

# **Palliative care in oncology**

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# Cure rate in oncology 2019

- Cure (=longlasting complete remission) ... **65%**
- death due to cancer progression or related complications **35% (5%- 90% - depending on cancer type)**

## **Majority of new „targeted therapies“ are non-curative (palliative)**

- prolong survival (by weeks - months –years)
- improving the quality of life (impact on symptoms)
- adverse effects

# What Is Palliative Care?

Palliative Care is an **approach to care** which focuses **on quality of life** for those affected by life-limiting/life-threatening illness.

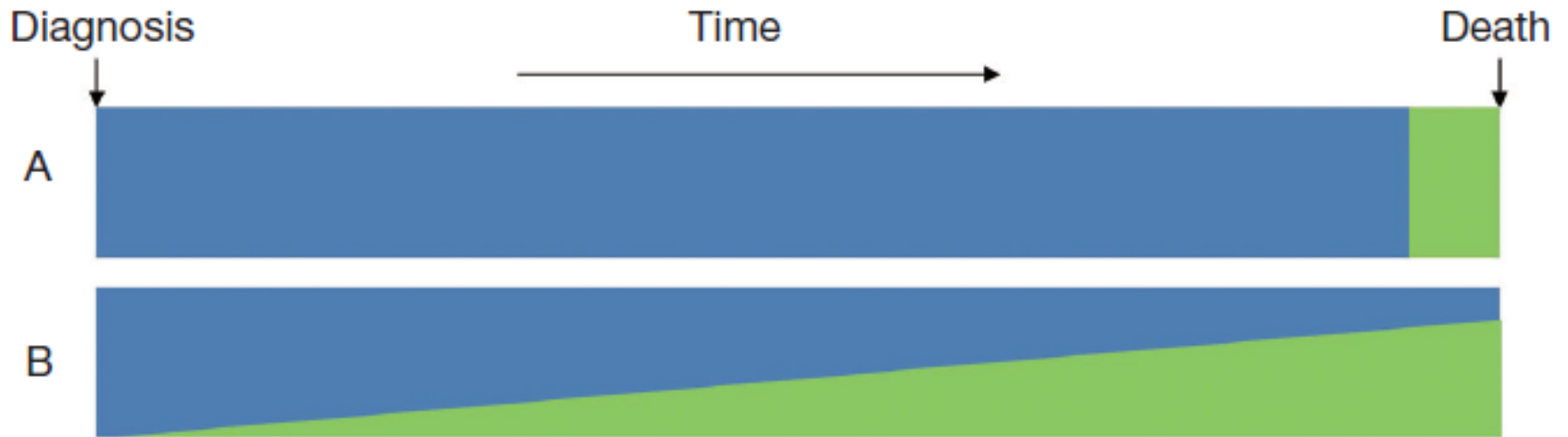
# ...palliative care

Its goal is **more than comfort in dying**; palliative care is about **living**, through control of pain and other symptoms, supporting emotional, spiritual, and cultural needs, and maximizing functional status.

The spectrum of investigations and interventions consistent with a palliative approach is guided by the goals of patient and family.

# When does palliative care start?

■ Cancer treatments    ■ Supportive/palliative care



**Quality of life in advanced disease?**

**1. ILLNESS  
MANAGEMENT**

**2. PHYSICAL**

**3. PSYCHOLOGICAL**

**8. LOSS,  
BEREAVEMENT**

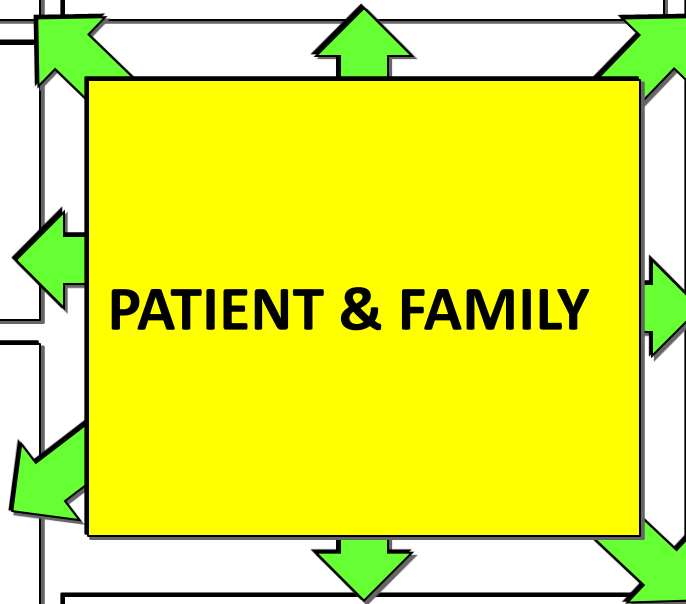
**PATIENT & FAMILY**

**4. SOCIAL**

**7. CARE  
AT THE END OF LIFE /  
DEATH  
MANAGEMENT**

**6. PRACTICAL**

**5. SPIRITUAL**





## 1. ILLNESS MANAGEMENT

- Primary diagnosis, prognosis, tests
- Secondary diagnosis (for example, dementia, psychiatric diagnosis, use of drugs, trauma)
- Co-morbid (delirium, attacks, organs failure)
- Adverse episodes (collateral effects, toxicity)

## 2. PHYSICAL

- Pain & other symptoms
- Conscience level, cognition
- Function, safety, materials:
- Motor (mobility, shallowness, excretion)
- Senses (hearing, sight, smell, taste, touch)
- Physiologic (breathing, circulation)
- Sexual
- Fluids, nutrition, wounds
- Habits (alcohol, smoking)

## 3. PSYCHOLOGICAL

- Personality, strengths, behavior, motivation
- Depression, anxiety
- Emotions (anger, distress, hope, loneliness)
- Fears (abandonment, burdens, death)
- Control, dignity, independence
- Conflict, guilt, stress, assuming answers
- Self-image, self-esteem

## 8. LOSS, BEREAVEMENT

- Loss
- Pain (for example, chronic acute, anticipatory)
- Bereavement planning
- Mourning

## PATIENT & FAMILY

Characteristics  
Demographic (age, sex, race, contact information)  
Culture (ethnic, language, nurture)  
Personal values, beliefs, practices, strengths  
Development status, education, alphabetization  
Disabilities

## 4. SOCIAL

- Values, cultural, beliefs, practices
- Relations, roles with the family, friends, community
- Isolation, abandonment, reconciliation
- Safe, comforting environment
- Privacy, intimacy
- Routines, rituals, leisure, vocations
- Financial resources, expenses
- Legal (powers of attorney for businesses, health attention, advanced directives, last desire/testament beneficiaries)

## 7. CARE AT THE END OF LIFE/DEATH MANAGEMENT

- End of life (businesses ending, relationships closing, to say goodbye)
- Delivery of gifts (objects, money, organs, thoughts)
- Creation of legacy
- Preparation for the awaited death
- Anticipation changes in agony
- Rituals
- Certification
- Care of agony
- Funerals

## 6. PRACTICAL

- Everyday activities (personal care, home work)
- Dependents, pets
- Access to telephone, transport
- Care

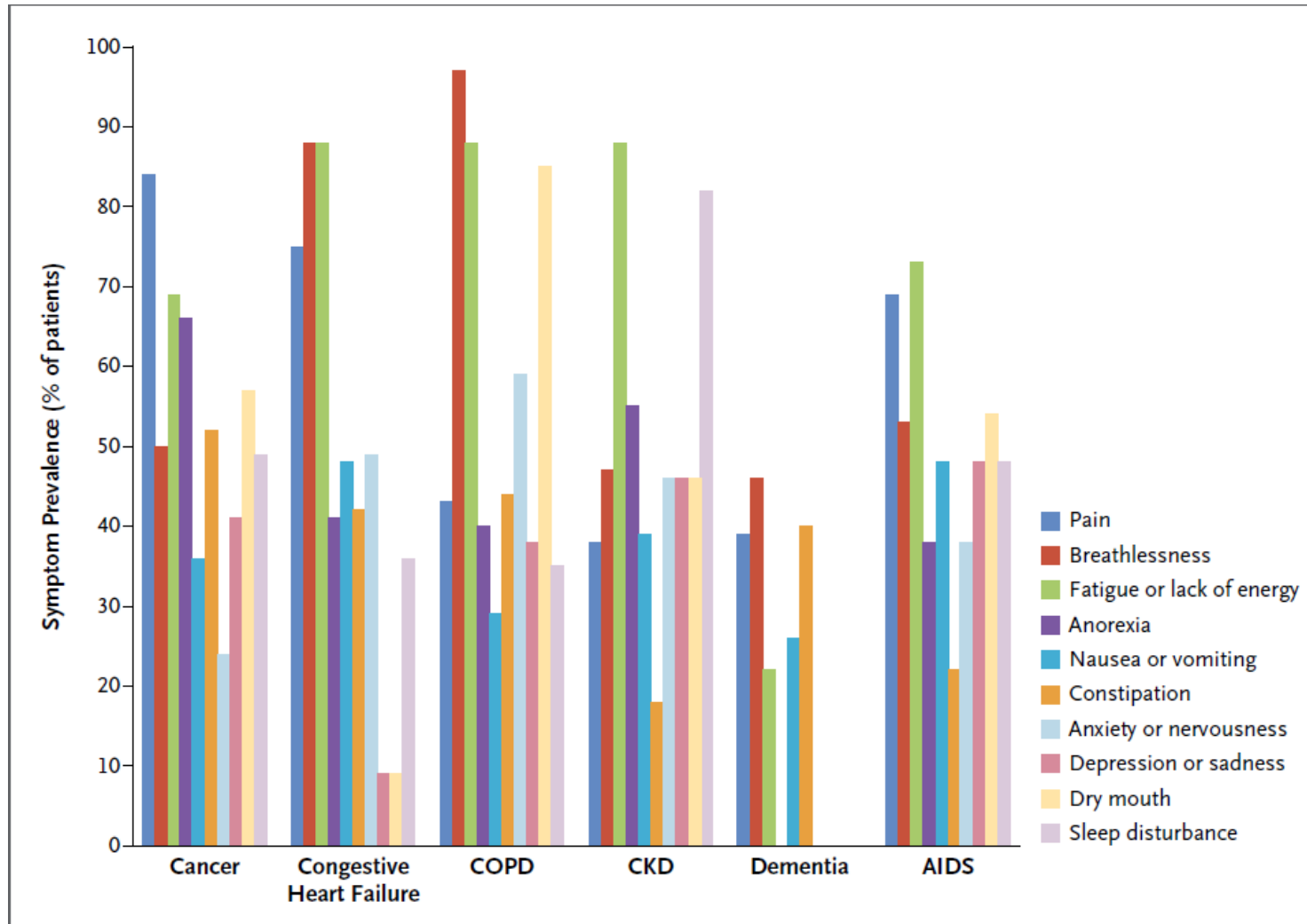
## 5. SPIRITUAL

- Significance, value
- Existential, transcendental
- Values, beliefs, practices, affinities
- Spiritual advisors, rituals
- Symbols, icons

# PC interventions

- Management of physical and psychical symptoms
- Psychological support (communication, counseling)
- Social support
- Spiritual support

# Physical symptoms in advanced cancer



# Basic principles of symptom management

- Assessment (in context)
- „Causal“ management if possible and appropriate
- „Symptomatic“ management

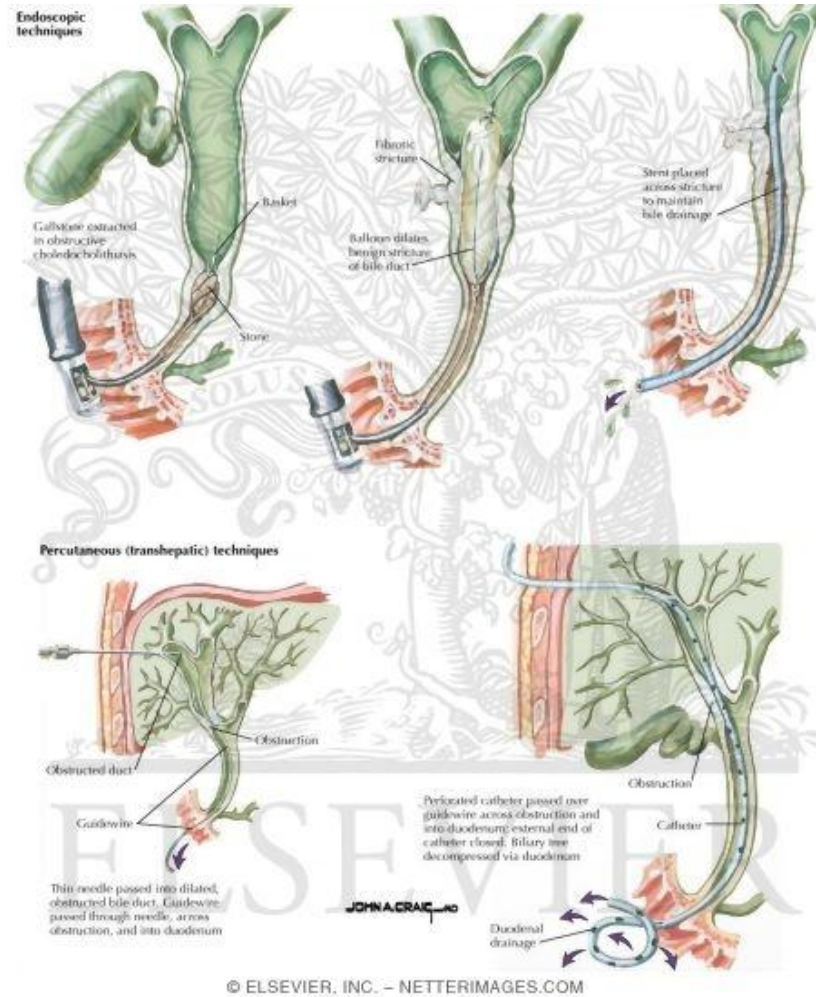
- Pain
- Dyspnoea
- Fatigue
- Anorexia
- Nausea

# „Technical“ palliative interventions

- Surgery (therapeutic, prophylactic)
- Radiotherapy
- Stents, drains, catheters

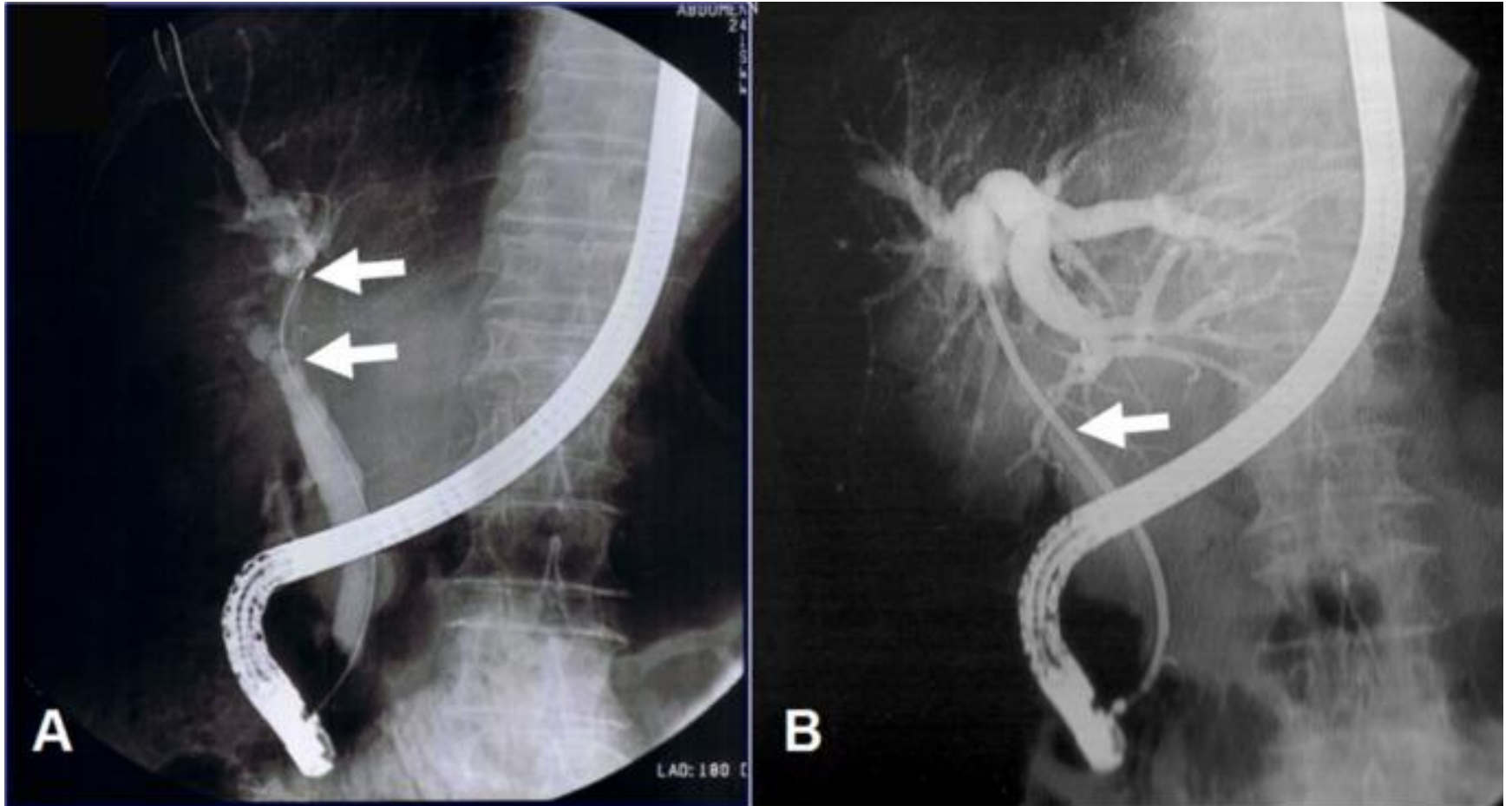
# Biliary obstruction

Stenting -ERCP



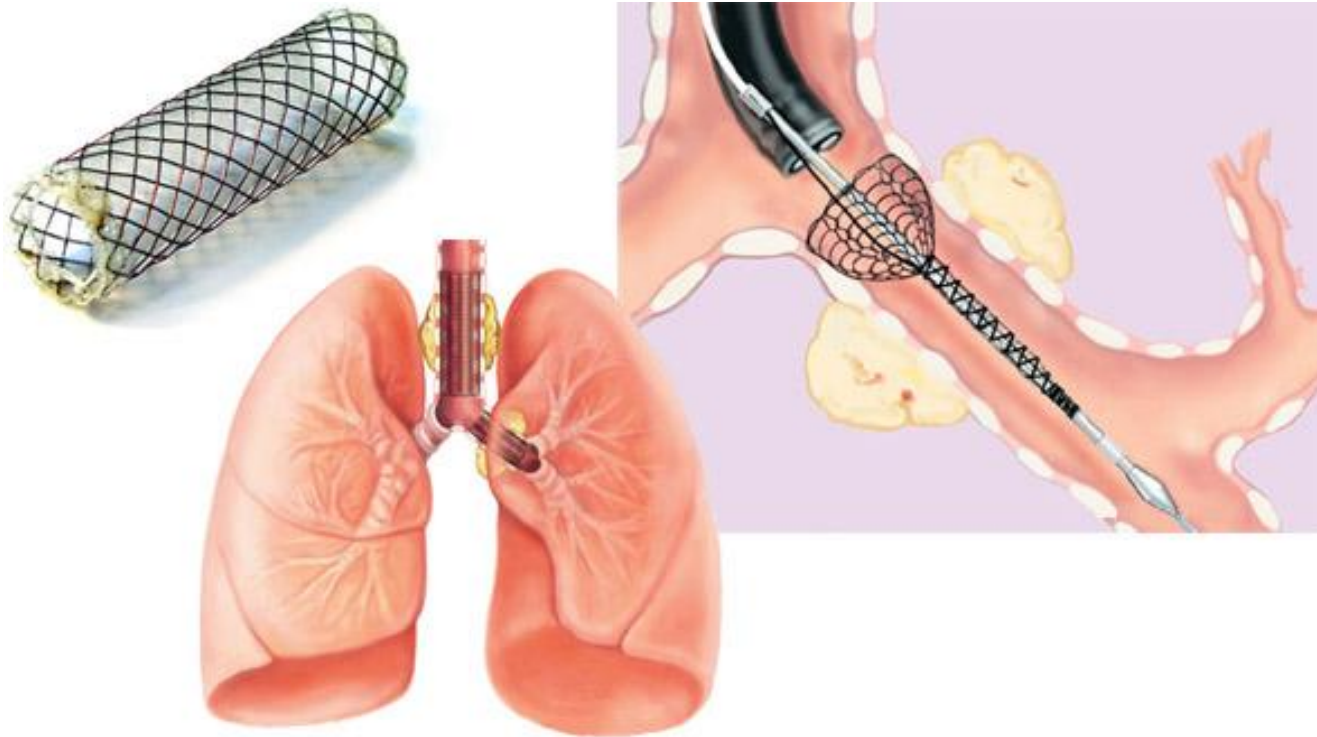
Stenting -PTD

# Stenting via ERCP

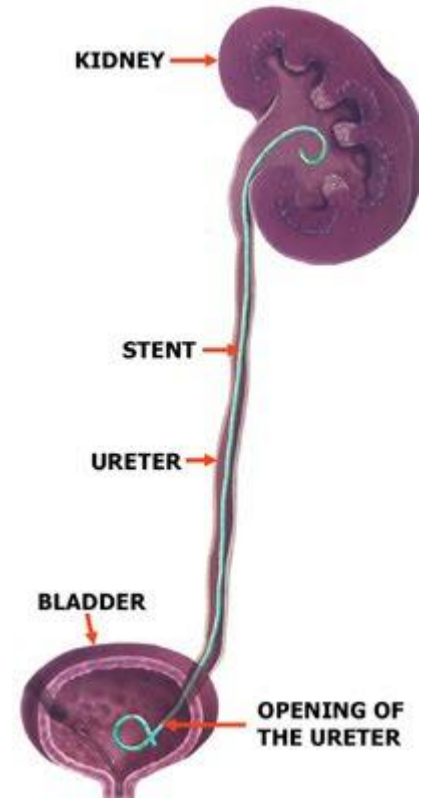
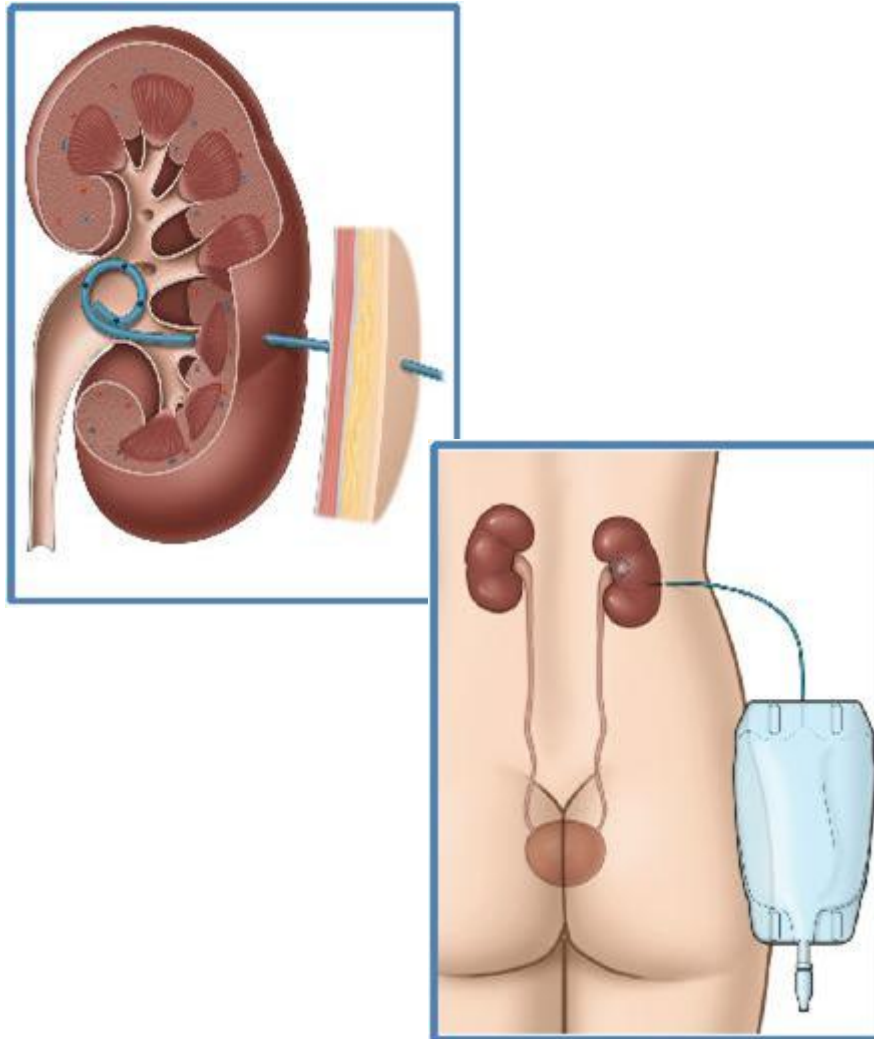




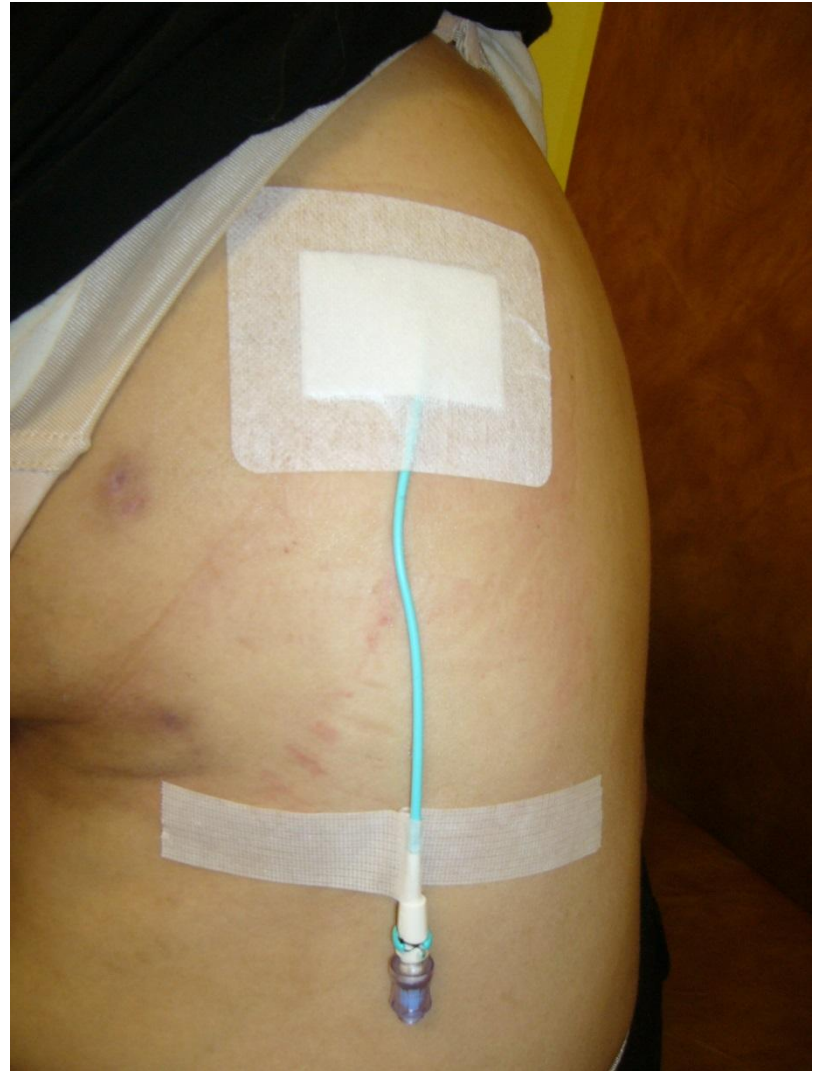
# Bronchial obstruction



# Urethral obstruction



# Pleural drain



# Bone metastases



# Anxiety and depression

- Supportive psychotherapy
- Pharmacotherapy

# Palliative care plan

- Clarifying goals of care
- *Individual risk/benefit assessment*
- *Prefereneces/wishes*
- *Advance care planning*
- Framework for decision making

# Communication about prognosis in PC

- important (but difficult)
- necessary for care planning
- cultural factors

# Patient in palliative care

64 year old male, NSCLC, mets in lung, bone, liver. After 2 lines of chemotherapy, radiotherapy of primary tumor





# Patient's „problems“

- Fatigue
- Anorexia
- Cachexia –weight loss
- Pain
- Dyspnea
- Anxiety
- Depression

# ...„problems“

- loss of social roles (father, breadwinner, sexual partner..)
- loss of self –esteem
- What is the meaning of life with so many limitations?
- What is the perspective? Hope for future?

# Palliative care plan

- Place of care (pt's preference, family support, available services)

## Symptoms

- Pain: Fentanyl TTS + diclofenac + morphin SR p.r.n. Radiotherapy of painfull mts
- Dyspnea: pleural drain, syntophyllin, ipratropin spay, oxygen concentrator
- Anorexia: megestrolacetate

# Oxygen concentrator



# ...palliative care plan

- Anxiety, depression: Mirtazapin nocte, alprazolam p.r.n.
- Regular contact with hospice team (psychosocial, spiritual..)
- Family support
- DNR, no intubation (patient's wish)
  
- Peaceful death at home after 4 months
- no ER,ICU events