



# End of life planning for the woman with cancer

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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

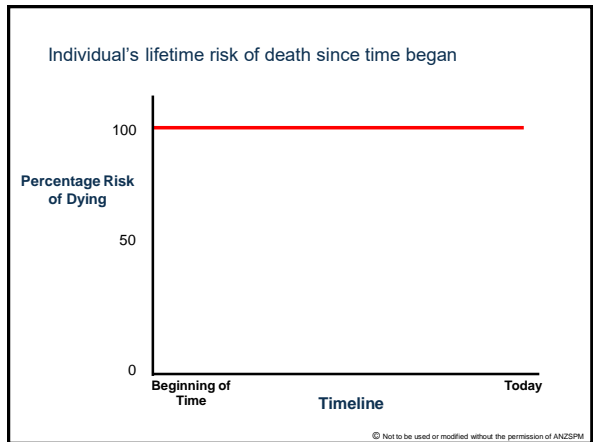
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## Background






- 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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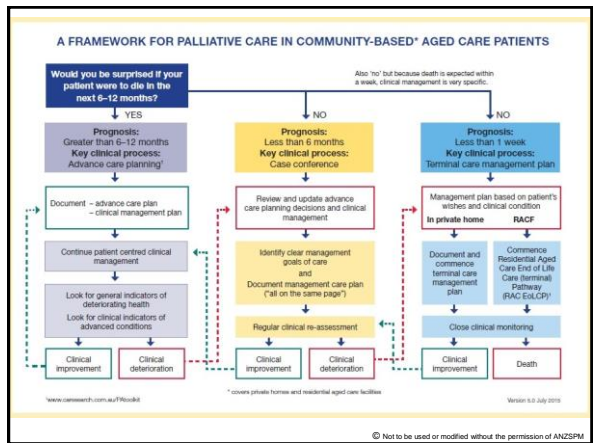


## Reframing palliative care





The graph plots 'Intent of clinical management' on the y-axis (ranging from Curative at the top to Palliative at the bottom) against 'Disease Progression' on the x-axis. A vertical line separates the 'Curative' phase on the left from the 'Palliative' phase on the right.

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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

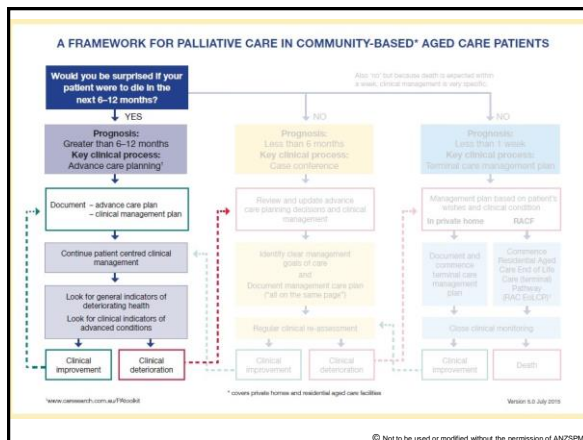


- Currently asymptomatic, occasional low grade headaches and nausea
- Confident that medical specialists will manage her health well. No documented advance care plan, has not been suggested.
- Lives with partner, Matt and younger sister, Liv
- In 3<sup>rd</sup> year of Creative Writing course at uni. 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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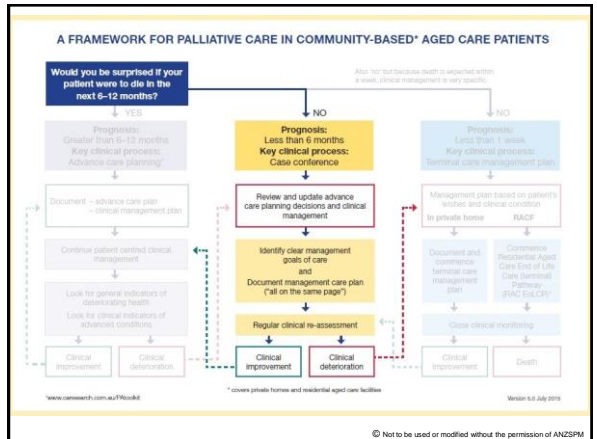
### Case Study: Amber and the Framework




- 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 EPOA
  - 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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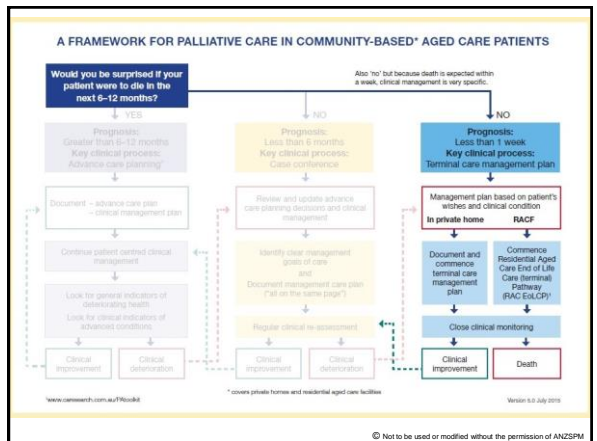
### Case Study: Amber and the Framework




- 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

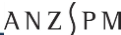
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### Medications endorsed by ANZSPM – to use in terminal care in community-based patients




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](http://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]

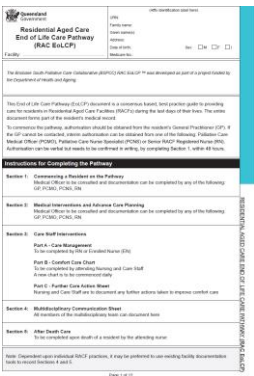
#### Section 2 - Medical Interventions & Advance Care Planning

#### 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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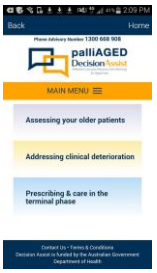
### Decision Assist resources for GPs



- Range of educational opportunities and resources for GPs in preparation – see Decision Assist website [www.decisionassist.org.au](http://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

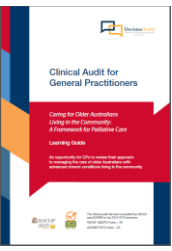


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Accredited educational activities



- 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](mailto: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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