

# Interaction of Palliative Care and Primary Care



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## KEYWORDS

• Primary palliative care • Specialty palliative care • Referral

## KEY POINTS

- Primary palliative care assessment includes a symptom assessment, assessing for moderate-to-severe distress, concerns regarding decision-making, and advance care planning.
- Advanced care planning and discussions about dying and palliative care in the outpatient setting by the PCP can improve end-of-life care outcomes.
- Shared decision-making has emerged as an ideal balance between respecting the patient's autonomy to make decisions, and the recognition of the clinician's medical expertise.
- Referral criteria algorithms are available for specialty palliative care referrals.

## INTRODUCTION

### *Scope and Definition of Palliative Care*

Palliative care is often believed to be synonymous with end-of-life care or required only after standard care interventions have failed to achieve a desired effect. In fact, earlier palliative care interventions have been shown to potentially increase quality of life, decrease cost of care, and improve survival of patients with metastatic cancer.<sup>1</sup> In 2001, standardization of palliative care with the goal of improving quality of care resulted in the formation of the National Consensus Project for Quality Palliative Care.

In 2009, the Accreditation Council for Graduate Medical Education recognized hospice and palliative medicine (HPM) as a subspecialty, and fellowship training for physicians is required to become HPM board eligible. Comparable certifications for nurses<sup>2</sup> and social workers<sup>3,4</sup> working in palliative care are also newly established

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or being developed. Accordingly, hospice programs and specialty palliative care programs have seen substantial growth<sup>5,6</sup> and increasingly, patients can receive palliative care services in outpatient settings, emergency and critical care departments, and acute care settings.<sup>7</sup>

The definition of palliative care by the Center to Advance Palliative Care (CAPC) is “focused on providing patients with relief from the symptoms, pain, and stress of a serious illness-whatever the diagnosis or prognosis. The goal is to improve quality of life for both the patient and the family.” Furthermore, according to American Society of Clinical Oncology Provisional Clinical Opinion, palliative care is “focused on relief of suffering, in all of its dimensions.”<sup>1</sup> Palliative care management focuses on symptom assessment and control while emphasizing honest and open communication with families and discussion of appropriate goals of care, especially in patients with advanced illness or significant symptom burden.

### ***Why Primary Care Physicians Should Be Familiar with Palliative Care Approaches***

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Demand for palliative care specialists is growing rapidly and the number of providers may soon fall short of such demand. In 2008, a workforce task force was appointed by the American Academy of Hospice and Palliative Medicine to perform a needs assessment. The task force concluded that there were approximately 4400 HPM specialists available, whereas an estimated 4487 hospice and 10,810 palliative care physicians are required to staff current hospice and hospital-based palliative care programs. Current fellowship programs have the capacity to train approximately 180 HPM physicians annually. Taking into account the rate of retiring physicians, specialists in palliative care will most likely be unable to fill the annual need for replacement in even the lowest estimate-of-need scenario.<sup>8</sup>

Solutions to the deficiency of HPM physicians are needed to create a more sustainable model. One important strategy is to partner with primary care physicians (PCP) to address basic aspects of palliative care called primary palliative care.

Primary palliative care includes basic skills and competencies possessed by all physicians irrespective of specialty, whereas specialty palliative care includes secondary palliative care and tertiary palliative care. Secondary palliative care is provided by specialist consultants, whereas tertiary palliative care is provided at tertiary medical centers where specialists care for the most complex cases and where clinical care, research, and educational palliative care practices exist simultaneously. In contrast to primary palliative care, specialty palliative care includes managing complex or refractory symptoms and facilitating communication in challenging situations.<sup>9</sup>

Primary palliative care skills consist of elements that are at the heart of palliative care, including basic symptom management, aligning treatment plan with patient goals, and addressing patient suffering. By exercising primary palliative care skills, PCP strengthens existing therapeutic relationships, whereas referring to specialist palliative care services for all basic symptom management and psychosocial support may further fragment care.

### ***Objectives for Primary Palliative Care in the Primary Care Setting***

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PCP are often the first medical provider patients seek out and are therefore in an excellent position to identify patients who are in need of primary or specialty palliative care services. Many PCP have worked with patients and families for many years and have the added benefit of well-established relationships. PCP are thus well positioned to identify patients that may benefit from early palliative strategies and to provide such care concurrently with life-prolonging interventions. Primary palliative care evaluation can include performing a symptom assessment, assessing for moderate-to-severe

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