

A Newsletter for Healthcare Professionals

Fall 2010

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Physicians Urged to Serve As ‘Advocates and Guides’ for Patients in Their Final Years and Months~Expert stresses importance of estimating prognosis for all elderly patients

With the aging of the nation’s population, clinicians are increasingly likely to find themselves faced with the challenge of planning for the final phases of an older patient’s life. A geriatrics expert has outlined what physicians can do today, through the coming months, and perhaps years, to guide and help older patients achieve the best quality of life now and as they near the end of life.

“In many respects, you can never address the issue of advance care planning too early,” says David B. Reuben, MD, author of an article published in the Journal of the American Medical Association, as part of its new series entitled, “Care of the Aging Patient: From Evidence to Action.”

Using the case of Mr. Z, an 83-year-old man who is the sole caregiver for his wife with Alzheimer’s disease and is himself recovering from fall-related injuries, Reuben presents a prognosis-guided approach for addressing short-term, midrange, and long-term issues confronting these patients.

“The approach should begin with an assessment of life expectancy and incorporation of evidence-based care whenever possible,” writes Reuben.

Care plans, based on patient goals and preferences, will need to be periodically reassessed, as older patients face physical decline, advanced illness, and death.

“Determination of prognosis provides the context for clinical and personal choices that differ in their consequences and timing,” write the authors of an accompanying editorial. “Although the wisdom of this approach is understood by patients who have lived through the deaths

of friends and family, clinical decisions often fail to incorporate this information.”

Physician Involvement With Hospice Is Recommended

Although the short and mid-range goals for a relatively robust patient such as Mr. Z are to help him remain independent, at home, and in his community as he becomes frailer, his physician will inevitably be required to help him receive his desired care at the end of life.

Reuben suggests that physicians get to know the team caring for patients they refer to a local hospice, regardless of whether they decide to follow the patients themselves or to allow the hospice physician to be the physician of record. **“I always like to follow my patients through hospice,”** says Reuben. **“For me, it’s very gratifying to see them through the final chapter of their lives.”**

In conclusion, Reuben writes, “Mr. Z will need a physician who will serve as his advocate and guide as he confronts the medical and social issues of the last years of his life. Anything less is unlikely to meet his current and future needs.” Reuben is chief of the Division of Geriatrics, UCLA School of Medicine, Los Angeles.

Source: “Medical Care for the Final Years of Life: ‘When You’re 83, It’s Not Going to Be 20 Years,’” *Journal of the American Medical Association*; December 23/30, 2009; 302(24):2686-2694. Reuben DB; Department of Medicine, Division of Geriatrics, David Geffen School of Medicine at the University of California, Los Angeles. “Clinical Care in the Aging Century — Announcing ‘Care of the Aging Patient: From Evidence to Action,’” *ibid.*; pp. 2703-2704. Landefeld CS, Winker MA, Chernof B; Division of Geriatrics, University of California, San Francisco, and San Francisco VA Medical Center. “Author in the Room” Teleconference, *Journal of the American Medical Association and Institute for Healthcare Improvement*; February 2010. Accessed at <http://jama.ama-assn.org/authorintheroom/authorindex.dtl>.

End-of-Life Care Websites

www.aahpm.org

American Academy of Hospice
and Palliative Medicine

www.eperc.mcw.edu

End of Life/Palliative Education
Resource Center (EPEC)

www.epec.net

The EPEC Project (Education in
Palliative and End-of-Life Care)

www.nhpc.org

National Hospice & Palliative
Care Organization

www.caringinfo.org

Caring Connections: National
Consumer Engagement Initiative
to Improve End-of Life Care

www.promotingexcellence.org

Promoting Excellence in
End-of-Life Care

www.hospicefoundation.org

Hospice Foundation of America

www.americanhospice.org

American Hospice Foundation

www.hpna.org

Hospice and Palliative Nurses
Association

www.medicaring.org

Palliative Care Policy Center

www.abcd-caring.org

Americans for Better Care of the Dying

www.mcw.edu/palliativecare.htm

Medical College of Wisconsin
Palliative Care Center

www.painpolicy.wisc.edu

University of Wisconsin Pain
and Policy Studies Group

www.capc.org

Center to Advance Palliative Care

www.stoppain.org

Pain Medicine & Palliative Care,
Beth Israel Medical Center

Books For Clinicians

Demystifying Opioid Conversion Calculations: A Guide for Effective Dosing

This practical guidebook by Mary Lynn McPherson, PharmD, offers both new and experienced clinicians a five-step process for safely and effectively transitioning patients from one opioid to another, which can often require changing the route of administration and/or dosage formulation. Chapter titles include:

- Converting Among Routes and Formulations of the Same Opioid
- Converting Among Routes and Formulations of Different Opioids
- Titrating Opioid Regimens: Around the Clock and to the Rescue!
- Transdermal and Parenteral Fentanyl Dosage Calculations and Conversions
- Methadone: A Complex and Challenging Analgesic, But It's Worth It!
- Patient-Controlled Analgesia and Neuraxial Opioid Therapy
- Calculating Doses from Oral Solutions and Suspensions

McPherson is professor and vice chair in the Department of Pharmacy Practice and Science at the University of Maryland School of Pharmacy, Baltimore.

Published by American Society of Health-System Pharmacists, 2009;
ISBN-13: 9781585281985 (Paperback); 200 pp.

Palliative Care: Transforming the Care of Serious Illness

Edited by Diane E. Meier, MD; Stephen L. Isaacs, JD; and Robert G. Hughes, PhD, this reference book offers a comprehensive overview of the newly recognized field of palliative medicine. Included are reprints of 25 of the most important articles in the field, each with a short introduction by the editors.

Articles range from classic pieces by the discipline's pioneers to more recent influential articles, showing the gains that have been made in the field over the past 20 years. Opening the book is Meier's original review of the development, status, and future of palliative care.

"Palliative care...recognizes that serious illness and the suffering that accompanies it is a universal human condition, affecting every one of us," writes Meier. "It strives to redress the fragmentation and discontinuities of the health care system, recognizing that the patient and the family still need care when they leave the hospital or the doctor's office."

Topics include: the importance of caring for the seriously ill patient, the nature of suffering, efforts to cope with death and provide care for the dying, pain management, legal and ethical issues, cross-cultural issues, and the philosophical perspective on terminal care.

Meier is director of the Center to Advance Palliative Care; and director of the Lilian and Benjamin Hertzberg Palliative Care Institute, professor of geriatrics and internal medicine, and Catherine Gaisman Professor of Medical Ethics, Mount Sinai School of Medicine, New York City.

Published by Jossey-Bass, 2010; ISBN-13: 9780470527177 (Paperback); 464 pp.

Hospice as the Practical — Not Just Philosophical — Option for the Last Months of Life ~ Physicians offered guide to being the ‘good doctor’ who gets patients the help they need.

“The referral of patients to hospice care for their last months of life has moved from a ‘choice’ to the approach that achieves the best outcomes for patients with advanced disease.” With that bold statement, two experts in hospice and palliative medicine introduce their article reviewing the benefits of hospice and offering physicians a practical guide for timely referral.

“Physicians have tended to present the hospice alternative as a philosophic option rather than a truly practical one,” write the authors in a recent issue of *Chest*. “This is understandable, because the services and benefits are still not well understood by many physicians.”

Hospice care has been shown to provide “better outcomes” for patients and families, the authors point out.

Patients in Hospice Are More Likely To:

- Receive better symptom control
- Be provided with more practical support
- Receive more emotional and spiritual support
- Say they feel more respected
- Report their overall care as “excellent,” compared with those not in hospice care

It is important that physicians understand and communicate the value of hospice services in helping patients and families achieve their goals in the last months of life. *“As difficult as it sometimes is for a patient and family to make an informed decision to choose hospice, they often choose it because of its service, not just because there are no other alternatives for care,”* state

the authors. Patients and families need to hear that:

- Frequent visits from the hospice care team are standard.
- Practical, hands-on support is provided.
- Information about what to expect and how to handle each step will be given to them.
- Hospice is a Medicare benefit.
- Their own physician can continue to guide their care.

Physician Barriers To Timely Hospice Referral

The optimal time for consolidating the full medical, psychosocial, and spiritual support offered by hospice services is 80 to 90 days, note the authors. Yet, the average length of stay in hospice is two months, with nearly 30% of patients receiving hospice care for less than one week. The authors discuss several possible physician barriers to appropriate timing in hospice referral, countering them with statements from the evidence.

- **Discomfort with introducing the topic of hospice:** “Referring a patient to hospice services may require courageous conversations between the physician and the patient, and a mutual comfort with the fact that doing so often provides the highest-quality end-of-life care.” The authors offer physicians a step-wise approach to “the hospice talk.” [See sidebar.]
- **Viewing the hospice choice as a professional failure:** “Patients and families who are referred for hospice care identify the referring doctor as

a ‘good’ doctor for getting them the help they need.” These patients see the progression of their illness as nature taking its course, rather than the “fault” of their physician, studies have shown.

- **Belief that patients may “give up hope” and die more quickly:** “On the contrary, the evidence is that patients who receive hospice care have a better sense of hopefulness and live longer than those who are not referred.” This improvement is most likely due to the comprehensive and personal benefits of the multidisciplinary approach of hospice, the authors point out.
- **Prognostic uncertainty:** “There is no penalty for referring a patient to hospice care ‘too soon.’” Some patients will live longer than expected. If at each evaluation point, they have in the physician’s best judgment a prognosis of less than six months if the disease runs its normal course, they remain eligible for hospice. Some patients will improve; they can be discharged from hospice for a time and re-enroll when their disease worsens.

“The most frequent complaint hospice programs hear from patients and families is they did not hear about hospice care sooner,” the authors conclude.

Source: “Pulmonary/Critical Care Physicians and Hospice Patients: Billing Specialty Care for Patients Enrolled in a Hospice Program,” Chest; June 2010; 137(6):1427-1431. Moore S and von Gunten CF; Institute for Palliative Medicine at San Diego Hospice, San Diego, California.

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“Hospice care offers patients an important choice when facing a life-limiting illness.”
Peter P. Wong, M.D.

Hope Hospice
Medical Directors

As a physician, you know your patient best and when it is appropriate to recommend hospice as an option for care. When that time comes, Hope Hospice is here to support you, your patient and their family.

We're available to consult with you throughout your patient's illness on issues relating to pain management, comfort and quality of life. The Hope Hospice team provides free confidential in-home visits to help patients and families understand how hospice care can help them.



Peter P. Wong, M.D.
Medical Director

The Hospice Talk: Steps for Physicians

- Confirm the patient/family understanding of the underlying diagnosis and prognosis. “Tell me what you understand about your illness.” “What are you expecting?”
- Elicit goals. “What are you hoping for in the time you have left?”
- Summarize the patient's goals, and introduce hospice. “For all my patients at this stage, I recommend hospice.”
- Explain why hospice care would be appropriate. “Hospice helps me take care of people like you and your family when the goals of the medical care are the things you just said you wanted. They take care of you at home; they are my eyes and ears.”
- Offer to contact the local hospice to arrange a meeting. “Let me ask the hospice program to call you. Someone can come out to your home to explain their services.”
- Confirm that you intend to remain involved. “You and I can discuss what they tell you. In my opinion, this is the best care I can give you at this time in your life.”

~ Adapted from Moore and von Gunten, *Chest*



Michael Abdel-Malek, M.D.
Associate Medical Director

Why choose Hope Hospice?

Your patient will be cared for by a highly experienced, caring team of hospice trained professionals. Hope Hospice has been providing care for patients in the Tri-Valley, San Ramon Valley and Castro Valley-Hayward and surrounding areas for over 30 years. We are pleased to report that 99 percent of families served by Hope Hospice would refer their family and friends to Hope Hospice in the future.