GRAND ROUNDS:

WHAT PHYSICIANS NEED TO KNOW ABOUT DEATH AND DYING

A Personal and Professional Perspective

Karen M. Wyatt MD – June 17, 2014
This presentation is sponsored by

THE DENVER HOSPICE

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Objectives:
At the end of the presentation participants will be able to:

- Recognize the need for improved physician engagement in end-of-life issues.
- Understand the obstacles for physicians in engaging in end-of-life care and how to overcome them.
- Utilize simple tools to assist in the care of patients and loved ones at the end-of-life.
Times are Changing

The aging of the Baby Boom generation is ushering in new attitudes about the end-of-life.
What’s New?

- Death Cafés
- The Conversation Project
- Death Over Dinner
- Blog: Confessions of a Funeral Director
- Natural Dying Movement
- Death Midwives and Death Doulas
- Home Funerals
- Green Burials
What’s Missing?

The Medical Profession is not well represented in these movements.
The Recommendation:

Guidelines published in the *Canadian Medical Association Journal*¹ and by the AHRQ² recommend that:

Hospice be discussed as an option with patients who are expected to live less than a year.

The Problem: Delayed or Absent Conversations

December 16, 2013 JAMA Internal Medicine:

86% of doctors surveyed agreed strongly or somewhat that they would enroll in hospice care if they themselves were terminally ill.

But only 27% would discuss hospice “now” with a patient with cancer who was expected to live for another 4 to 6 months.
The Problem: Unmet Needs of Patients

2011 Nebraska End-of-Life Survey Results:

“70 percent of patients surveyed want their doctors to discuss their end-of-life care options, yet only 21 percent ...had heard about hospice care from a doctor.”

The Problem: Late Referrals

Centers for Disease Control:

Good News: “Hospice use at the time of death increased from 21.6% in 2000 to 42.2% in 2009.”

Twice as many patients referred!

Bad News: “28.4% of those hospice patients referred in 2009 received 3 days or less of hospice care.”

Too little care to make an impact.

The Problem: False Hopes

Dana-Farber Cancer Institute:

Of 1,274 stage IV lung and colon cancer patients in the study who were receiving chemotherapy “69% of the lung cancer patients and 81% of the colon cancer patients did not understand that the chemotherapy they were receiving was not likely to cure their disease.”

The Problem: Missed Opportunities

Dana-Farber Cancer Institute:

“Terminally ill patients who talk to their doctors about EOL care at least a month before they die are more likely to choose therapy that is less aggressive—therapy aimed more at making them feel better than at prolonging life.”

Obstacles

Why are physicians not engaging in end-of-life discussions?
Obstacles for Physicians:

1. “It’s not my job. My passion is for saving lives.”
2. “I don’t have enough time. The end-of-life isn’t important enough.”
3. “Death is a failure.”
4. “Dying is hopeless and tragic. I don’t want to take the patient’s hope away.”
Changing Our Attitudes

Obstacle
- “Death is a failure.”

New Mindset
- “Death is inevitable.”
- “Dying is the final stage of human development.”
- “Death makes life more precious.”
Changing Our Attitudes

- **Obstacle**: “Dying is hopeless and tragic.”
- **New Mindset**: “Dying can provide an opportunity for growth and transformation.”
  - “Palliative and hospice care provide hope.”
Hope: Increased Survival

New England Journal of Medicine:

“Patients receiving early palliative care had less aggressive care at the end of life but longer survival [11.6 mo. vs. 8.9 mo].”


DOI: 10.1056/NEJMoa1000678
Hope: Increased Survival

National Hospice and Palliative Care Organization:

“the mean survival was 29 days longer for hospice patients than for non-hospice patients.”

Hope: Improved Quality of Life

Harvard University:

“Physicians who are able to remain engaged and ‘present’ for their dying patients — by inviting and answering questions and by treating patients in a way that makes them feel that they matter as fellow human beings — have the capacity to improve a dying patient’s [quality of life].”

Tools for Addressing the End-of-Life
Palliative Care Guideline

- Created by Health Teamworks
- Explains the difference between the Traditional Care Model and the Integrated Palliative Care Model
- Graphs three possible trajectories of decline at the end-of-life
- Shows Hospice Care as a component of Palliative Care
Palliative Care Guideline

- Page 2: Chart of Progressive involvement in care throughout the entire spectrum of illness
- Trigger Questions are especially valuable!!
  - “I’d like to make sure that you experience the best possible quality of life, no matter how many days of life you have.”
  - “Have you thought about the options for the last stage of your life? Would you like to discuss them?”
  - “It’s a good idea for all of us to do some planning for the end-of-life, because studies show that things go better when we are prepared. I can talk with you about that whenever you are ready.”
5 Keys to A Peaceful Passing

- 1. Physical comfort
- 2. Love
- 3. Forgiveness
- 4. Enjoyment of every moment
- 5. Meaning
Why should we physicians take the time and effort to engage in end-of-life issues?
Because someday, we are going to lose the ones we love …
Questions or comments?
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