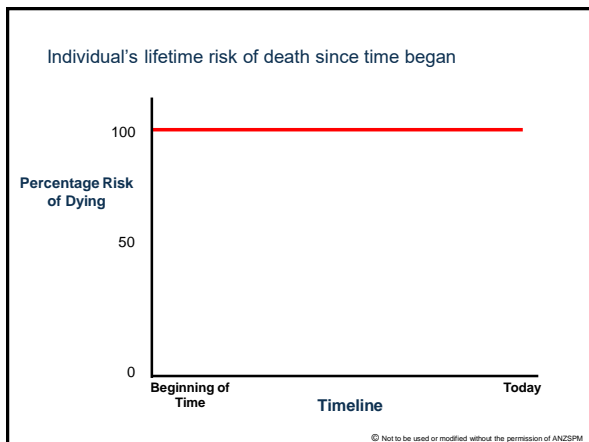
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Background



- Funding from Australian Government to rollout Decision Assist to support health care professionals who work with older Australians living in the community
- GP role is essential for achieving optimal patient and family outcomes in community based palliative care for aged care



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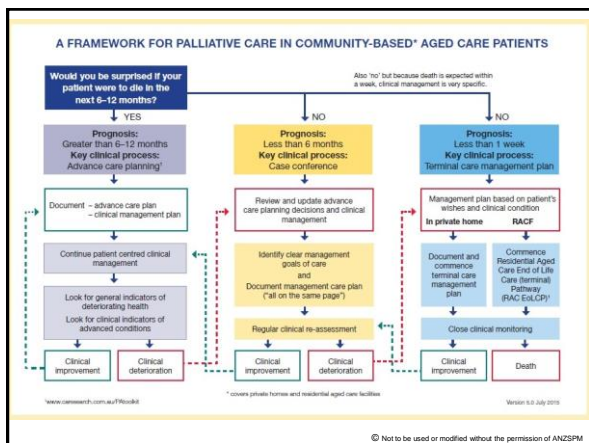


Reframing palliative care





The diagram shows a vertical axis for 'Intent of clinical management' ranging from 'Curative' at the top to 'Palliative' at the bottom. A horizontal axis for 'Disease Progression' increases from left to right. A yellow-to-blue gradient bar represents the transition from curative to palliative care as disease progresses.

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Key processes to proactively manage clinical needs



- Advance care planning (ACP) and documentation
- Case conferencing and management plan documentation
- Use of a terminal care management plan for patients at home or an end of life (terminal) care pathway for RACF residents


Prognosis: Greater than 6-12 months
Key clinical process: Advance care planning

Prognosis: Less than 6 months
Key clinical process: Case conference


Prognosis: Less than 1 week
Key clinical process: Terminal care management plan

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Case Study: Amber and the Framework




- 26 year old woman: PMHx:
 - 2008 diagnosed Stage 111 Wilm’s tumour: Rx with chemo and DxRT R flank
 - 2010 lung lesion resected, non-diagnostic histology
 - 2013 new lung lesion resected, non-diagnostic histology
 - 2015 two brain lesions, resected and Rxed with DxRT




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Case Study: Amber and the Framework

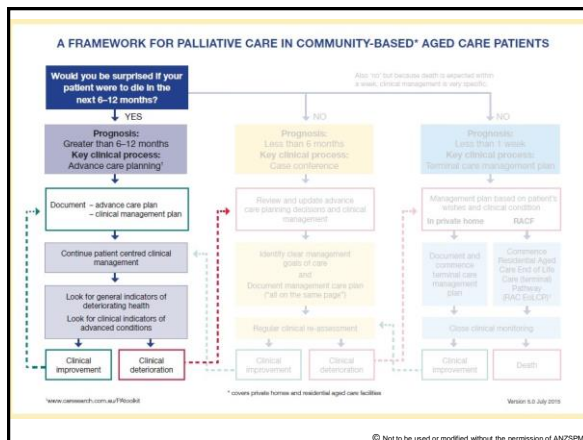


- Currently asymptomatic, occasional low grade headaches and nausea
- Confident that medical specialists will manage her health well. No documented advance care plan, has not been suggested.
- Lives with partner, Matt and younger sister, Liv
- In 3rd year of Creative Writing course at uni. Keen to become an author and mother (eggs harvested prior to chemo)




Using the surprise question: which trajectory for Amber?


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Key process: Advance Care Planning



- ACP is an interactive ongoing process of communication focussing on the person’s preferences for their care in the future
- In most states can have legally binding components (e.g. Advance Health Directive and Enduring Power of Guardianship) or be a less formal document (Advance Care Plan)
- Identify a substitute decision maker
- Allows care providers to know the person’s wishes so that they can be an advocate
- Helps GPs to inform the clinical management plan for the person



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Example Advance care plan NSW



Advance Care Plan

Name: _____

Address: _____

Date of Birth: _____

If I cannot speak for myself, I would like my doctor to talk about my health care and medical problems to the following person/s: (please write their name and contact numbers)


I have legally appointed the following:

| Yes/No | Name and contact number of person appointed |
|--------|--|
| Yes | Enduring Guardian (Health decisions) |
| Yes | Enduring Power of Attorney (Money/finance decisions) |

Who has copies of these legal documents? (please include contact number of persons)

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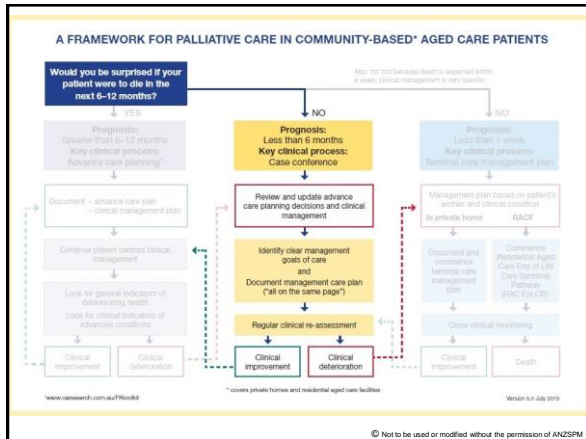
Case Study: Amber and the Framework



- Amber calls you on Friday afternoon:
 - Sudden onset abdominal pain, increasing in intensity
 - Organise ambulance and Amber admitted through ED of local hospital
 - Diagnosed with subacute small bowel obstruction, secondary to R sided large mass, not fit for surgery.
 - Symptoms stabilised, patient requests discharge

Using the surprise question, into which trajectory does Amber fit now?

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Key process: Case conference




- Identify patient-centred, medical management goals of care so that “all on the same page”
- Identify the person’s and/or substitute decision maker’s concerns
- Document the management plan
- Share health information, estimated prognosis and what to expect as condition deteriorates



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Case Study: Amber and the Framework



- You organise and run a case conference:
 - Amber will only discuss end-of-life in a theoretical manner, says she will live to 100; agrees to appoint her sister and mother as joint EPAO
 - Agrees to domiciliary nursing services and referral to specialist palliative care service only until she gets better
 - Agrees to see social worker so that she can organise withdrawal from university and carer’s payment for her sister
 - Referral to bereavement councillor for mother and partner – Amber says she does not need referral but appreciates family is stressed
 - Wants as much care as she can at home, only wants admission in an emergency
 - Summary of patient-centred, agreed medical goals of treatment documented and signed
 - Copy sent to deputising service

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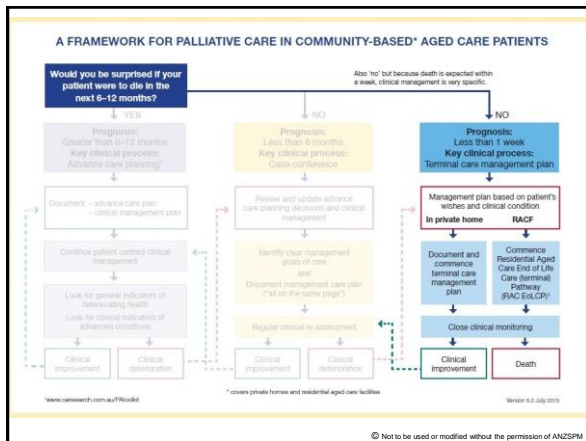
Case Study: Amber and the Framework




- 6 weeks later you do a home visit:
 - Amber in bed for most of last 3 weeks, cachectic and weak
 - Requests information around the dying process, anxious about what will happen and how she will suffer, says she wants to die soon
 - Admits to feelings of dependency and embarrassment about toileting
 - Refuses IDC because she says she has minimal oral intake, no urine output last 36 hours
 - Sister reports: Fluctuating consciousness, unable to swallow medications reliably last few days, has not eaten for 7/7, often irregular and gurgly breathing
 - Matt asks: what is happening?

Into which trajectory does Amber now fit?

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Key process: Terminal management plan



- Prepare a terminal care management plan for patients at home or an end of life (terminal) care pathway for RACF residents
- Diagnosis of dying, and likely course, communicated to patient/substitute decision maker, family and aged care service providers
- Document and implement co-ordinated management plan available to all those requiring it

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Terminal management plan for patients living independently



- Diagnosis of dying, and likely course, communicated to patient/substitute decision maker, family and service providers
- Document and implement co-ordinated management plan available to all those requiring it
- Medications reviewed – essential medications prescribed, available, charted. Education for medication administration
- Death at home documentation available, including not for resuscitation order, expected death
- Bereavement follow-up plan

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Medications endorsed by ANZSPM – to use in terminal care in community-based patients




| MEDICATION | CONCENTRATION | PACKAGED as |
|---|---------------------|------------------------|
| Clonazepam liquid* (oral drops) | 2.5mg/ml | 10ml bottle (2.5mg/ml) |
| Clonazepam injection* | 1mg/ml | box of 5 ampoules |
| Fentanyl citrate injection** | 100mcg/2ml | box of 5 ampoules |
| Haloperidol injection | 5mg/ml | box of 10 ampoules |
| Hydromorphone injection | 2mg/ml | box of 5 ampoules |
| Hyoscine butylbromide (Buscopan) injection*** | 20mg/ml | box of 5 ampoules |
| Metoclopramide injection | 10mg/2ml | box of 10 ampoules |
| Midazolam injection** | 5mg/ml | box of 10 ampoules |
| Morphine sulphate injection | 10mg/ml AND 30mg/ml | box of 5 ampoules |

* Non-PBS unless for seizure control
 ** Not on the PBS
 *** Non-PBS unless for colicky pain. Unrestricted via the Repatriation Schedule


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RAC EoL (terminal) CP



- The Residential Aged Care End of Life (terminal) Care Pathway (RAC EoLCP) is a clinical guide, designed for Australian RACFs, to help promote best practice terminal care in RACFs
- Integral part of The Palliative Approach (PA) Toolkit for RACFs that aims to assist RACFs to deliver sustainable quality end-of-life care for residents
- Funded by Department of Social Services and rolled out nationally.
- Access www.caresearch.com.au/PAToolkit



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RAC EoLCP Overview

Front page – Instructions

Section 1 - Commencing a Resident on the RAC EoLCP

[9 clinical indicators – 3 or more indicate commencement]

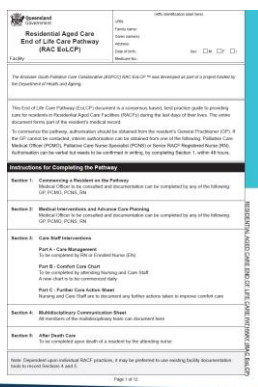
Section 2 - Medical Interventions & Advance Care Planning

Section 3 - Nursing Care Staff Interventions

Part A - Care Management
 Part B - Comfort Care Chart
 Part C - Further Care Action Sheet


Section 4 – Multidisciplinary Communication Sheet

Section 5 - After Death Care



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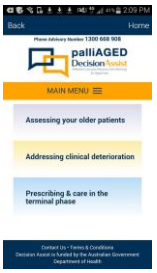
Decision Assist resources for GPs



- Range of educational opportunities and resources for GPs in preparation – see Decision Assist website www.decisionassist.org.au
- Palliative Care Phone Advisory Service (24/7) & Advance Care Planning Phone Advisory Service (8am-8pm 7 days per week)

1300 668 908


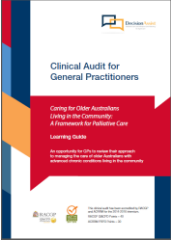

- Get the app - palliAGED
- Prescribing and management advice to care for dying patients, and simple tools to identify older age patients moving into a palliative phase of care.
- Access – standard shops



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Accredited educational activities

- Clinical audit – pre and post audit with intervention based on this presentation or online module or workshop
- Active Learning Module (RACGP) / Theory Practice Activity (ACRRM)
- RACGP: 40 Cat 1 QI&CPD points
ACRRM: 30 PRPD points
- Contact: karencooper.ANZSPM@bigpond.com



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Take home messages

- A palliative care approach is important in supporting the clinical management of all Australians living in the community
- GPs can use a framework of palliative care based on prognostic trajectories to proactively manage the palliative care needs of all Australians living in the community
- *Decision Assist* offers GPs access to new resources and advisory services to inform their practice of palliative care



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