

Care of the Relapsed Patient:

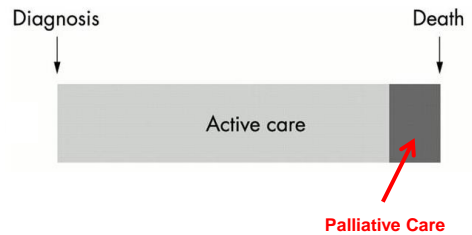
What Does Palliative Care Have to Offer?

2015 POGO Symposium
October 30, 2015

Adam Rapoport MD, FRCPC, MHSc



Perceptions of Palliative Care



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Perceptions of Palliative Care



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MD Perceptions of PC

"Palliative care is helping families to give them comfort and options for what to do at their loved one's end of life."

Centre for Advancing Palliative Care (CAPC) - 2011 Public Opinion Research on Palliative Care



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Who Do We Think We Are?!

Palliative care is specialized medical care for people with serious illnesses. It is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness—whatever the diagnosis. The goal is to improve quality of life for both the patient and the family.

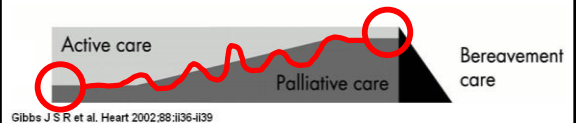
Centre for Advancing Palliative Care (CAPC)



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Palliative Care – The Ideal



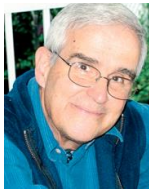
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Why the Discrepancy?



1950's



1974



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Palliative Care – The Ideal

- Appropriate for any patient/family with, or at risk of a life-threatening illness
 - Due to any diagnosis
 - With any prognosis
 - At any time (in the disease course)
- Relieve suffering; improve quality of living/dying
- Addresses physical, psychological, social, spiritual issues

A model to guide hospice palliative care: Based on national principles and norms of practice. CHPCA 2002.



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Any Diagnosis?

- Cancer most prevalent diagnosis in adult PC
 - 92% of patients referred to 6 palliative care centres across Canada (1993-1997)¹
 - 95% of patients referred to 3 palliative care centres in London, UK²

1. Gaudette LA et al. *J Palliat Care*. 2002. 18(4):262-269.
2. Potter J et al. *Palliat Med*. 2003. 17(4):310-314



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Any Prognosis/Time?

- Review of 2868 consecutive palliative care consults at MD Anderson
 - Median interval between initial palliative care consultation and death was 42 days (38-46)
- In Canada
 - Large urban palliative care group – 30 days

Osta BE et al. *J Palliat Med*. 2008. 11(1):51-57.



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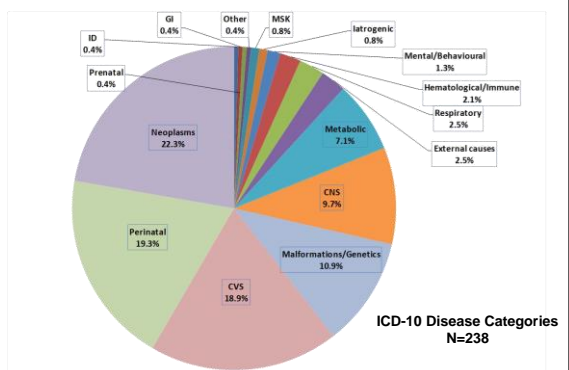
HOW ABOUT PEDIATRICS?

Any diagnosis?...



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Patient Referrals by Diagnosis 2014



Other PPC Centres

TABLE 2 Clinical Characteristics of Patients in the Cohort

Characteristics	Total, N	%	Early Mortality Within 30 Days, N (%)		P
			Yes	No	
Diagnoses					
Genetic/congenital	210	40.8	17 (29.3)	193 (42.4)	.04
Neuromuscular	201	39.2	22 (56.7)	179 (89.3)	.69
All cancers	102	19.8	18 (50.0)	84 (81.5)	.04
Hematologic	36	7.0	5 (8.3)	31 (86.8)	.66
Solid tumor	36	7.0	6 (10.0)	30 (66.6)	.33
Brain tumor	29	5.6	7 (11.7)	22 (48.8)	.03
Hematologic and solid tumors	1	0.1	0	1 (0.2)	.72
Respiratory	66	12.8	8 (15.3)	58 (12.8)	.90
Other	55	10.7	7 (11.7)	48 (10.6)	.79
Gastrointestinal	51	9.9	4 (6.7)	47 (10.3)	.37
Cardiovascular	43	8.3	10 (16.7)	33 (7.3)	.01
Metabolic	37	7.2	1 (1.7)	36 (7.9)	.08
Renal	14	2.7	2 (5.3)	12 (2.6)	.76
Immunology	12	2.6	0	12 (2.6)	.20

Feudtner C et al. *Pediatrics*. 2011. 127:1094-1101.



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HOW ABOUT PEDIATRICS?

Any prognosis?...
Any time?...



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Any Prognosis/Time?

Year	Deaths	Median Days of Care
2011	61	76
2012	81	71
2013	102	89
2014	83	102

NB – Mean days of care for all patients who died during these years was 208



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RESEARCH

CMAJ

Chemotherapy versus supportive care alone in pediatric palliative care for cancer: comparing the preferences of parents and health care professionals

“When cure becomes unlikely, parents and HCPs are often faced with the decision to continue further aggressive treatments or to provide relief from symptoms alone.”

Tomlinson et al. *CMAJ*. 2011.



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RESEARCH

CMAJ

Chemotherapy versus supportive care alone in pediatric palliative care for cancer: comparing the preferences of parents and health care professionals

Significantly more parents (42/77, 54.5%) than health care professionals (20/128, 15.6%) favoured chemotherapy

Tomlinson et al. *CMAJ*. 2011.



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We Need to Change Our Thinking

Instead of this...



This....



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Early Integration of PPC

- Integration ≠ referral
 - All care providers of children with CCC should incorporate the principles of PC into their practice
- However, early referral to a specialized PPC service may sometimes be helpful...



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The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer

Jennifer S. Temel, M.D., Joseph A. Greer, Ph.D., Alona Muzikansky, M.A., Emily R. Gallagher, R.N., Sonal Admane, M.B., B.S., M.P.H., Vicki A. Jackson, M.D., M.P.H., Constance M. Dahlin, A.P.N., Craig D. Blinderman, M.D., Juliet Jacobsen, M.D., William F. Pirl, M.D., M.P.H., J. Andrew Billings, M.D., and Thomas J. Lynch, M.D.



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Why Does Early Integration Make Sense?

- Increases likelihood of improving QOL, not just QOD
- Allows for trusting relationships to develop
- Best way to overcome barriers to PPC involvement
- Facilitates the process of advanced care planning



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How does PACT help?



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How does PACT help?

Identify & Implement Goals of Care

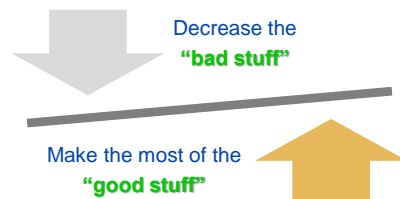
- What's most important to parents and children?
- Planning for the future
- Thinking about wishes as things change



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How does PACT help?

Maximize Quality of Life



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Decreasing the “bad”...

Management of Symptoms

- Pain
- Anxiety
- Breathlessness
- Feeding challenges



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Decreasing the “bad”...

Support to Family & Team

- It can be a long and hard journey
 - We provide support to families by giving them a chance to express their fears, worries (and of course celebrating the successes!)
 - We also support staff by creating a safe place for them to share their own difficulties and concerns



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Making more of the “good”...



How does PACT help?

End of Life Care

- Create meaningful legacies/memories
- Ensure child's comfort
- Support family and medical team during their grieving



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