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 build capacity to support health care professionals caring for community based palliative care patients
- GP role is essential for achieving optimal patient and family outcomes in community based palliative care patients

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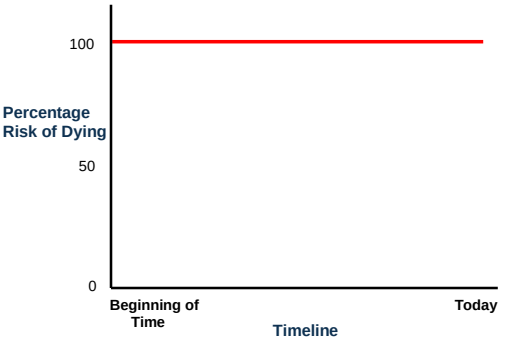
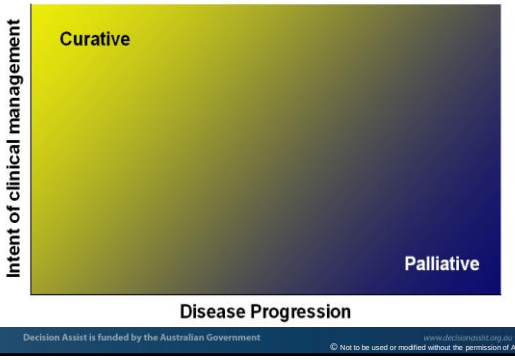
Individual's lifetime risk of death since time began



Reframing palliative care



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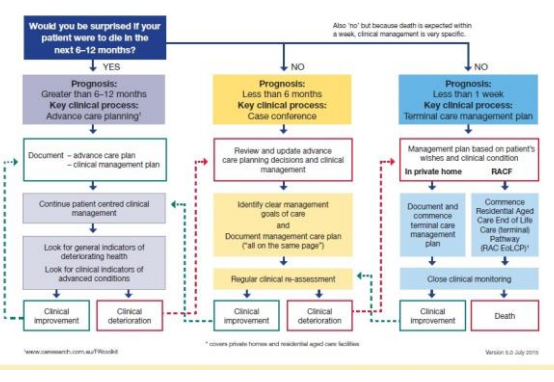
A FRAMEWORK FOR PALLIATIVE CARE IN COMMUNITY-BASED* AGED CARE PATIENTS



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

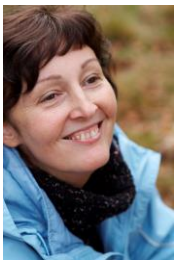
Prognosis: Greater than 6–12 months
Key clinical process: Advance care planning[1]

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

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

Case Study: Amber and the Framework

- 36 year old woman: PMHx:
  - 2012 triple negative Stage IV breast cancer (mets to lung and axial skeleton): Rx with surgery, chemo, DxRT and immunotherapy
  - 2014/15 2 clinical trials plus alternative treatments



Case Study: Amber and the Framework

- Currently a little fatigued, occasional low grade headaches and nausea – otherwise says she is OK
- Confident that medical specialists will manage her health well. No documented advance care plan, has not been suggested – too busy remaining positive.
- Single mum, 2 children 10 year old boy and 8 year old girl. Mother, Beth, moved in to help and then younger sister, Liv
- Been at Uni on and off: now part time in 3rd year of Creative Writing course. Keen to become an author and write about her journey

Using the surprise question: which trajectory for Amber?

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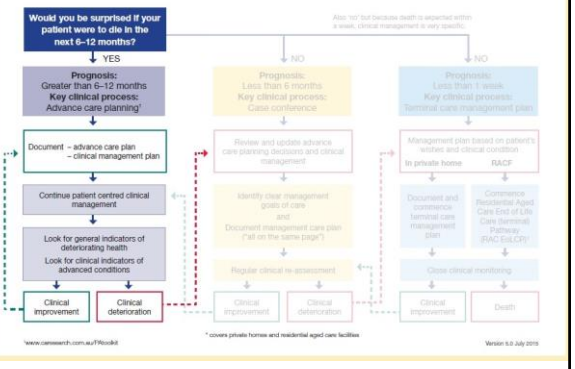
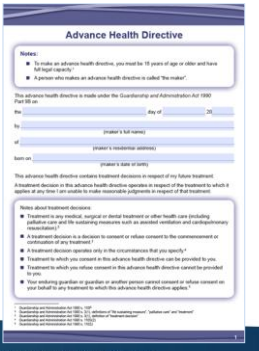


Key process: Advance Care Planning

- 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 Attorney Medical Treatment) 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

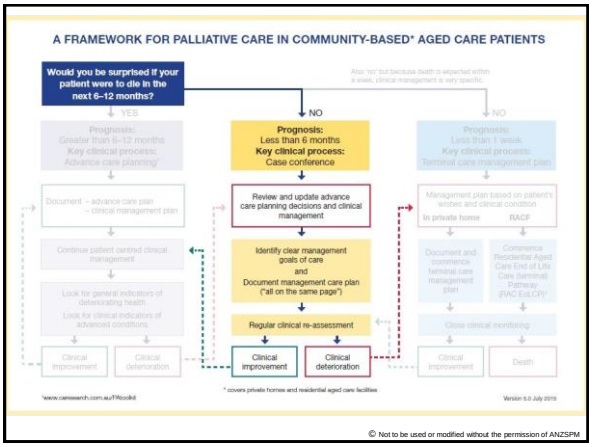
Example AHD Western Australia



Case Study: Amber and the Framework

- Beth calls you on Friday afternoon:
  - Amber has had some sort of fit, does not seem herself
  - Organise ambulance and Amber admitted through ED of local hospital
  - Diagnosed with 4 brain metastases and 2 new lesions suspicious for malignancy, not appropriate for resection. Given DxRT
  - Symptoms stabilised, Amber misses children, wants to go home

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



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

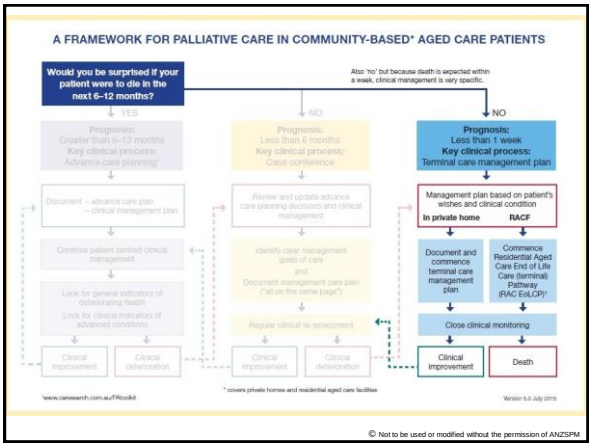
Case Study: Amber and the Framework

- 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 medical matters
  - Agrees to domiciliary nursing services and referral to specialist palliative care service only until she gets better
  - Agrees to see social worker to talk about custody of children, in case she gets run over by a bus
  - Referral to bereavement councillor for family 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

Case Study: Amber and the Framework

- 6 weeks later you do a home visit:
  - Beth says she thinks Amber having too many narcotics because sleeping a lot and sometimes does not appear to pay attention
  - 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, would prefer to be dead rather trying to put up with the pain in her body
  - Sister reports: Fluctuating consciousness, unable to swallow medications reliably last few days, has not eaten for 7/7, often irregular and gurgly breathing
  - Children ask: what is happening?

Into which trajectory does Amber now fit?



Key process: Terminal management plan

- 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

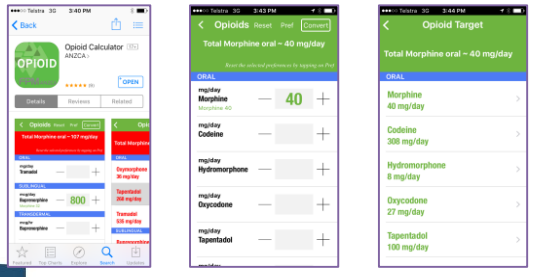
Medications endorsed by ANZSPM – to use in terminal care in community-based patients

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

ANZSPM

Opioids: Conversion App



Decision Assist resources for GPs

- Range of educational opportunities and resources for GPs – see Decision Assist website www.decisionassist.org.au
- Specialist Palliative Care Phone Advisory Service (24/7)

1300 668 908

- Advance Care Planning Phone Advisory Service (7 days/week 8am-8pm)

1300 668 908

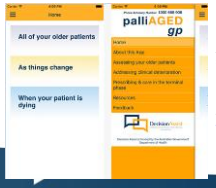
Get the Apps

palliAGED *gp*

- Prescribing and management advice to care for dying patients, and simple tools to identify older age patients moving into a palliative phase of care.

palliAGED *nurse*

- Support for nurses in general practice, community settings and residential aged care in providing a palliative approach to care.

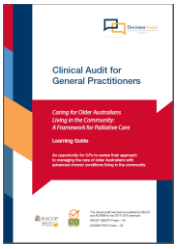


Available at the following stores:
- ✓ Google Play
- ✓ Apple iTunes

More information and links to stores: www.decisionassist.org.au

Accredited educational activities

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



RACGP QI&CPD Accredited Activity

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

Thanks