

# Palliative Care in Chronic Non Malignant Diseases Challenges and Coups

Integrated Palliative Care Consultative Team  
Northern Hospital Melbourne

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Nurse Consultants- L Bethune, K Wintels  
Social Worker – C Arrowsmith



# Malignant / Non Malignant Referrals to IPCC Team The Northern Hospital

Distribution of Malignant vs Non Malignant

Year 2007- 2008

Total No. 739

Malignant 54.6%

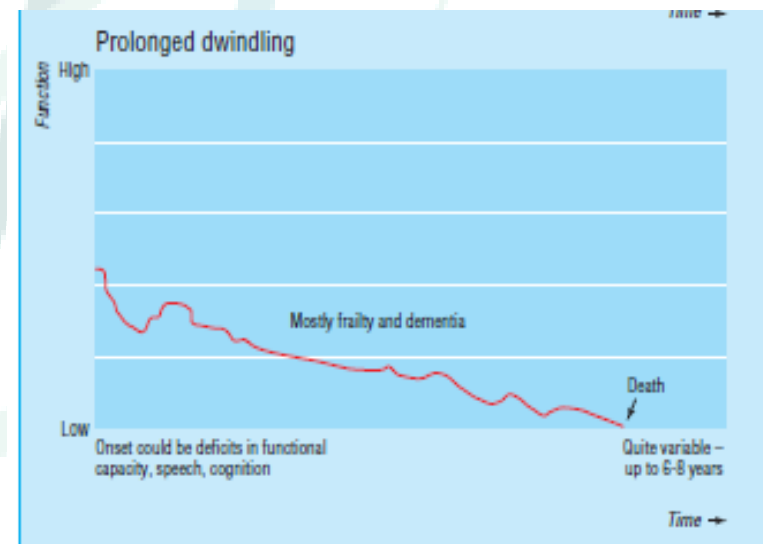
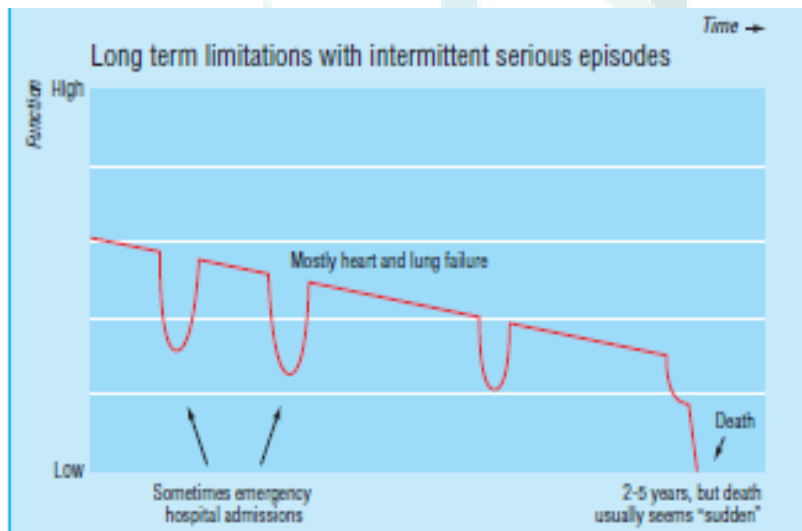
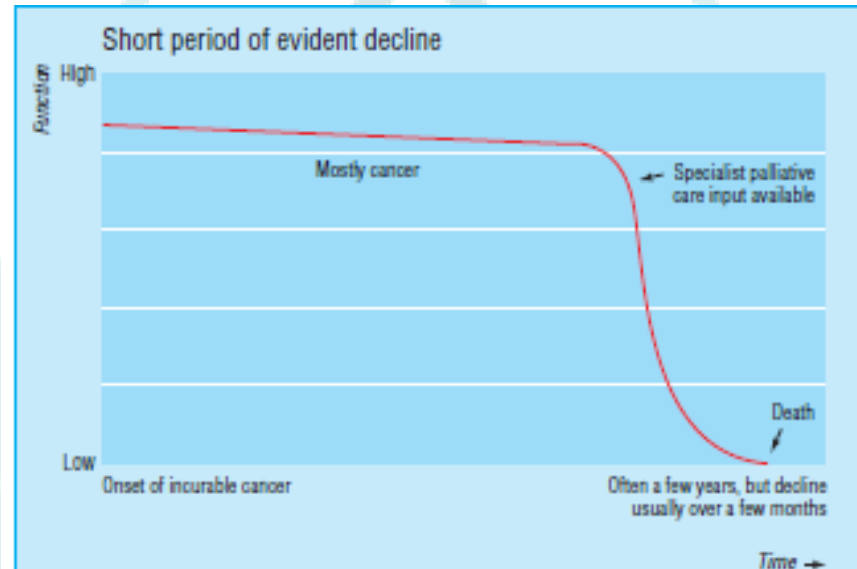
Non Malignant 45.4%

Diagnosis of 335 Non malignant referrals

Disease	%
Cardiac disease	17.9
Resp. Disease	27.2
Liver failure	3.0
Renal failure	9.6
Dementia	11.0
Other neurological	16.4
Other	14.9

# Difficulty -Disease Trajectories

Lynn & Adamson 2003



# Case History one - Chronic Obstructive Pulmonary Disease ....

Mrs GG    Age 59

- Heavy smoker from age mid 20s
- Medical history
  - Mid 2000 diagnosed COPD
  - April 2006 - 7 days - mechanical ventilation, but NFR in c/o cardiac arrest
  - April 2007 - 5 days, overdose Temazepam

Referred to Palliative Care Consultative Team  
morphine + anxiolytic commenced



# ....Case History one COPD

Year	Admissions	Home
2007	<p>Late April -1 day A&amp;E , Late May -1 day</p> <p>A&amp;E August- 5 days, exacerbation COPD</p>	<p>CPCS –D/C Oct</p> <p>Monthly OPD</p>
2008	<p>Jan- 5 days, severe hypercapnoea - BiPap only</p> <p>Sept -5 days, exacerbation COPD, lethargy</p>	<p>Declined further CPCS</p> <p>Regular OPD</p>
2009	<p>Feb. 21 days: 11 TNH + 10 IPPCS</p> <p>Very severe hypercapnoea - BiPap</p> <p>Severe emotional distress - Psychologist</p>	<p>Discharged to own home</p> <p>RDNS support</p> <p>Died there 2 weeks later</p> <p>Husband –bereavement support</p>

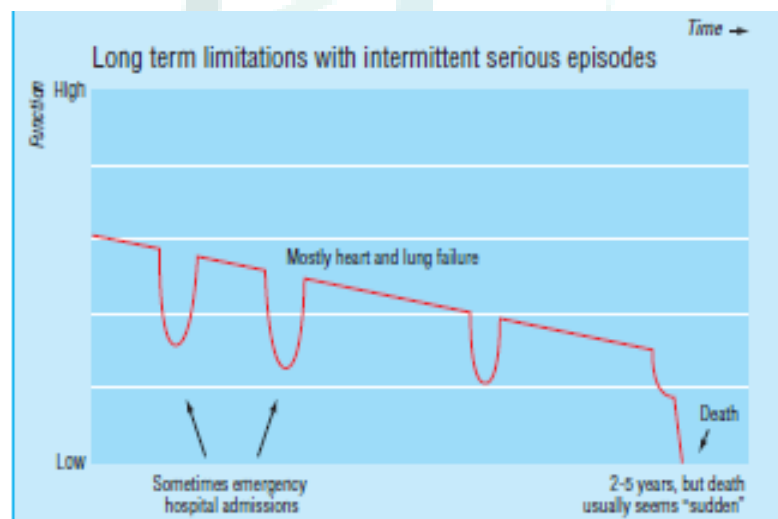
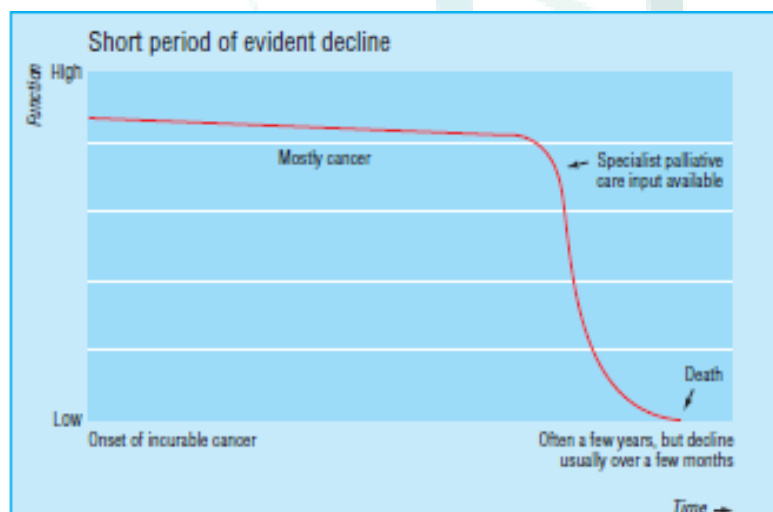


# Challenges / Opportunities from Case one

## When does Palliative Care become involved?

### Uncertainty of disease trajectory compared to malignancy

Lynn & Adamson 2003



# Challenges / Opportunities from Case One

## Long term Palliative Care

Lack of funds in  
Community & Inpatient Units

Patient / family refusal  
“ I don't want to be  
reminded that I'm dying”

Designated Palliative  
Care Outpatient Clinic

G.P. support

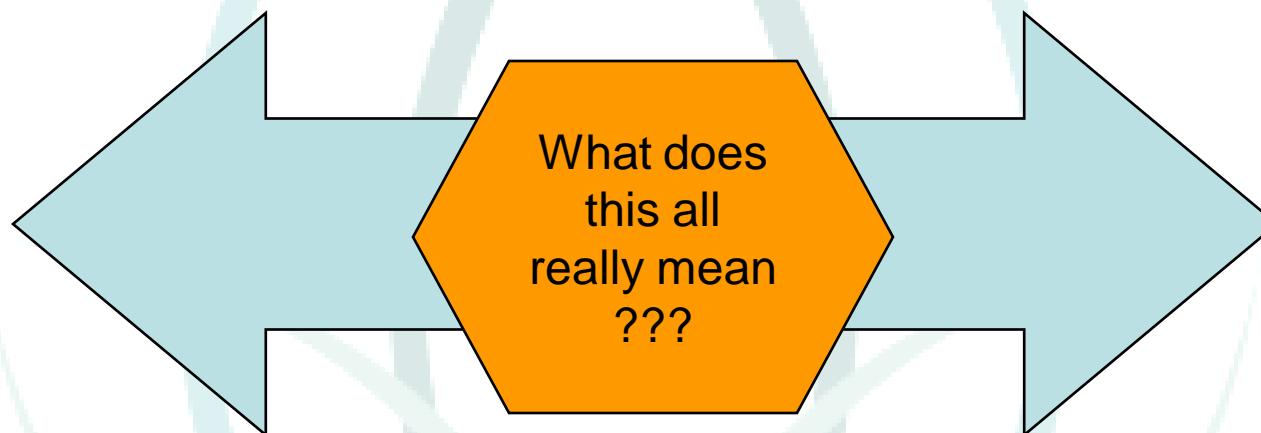
Day Hospice



# Challenges / Opportunities from Case one

Active management

Palliative care



Good communication



True understanding of terms used in "limitation of treatment" orders



Advanced Care Planning



# Challenges / Opportunities from Case one

Use of opioids in  
non malignancy

Long illness  
Psycho social issues  
Complex bereavement

Education  
Health professional

Support  
Social Work  
Pastoral care  
Psychologist



# Case History two – Peripheral Vascular Disease

- Mrs MB, aged 94 – Italian
- April 09 - admitted from RACF with lower limb ulcers, cellulitis and general deterioration.
- Past medical history
  - Dementia
  - Peripheral vascular disease
  - Congestive cardiac failure
- Overall Progress
  - Treated with IV antibiotics, special ulcer dressings
  - Doppler ultrasound confirmed extensive arterial occlusions, not suitable for surgery
  - Poor oral intake - given s/c fluids



# ...Case History two

Decision re place of continuing care after discharge

- Review by RECIPE Geriatrician

For follow up in RACF - after maximum symptom control

- Review by Palliative Care Consultancy Team

Advice re pain control - pre emptive analgesia before dressings

Agitation related to poor pain control - analgesia increased

Due to RECIPE F/U no involvement needed after discharge

- Discharged day seven



# ...Case History two

RECIPE review at RACF seven days after discharge

- Plans made:
  - Patient not comfortable - analgesia advice
  - Provision of medication for end of life care assessed
  - Oral feeding resumed-advice re type food, mouth care

Died 14 days after return to RACF



# Challenges/Opportunities from Case two

## Palliative Care in Residential Aged Care Facility

RECIPE

Residential Care Intervention  
Programme in the Elderly

PEPA

Programme Education  
in the Palliative Approach



# Conclusions

## Challenges

- Disease trajectory
- Lack of long term

Palliative Care  
services

## Approaches

- Involvement as needed
- PEPA education of health professionals
- Designated Palliative Care outpatient clinics
- Day Hospice



# Conclusions

## Challenges

- Role of active intervention
- Palliative Care management in RACF
- Psychosocial issues  
Complex bereavement

## Approaches

- Good communication
- Education
- Advanced care planning
- RECIPE
- PEPA
- Team involvement –  
Social work, Psychologist,  
Counsellor



The provision of excellent  
Palliative Care  
is always a challenge  
but the provision of  
excellent long term Palliative Care  
is even more of a challenge.

