

Palliative Medicine, Pain Management, and Hospice

Devon Neale, MD

Assistant Professor

Dept of Internal Medicine

UNM School of Medicine

Pall-i- What???

Objectives:

- Provide information about Palliative Medicine
- Explain the Hospice Benefit: who is eligible, what therapies it covers, how to find out more information
- Review basic information for patients about cancer pain and pain management

What is Palliative Care?

- **World Health Organization: Palliative care**
 - “An approach that improves the **quality of life** of patients and their families facing the problems associated with life threatening illness, through **prevention of and relief of suffering** by means of early identification and impeccable assessment and **treatment of pain and other problems, physical, psychological and spiritual**”

WHO Definition Continued

– Palliative care:

- will **ENHANCE QUALITY OF LIFE**, and may also positively influence the course of illness
- is applicable early in the course of illness, in **CONJUNCTION WITH OTHER THERAPIES THAT ARE INTENDED TO PROLONG LIFE**, such as chemotherapy or radiation therapy.
- intends **NEITHER TO HASTEN NOR POSTPONE DEATH**

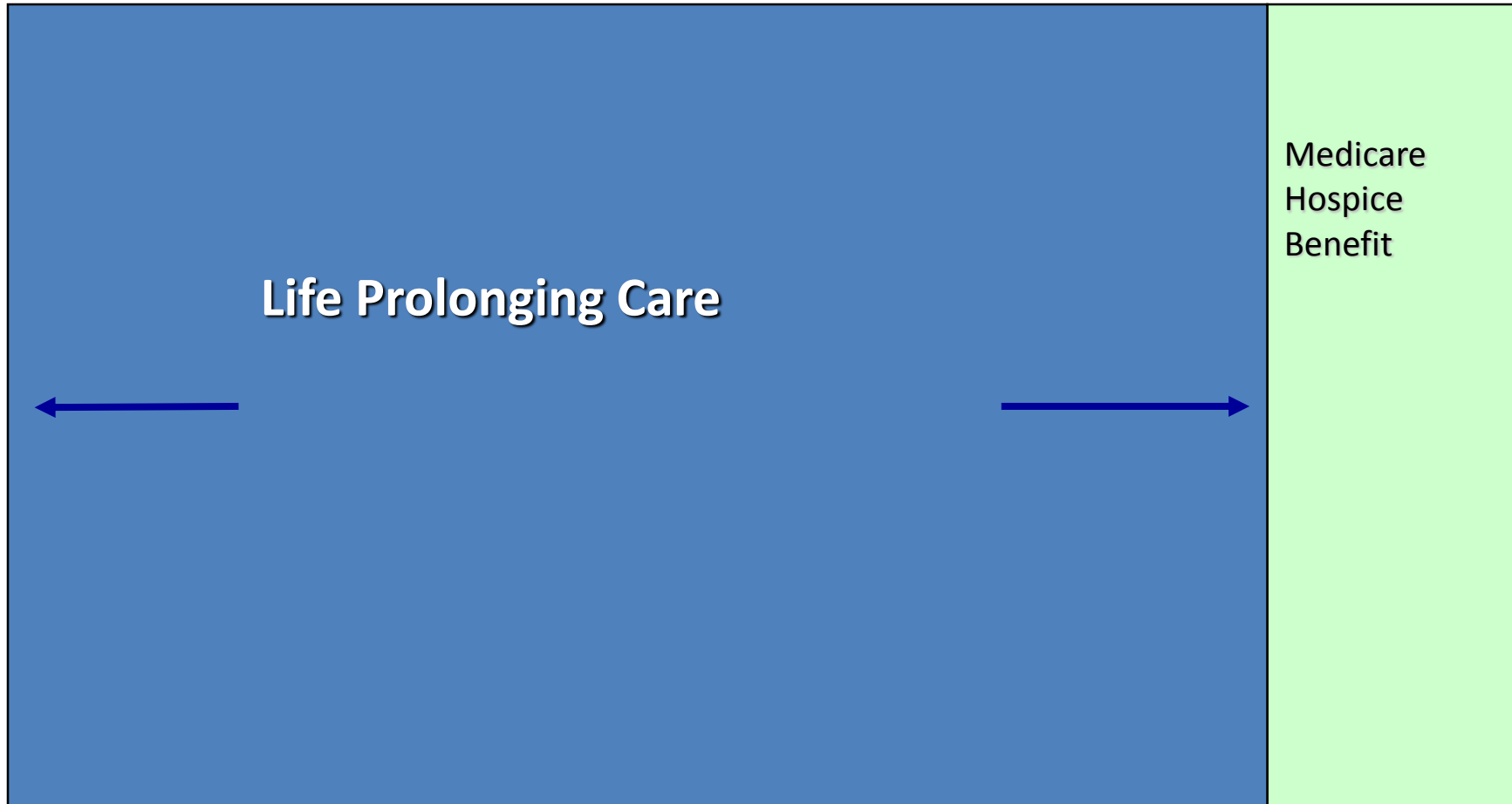
Palliative Medicine

- In September 2006, American Board of Medical Specialties approved the creation of **Hospice and Palliative Medicine (HPM)** as a medical specialty.

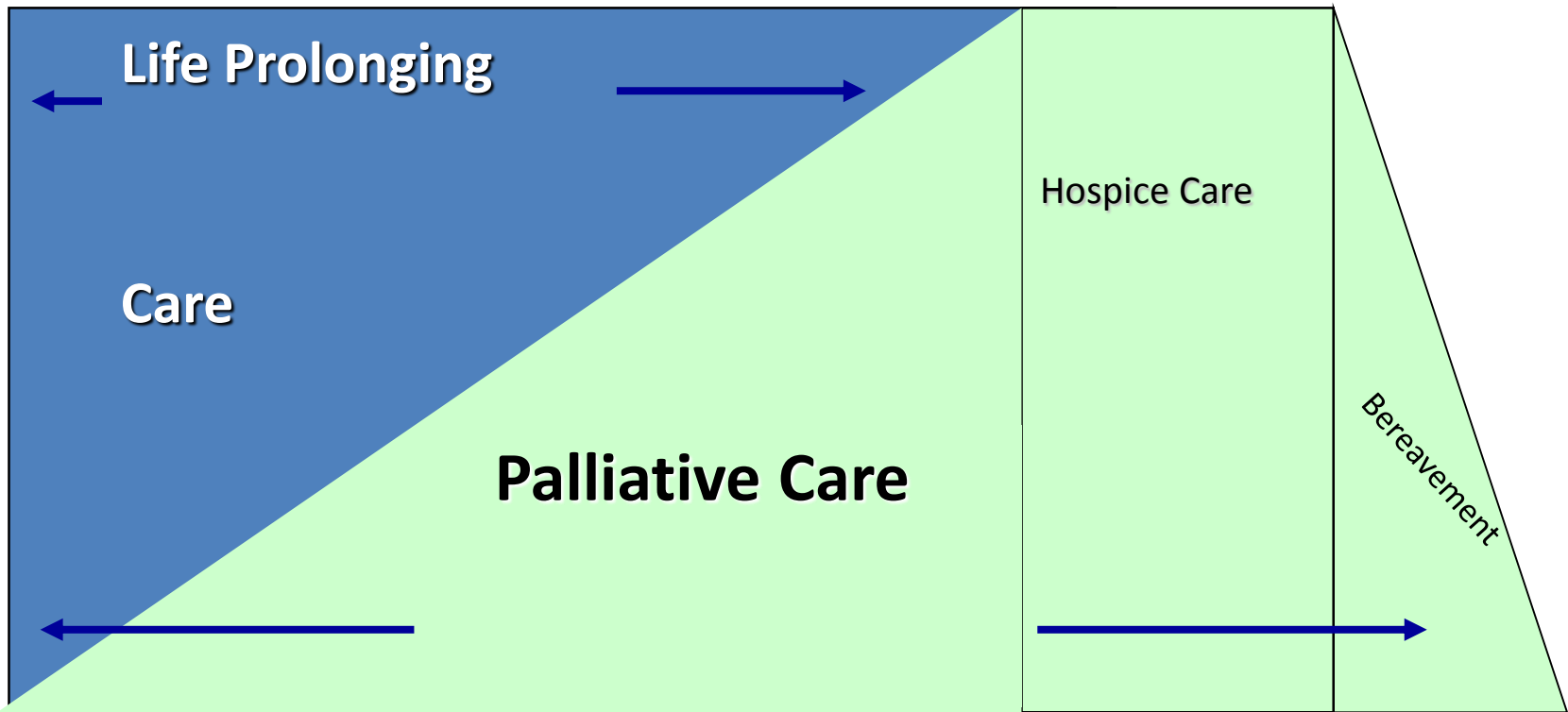
Who Are Palliative Medicine Doctors?

- Board-Certified Doctors in the following fields can become Hospice and Palliative Medicine specialists:
 - Internal Medicine (includes many specialties such as Oncology or Geriatrics)
 - Family Medicine
 - Anesthesiology
 - Physical Medicine and Rehabilitation
 - Psychiatry
 - Neurology
 - Surgery
 - Pediatrics
 - Emergency Medicine
 - Radiology
 - Obstetrics and Gynecology

The Old Model of Palliative Care



New Model of Palliative Care



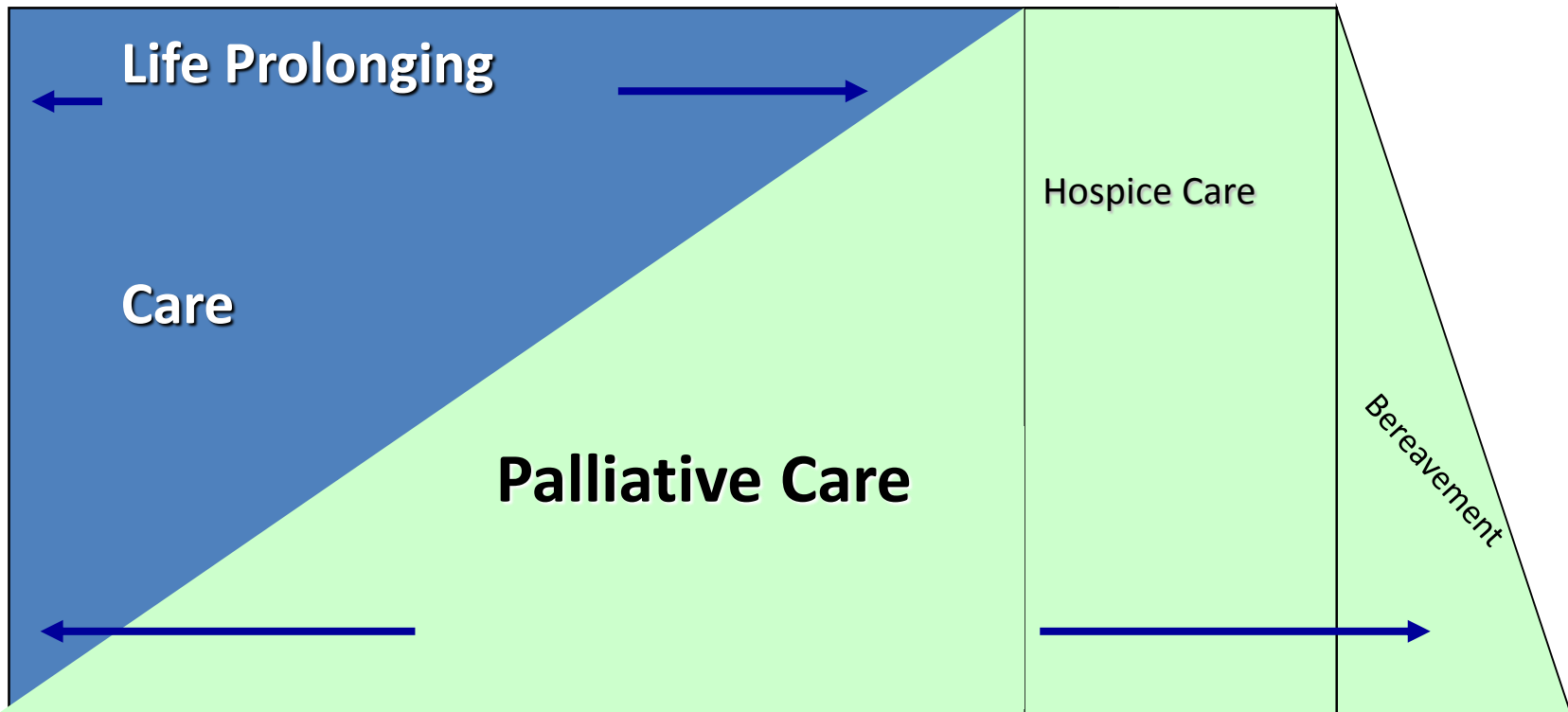
What do we do in Palliative Medicine?

- Symptom management:
 - Pain
 - Nausea and vomiting
 - Shortness of breath
 - Depression
 - Fatigue

What do we do in Palliative Medicine?

- Help with difficult decisions:
 - Coordinate and explain information from many different doctors.
 - Explore what is important to you
 - Review different treatment options and help you determine which option may best meet your needs

How is Palliative Care different from Hospice Care?



How is Palliative Care different from Hospice Care

- Palliative Care is a broader field of care:
 - Not limited to patients with terminal illness
 - Can be provided along with life-prolonging care
- Hospice Care is a health care benefit:
 - Medicare benefit (Part A) since 1983; many private insurances have a “hospice benefit”

Hospice Benefit

1. Focus is maximizing quality of life: comfort and relief of suffering, not life prolongation
2. Provided by a team of nurses, doctors, social workers, chaplains, physical therapists and volunteers
3. Usually provided in a patients home
Sometimes in a nursing home or other location

Hospice Benefit Continued

4. It is not 24 hour care:

- RN is on call by telephone 24hrs and does emergency home visits

- Hospice team works with and trains the patient's family & friends (caregivers) to provide basic care

- Nurse: 2-3 visits per week

- Health aids: help with bathing, etc

What does the hospice benefit pay for?

- **Medications, medical equipment / supplies, medical treatments**
 - related to the hospice diagnosis
 - aimed at providing comfort / improving quality of life
- Your health insurance (Medicare, medicaid or private) continues to cover care for other medical problems

Hospice Benefit Continued

5. Focuses on the patient and **caregivers**:

-Supports pt and caregivers on their respective journeys:

physical,
psychological
and spiritual support

6. Bereavement services for 13 months

-Anyone in the community can receive bereavement services through hospice.

Who is eligible for hospice care?

- Patients with life-limiting illness:
 - Two doctors certify that if the patient’s “disease runs its usual course,” the patient has a life expectancy of 6 months or less
- Patients who want their medical care to focus on their comfort:
 - “I know my time is limited, and I want to spend the time I have left”

How long can I receive hospice services?

- You will not “use up” your hospice benefit if you have hospice services for more than 6 months.
- There are re-certification periods, the hospice medical director can document that you still meet eligibility for hospice care.

How can I find out about palliative or hospice services where I live?

- <http://www.getpalliativecare.org>
 - Hospital-based Palliative Medicine services
- <http://www.caring.com/local/hospices-in-new-mexico>
 - Hospices serving your community
- <http://www.caringinfo.org>
 - Planning ahead
 - Caregiving
 - Living with an illness

Basic Information About Cancer Pain

Basic Information About Cancer Pain

- Uncontrolled pain does not go hand-in-hand with a diagnosis of cancer.
- Almost all pain can be decreased to a “tolerable level” with medications and other therapies.
- Sometimes this requires an expert in pain.

Pain Medications

- There are different types of medicines that treat pain coming from:
 - Muscles or Bones
 - Inner Organs
 - Damage to Nerves
- Many patients take several different medications to control their pain
- There may be some medicines that are not safe for you (because of differences in kidney function or interactions with other medicines that you take)

Opioid Pain Medications

- Some of the best pain medicines we have
- Morphine, percocet, fentanyl, dilaudid, oxycodone, roxanol
- Some are short-acting and some are long-acting
- Many patients need to use both a long- and short- acting medicine

Myths and Fears about Opioids:

Unfortunately many patients with cancer suffer with uncontrolled pain due to myths and fears of opioid medicines.

Myths and Fears about Opioids:

1. People given opioids for pain control are doing worse or near death.

-**Not True:** Opioids may be used at any stage of disease, they are a fundamental part of our pain therapies

Myths and Fears about Opioids:

2. Patients taking morphine or other opioids are at high risk of becoming **addicted**.

- **Not True:** When pain medications are taken **to treat pain** (not to get “high”) there is a **very low risk** of becoming addicted.

-**Addiction** is a **psychological need** for a drug (usually more and more of a drug to achieve a “high”)

-“**Physical dependence**” If someone stops taking a medicine they have taken for a while, they may have withdrawal.

Blood pressure medications

Seizure medicines

Opioid medicines, etc

Myths and Fears about Opioids:

3. Patients who take opioid medications develop tolerance and need more and more medicine to control their pain.

-**Not true:** patients develop very little tolerance to the pain-fighting effect of opioids.

-Patients with stable disease usually need stable amounts of pain medicine. If the disease progresses, they may need higher doses

Myths and Fears about Opioids:

4. Opioids are dangerous because it is easy to overdose

-Not true: the amount of an opioid medicine that you may need to control your pain is much, much less than the amount that would cause an overdose.

-When opioids are taken under the advise of a doctor to control pain, an overdose is extremely rare

Myths and Fears about Opioids:

5. Allergies to opioids are common (like nausea or constipation)

-**Not true:** Allergies to opioids are very rare

-Opioids **will cause constipation in most patients.** I recommend taking a **laxative** (like senna or dulcolax) when you take opioids to **prevent constipation.**

-With your first doses of opioids, you may have nausea, sleepiness, mild confusion. These **side effects** go away after a **few days.**

-Your doctor can give you a prescription for a medicine to **prevent nausea**

Many other therapies can help with pain

- Topical treatments (lidocaine, capsaicin)
- Physical therapy
- Relaxation exercises (no joke!)
- Radiation
- “Interventional Procedures” often done by an anesthesiologist – injecting pain medicine near a nerve or into the epidural space

Where can I learn more about the treatment of cancer pain?

- <http://www.cancersupportivecare.com/pain.html>
 - Excellent resource for patients and families

Any Comments or Questions?