

Realistic Palliative Care in an Ageing Population

Multimorbidity, Frailty and Palliative Care

Martin Wilson

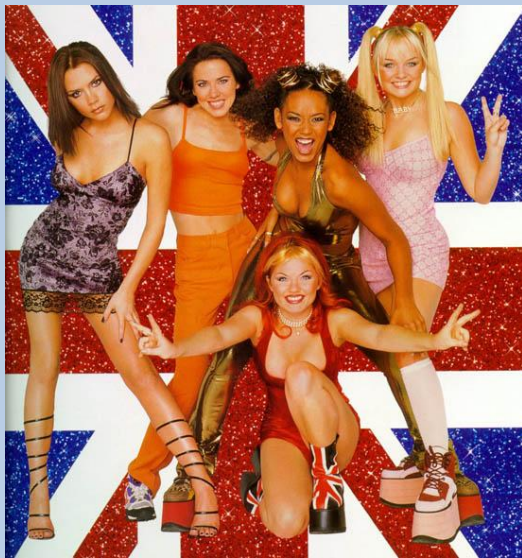
Consultant Physician

Raigmore Hospital

The Long Walk Home



To help us we are going to meet..



Confidence and confidentiality

None of the example cases are real life stories

But

They are all True

First the bits I want you to take
away....

Multimorbid or Frail Adults

- Often a long phase where they 'could' die
- Very dependant on intercurrent and unpredictable events
- Can feel like a long time to be 'dying' or palliative for

Most Valuable assets in palliative care

1. Unpaid carers
2. Paid Carers
3. Nursing home beds
4.*You'll have to wait...*

Key Priorities

- Public (and clinician) education
 - Dying can take longer and be less tidy than many presume
 - Very likely to need hands on personal care before you die.....maybe for years
 - Expensive interventions sell themselves push is needed on the elements that support basic care

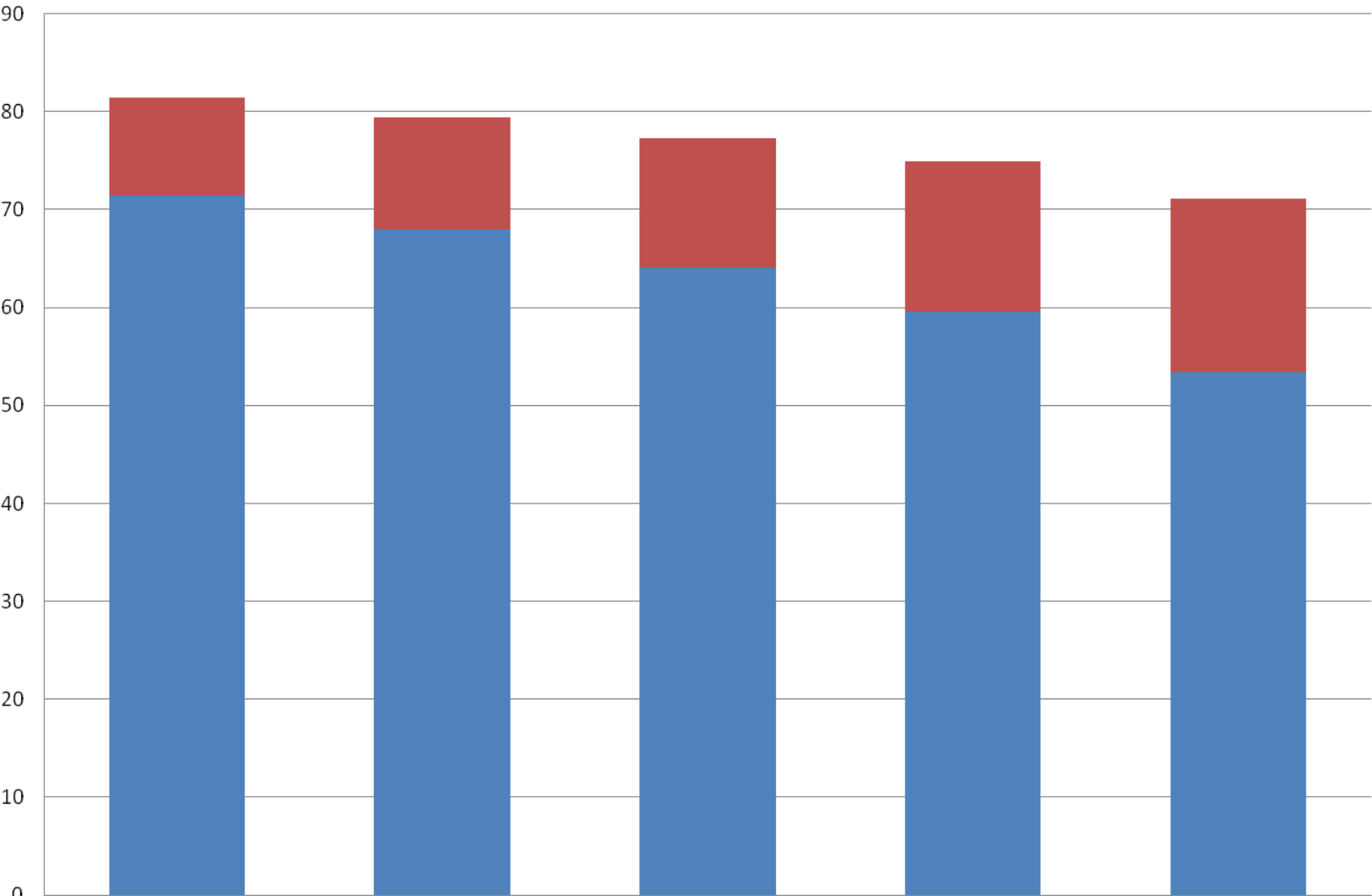
A different spin on demographics

Age is NOT the main problem
(It is not even in the top 3!)

Abba and dying

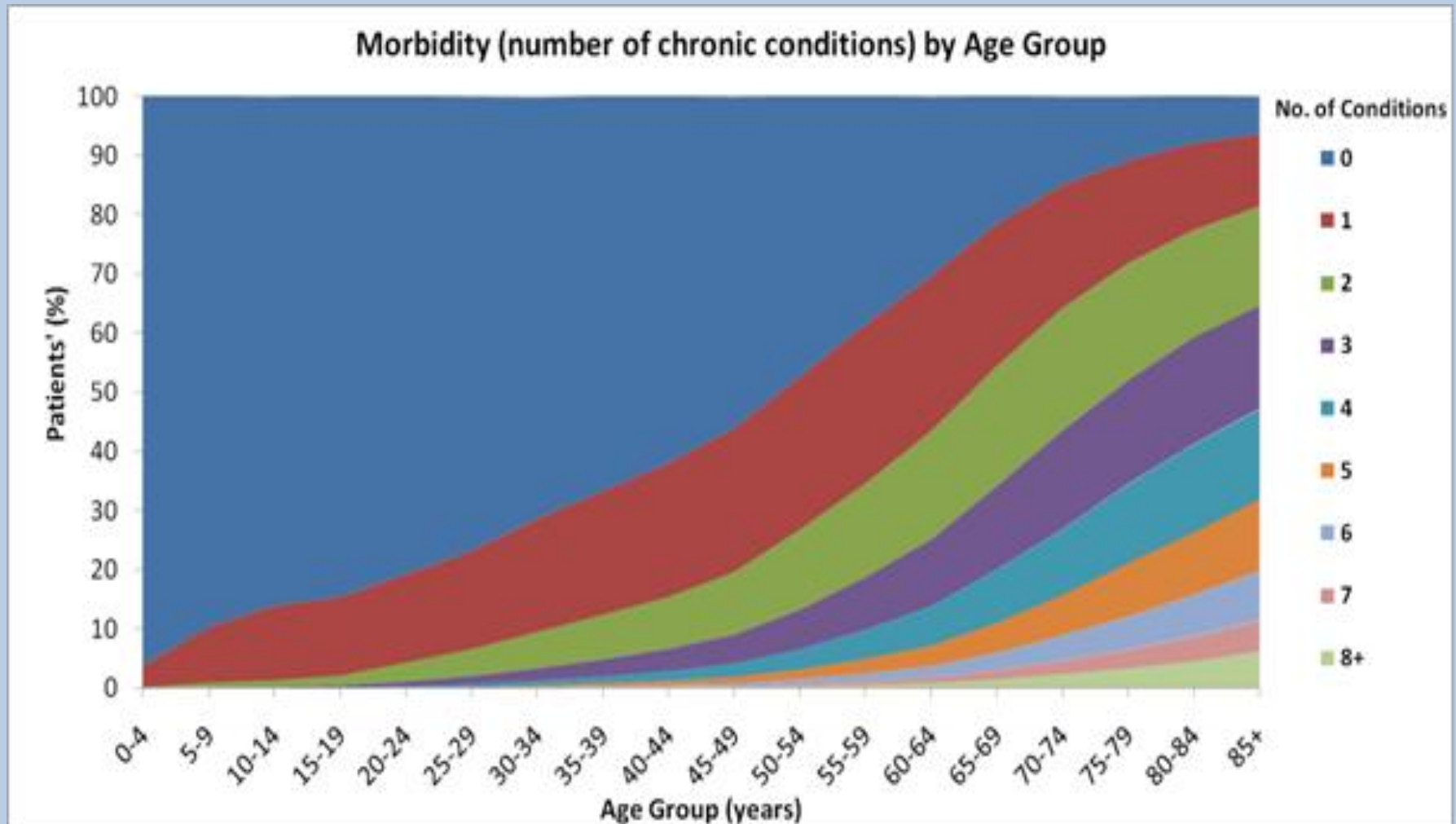


Healthy Life Expectancy and Deprivation:- Male



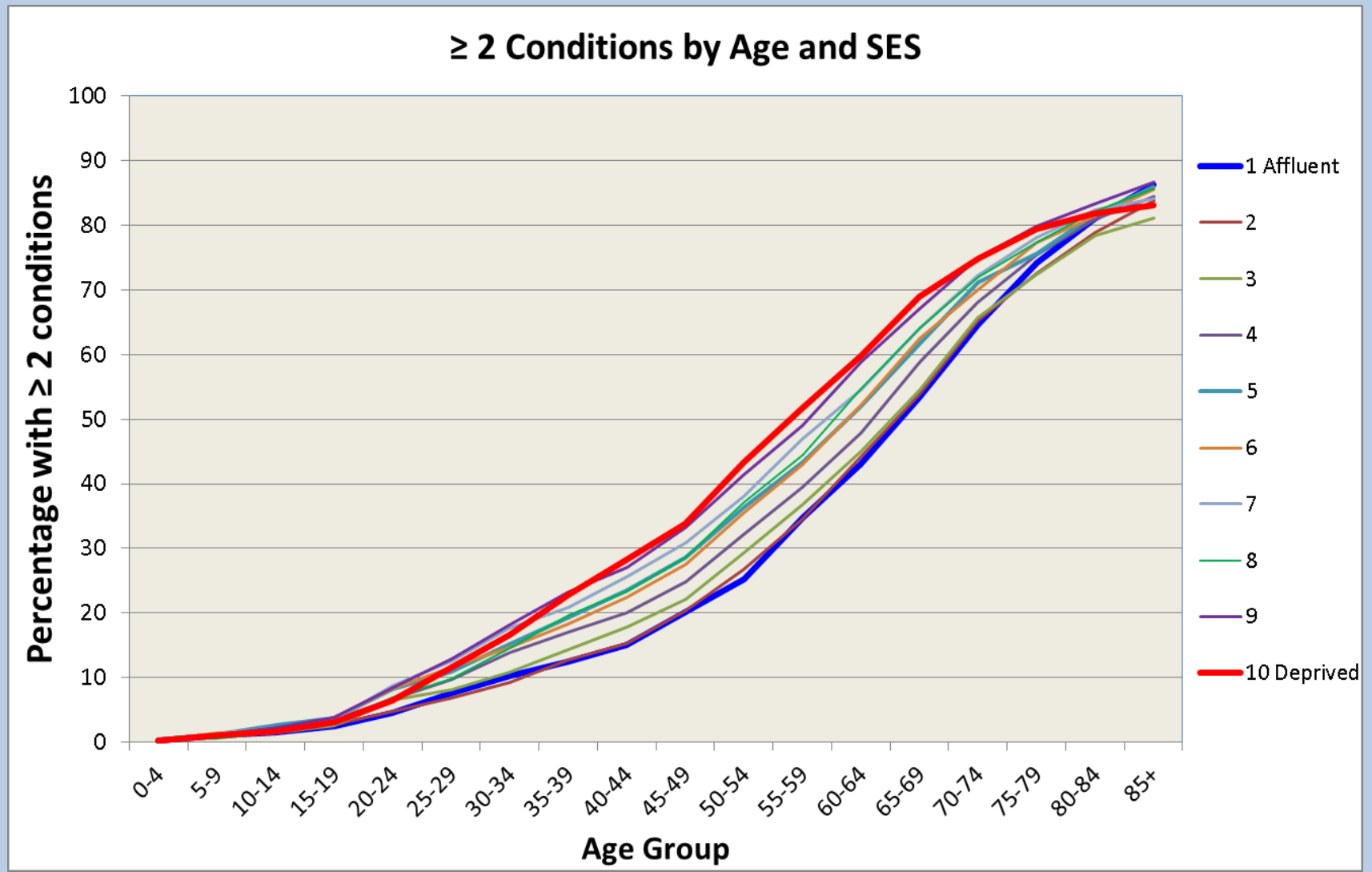
	SIMD 5 (least deprived)	SIMD 4	SIMD 3	SIMD 2	SIMD 1 (most deprived)
NOT in Good Health	9.9	11.4	13.2	15.3	17.7
Healthy Life Expectancy	71.5	68.0	64.1	59.6	53.4

Multimorbidity is common in Scotland

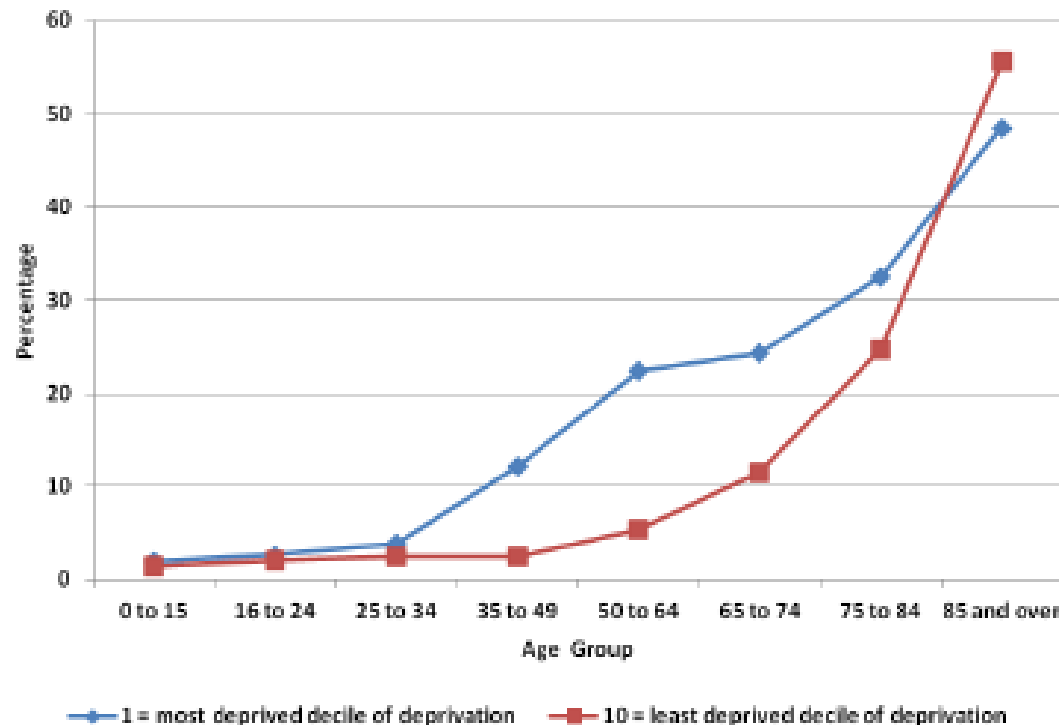


- The majority of over-65s have 2 or more conditions
- The majority of over-75s have 3 or more conditions

People living in more deprived areas in Scotland develop multimorbidity 10 years before those living in the most affluent areas



Deprivation and functional impairment Highland



Data source: Census 2011 – Table DC3101SC © Crown Copyright and the Scottish Index of Multiple Deprivation (SIMD 2012)

Day to day activity limited a lot by long term health or disability

So on average

- If you are rich
 - Live longer in good health
 - Have a shorter proportion of life in poor health
 - More likely to have single pathology
 - More likely to be the sort of person that sets up healthcare system.....
- Remember the Inverse Care Law
 - Overspend tends to be in RICHEST post codes

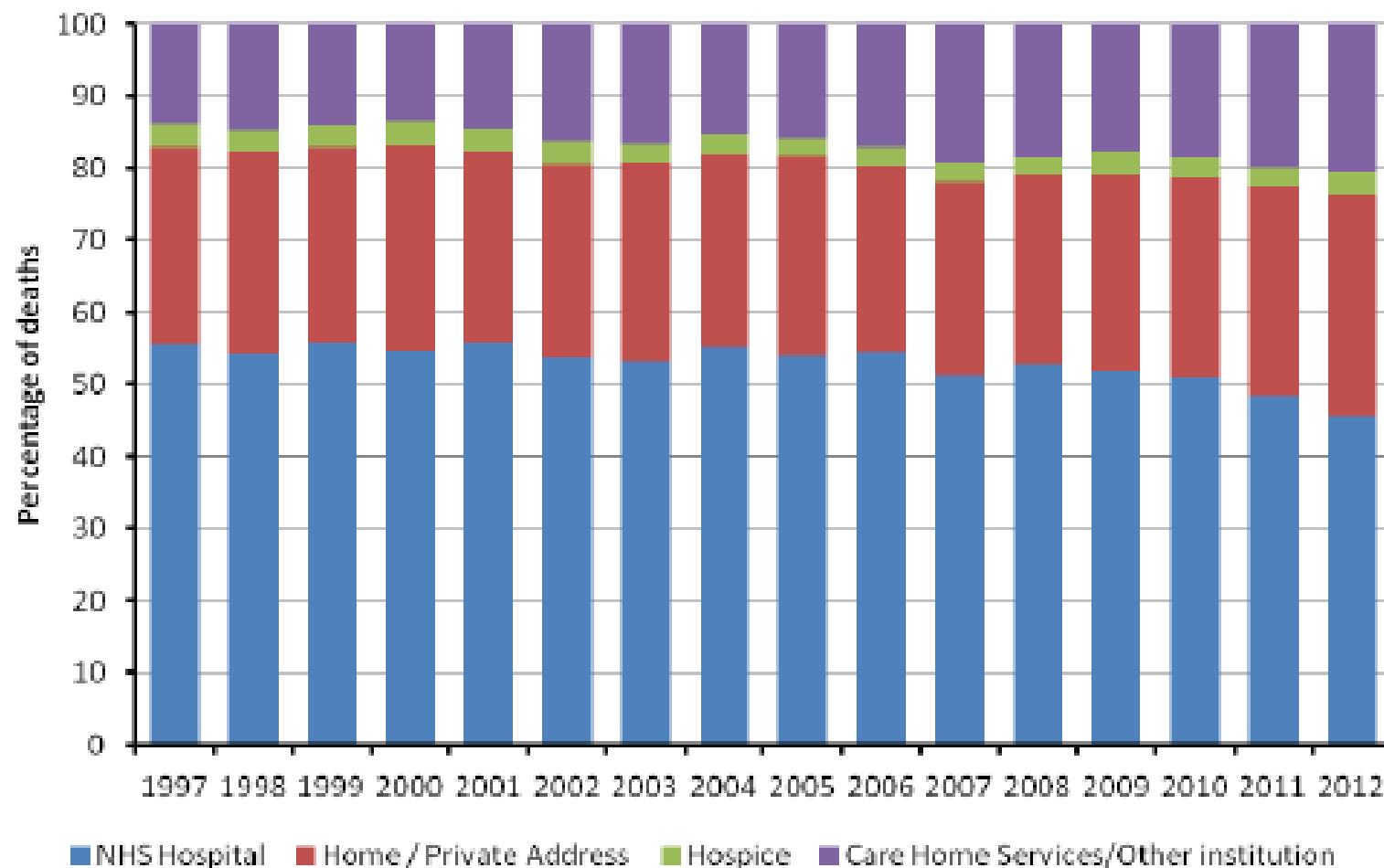
More ranting....

Society is really unrealistic at where
they will die.....

Location of Death in Highland

	% change 1997-1999 to 2010-2012
NHS Hospital	-16.5 %
Home/Private Address	+ 0.4 %
Care Home Services/Other Institution	<u>+31.5 %</u>

Figure 13: Proportion of deaths to NHS Highland residents by place of death, 1997 -2012

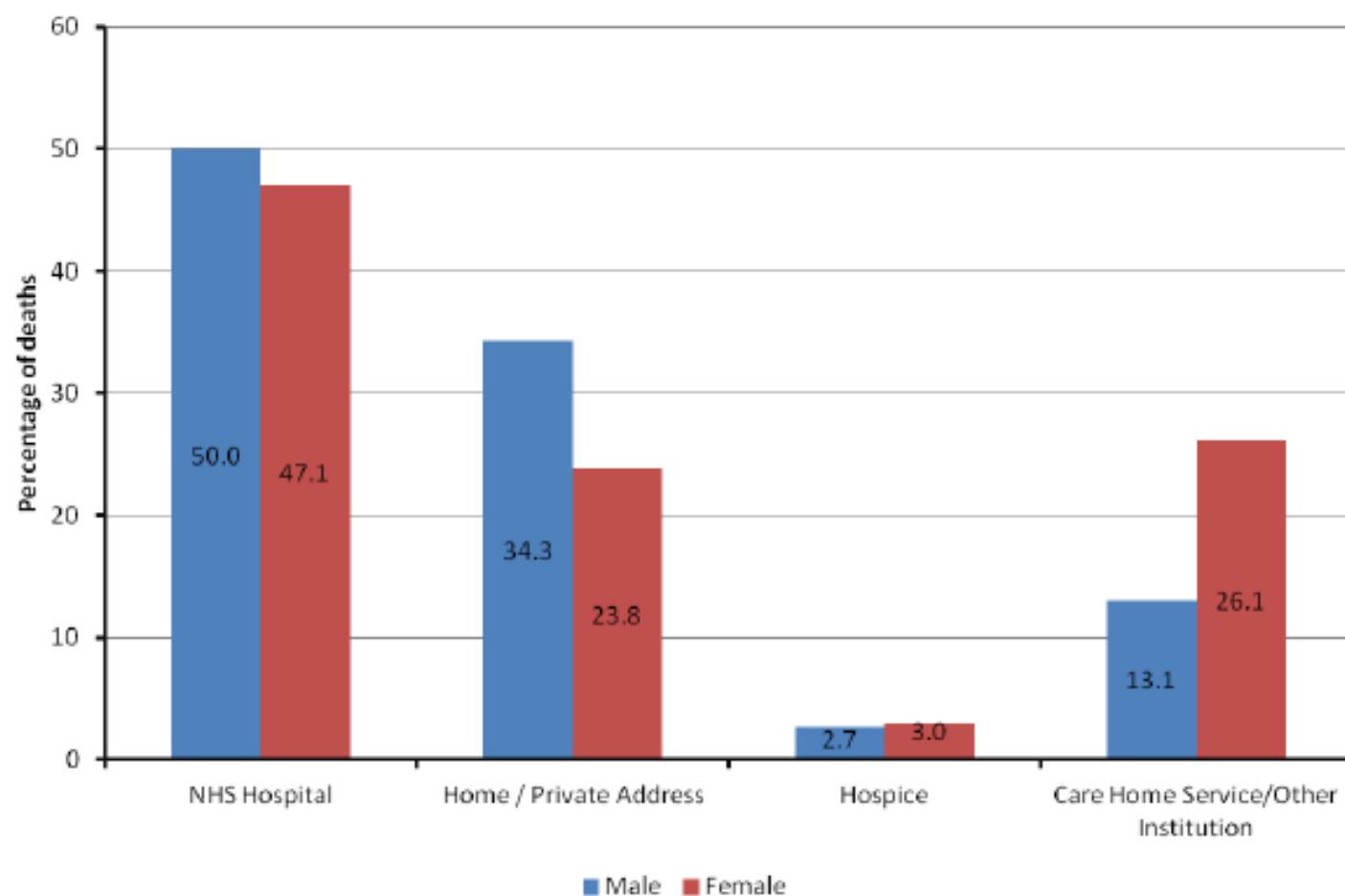


Data source: NHS Highland HIKT from National Records of Scotland Vital Events data

Place of death as a Feminist issue

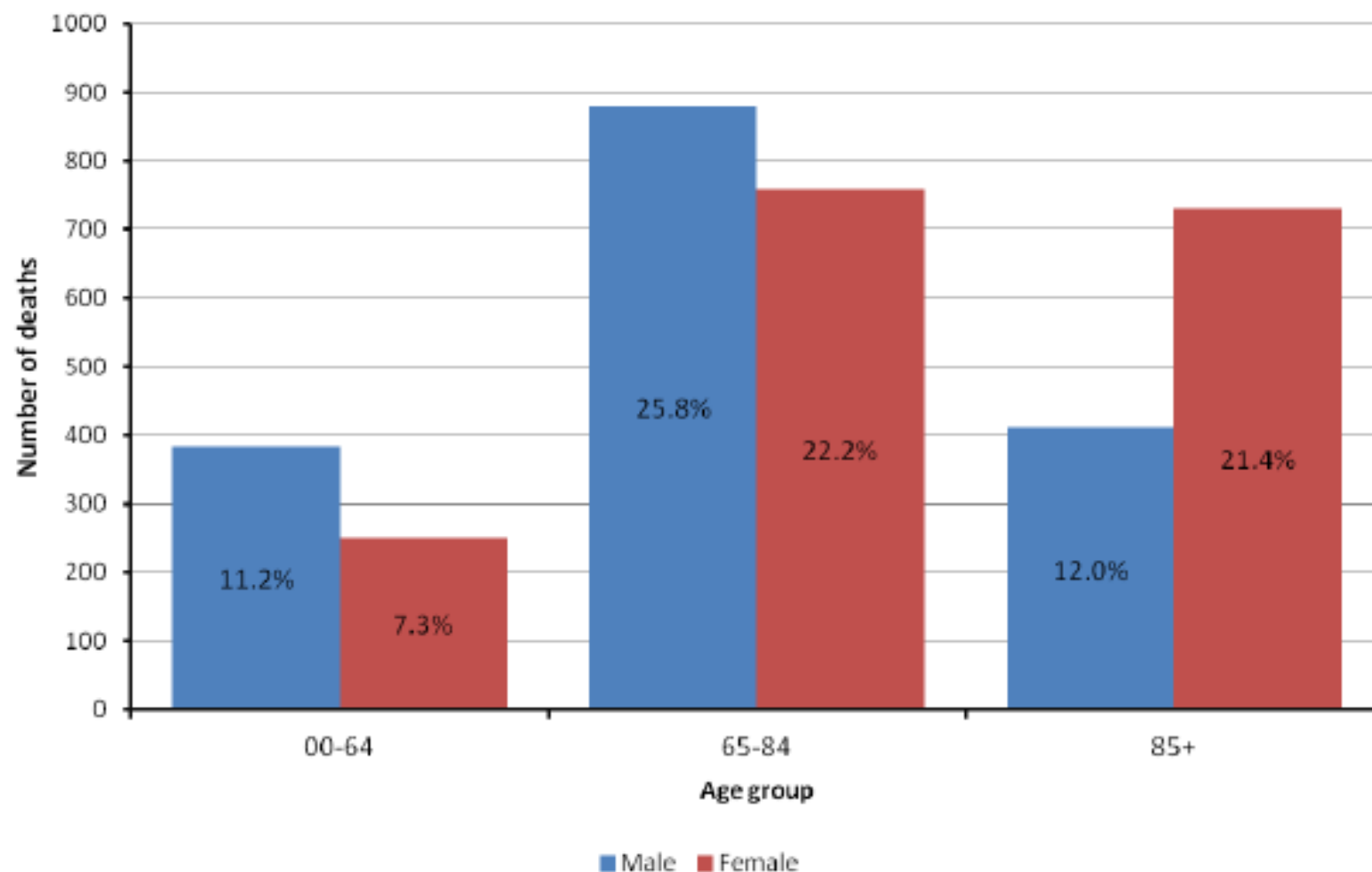
- Woman **a lot more likely** to die in a care home than men.
 - Women care for men >> who die at home
 - No one to care for them
- Highland 2010- 12
 - 13.1% of male deaths Care Home
 - 26.1% of female deaths Care Home

Figure 6: Place of death by sex: proportion of deaths in males and females, NHS Highland residents, 2010-2012



Data source: NHS Highland HIKT from National Records of Scotland Vital Events data

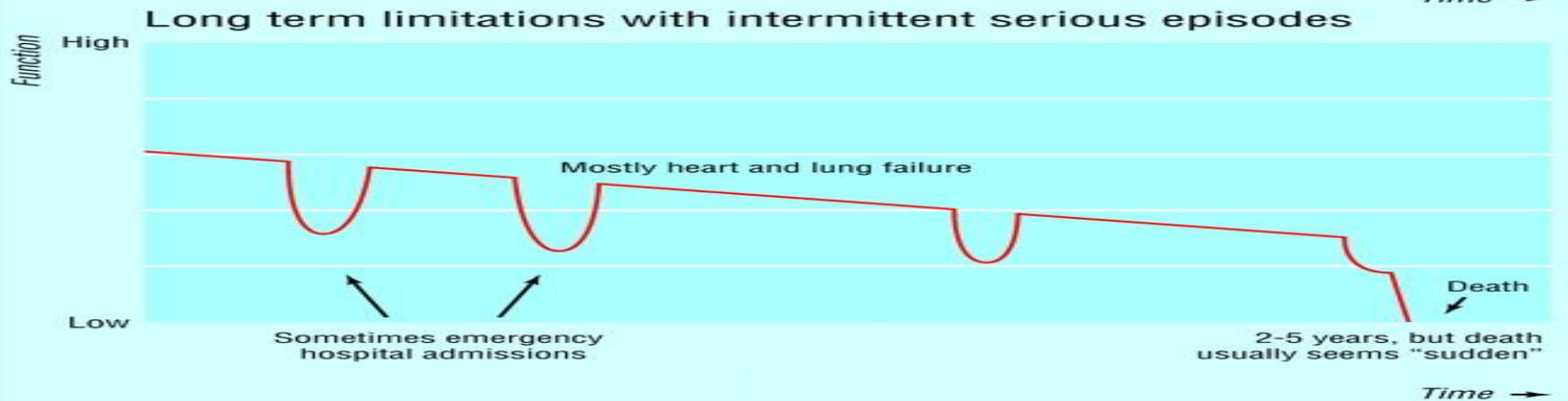
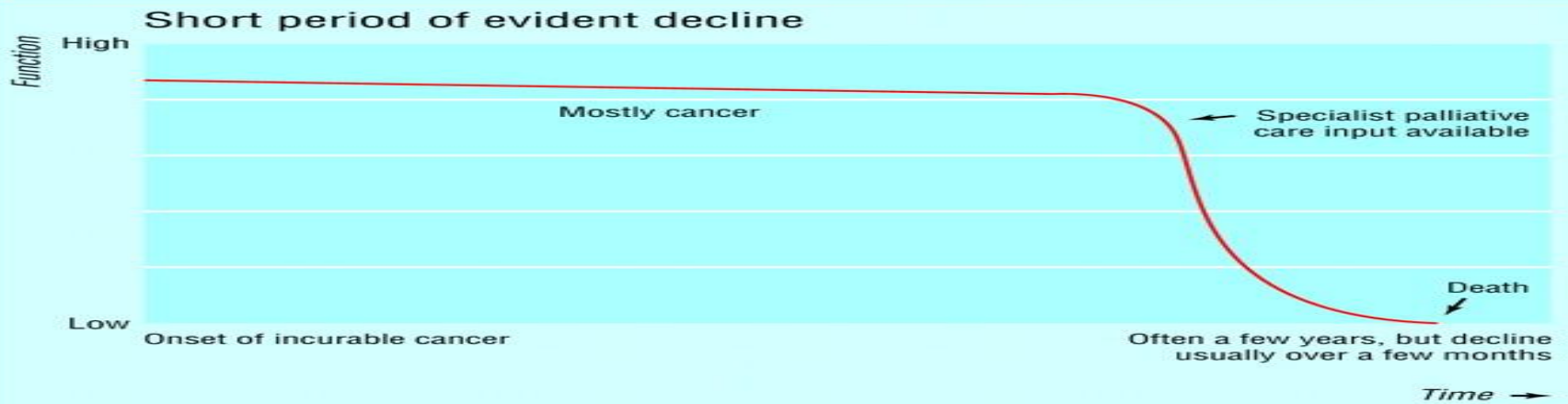
Figure 3: Average number of deaths to NHS Highland residents by sex and age group, 2010 -2012

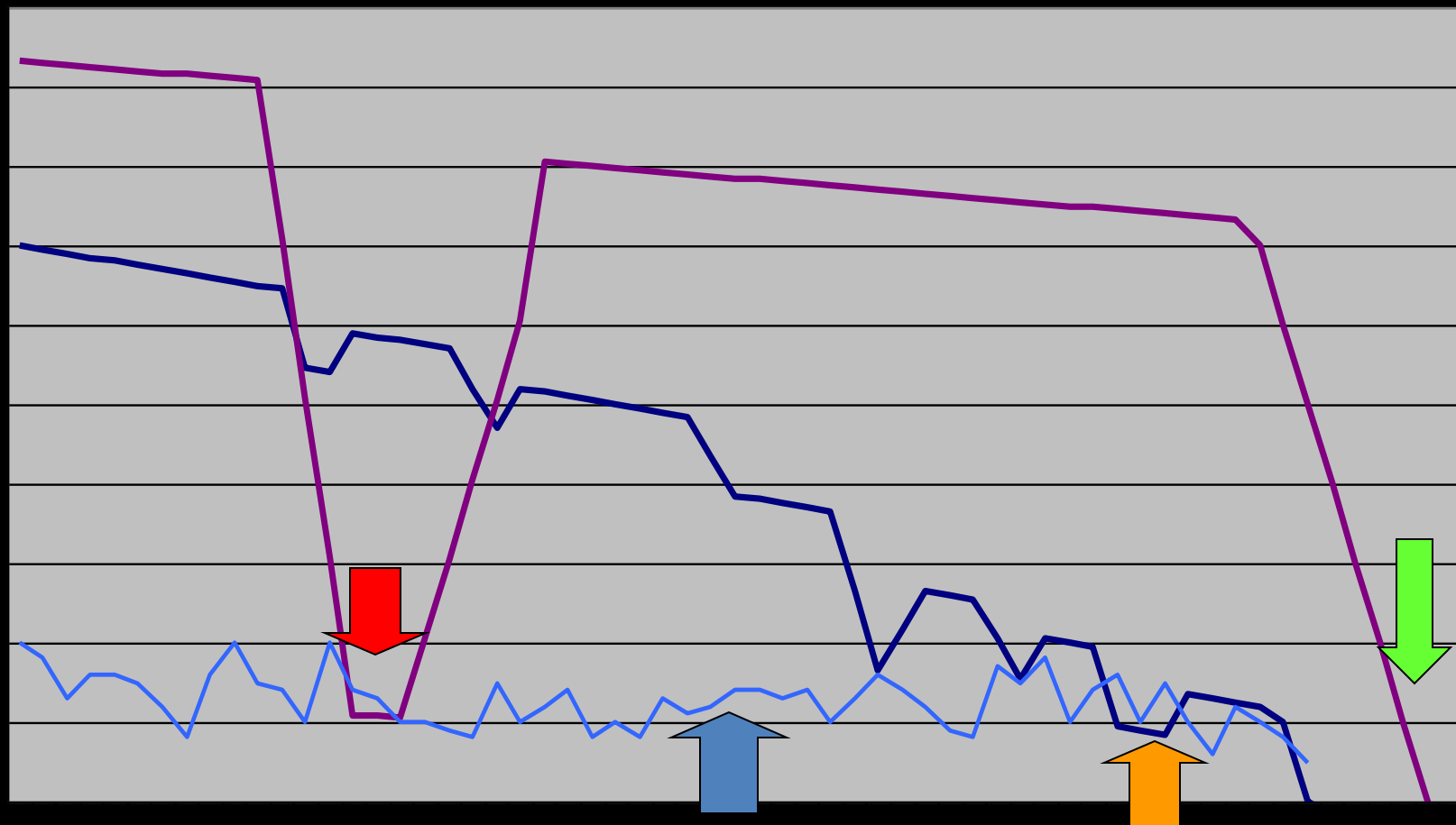


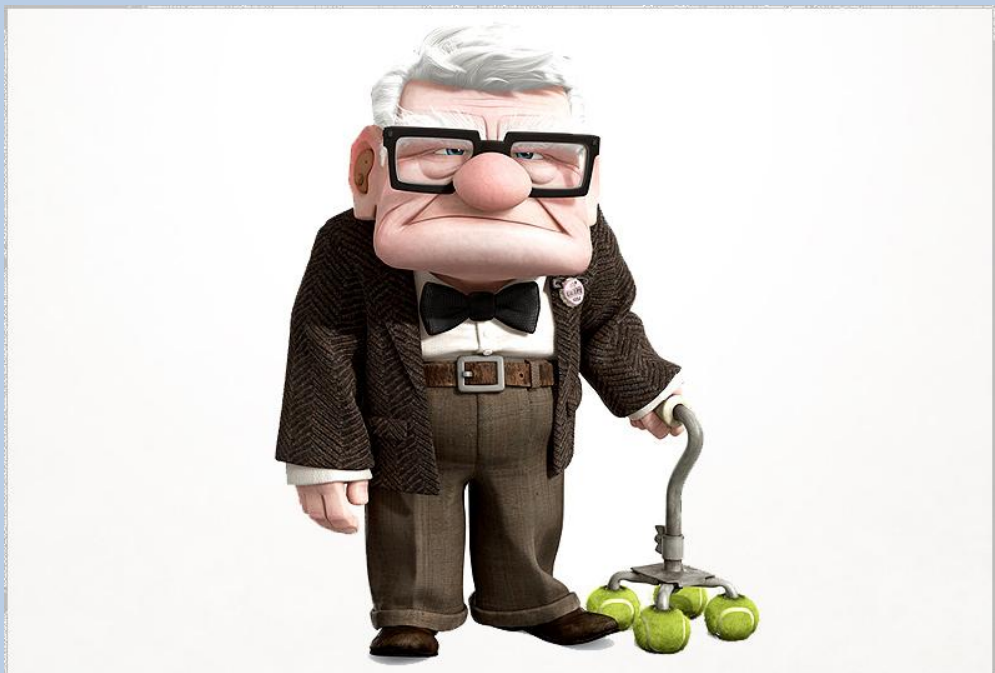
Data source: NHS Highland HIKT from National Records of Scotland Vital Events data

Percentage contribution to all deaths shown in labels

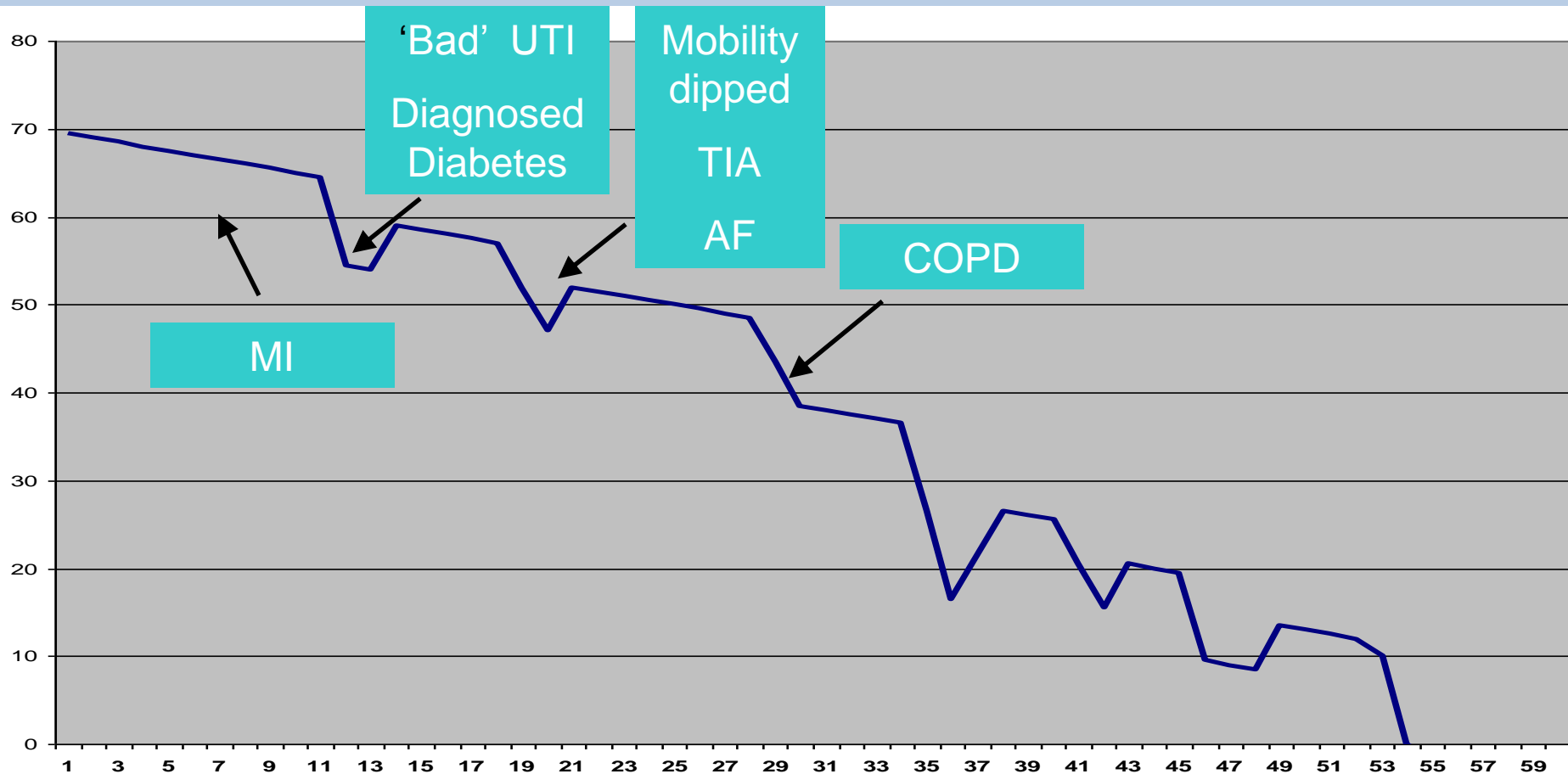
Patterns to recognise and teach







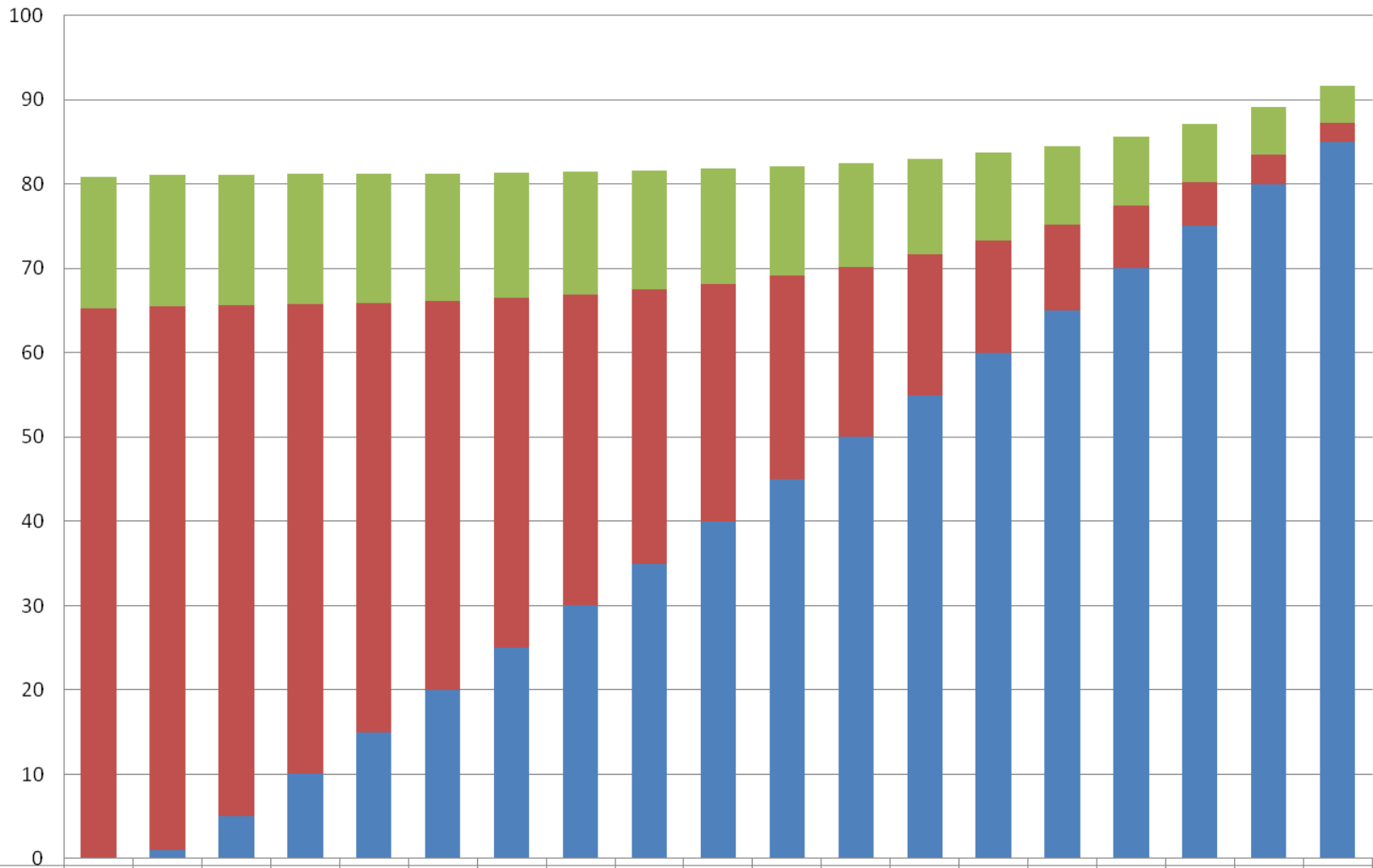




Current Function

- Not driving anymore
- Lift to shops
- Cooks (a bit)
- Tires more easily
- Cognitively “fine”

Healthy Life Expectancy :-FEMALE



NOT in Good Health	15.6	15.6	15.5	15.4	15.3	15.2	14.9	14.6	14.2	13.7	13.0	12.3	11.4	10.4	9.3	8.2	7.0	5.7	4.4
Healthy Life Expectancy	65.3	64.5	60.6	55.7	50.9	46.1	41.5	36.9	32.5	28.2	24.1	20.2	16.6	13.3	10.2	7.5	5.2	3.5	2.2
Years Already Lived	0	1	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85

Our lady

- Probably now 'Not in Good Health'
 - Female so could be 5 to 7 years
- Long time but sounds like won't do all that well if major illness

Priorities here?

- Ensure the 'simple things' prompted
 - Power of Attorney
 - Wills
- Future protecting
 - Suitable house?
 - Suitable location ?
 - How would you manage without the car?
- Consider 'Time to benefit' when considering treatments

Priorities here?

- The Adults views
 - Maybe not too much longer that they will be heard/audible
- At what point does it start to become an unwise move to avoid a peaceful death...

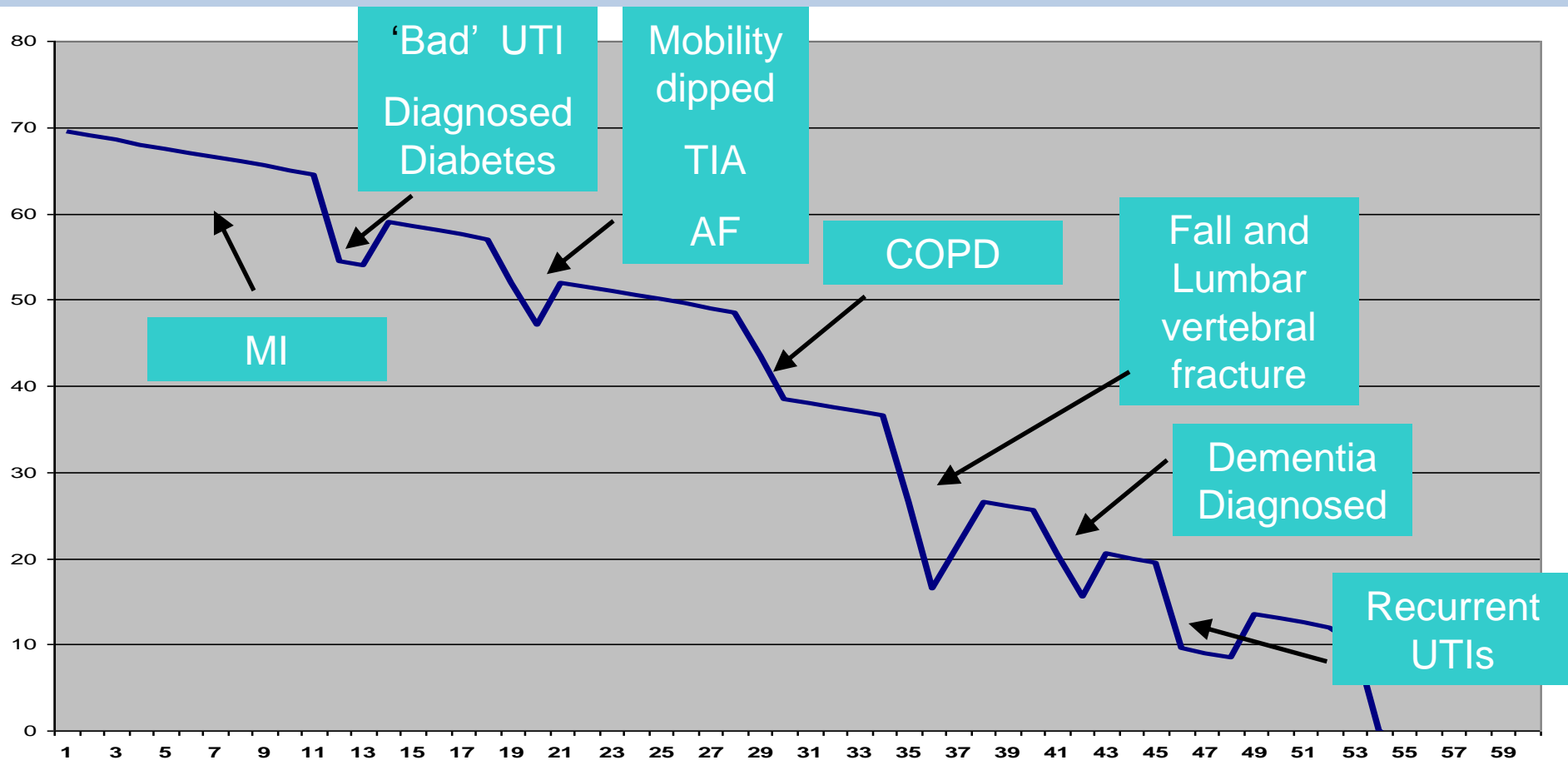
Treatment outcomes

- Prospect of return to independence
- Prospect of death
- Prospect of existence in a reduced state

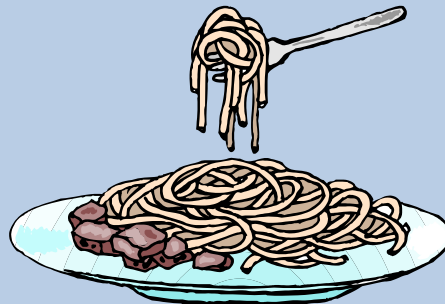


Unrealistic Statements :- number 1

- 'I never want to go into a care home'
- 'I promised him / her I would never put them in a home'
- Never [hardly] made with any realistic expectation of what that would mean in practice.



Current Function

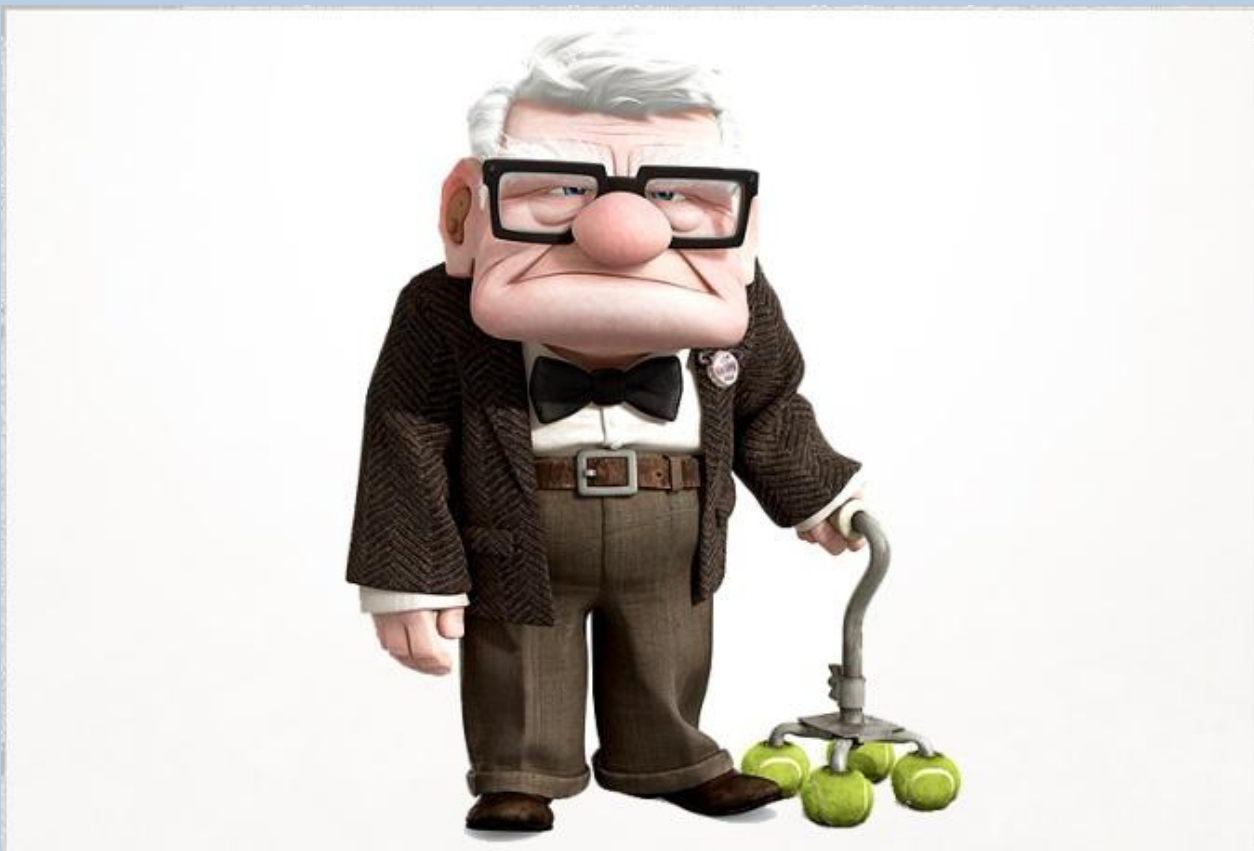


Medication

- Metformin 1 g TDS
- Gliclazide 160mg bd
- Calcichew D3 forte 1 tab twice a day
- Alendronate 70mg once a week
- Perindopril 4mg once a day
- Indapamide 2.5mg once a day
- Warfarin as per INR
- Seretide 250 1 puff twice a day
- Salbutamol as required
- Clopidogrel 75mg once a day
- Atorvastatin 80mg once a day
- Mirtazapine 30mg nocte
- Zopiclone 7.5 mg at night
- Oxybutinin 5mg bd
- Thyroxine 150mcg once a day
- Atrovent inhaler 4 times a day.
- Paracetamol 1g QDS
- Omeprazole 20mg once a day
- Trimethoprim 200mg once a day prophylaxis

- What are the patients priorities likely to be?
- What are there carers priorities likely to be?
- What are the Health Service Priorities likely to be?

What happens next ?



What makes the difference here?

- Home care (paid or unpaid (family)
 - Flexibly ~???
- Respite (of whatever type)
- Care Home move BEFORE collapse
- Lots and lot and lots of wise supportive words
- A family 'on the same page'.....

Things that make (almost) no difference

- Most of her pills
- CT scans, blood tests
- Admissions to 'exclude' things
- Anyone who focuses on just one bit

Most Valuable assets in palliative care

1. Unpaid carers
2. Paid Carers
3. Nursing home beds

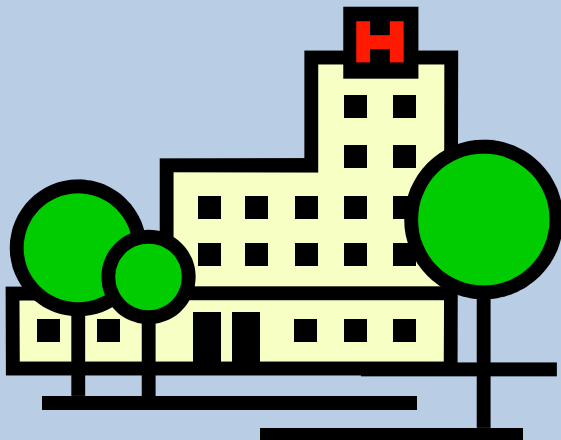
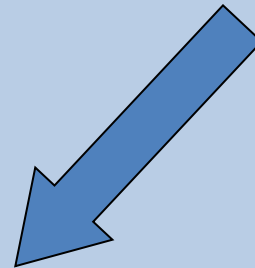
Most Valuable assets in palliative care

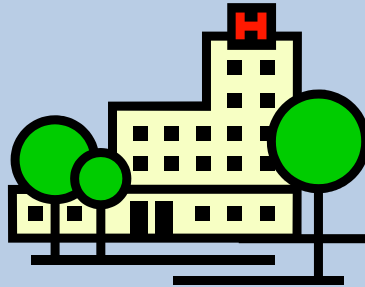
1. Unpaid carers

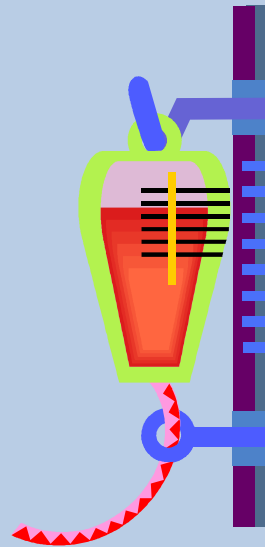
So all agreed ?

- Talk is good
- Focus on the whole picture
- Individualise treatment
- Treat the unit as well as the individual
-

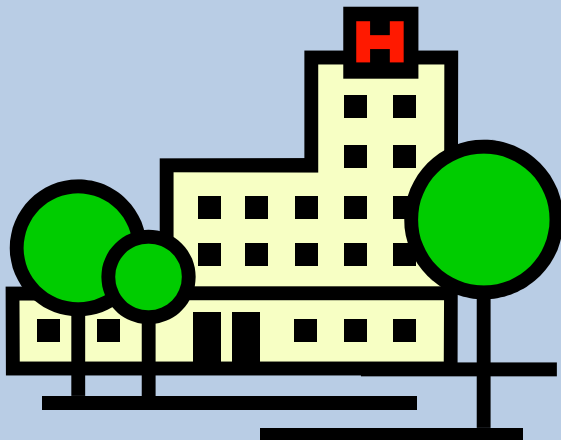
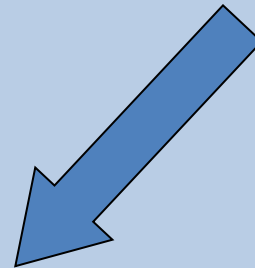


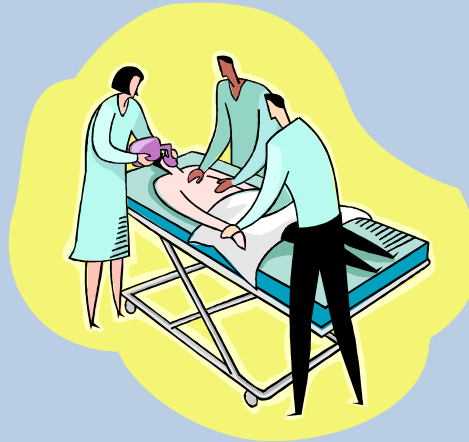
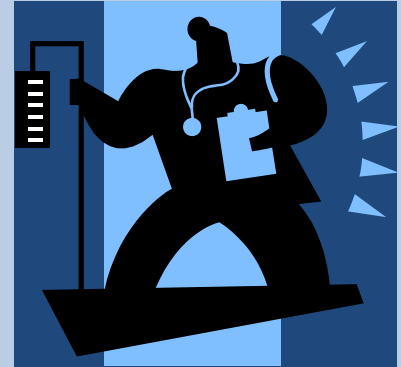
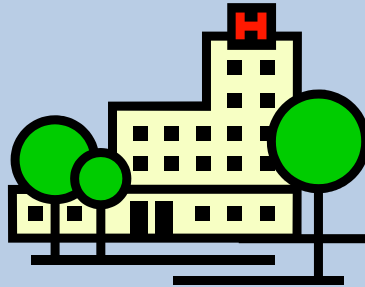
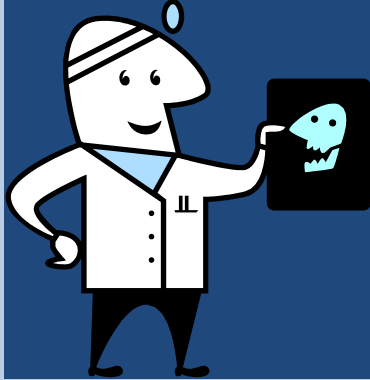


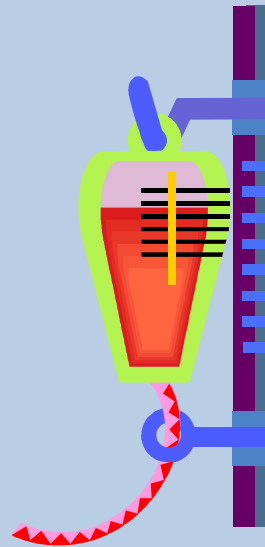




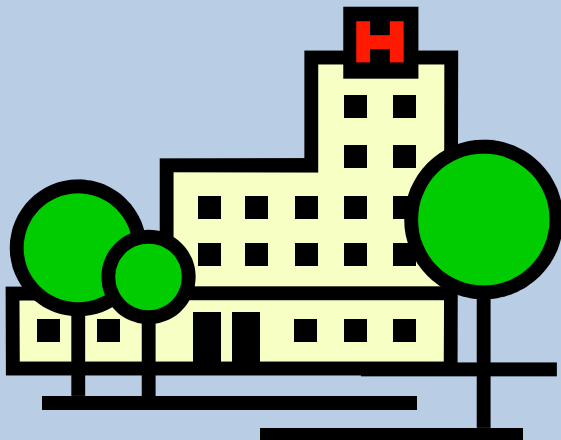
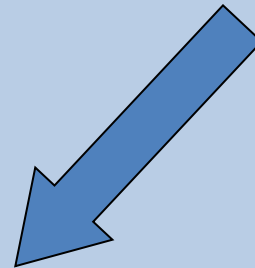


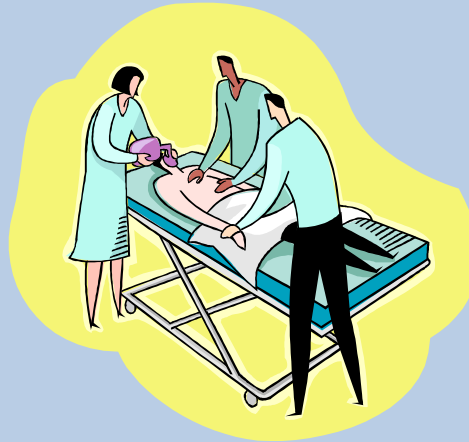
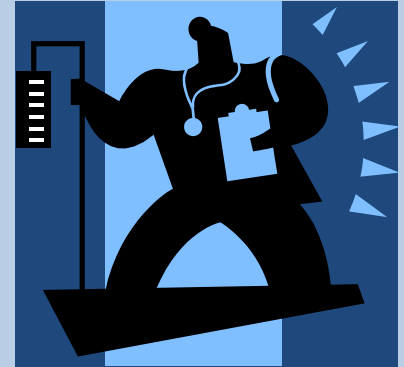
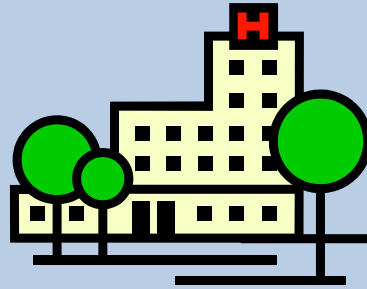
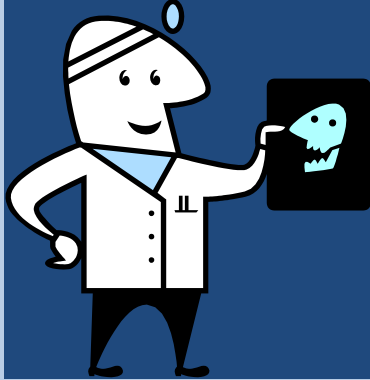


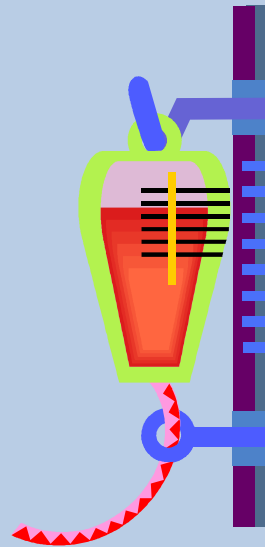












This is a nightmare.

- Could die on any of the deteriorations
 - But doesn't
- “Learned immortality”
- *“Docs said she would die 3 times so far*

Its a nightmare unpredictable
situation

Lets call the family 'unrealistic'

Families

- ‘Unrealistic Relatives’ / ‘Distant Relative Syndrome
- Often just seeing a different reality.....
 - + emotion
 - + really, really not wanting it to happen NOW
 - + she bounce back the last 3 times this happened
 - + sometime we (the health service) are a bit rubbish

We really need to understand
and be able to explain frailty

And all the uncertainty that goes
with that

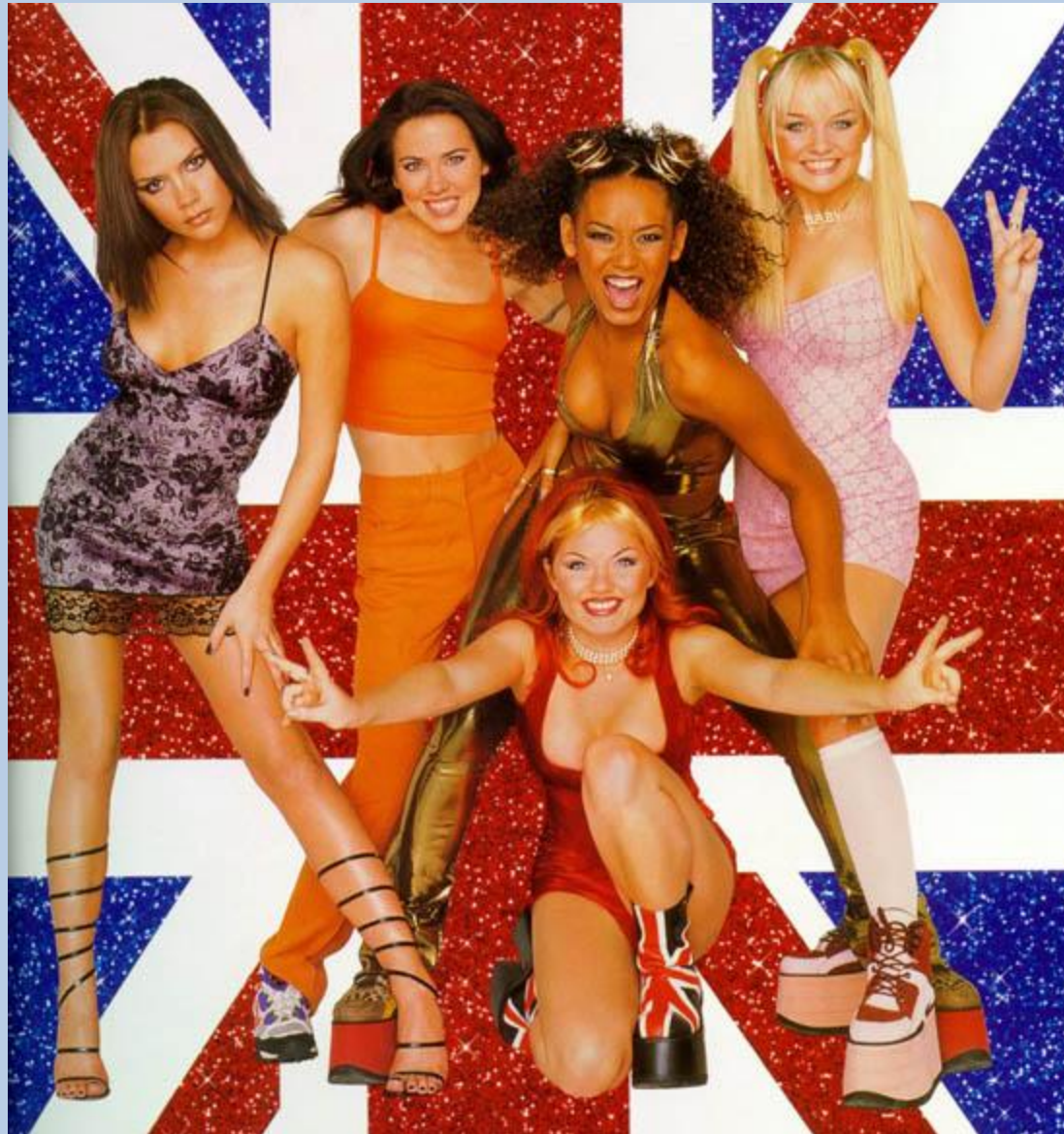


Most Valuable assets in palliative care

1. Unpaid carers
2. Paid Carers
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Most Valuable assets in palliative care

1. Unpaid carers
2. Paid Carers
3. Nursing home beds
4. A human being who can explain what's going on



What do we really want?

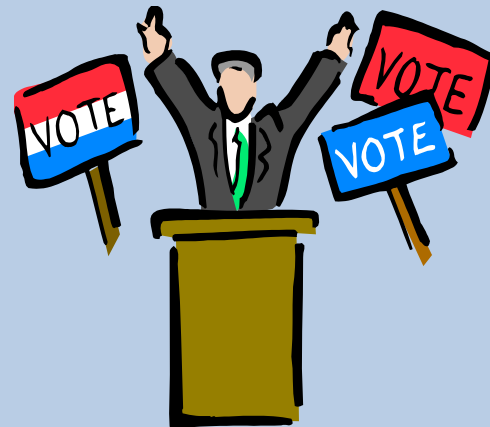
We want....

- Good care in our old age



What we REALLY want....

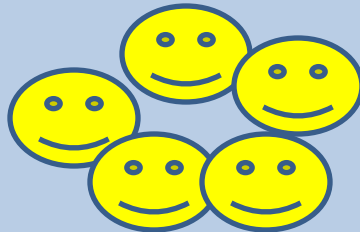
- Lots of hospitals
- Lots of [expensive] docs
- Expensive drugs
- Expensive treatments
- Short waiting lists



Compare

Hospice

- People near end of life
- Holistic Care paramount
- Free at point of access



Care Home

- People near the end of life
- Holistic Care Paramount
- Means Tested



Palliative Care

- Has a high loveability index
- Has political influence
- Can raise a lot of cash
- Can mobilise a lot of people

What I would like?

- Support ? Even subsidise with time / money / political influence
 - (Good) care homes
 - (Good) care agencies
 - (Good) respite
 - Training in both (and pay for backfill)
- Use 'the brand' to increase the attractiveness of those workplaces

A human being who understands and can explain ..

- What can palliative care do to encourage folk into...
 - General Practice
 - District Nursing
 - ...
 -

Any Questions? (? Over lunch)

