

Summary of Recommended Guideline

Palliative Care: Recognizing Eligible Patients and Starting the Discussion

Key Highlights from the Recommended Guideline

- **Consider palliative care for patients whose illness is progressive, debilitating, and/or life-limiting. To help recognize this, ask if you would be surprised if the patient died in the next two years.**

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 identify which patients are candidates for palliative care?

- Consider palliative care for patients who have an illness that is progressive, debilitating and/or life-limiting. **[Level of Evidence: R]**
- In order to identify such patients, consider: **[Level of Evidence: R]**
 - Would you be surprised if the patient died in the next two years (i.e. is the condition potentially life-limiting)?
 - Is the patient's function declining due to progression of disease?
 - Are the patient's symptoms (such as pain) responding inadequately to optimal treatment?
 - Does the patient need advance care planning?
 - Does the patient have a specific condition (e.g. failure to thrive, cancer, or severe cardiac, pulmonary, hepatic, renal or neurologic disease) that is likely to be progressive, debilitating and/or life-limiting?
- Recognize the signs of imminent death, which include but are not limited to **[Level of Evidence: D, M, R]**:
 - Changes in behaviour, such as delirium and agitation, and social withdrawal
 - Decreased level of consciousness
 - Decreased food/fluid intake, inability to swallow
 - Changes in pattern of respiration (e.g. apneic episodes, Cheyne-Stokes respirations)
 - Decreased urine output, new urinary or bowel incontinence
 - Patients' statements that they are dying, want to settle their affairs, or see others who have predeceased them
 - Low or dramatically decreased blood pressure
 - Numb, cold or cyanotic extremities

What are the best ways to begin discussing palliative care with patients I believe might benefit from it?

- Recognize that frank discussion with patients and families is as important as other interventions in the care of dying patients. **[Level of Evidence: C, R, X]**
- Understand that many clinicians lack confidence and experience in discussing subjects such as palliative care and hospice services with their patients, and that the ability to deliver bad news does improve with time and practice. **[Level of Evidence: C, R, X]**
- Use “scripts” and mnemonics such as “ABCDE” to increase your comfort level with this particular form of communication **[Level of Evidence: C, R, X]**. In this mnemonic:
 - A = Advance preparation: Ensure you have up-to-date test results, mentally rehearse the discussion, ensure there is a place to meet privately.
 - B = Build a therapeutic relationship: Find out how much the patient and family know and want to know, use touch and humour appropriately, be available to patient and family.
 - C = Communicate well: Make enough time for emotional reactions and for questions, repeat/write down key points, do not use euphemisms or medical terms: say the words “death”, “dying”, etc.
 - D = Deal with patient and family reactions: Recognize different defenses such as denial, anger and blame without becoming defensive; stay empathic and aware of the patient’s cultural norms for reactions.
 - E = Encourage and validate emotions: Offer realistic hope for what can be done (e.g. for symptom control and dignity) rather than saying “There is nothing more we can do.”
- Set realistic goals of care and provide realistic hope to optimize the quality of communication with patients and family. **[Level of Evidence: C, R, X]**

How can I best assess the patient’s needs and values with respect to palliative care?

- Use a validated assessment tool to ensure that you systematically cover multiple domains of concern. **[Level of Evidence: D, M, R]**
 - Consider using the Edmonton Symptom Assessment System (ESAS), which is validated, easy to use and available on the Internet at <http://www.palliative.org/PC/ClinicalInfo/AssessmentTools/esas.pdf>
- Document and review periodically the patient’s goals and the care plan **[Level of Evidence: D, M, R]**
 - Involve surrogate informants/decision-makers when appropriate and necessary (e.g. when the patient’s mental capacity becomes impaired).
- Consider the special needs of children in palliative care and their families **[Level of Evidence: D, M, R]**
 - Recognize that end-of-life issues may be complicated by developmental issues.
 - Be aware of special ethical issues such as honouring parental discretion and the wishes of mature minors.

What targets should I aim for to improve my care of these patients?

- Increase identification of patients who are in the early stages of a progressive, debilitating illness who would benefit from palliative care planning.
- Increase palliative care planning with identified patients.
- Improve effectiveness and comfort in communicating the benefits and necessity of palliative care with identified patients.

Levels of Evidence

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

Class A	Randomized, controlled trial
Class B	Cohort study
Class C	Non-randomized trial with concurrent or historical controls Case-control study Study of sensitivity and specificity of a diagnostic test Population-based descriptive study
Class D	Cross-sectional study Case series Case report
Class M	Meta-analysis Systematic review Decision analysis Cost-effectiveness analysis
Class R	Consensus statement Consensus report Narrative review
Class X	Medical opinion

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

Institute for Clinical Systems Improvement (ICSI). (2008, May). Palliative care. Retrieved September 22, 2008 from: http://www.icsi.org/guidelines_and_more/guidelines_order_sets_protocols/other_health_care_conditions/palliative_care/palliative_care_11875.html

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