Palliative Care in an Acute Care Setting

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Question: How does the palliative care concept fit into the acute care setting?

Answer: Palliative care seeks to prevent, relieve, reduce, or soothe symptoms of disease for critically ill people who may or may not be dying. According to the World Health Organization, palliative care is "an approach that improves the quality of life of patients and their families, facing the problems associated with life-threatening illness, through the prevention and relief from suffering by means of early identification, impeccable assessment, treatment of pain, and other problems" (World Health Organization, 2002, p. 83). Physical, psychosocial, and spiritual needs of patients and family members are addressed. The focus is not death but rather compassionate, specialized care for the living.

Palliative care may improve functioning and quality of life. It can, and should, coexist with curative treatment. A large part of the clinical focus is on aggressive symptom management, clear communication, and working with the patient and family as the unit of care. Palliative care is not

- Disease or treatment restricted
- Correlated to a predicted life expectancy or prognosis
- Dependent on code status of a patient
- Constrained to a particular site but may occur in an acute care hospital, extended care facility, home, or hospice.

In an acute care setting, palliative care is not hospice care. This distinction is important because of the prevalent misconception that palliative care and hospice care are synonymous. As a care concept, palliative care is broader than hospice care. Although all of hospice care is palliative care, not all palliative care is hospice care. Hospice supports patients through the dying process and the surviving family members through the dying and bereavement process. The hospice movement in the United States was built on lessons learned at St. Christopher's Hospice in London, England, but evolved across different care settings that included independent hospices, home care, and consult teams in acute care hospitals (Doyle, Hanks, & MacDonald, 1999).

In the United States, hospice implies a six-month prognosis, no active disease-oriented treatment, and an insurance benefit, particularly the Medicare benefit. An expanded definition of palliative care that goes beyond hospice care still is controversial. "What's unfortunate is that there are some in the hospice community that perceive this as a threat, when, in fact, it represents a triumph of hospice. Hospice has succeeded in convincing the rest of the world that this is good medical care. We are saying that good medical care needs to be rooted in all of the institutions in which patients are cared for" (Von Gunten & Romer, 2000, p. 118).

Principles of hospice and palliative care are similar and compatible (American Association of Colleges of Nursing & City of Hope National Medical Center, 2000; Egan & Labyak, 2001; Krammer, Ring, Martinez, Jacobs, & Williams, 2001). These principles include the following.

- Patients and family members are treated as the unit of care, with care given that reflects their personal, cultural, and religious values, wishes, and goals.
- Attention is given to physical, psychological, social, and spiritual symptoms and needs.
- Palliative care is appropriate at any stage of the disease regardless of whether the patient is seeking curative treatment.
- An interdisciplinary team is critical to providing holistic, comprehensive care and addressing the many concerns that patients and families face when coping with a life-threatening illness. Patients and families are part of this team.
- Goals are altered as patient and family needs change.
- Education and support of patients and their families is provided, including information about the dying process.
- Care extends to all patients and families across diverse life-threatening illnesses. Palliative care is appropriate in all settings and for patients and families facing any life-threatening illness as well as those who experience sudden illness or accidents that result in death.
- Bereavement support is offered.

The most common models for palliative care in an acute care setting are a consultative one and/or a designated unit or group of inpatient beds. The need for palliative care along the disease trajectory is best illustrated as a continuum (see Figure 1) with palliative care and curative treatment coexisting. This continuum ideally involves a palliative care specialist working early in a patient's illness to determine and implement goals of therapy. If or when the goals of care change to palliative ones, the palliative care specialist already is known to the patient and family and becomes more active in the treatment plan. Perhaps one of the most important aspects of this approach is that the care of the patient is not being transferred to a stranger.

Palliative care in an acute care setting is not always readily accepted. Healthcare personnel in hospitals are very focused on curative goals and perform them well. The switch to providing comfort care is an uneasy and uncomfortable one for many practitioners. This often results in late referrals to palliative care and referrals only of those who are expected to die shortly. Increasing awareness about care options, both by professionals and the public, is a first step in changing this perspective that sees all palliative care as hospice or end-of-life care.

When developing a palliative care program in an acute care setting, begin by identifying the patient population to be served. Any critically ill patient can benefit from palliative care. A specific time-limited prognosis is not necessary. Palliative care addresses symptoms and quality of life. Further, however, the patient population may be unique to each setting. Potential patient populations that may use palliative care services in an acute setting would include those with acute neurologic diagnoses, such as cerebrovascular accident or subdural hematoma; acute trauma in which further aggressive treatment is considered futile; and end-stage cardiac, respiratory, or

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