Provocation, Innovation and Eternal Truths

Annual Conference 2019

good life good death good grief

#sppcconf19

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Scottish Partnership for Palliative Care

Realistic Medicine works in Palliative Care

Dr Kirsty Boyd
Dr Kim Steel

Realistic Medicine in Palliative Care?

- Discuss how RM applies to Palliative Care in different care settings

- Discuss how can RM can inform improvements in Palliative Care.

- Apply RM and shared decision-making to a patient management plan

  - Use available, high quality evidence and decision-making aids to help people make treatment choices.

  - Use effective communication to explain risks, benefits, and outcomes as well as alternatives.

Palliative Care = Realistic Medicine?

"Consultations should be seen as a meeting of experts: patients are experts about how they feel and about the impact of the illness and health professionals are the experts in diagnosis and management options.

Doctors tend to underestimate the frequency and impact of side effects from treatment and fail to understand the total "treatment burden" on patients

People want to be independent, to do as much as they can when they are able to, have a decent quality of life,

It is not a question of to treat or not to treat but what is the most appropriate treatment given the patient's biology, personal and social circumstances

Realistic Medicine in Palliative Care?

Q1:
Write a definition of RM for the team/unit information booklet.

- Hospice/ palliative care unit
- Community team
- Hospital team
- Other – care home; NHS complex care unit

Same or different??

Realistic Medicine

Public engagement – the 'People's Jury'

1) Encourage people to ask questions; help them feel prepared and ready

Leaflets, posters or information monitors (screens) in GP surgeries with questions to ask.
Community education/public information in schools, work places

Questions or prompt cards for people waiting to see a health professional:

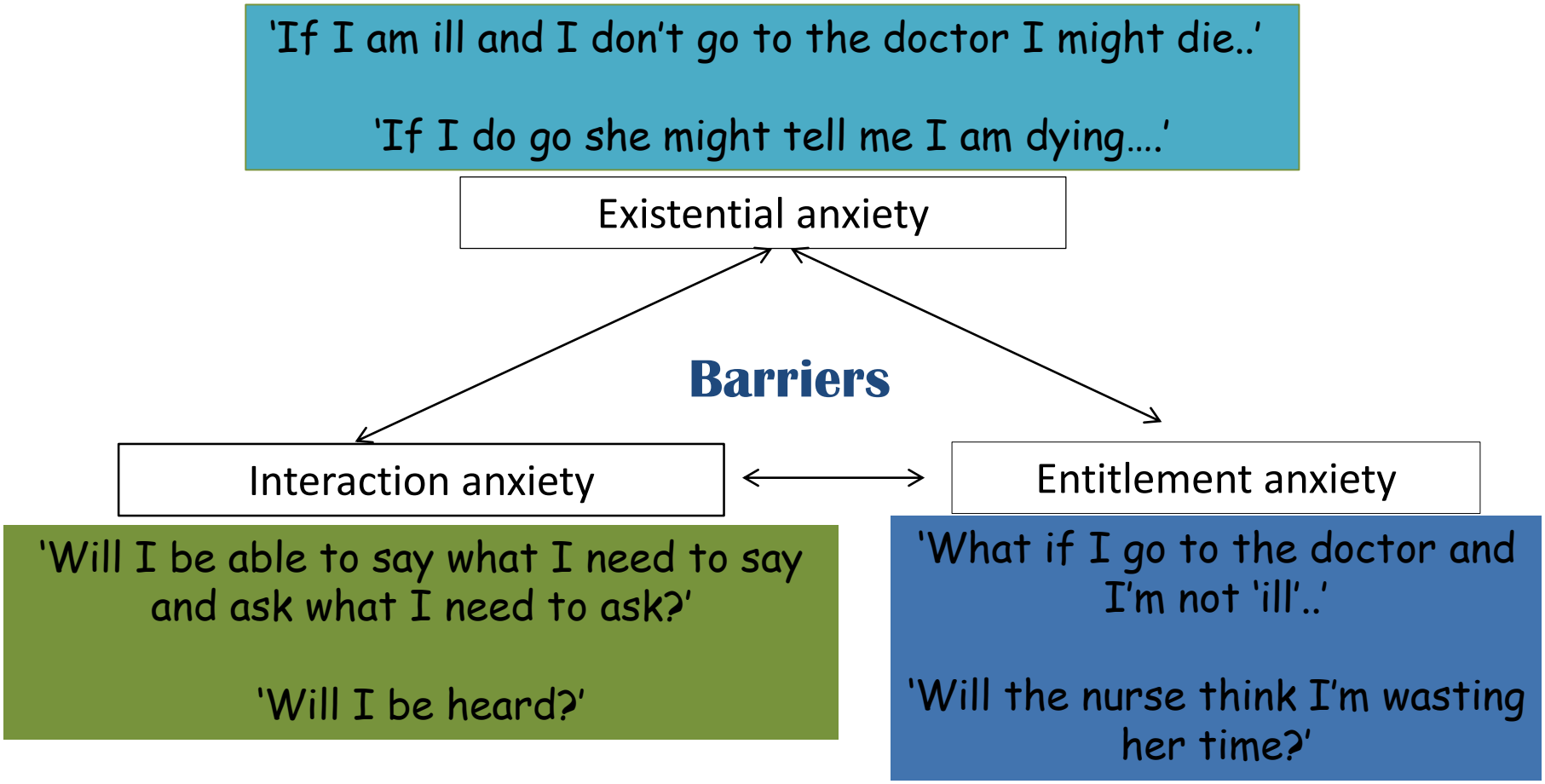
Do you know what we mean by 'shared decision-making'?

Do you need help from family or someone independent for decisions?
What questions do you want answered by your health professional?

2) Training for all health and social care professionals so that they use effective shared decision-making.

3) Monitoring to make sure it happens and change the 'culture'.

Shared decision-making barriers



Realistic Medicine in Palliative Care?

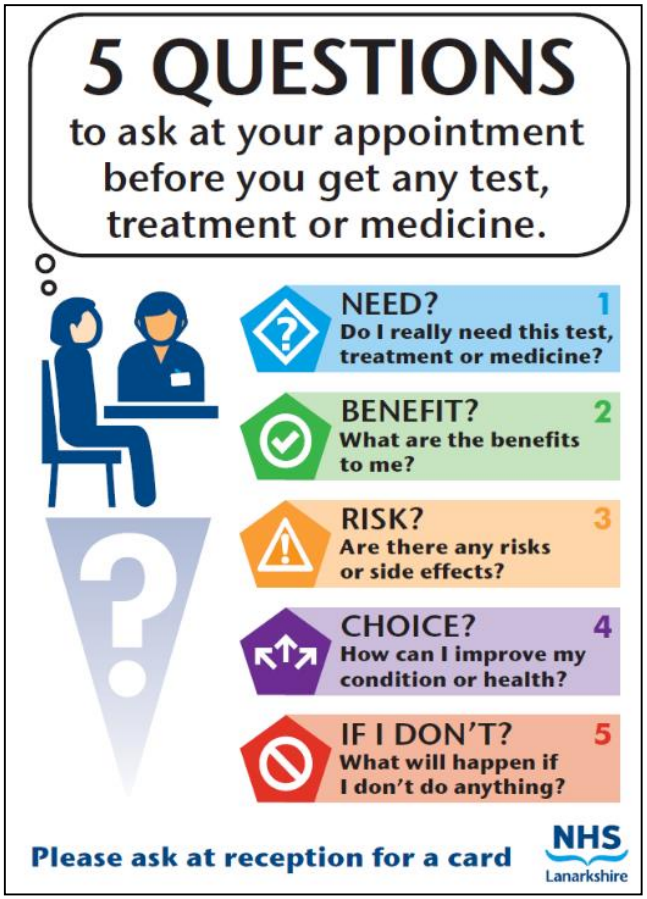
Q2:
Decide what actions are most needed to make the 6 key elements of RM work better in Palliative Care.

1) Each person writes down their own top priority for each area

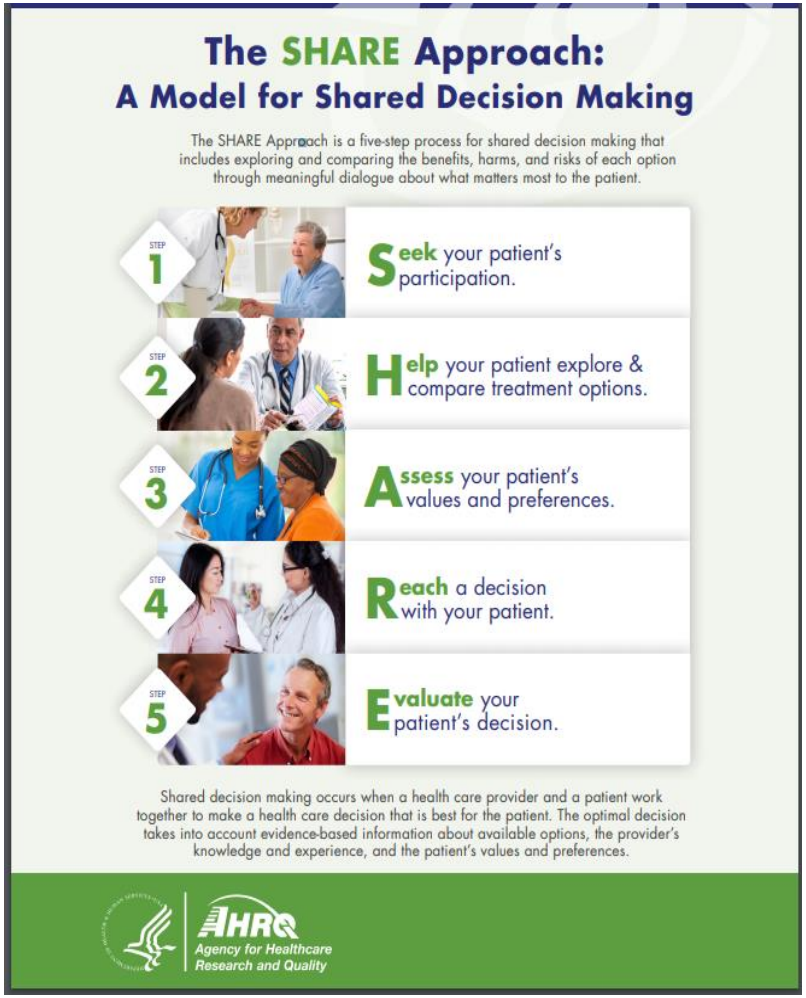
2) Group discuss and agree on 6 priority areas for RM in Palliative Care

Equity of access to PC for all
Variation in outcomes
Talking about risk

Realistic conversations for shared decision-making



Realistic conversations for shared decision-making



https://www.ahrq.gov/

Discussing risk - questions to ask

- **Risks of what?**
  - Clarify possible outcomes. Use balanced framing (avoid only –ve or +ve)
- **What is the time frame?**
  - Risks change over time and with circumstances
- **How big is the risk?**
  - Express risk in absolute terms (1 in a 1000)
  - Explain evidence in ways people understand and can use.

- **What are the benefits and harms for this person**
  - Number needed to treat or harm (eg opioids and gabapentinoids)
- **How do the risks apply to this individual?**
  - Any factors associated with this person that lessen/increase the risks?
  - What is important to this person?

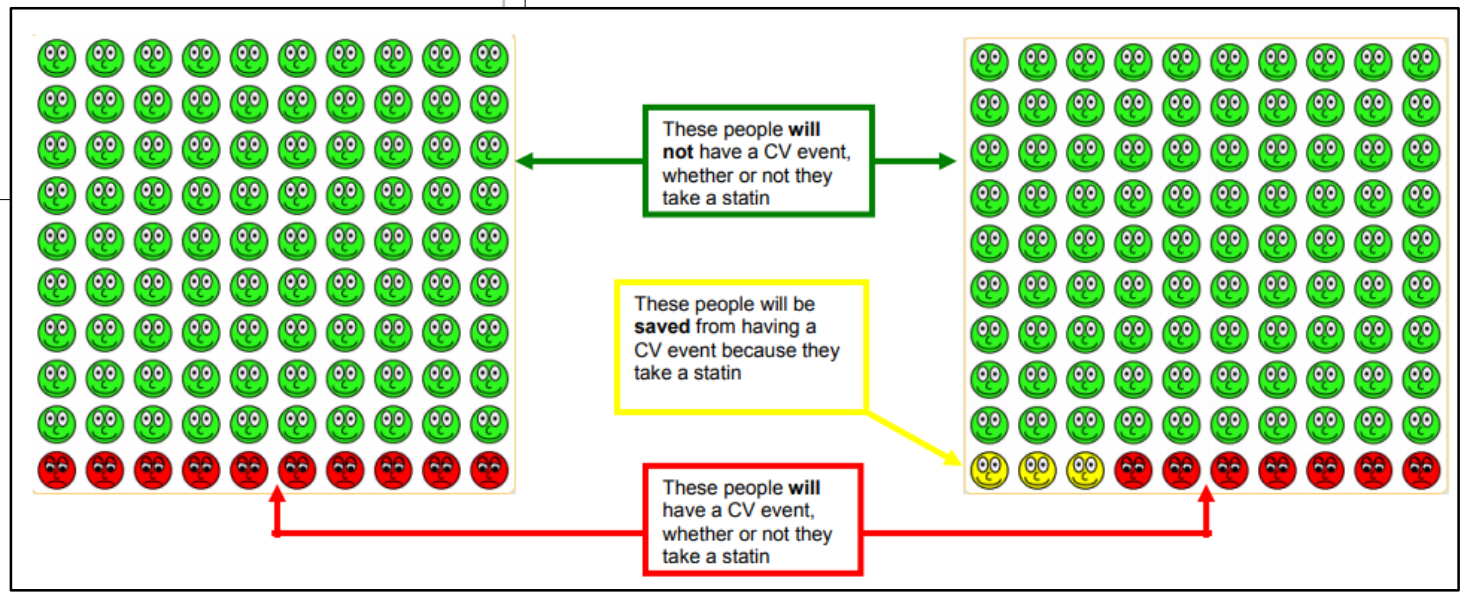
Realistic conversations for shared decision-making

How you feel about the options

You can use the table to help you make a note about how important the issues are to you.

Issue	How important is this to me?			
	Very important	Important	Unimportant	Very unimportant
What does taking a statin involve?				
What difference will taking a statin make to my risk of CHD and stroke?				
What are the risks of side effects?				
Will I need any regular blood tests?				
Will I have to change what I eat and drink?				
Will the statin interact with other medicines I take?				

Other questions I want to talk about to my healthcare professional



Types of shared decisions

Decision	Main question	Situation
Alternative options	*What is the best option for you?*	Benefits and harms/risks of alternative options uncertain so people's preferences matter.
Reaching consensus	*How can we agree on the best way forward?*	Personal or professional views/concerns differ. Conflict between people, in a family, or among professionals and teams.
Dilemma	*How do we manage this situation together?*	What to do is ethically, intellectually, practically, and emotionally fraught.

Realistic conversations for shared decision-making

Let's DECIDE together (Ask-Talk-Ask)	
D efine the decision	*We are going to talk about making the right decision for you about...* *Can you tell me what you know already?*
E xplain the situation	*Let's talk about your situation in more detail so we are both/ all clear about what decisions we need to make.*
C onsider available options	*There are different things we could do, but we need to look at what option is the best one for you. Each of them has pros and cons.*
I nvite views	*We want to know what matters to you in general as that's important in making good decisions with you.*
D ecide together	*So taking everything together – what we could do and what's important for you, can we agree on a plan (treatment/ care) for you?*
E valuate the decision	*You think the best option for you is x, are you clear about what that means for you? Do you want to think about it some more and we can talk later?*

Realistic Medicine in Palliative Care

Susan Douglas, aged 69

- Renal carcinoma 3 years ago – treated with nephrectomy
- Recurrent disease 2 months ago – presented with large haemoptysis. Lung, mediastinal and bone metastases including a T5 collapse.
- Treatment plan - 5 fractions of RT to chest + spine (completed) and due to start immunotherapy.
- Will not accept medicines that might make her drowsy

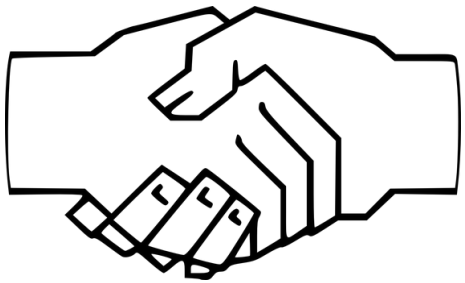
- Emergency admission with severe acute pain in back and chest
  - No evidence of cardiac disease
  - Full dose of RT to spine finished last week

Q1: Are other investigations are appropriate? Why?

Q2: Should SC heparin be started – how would you discuss this?

Q3: What needs discussed regarding options for pain management?

Realistic Medicine does work in Palliative Care



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