Palliative Care: Improving Palliative Care Planning for Identified Patients

Key Highlights from the Recommended Guideline

- Assess the patient’s and family’s palliative care needs systematically and repeatedly by evaluating both the physical and the multiple non-physical domains of end-of-life care.

Scope: Health professionals who treat patients with illnesses that may limit or threaten life or are chronic and progressive who may benefit from palliative care.

How do I use the multiple domains of care to improve palliative care planning for my patients?

- Be aware that patients’ suffering can arise not only from physical issues, but also from cultural, psychological, social, spiritual/religious/existential and ethical/legal issues. [Level of Evidence: Not stated]

- Physical domain [Level of Evidence: A, R]
  - Optimize treatment to control physical symptoms such as pain, anorexia, constipation, diarrhea, delirium, dyspnea, fatigue, nausea and vomiting.
  - Anticipate symptom progression will progress, and adjust treatment accordingly.
  - Use a team approach if possible.

- Cultural domain [Level of Evidence: D, R]
  - Be aware that cultural factors can influence patient and family reactions to serious illness and end-of-life decisions.
  - Do a cultural assessment to help you understand the patient and family’s approaches to disclosure of information, communication, truth telling, decision-making, and perspectives on suffering, death and grieving.
  - Avoid stereotyping - generalizations about cultural characteristics are not always applicable to specific patients.
  - Use trained medical interpreters instead of family members wherever feasible to minimize translation errors and “filtering” of the discussion.

- Psychological domain [Level of Evidence: R]
  - Assess the patient’s psychological status regularly to avoid under-treating symptoms such as severe anxiety and depression.

- Social domain [Level of Evidence: R, X]
  - Conduct regular care conferences of an interdisciplinary team whose members are skilled in the various aspects of developing a social care plan.
  - Refer when necessary to the resources that meet identified social needs.
### Spiritual, religious and existential domain [Level of Evidence: R]
- Include periodic spiritual reassessment in the plan of care.
- Use a team of trained spiritual professionals (involving the patient’s own clergy if desired) to provide appropriately individualize spiritual care.

### Ethical and legal domain [Level of Evidence: R]
- Respect the patient’s goals, wishes and choices within the limits of the law.
- Ensure that you have informed consent - from a patient with decision-making capacity or a surrogate decision-maker - for any plan of care.

### How should I reassess and readjust the care plan during the dying phase?

- Recognize the symptoms of imminent death (within hours or days). [Level of Evidence: D, M, R] [See GAC Summary: Palliative Care: Recognizing Eligible Patients and Starting the Discussion for a partial list of these symptoms]
  - Discuss the dying process openly (e.g. clarify prognosis, identify end-of-life goals and preferences for care) to minimize anxiety and depression, to educate patient and family about the symptoms of imminent death, and to determine the patient and family’s wishes about the site of death.
  - Ensure that the team’s communication about the dying phase is consistent.
  - Revise the plan of care on an individual basis.

### What factors should I consider when referring or requesting a consultation for my dying patients?

- Recognize that it is impossible to "do it all" but consultants who do not know the patient well may recommend interventions that are inappropriately burdensome for the patient. [Level of Evidence: C, D, M, R]

- Consider collaborating with community-based palliative care services to help do a thorough multi-domain assessment and develop a palliative care plan. [Level of Evidence: C, D, M, R]

### What should I know about advance care directives for my patients with progressive, debilitating illnesses?

- Use advance care planning (including appointment of proxies and advance health care directives) to help ensure that the patient’s wishes will be respected. [Level of Evidence: R]
  - Know the laws and forms for advance care planning in your own jurisdiction.*
  - Ask all patients - including young healthy ones - whether they have an advance directive; if necessary, explain that such directives mean “treat me as I would wish to be treated” rather than “stop treating me”.
  - Consult with other team members as well as the patient/family before writing a Do Not Resuscitate (DNR) order; review it regularly.

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* See The University of Toronto’s Joint Centre for Bioethics Living Will for information about living wills in Canada
See A Guide to the Substitute Decisions Act for guidance in Ontario
What targets should I aim for to improve my care of these patients?

- Improve care planning of identified patients by utilizing the seven domains of care, continually reassessing and adjusting the patient's care plan as conditions warrant because more than one condition may change.

- Increase completion, documentation, and ongoing utilization of advance care directives for patients with a progressive, debilitating illness.

Levels of Evidence

The levels of evidence used to grade the recommendations in this guideline are as follows:

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The above recommendations were derived from the following GAC endorsed guideline:


Rating (out of 4): 🍅🍅