



# Palliative Care in Transplant Medicine

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# Palliative Care in Transplant Medicine

- Palliative Care—The Basics
- Palliative Care in Transplant Medicine
  - Estimation and Communication of Prognosis
  - Establishing Goals of Care
  - Specific Topics

## Palliative Care Is...

- Specialized medical care for people with *serious illnesses*
- Focuses on providing patients with relief from the symptoms and stress of a serious illness
- Goal is to *improve quality of life* for both the patient and the family
- Typically provided by a specially-trained team of doctors, nurses and other specialists—*an extra layer of support*
- Appropriate at *any age and at any stage*
- *Can be provided along with curative treatment*

Center for Advancement of Palliative Care [CAPC.org](http://CAPC.org) or [GetPalliativeCare.org](http://GetPalliativeCare.org)

# Palliative care isn't just hospice care...

- Palliative Care

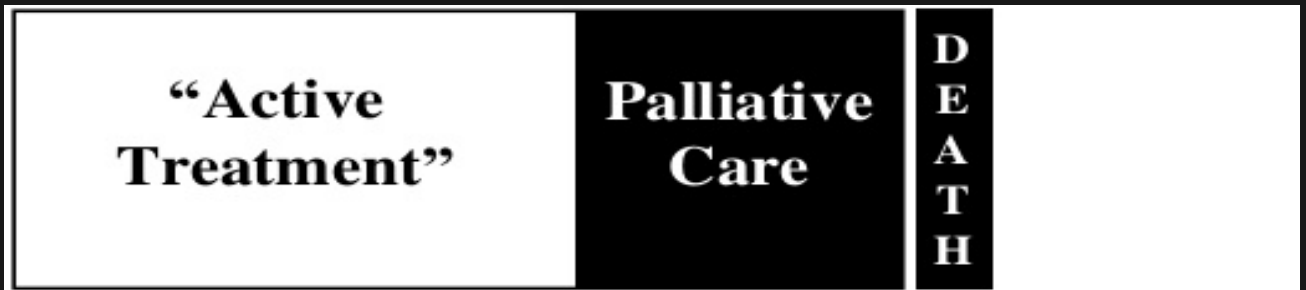
- Covered by most insurances
- Interdisciplinary care
  
- *At Any Age, At Any Stage*
  
  
- Can be provided along with life-prolonging therapies

- Hospice Care

- Started as a Medicare *Insurance Benefit*
- Interdisciplinary care
- For Patients with life expectancy less than 6 months
  
  
- No longer receiving life-prolonging therapies

# Palliative Care Models

Old Model



Newer Model



<http://image.slidesharecdn.com/palliativecare-140522235402-phpapp01/95/palliative-care-50-638.jpg?cb=1400803148>

# Why Early Palliative Care?

- Data primarily from cancer literature shows that early palliative care interventions lead to:
  - Improved symptom control
  - Decreased depression
  - Improved QOL scores
  
  - Potentially Longer Survival...
  - ***NO PALLIATIVE CARE INTERVENTION STUDY HAS EVER BEEN SHOWN TO SHORTEN LIFE EXPECTANCY***

N Engl J Med 2010;363:733-42.

# Palliative Care: *What is yours, and what is mine?*

- All primary providers should be able to:
  - Form a relationship with patient and family
  - Provide medical data and medical message
  - Provide prognostic information
  - Make recommendations
  - Manage common symptoms
- Specialists should be included for cases with:
  - Complex family dynamics
  - Complex symptom management
  - Complicated medical message and prognosis

# Core Palliative Care Concepts

- Estimation and Communication of Prognosis
  - Establish Goals of Care
  - Symptom Management
  - Specific Choices in Transplant Medicine
- 
- *Transplant medicine is an appropriate field for the palliative care techniques and skills*



# Communication of Prognosis



*Before I give you your results, I'm going to put on some very sad music...*

# Communication of Prognosis—Part Art, Part Science

- Estimation of Life Expectancy and Clinical Course
  
- Communication of Prognosis

# Communication of Prognosis—A Procedure

- Prepare
- Ask questions
- Provide information
- Allow for emotion
- Acknowledge the reaction
- Assess for understanding
- Make a plan

# Communication of Prognosis—*What about Hope?*

- Acknowledge uncertainty
- The cheerleader vs the grim reaper
- *Best Case, Worst Case, Most Likely*

# Core Palliative Care Concepts

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## Goals of Care $\neq$ DNR

Goals of  
Care

Code  
Status

Advance  
Directives

# A Brief Public Service Announcement

- Essentially ALL of our patients should have Advance Directives
  - Healthcare Representative (who speaks for you)
  - Living Will (specific details)
- *At a minimum*, a patient who is admitted to the hospital, sick enough to be seen by you, should leave with a healthcare rep named and documented

# Establishing Goals of Care—Four Questions

- What is your understanding about your illness?
- What are you worried about?
- What are you hopeful for?
- What are you willing to sacrifice to try to get to what you're hoping for? And what aren't you willing to sacrifice?



# Establishing Goals of Care

## Three Paths:

*Restorative Care*

*Conservative Medical  
Management*

*Aggressive Symptom  
Management*



# Core Palliative Care Concepts

- Estimation and Communication of Prognosis
  - Establish Goals of Care
  - Symptom Management—*A Topic for Another Day!*
  - Specific Choices
- 
- *Transplant medicine is an appropriate field for palliative care involvement*

# Core Palliative Care Concepts

- Estimation and Communication of Prognosis
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# Specific Choices in Transplant Medicine

- CPR and limits of care, in the potential transplant candidate
  - A complicated decision made even more complicated...

# CPR in the potential transplant candidate

- What are the patient's other comorbidities?
- *How likely is the patient to survive CPR, and to survive to hospital discharge?*
- If the patient does survive CPR:
  - Will the patient be left too sick to receive a transplant?
  - Will the patient be left in a state that they would not find acceptable?

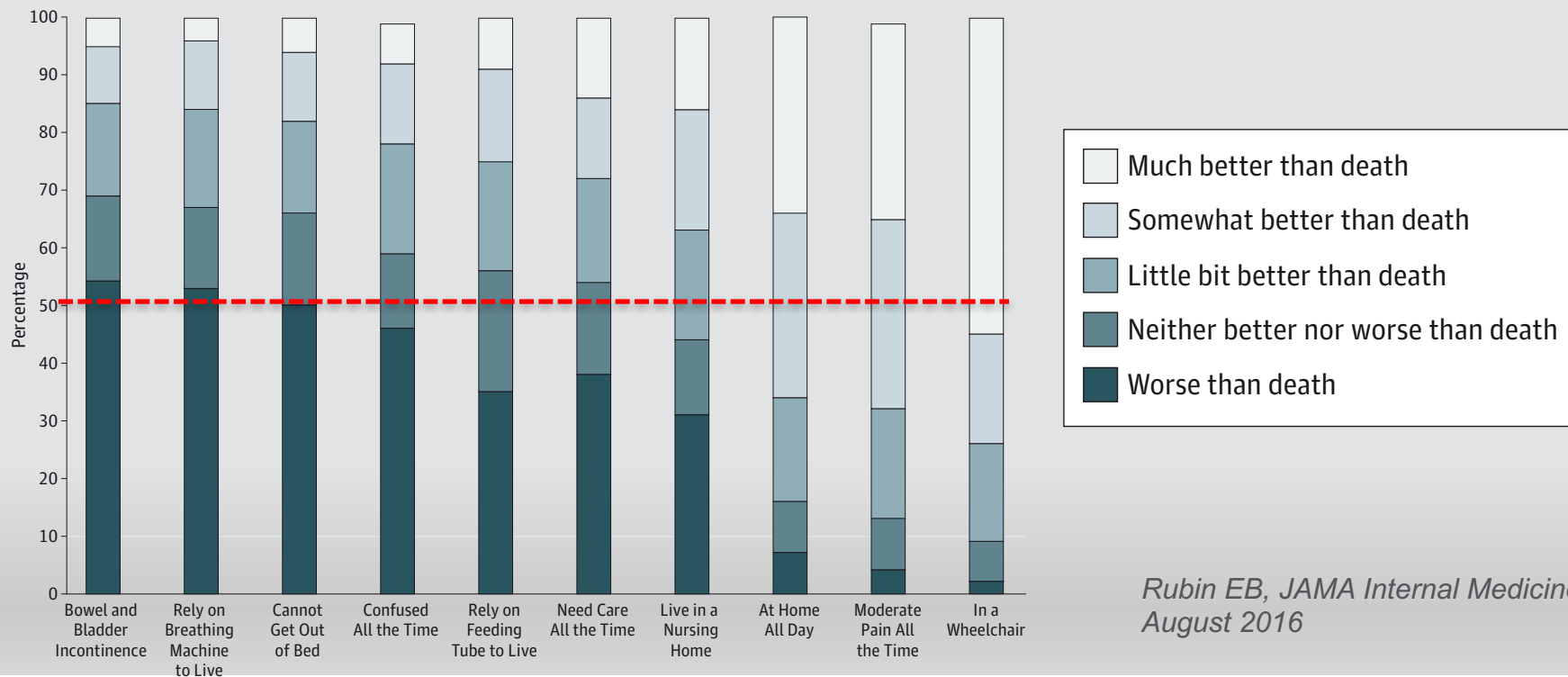
# In-Hospital CPR Outcomes in Patients with Chronic Disease

Outcomes After In-Hospital CPR in Adults with Chronic Illness				
	No Chronic Disease	Advanced COPD	Advanced Malignancy	ESRD on Dialysis (Age 18 or Older)
Survival to Discharge	17.3 %	14.8 %	11.3 %	21.0%
Median Survival after Discharge	26.7 months	5.0 months	3.5 months	5.0 months

\*CHEST 2014; 146(5):1214-1225. \*\*JAMA Intern Med. 2015;175(6):1028-1035.

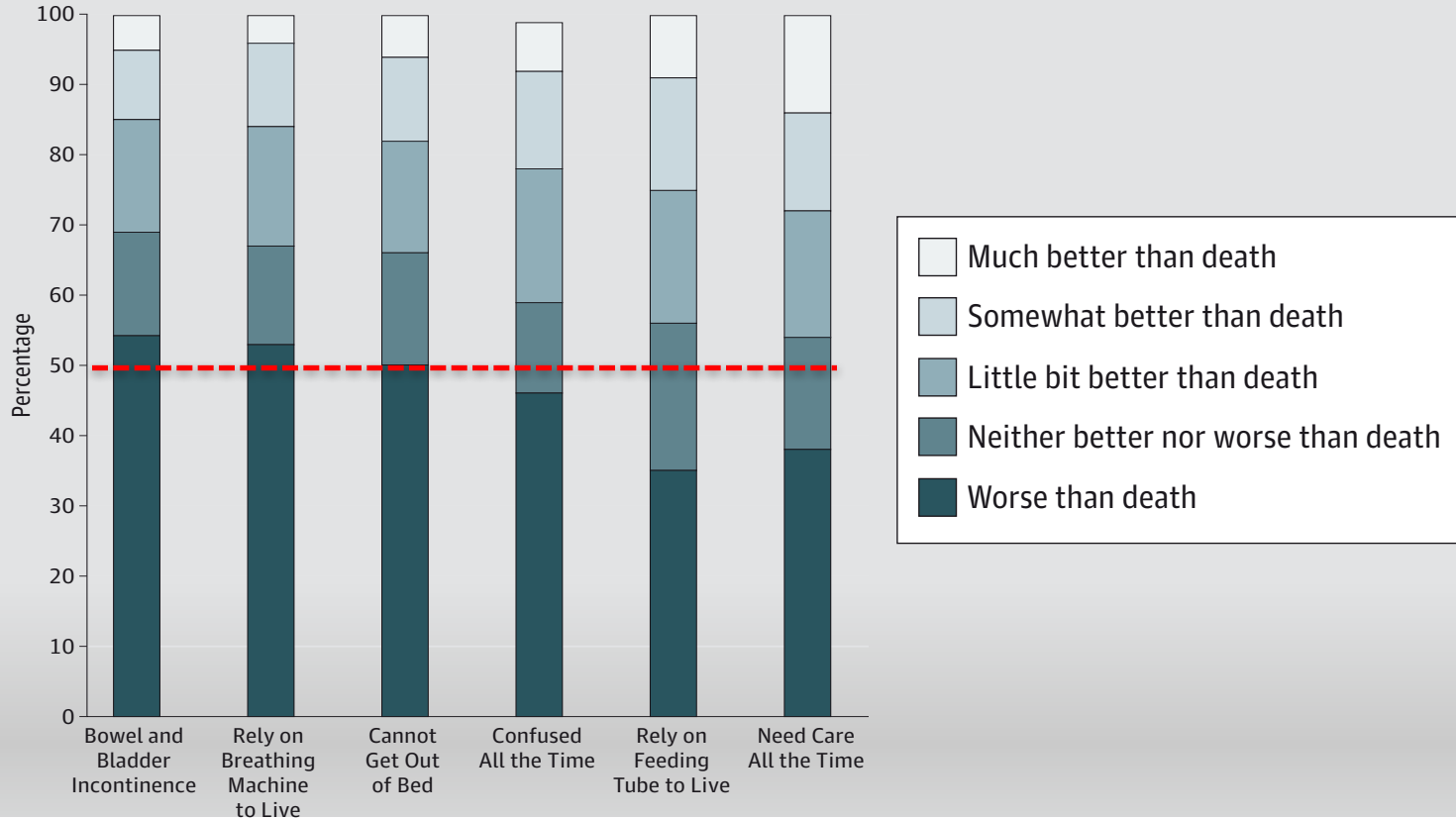
# Clinical States That Patients Rate Worse than Death...

Figure. Ratings of States of Functional Debility Relative to Death by Hospitalized Patients With Serious Illnesses



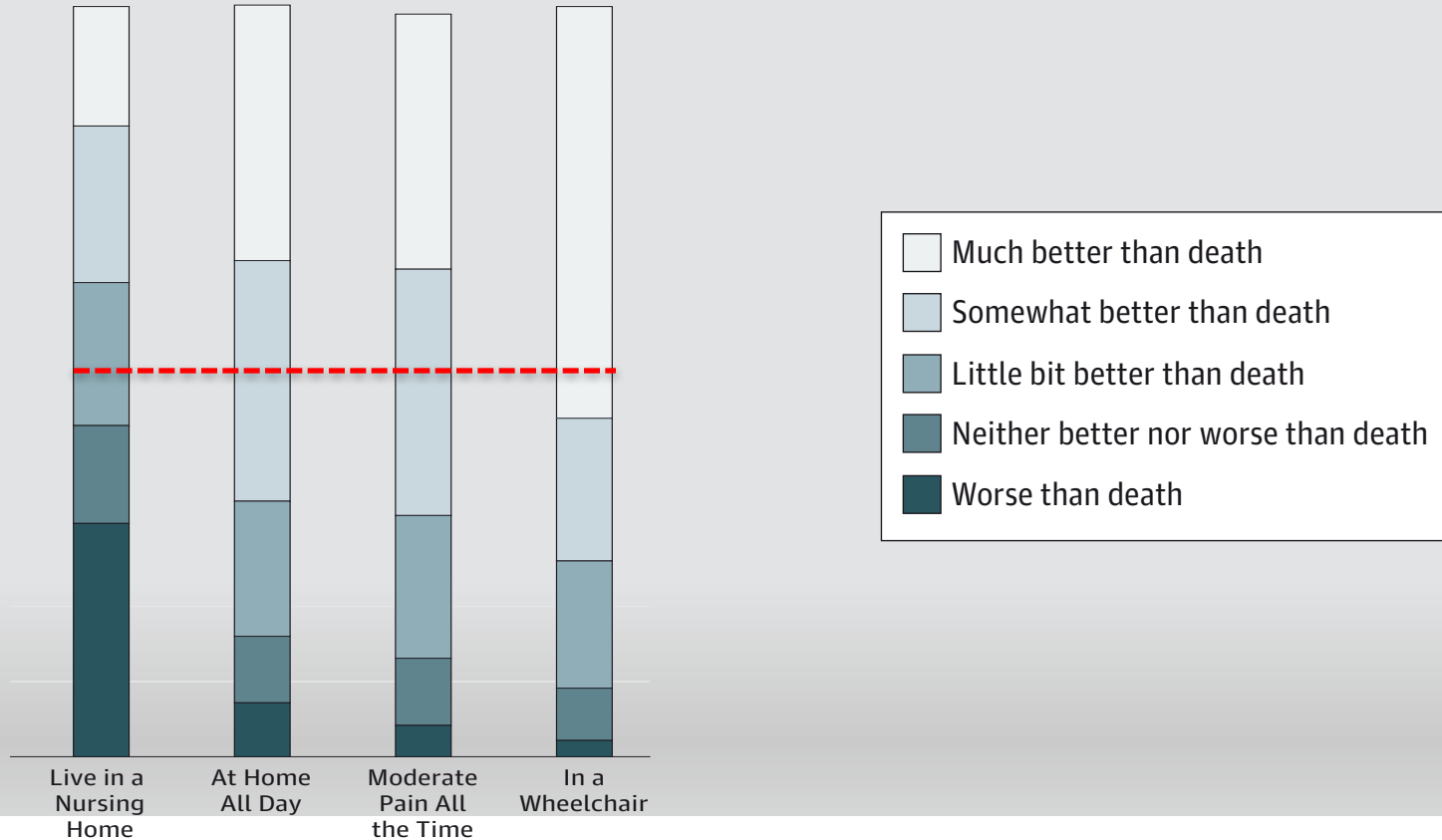
Rubin EB, JAMA Internal Medicine August 2016

# Clinical States That Patients Rate Worse than Death...





# Clinical States That Patients Rate Worse than Death...



# Palliative Care in Transplant Medicine

- Palliative Care—*Specialized care for patients with serious illness, focused on reducing burdens, and improving quality of life*
- Focus on Including Palliative Care Concepts and Techniques
  - Estimation and Communication of Prognosis
  - Establishing Goals of Care
  - CPR and other specific issues
- *All care that we provide should be done in the context of our patients' comorbidities and their Goals of Care*

For more information...



AMERICAN ACADEMY OF  
HOSPICE AND PALLIATIVE MEDICINE

GET PALLIATIVE  
CARE