Palliative Care Guideline

This guideline is designed to assist healthcare practitioners treating patients with chronic, serious, or advanced illness in delivering primary palliative services.

What is Palliative Care?

Definition: Palliative Care is patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social and spiritual needs (referred to as "total pain"), facilitating patient autonomy, access to information, and choice.*

Palliative care focuses on defining goals of care and managing symptoms in tandem with curative therapies.

Why Palliative Care?

- Palliative care improves quality of life and reduces unwanted treatment and repeat hospitalizations.
- For many common end-stage diseases, patients receiving hospice/palliative care live longer.
- Early involvement of palliative care improves family coping and adjustment after death.
- Hospice care is palliative care in the final months of life.

Traditional Care Model

This diagram illustrates the traditional care model for serious illness: life-prolonging or cure-directed therapy is pursued right up to the terminal stage, at which point there is an abrupt shift to comfort care.

Integrated Palliative Care Model

Palliative care occurs at the same time as curative care. Palliative components should be integrated into the chronic illness care plan throughout the course of illness alongside life-extending treatment. This integration does not require specialty palliative care services. Attention to advance care planning; symptom management; the patient's goals; and the emotional, social, relational, and spiritual aspects of illness should be a routine part of care. Care plans should be discussed and adjusted as the patient's condition and goals change as suggested by the "steps" in the diagram. For patients who choose hospice, the entire focus is palliative.

Trajectories of Illness

Three possible trajectories of decline at the end of life

- Cancer
- Organ failure
- Physical and cognitive frailty

Prognosis of death is challenging, especially for frailty and organ failure.

With most cancers, patients can maintain fairly high levels of function through supportive therapies. As the disease progresses or does not respond to treatment, decline can be fairly swift. Palliative care conversations should occur at time of diagnosis, disease progression, or recurrence.

In organ failure (e.g. heart, lung, kidney, etc.), the pattern involves periods of slowly declining function, punctuated by sudden worsening of the disease, crisis, or hospitalization. Sometimes these exacerbations are followed by a degree of "recovery" but any one can result in death. Even with "recovery," the patient's function is likely to decline. Frequent review of care options and palliative consultation can ensure clarity of treatment goals and comfort.

Frailty and dementia pose special challenges, as decline can be slow, subtle, and lengthy. At diagnosis or at clear onset of dementia, advance care planning, and palliative consultation can put in place necessary surrogate decision makers and clear instructions for future treatments.

Components of Palliative Care

- Pain & Symptom Management
- Advance Care Planning
- Communication and Care Coordination
- Goals of Care
- Psychological, Social, and Spiritual Support
- Difficult Decisions

Hospice Care

What is Hospice?

- A specialty level of palliative care provided to a person and their family when life expectancy is six months or less.
- Prognosis can be challenging and many patients are referred to hospice very late or not at all.
- For patients and families to get the most benefit from hospice services, consider referral when you think the patient could die within the next year.

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*World Health Organization.

This guideline is designed to assist any provider treating patients with serious or advanced illness. It is not intended to replace a clinician's judgment or establish a protocol for all patients. The Palliative Care Guideline tools, references, and additional copies of the guideline are available at www.healthteamworks.org or call (303) 446-7200. This guideline was supported through funds from The Colorado Health Foundation. Approved on 6/28/2011.