Making the Case for Palliative Care in Critical Care

Tonja M. Hartjes, DNP, ACNP-BC, FNP-BC, CCRN, CSC

KEYWORDS

• Palliative care • Outcomes • ICU • ED • Communication
• Interdisciplinary teams • Quality of life

KEY POINTS

- Death is pervasive, it affects all people, transcending all races, ethnicities, and socioeconomic and age groups.
- Palliative care should be initiated with the onset of disease and be incorporated with curative care.
- Patients with persistent, progressive, or reoccurring medical conditions should be considered for palliative care interventions.
- The last few months of life are noted to have frequent hospital and/or an intensive care unit admissions.
- Initiating palliative care upon admission to critical care units may improve quality of life for patients and decrease symptom burden and length of stay.

BACKGROUND

Palliative care arose in the 1960s as a means to meet the needs of dying patients at the end of life and was based on hospice philosophies. It consisted mostly of symptom management and psychological support for patients and their families. Historically, health care providers would administer only curative and restorative care at the onset of disease, and palliative care would only be considered when curative treatments had failed.[1,2] Over the past several decades, palliative care has significantly evolved as a result of our changing population in the United States, health care legislation, and the results of research. Palliative care can now be found in both community- and hospital-based settings. Additionally, it is often implemented at various stages of the illness trajectory.[1,3]

The author has nothing to disclose.
Adult Gerontology Acute Care Nurse Practitioner Program, University of Florida, College of Nursing, 1225 Center Drive, PO Box 100187, Gainesville, FL 32610-0187, USA
E-mail address: hartjtm@ufl.edu

Crit Care Nurs Clin N Am 27 (2015) 289–295
http://dx.doi.org/10.1016/j.cnc.2015.05.004 **ccnursing.theclinics.com**
0899-5885/15/$ – see front matter

In 1990, the World Health Organization defined palliative care as "an approach to care which improves quality of life (QOL) of patients and their families facing life-threatening illness through prevention, assessment, and treatment of pain and other physical, psychological, and spiritual problems."[2] More recently, palliative care is recognized as an adjunct in curative care, becoming a standard of care for patients who have advanced and serious illnesses, such as cancer or heart failure.[1,4] In fact, many organizations such as the American Thoracic Society and the American Society of Clinical Oncology, recommend the integration of palliative care with curative treatments to relieve suffering throughout the course of illness.[1,4] Because of these recommendations, the traditional dichotomous model of palliative care has changed, and palliative care can now be incorporated with curative care early in the course of illness.

Lanken and colleagues[1] further recommend a model of care (**Fig. 1**) that denotes the initiation of palliative care at the time of intensive care unit (ICU) or critical care admission. This model reflects high levels of concurrent curative treatment and palliative care that is individualized for the patient. The figure delineates how curative therapies end just before death, and how palliative care strategies peak around time of death and continue afterward to meet family bereavement needs.

Administrators and providers now understand the significant impact palliative care can have on patient and family outcomes. Anticipated outcomes include:

1. Improved QOL;
2. Improved symptom management;
3. Improved mood;
4. Improved satisfaction (patients, families, and providers);
5. Improved survival;
6. Increase in advanced care planning;
7. Improved health care resource utilization;
8. Improved patient and family support;
9. Decreased hospital readmission rates; and
10. Decreased costs of care.[5]

Providers must reflect on the many benefits of palliative care when considering the timing and setting of initiation.

WHO WILL BENEFIT FROM PALLIATIVE CARE?

The National Consensus Project updated the Clinical Practice Guidelines for Palliative Care in 2013.[3] This edition identified populations that would benefit from palliative

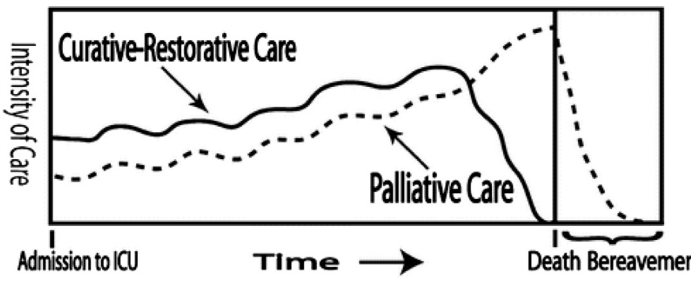

Fig. 1. Palliative care continuum. (*From* Lanken P, Terry P, DeLisser H, et al. Palliative care for patients with respiratory diseases and critical illnesses. Am J Respir Crit Care Med 2008;177:914; with permission of the American Thoracic Society.)