

Things to Know About Palliative Care

A Conversation with Elizabeth Collins, MD, Medical Director of Palliative Care, Lahey Health

1. What is Palliative Care?

The word 'palliate' comes from the origin, 'to cloak' or to reduce severity and lessen burden. Although the goals of medicine are to cure disease whenever possible, to minimize symptoms and prevent suffering is always the goal, even when a disease is no longer curable.

Palliative Care is based on the understanding that how each of us 'experiences' disease can be different. It focuses on that experience, addressing any symptom, physical or not, in order to help each patient, one at a time, live and survive with a quality of life that they want. Palliative Care can often help patients with serious life threatening diseases, live better and sometimes even longer, because it tries to lessen the burdens of disease, even while treatments aimed to potentially 'cure' are sought.

2. Who can use Palliative Care?

Palliative Care is a specialty in medicine, just as gastroenterology or neurology. It is not limited to a specific disease or organ, as the others are. However it is appropriate for any person with a serious or life limiting disease, whether or not cure is possible, to help support that patient and family, and help guide treatments to align with patients goals, as well as always minimizing any symptom that causes distress. Serious and life limiting diseases can include serious injury, cancer, heart failure, dementia, as well as chronic diseases. Palliative Care is available for patients of all ages, from birth through elderly.

3. How does it work?

A wise person once said, "To care for a patient requires a whole person, until you find one, use a team". Palliative Care is a team approach to patient care that utilizes the services of experts in symptoms, physical as well as emotional and spiritual, as they are needed for each individual as well as their family, or support system. At the least the team includes a physician, nurses, social workers and clergy. A patient's primary doctor may refer a patient for Palliative Care, not as default, but to add to the existing medical team, to improve the patient's experience.

Patients and families also may request referral to Palliative Care, which is available in most health organizations, either as an inpatient consult service or an outpatient service. There are many visiting nurse (VNA) programs that also can provide 'palliative care' to homebound patients. Once a patient is referred, an initial assessment is often made by a physician/advanced practice nurse, and then a team is assembled based on the specific needs of that patient at that time. As nothing in life is stagnant, this team 'walks with the patient and family' and continues to readdress needs as they arise, always focusing on how to make each day the 'best it can be, one day at a time'.

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4. How does the Palliative Care team interface with the other treating teams?

To understand each individual's expectations, goals and wishes, as well as their fears and symptoms, is the focus of palliative care practitioners. To address each of them, as well as possible, but also to ensure that everyone involved with that patient's care is aware of these issues. It is only then that the best treatments can be recommended, that will likely be best aligned with each individual's goals. As disease improves or declines, the Palliative Care team is there to continue to help facilitate the best outcome, even when cure is not possible.

5. How can Palliative Care help keep patients “in control” of their disease as it progresses?

No matter what a person's age or stage of disease, it's important to know who the person is and his/her hopes and goals of care. Everyone is different whether we have a disease we can recover from or a disease we live a long life with. It is important to understand a patient's personal goals, whether it be to have all aggressive treatments to extend life even if for a week or two, to have more good days than bad, or to be able to attend a family members wedding. Palliative Care clinicians are trained to help communicate these wishes with not only the treatment team, but also with the patient's family. These conversations are the core of helping each patient live their life as well as they can and with the support and understanding of their family.

6. What's the difference between Palliative Care and Hospice Care?

Hospice care is palliative care for a person who is nearing the end of life and expected to live 6 months or less. This is often when curative treatments have failed or when a patient's symptom burden outweighs continued aggressive treatments. It however does not mean the 'discontinuation of care' but actually the accentuation of care that focuses purely on a patient's comfort and often is provided in the home or home-like setting, supporting the patient and family at the end of life.

7. Where do I find Palliative Care?

Ask your primary care physician or care provider treating you for a list of Palliative Care providers in your area.