“Palliative Care Everywhere”

Academic Half day
December 8th 2014
Presented by the UBC Division of Palliative Care

Welcome and Thanks

- The Hsu-Hsieh Foundation
- Kathryn Inman
- All the speakers
- Vancouver General Hospital for space
- UBC Technical Support for videoconference help

Program

11:30 Introduction- Dr. Hawley
12:00 Palliative Care and Oncology- Jaco Fourie
1:00-Break: 15 mins
1:15 Renal Failure and Discontinuation of Dialysis- Nikki Apostle
1:45 Liver Failure – Moe Yeung
2:15 Cardiac Failure and Pacemaker Deactivation- Gil Kimel
2:45 Break: 15 mins
3:00 Emergency Room Palliative Care- Dave Williscroft
3:30 Neurological Failure- Amy Mabie
4:00 Respiratory Failure and Discontinuation of Ventilation- Shalini Nayar
Finish by 4:30pm

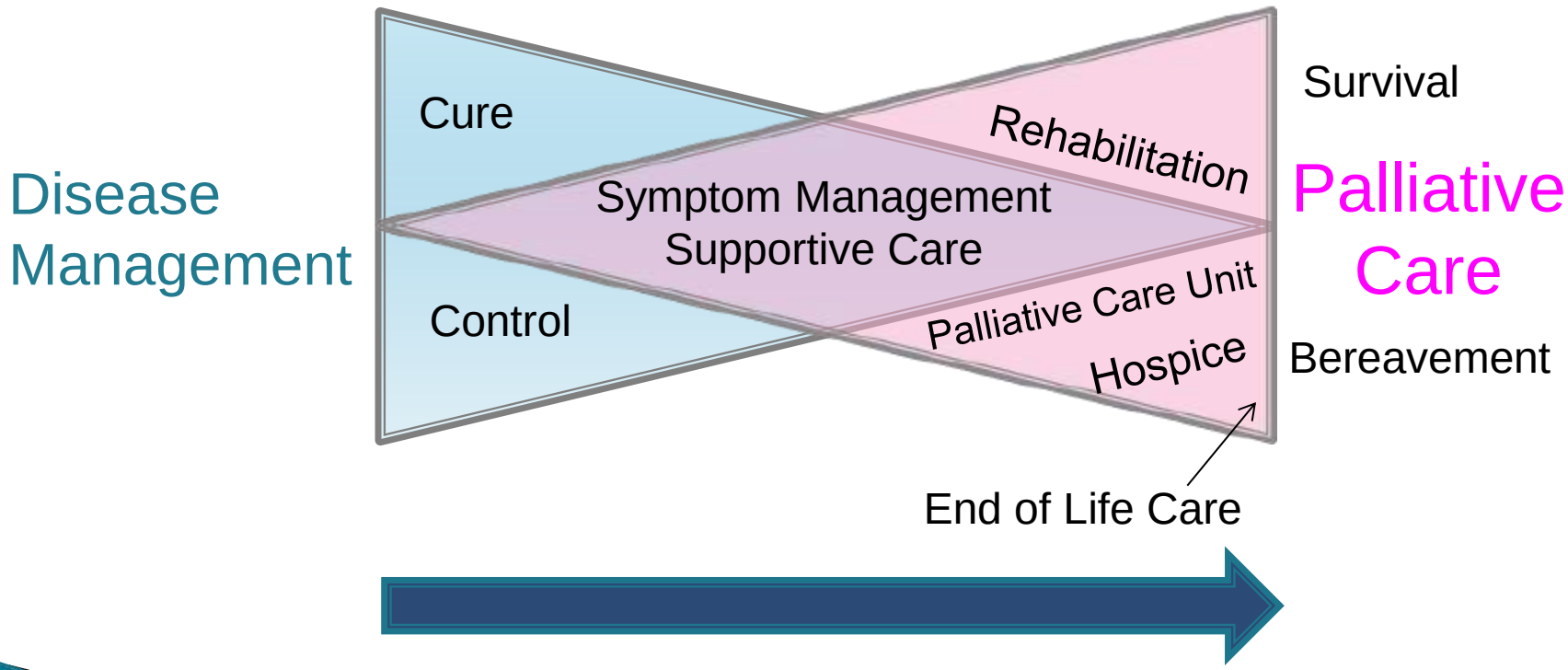
Housekeeping

- We have planned 1/3 of the time for discussion: please remember your questions ready for the end of each presentation
- Any questions not able to be addressed in the time available can be e-mailed [ksinman@mail.ubc.ca] and will be directed to the appropriate speaker
- Please return promptly from the breaks, we have to finish on time and will start without you!
- Please complete your evaluations
  - These are required for those registered for CME credits
  - Also requested to assist us in planning further events

Centre to Advance Palliative Care Definition

- Palliative Care is specialized medical care for people with serious illnesses
- Care focused on providing relief from the symptoms, pain, and stress of a serious illness – whatever the diagnosis
- Goal to improve quality of life for both the patient and the family.
- Palliative care is provided by a team of doctors, nurses, and other specialists who work with a patient's other doctors to provide an extra layer of support
- Palliative care is appropriate at any age and at any stage in a serious illness, and can be provided together with curative treatment.

Bowtie Model



Integration of Palliative Care with Disease Management

There is now clear evidence that Specialist Palliative Care referral….

- ✓ Improves quality of life of patients
- ✓ Improves quality of life of care-givers
- ✓ Reduces severity of grief
- ✓ Increases the chance of death occurring in the chosen location (home or hospice vs hospital)

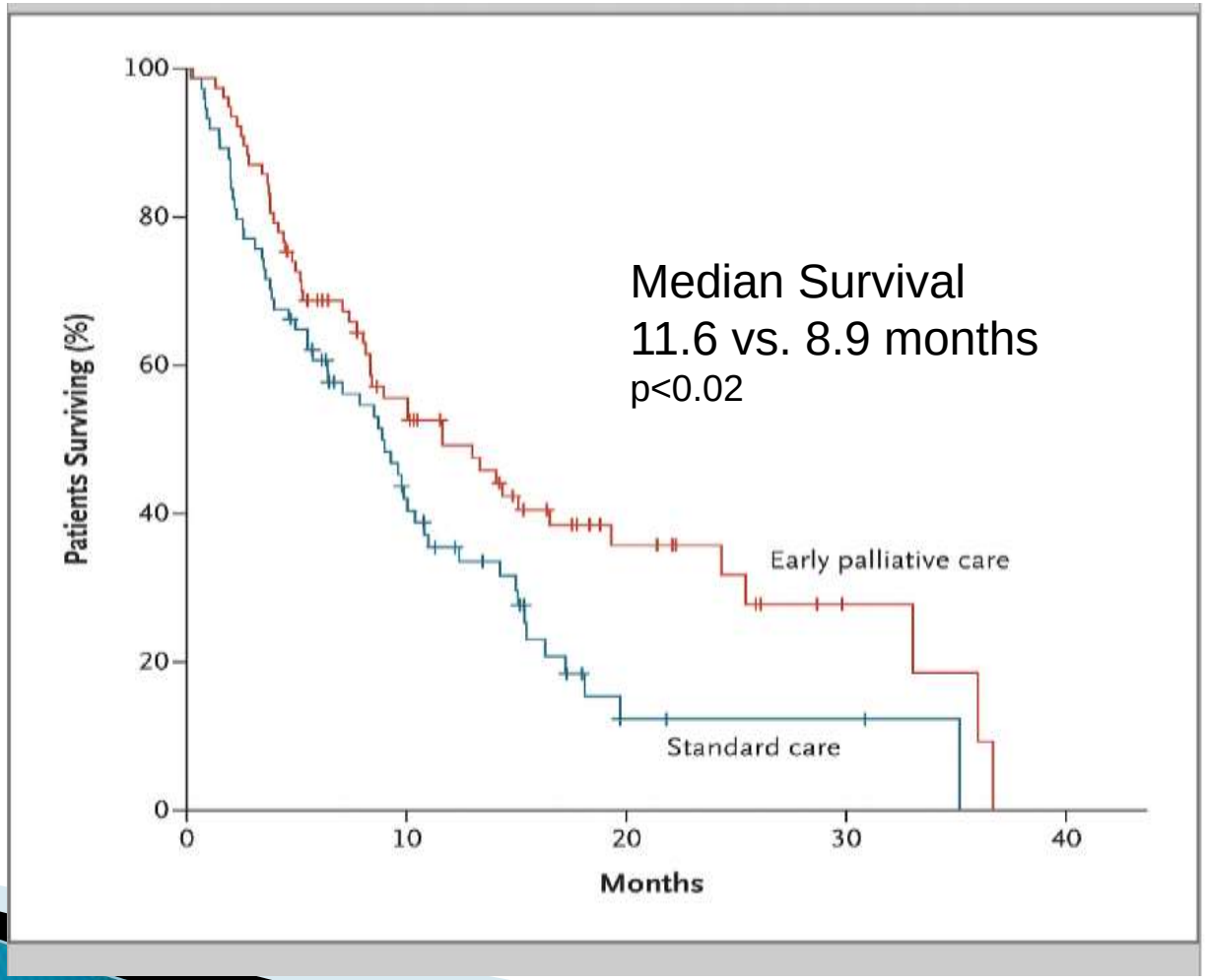
and……..

Integration of Palliative Care with Disease Management

- Reduces risk of interventions that don't work, e.g.
  - Intensive care admissions where no advance care planning has been done
  - chemotherapy within last days/weeks of life
- Reduces costs to health care system by reducing
  - Emergency room admissions
  - Hospital stays
  - Doctor visits
  - ❖ *Note 20% of health care costs are spent on the last year of life*

Palliative Care May Extend Life

RCT of mandatory US Cancer-centre-based PSMPC clinic referral at diagnosis of metastatic lung cancer vs discretionary referral by oncologist



Temel et al, NEJM 2010;363:733-742

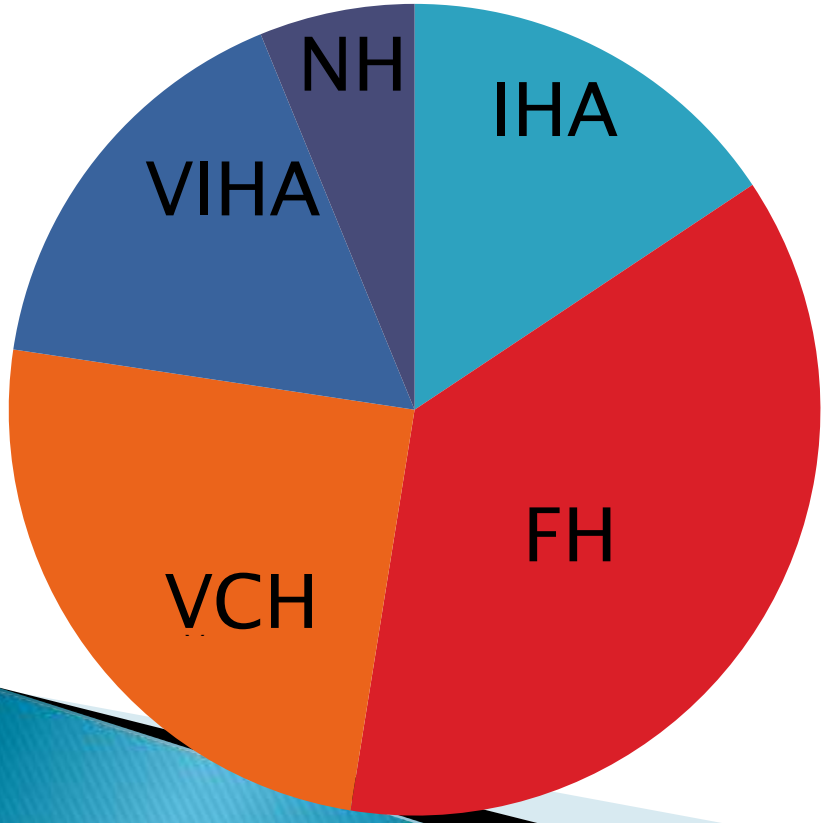
Life Expectancy in BC

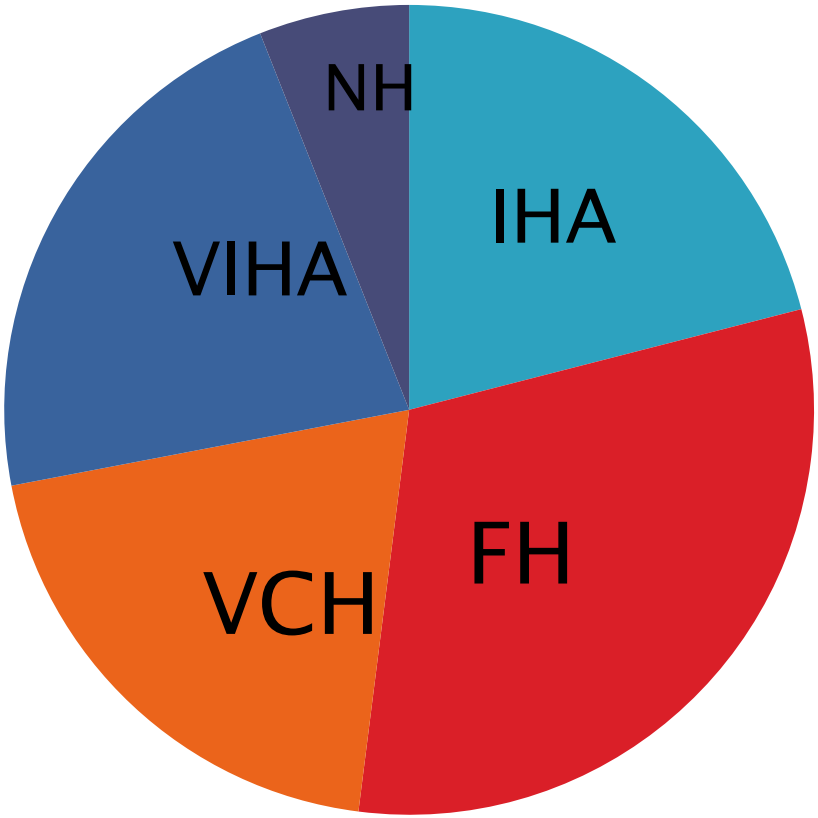
- British Columbians have the longest life expectancy of all Canadians [2011 B.C.Vital Statistics]
- From 2007-2011, life expectancy on the West Coast was 82 years, up from 81.7 for 2006-2010
- The oldest person in Canada in 2013 was 113 years old and lived on Vancouver Island
- The average family doctor with 2000 patients will have 20 die every year

Natural Deaths in BC 2013-14

Population: 4,581,978

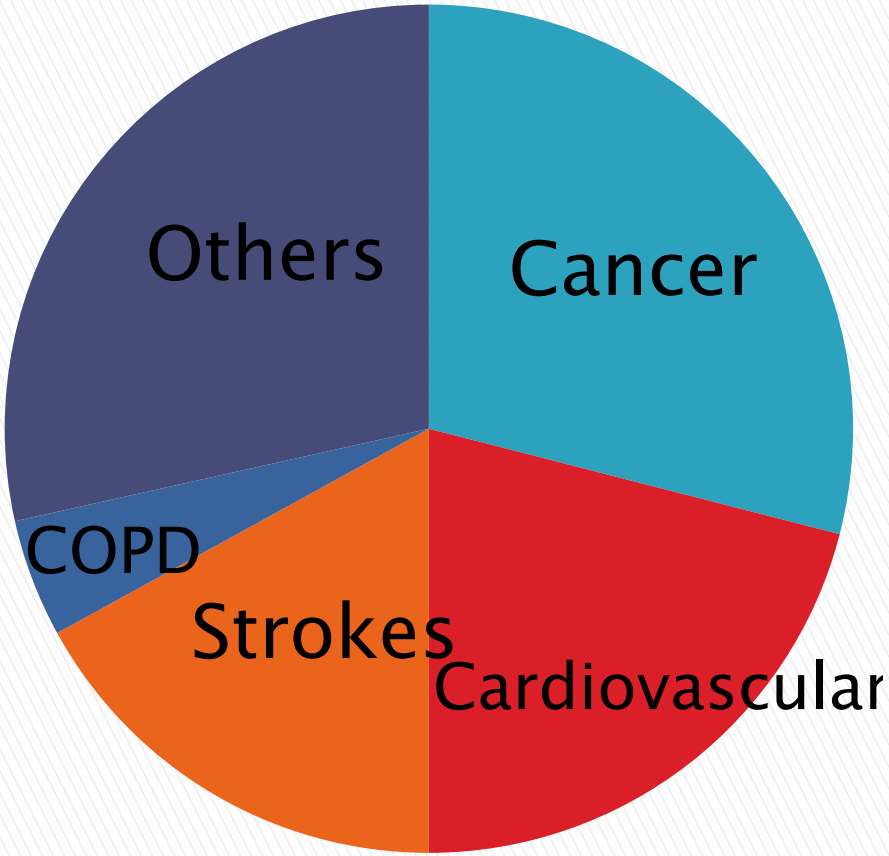
Deaths: 31,318
(0.68%)





Causes of Death (2010)

- **Cancer 29%** [same % for all health regions]
- **Cardiovascular 21%**
- **Cerebrovascular 17%**
- **Chronic lung disease 4.5%**
- Accidents 3.7%
- Dementia 3.6%
- Pneumonia/influenza 3.4%
- Diabetes 3.3%
- Digestive 2.6%
- Neurological 2.1%
- Urological 2.4%
- Suicide 1.4%



Where do People Die? (2013-14 BC data)

Cancer patients more likely to die in hospice than non-cancer patients

All Natural Deaths

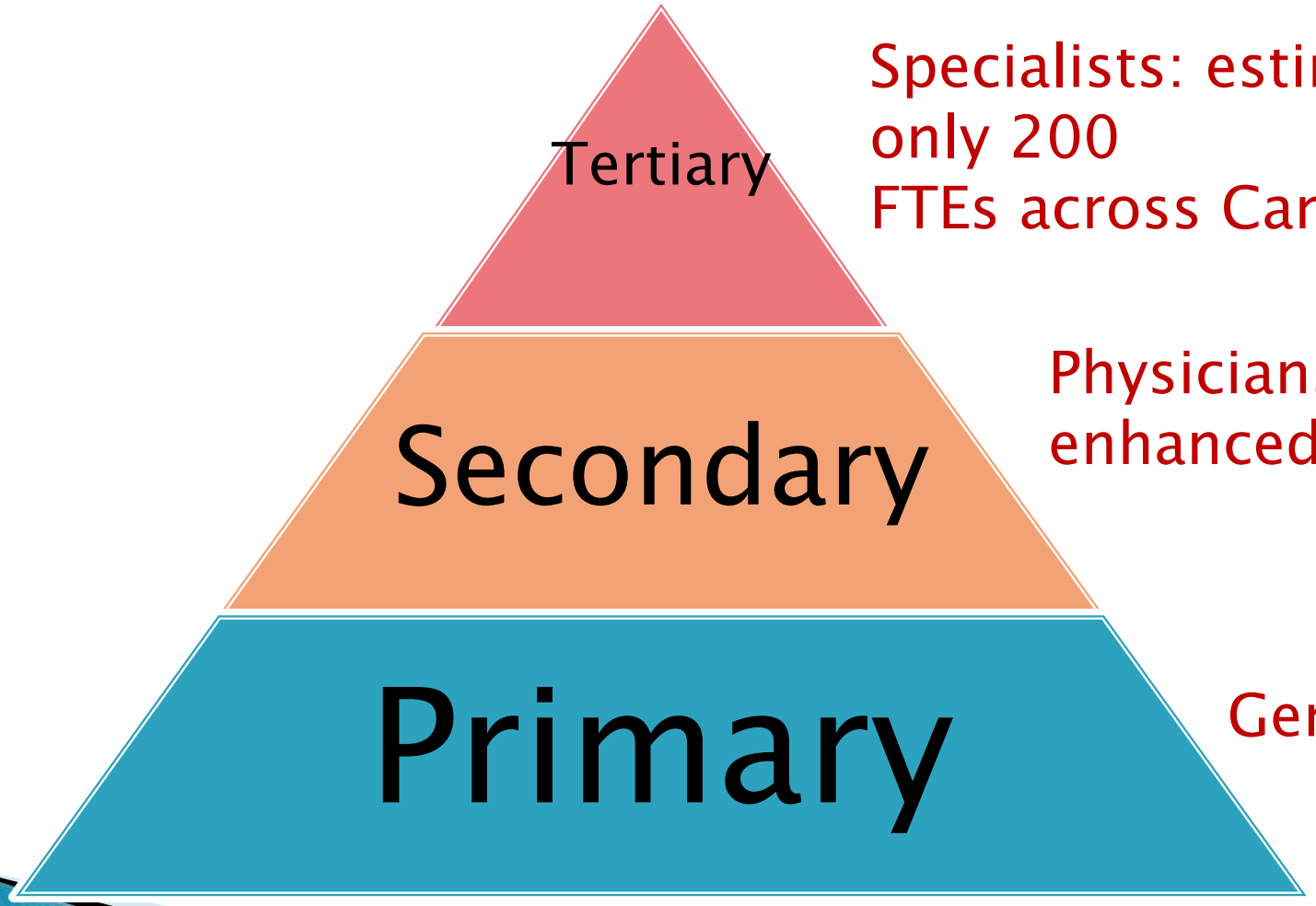
- Home 5,062 (16.2%)
- Res. Inst. 7,739 (24.7%)
- Hospice 4,124 (13.2%)
- Hospital 13,674 (43.7%)

Cancer Deaths

- Home 1,516 (15.8%)
- Res.Inst. 905 (9.4%)
- Hospice 3,200 (33.4%)
- Hospital 3,894 (40.6%)

2 in 5 deaths occur in hospital

Palliative Care Needs Model



Specialists: estimated only 200 FTEs across Canada

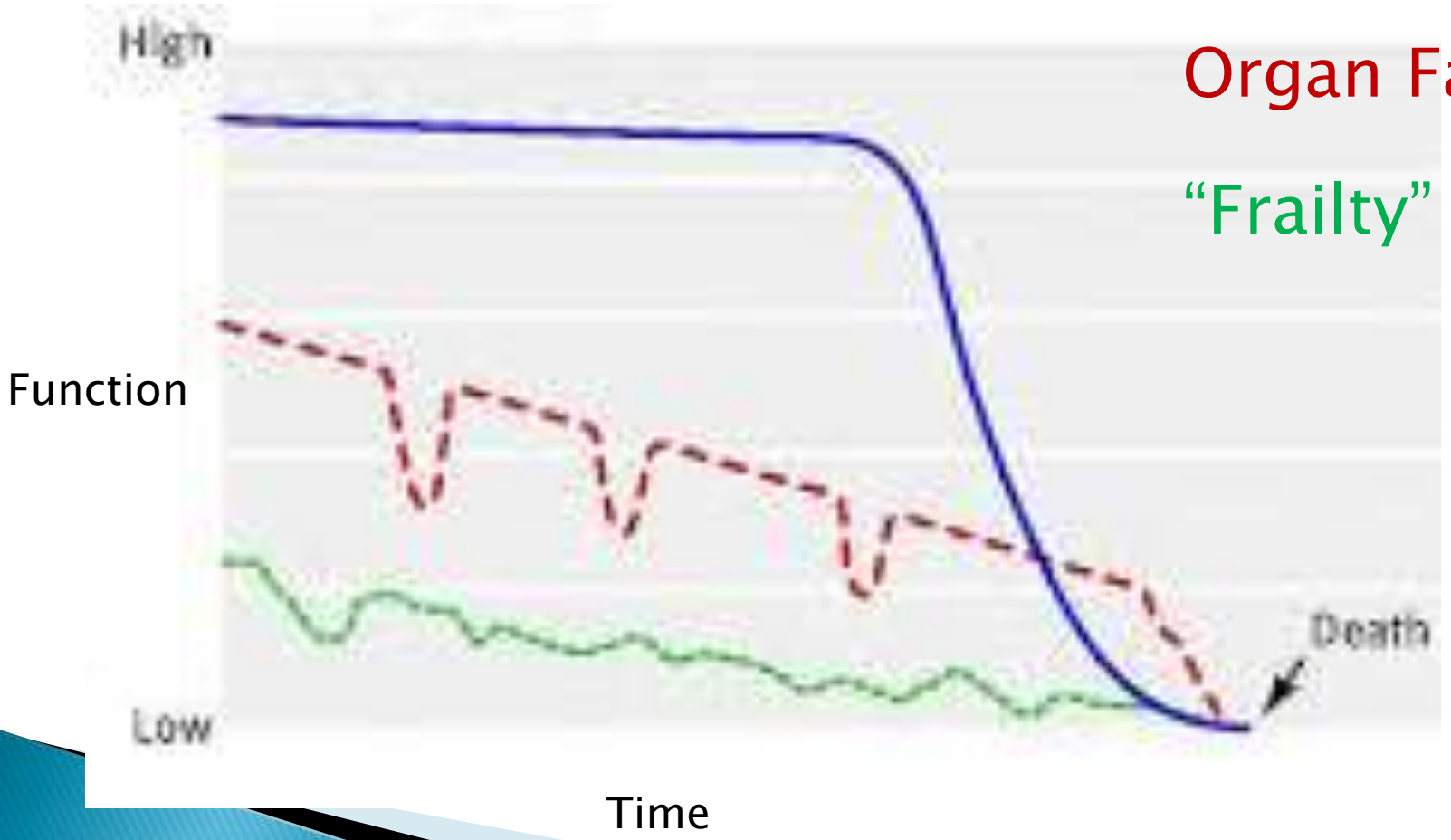
Physicians with enhanced skills

Generalists

Palliative Care: a Basic Human Right

- Access to palliative care should not be affected by location, age, gender, disease, race, religion etc…
- All health care professionals need at least basic palliative care skills
- Also need to know how to access specialist support when needed
- Different diseases have different special needs
- Different transitions throughout illness trajectory
- Different patterns of progression

Disease Trajectories



Presentations

- Currently more cancer patients receive specialist palliative care than those with other diseases
- Knowledge and experience gained in cancer care forms basis of much palliative care knowledge and practice, so cancer will be first
- Other organ failures to follow
- Emergency Care is context- rather than disease-specific
- Learning objectives are in your program