

UT Family Medicine Residency
Palliative and End-of-Life Care
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Caring for dying patients is as much a part of family medicine as are efforts to improve patients' lives. As patients live longer, more people live with chronic health conditions, and the aging and terminally ill populations continue to grow. It is vital to ensure family physicians are appropriately trained to provide high-quality palliative and end-of-life care.

One important element of palliative and end-of-life care is allowing terminally ill patients to die with as much dignity, comfort, and control as possible. Palliative medicine is focused on improving quality of life for patients for whom a cure is not possible, available, or the primary goal. Many of the tenets intrinsic to the specialty of family medicine are important in the care of individuals at the end of life. A holistic approach to each patient's physical and psychosocial well-being, a focus on the family, continuity of care, and an emphasis on quality of life are four important principles that make the family physician uniquely suited to care for people who have terminal illnesses.

The end of life is a critical time in the physician-patient relationship. Palliative medicine may be combined with other treatments or modalities with a therapeutic goal, or it may be the complete focus, as in hospice care. A family physician providing and coordinating hospice or other team care for a dying patient can ease physical symptoms and provide social, emotional, and spiritual support to the patient and their loved ones. Appropriate instruction and experiences in palliative and end-of-life care throughout residency training will provide vital knowledge to help ease pain and suffering and will inspire family physicians to participate in an important moment of continuity of care: care at the end of life.

Palliative and End-of-Life – The Palliative and End-of-Life rotation at the UT Family Medicine Center is a two-week block rotation. During this rotation, residents will work one-on-one with Palliative care providers at a local hospital.

Supervisor(s): Dr. Bethany Lawrence

At the completion of residency training, a family medicine resident should be able to:

- i. Identify and manage a plan of care based upon a comprehensive interdisciplinary assessment of the patient's and family's expressed values, goals, and needs for palliative and end-of-life care (Patient Care, Medical Knowledge, Interpersonal and Communication Skills)
- ii. Effectively communicate a palliative care plan, as well as an end-of-life care plan, to the patient and their family (Patient Care, Medical Knowledge, Interpersonal and Communication Skills)
- iii. Identify and accept a patient's definition of quality of life, and consider how to apply this definition to the patient's care plan (Patient Care, Interpersonal and Communication Skills, Practice-based Learning and Improvement, Professionalism)
- iv. Identify the primary decision maker when the patient is unable to communicate and/or make medical decisions. Describe ethical, local, and national legal issues that may limit or be the basis of a terminally ill patient's preferences and choices. (Practice-based Learning and Improvement, Interpersonal and Communication Skills, Systems-based Practice, Professionalism)
- v. Facilitate patient autonomy and access to information while providing palliative care throughout the continuum of illness by addressing physical, emotional, social, and spiritual needs (Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism)
- vi. Recognize the signs and symptoms of a patient who is imminently dying and anticipate the patient's and family's needs (Medical Knowledge, Patient Care, Interpersonal and Communication Skills)
- vii. Demonstrate systematic recognition, assessment, and evidence-based education and management of common end-of-life symptoms, including dyspnea, hunger/thirst, anxiety, delirium, and pain. Manage these symptoms using both pharmacologic (opiate and nonopiate) and nonpharmacologic treatments and be aware of possible side effects. (Patient Care, Medical Knowledge, Practice-based Learning and Improvement)

The resident should demonstrate attitudes that encompass:

- i. Respect for the psychosocial, cultural, spiritual, and religious issues affecting terminally ill patients and their family members
- ii. Appreciation for the benefits, limitations, and appropriate use of advance directives and Physician Orders for Life-Sustaining Treatment (POLST)
- iii. Contemplation of ethical and historical contexts of palliative care and hospice care and how these may affect acceptance of end-of-life care options
- iv. Compassion for and understanding of the dying patient's need for palliative care, pain relief, control, and dignity
- v. Reverence for the bereavement process for the dying patient and family members during the continuum of illness and after death
- vi. Reflection on the special issues associated with children, either as terminally ill patients or as family members of a terminally ill patient

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

- i. Palliative and end-of-lifecare
- ii. Definition of palliative care
 - a. Appropriate at any stage in the setting of a serious illness
 - b. Can be provided concurrently with treatments with curative or life-prolonging intent
 - c. Provided over time based on needs (not prognosis)
- iii. Definition of hospice care
 - a. Appropriate at the end stages of a serious illness and/or at the end of life when a patient has approximately six months or less remaining life expectancy
 - b. Typically provided in lieu of treatments with curative or life-prolonging intent
- iv. Continuum from care with curative intent to palliative care to hospice care
- v. Mission
 - a. Improvement of quality of life by attending to physical, functional, psychological, practical, and spiritual consequences of a serious illness
 - b. Alleviation of suffering
 - c. Autonomy of the patient
 - d. Person- and family-centered care
- vi. Epidemiology
 - a. Aging population
 - b. Most common chronic illnesses and illness trajectories
 - c. Most common causes of death by age
 - d. Cost of care for terminally ill patients in various settings
 - e. Where people die
 - f. Survival rate and rates for discharge home after receiving life-sustaining treatment (cardiopulmonary resuscitation [CPR], intubation)
- vii. The eight domains of quality hospice and palliative care
 - a. Structure and processes of care
 - i. Care locations
 1. Hospital-based care
 - a. Inpatient
 - b. Intensive care unit (ICU)
 - c. Emergency department
 2. Community-based care
 - a. Outpatient
 - b. Extended care facility
 - c. Home
 - ii. Interdisciplinary team
 1. Physician
 2. Nurses

3. Caregivers
4. Pharmacists
5. Home health aides
6. Social workers
7. Chaplain
8. Volunteers
- iii. Hospice
 1. Eligibility guidelines
 2. Certification of terminal illness
 3. Services covered
 4. Barriers to use
 5. Patterns of use
 6. Time enrolled
 7. Services used
 8. Populations served
 9. Disparities
- b. Physical aspects of care
 - i. Pain
 1. Physiology
 - a. Total pain: inclusive of spiritual, physical, and existential components
 - b. Chronic
 - c. Somatic
 - d. Neuropathic
 - e. Visceral
 2. Assessment
 - a. Multidimensional
 - b. Patient expectations, goals, and concerns
 - c. Review of data
 3. Management
 - a. Opiates
 - i. Conversion of opiates using equianalgesic table
 - ii. Routes of administration
 - iii. Titration
 - iv. Rotation
 - v. Addiction, habituation, and dependence
 - vi. Management of side effects
 - b. Nonopiate and adjuvant analgesics
 - c. Complementary and alternative medicine
 - d. Nonpharmacologic pain control measures
 - ii. Nonpain symptom management
 1. Dyspnea
 2. Sleep issues
 3. Depression
 4. Anxiety
 5. Cough
 6. Seizures
 7. Fatigue
 8. Nausea and vomiting
 9. Oral secretions
 10. Constipation
 11. Anorexia and cachexia
 - a. Role of artificial feeding, intravenous fluids, and/or comfort feeding
 12. Dysphagia
 13. Delirium
 - iii. Deprescribing medications
 - iv. Prognostication

1. Surprise question
2. Karnofsky index
3. ECOG scale
4. Palliative Prognostic Score
5. Mortality risk index
6. FAST Scale
- c. Psychological and psychiatric aspects of care
 - i. Bereavement process
 1. Normal grief reaction
 2. Adjustment disorder or dysfunctional grieving process
 - ii. Clinician self-care
- d. Social aspects of care
- e. Spiritual, religious, and existential aspects of care
 - i. Spiritual assessment
- f. Cultural aspects of care
 - i. Communication
 1. Patient-centered goals
 2. Shared decision making
 3. Estimation of prognosis
 4. Empathy
 5. Barriers to communication
- g. Care of the imminently dying patient
 - i. Recognizing signs of impending death
 - ii. Palliative sedation
- h. Ethical and legal aspects of care
 - i. Patient competency
 - ii. Advance directives
 - iii. Do-not-resuscitate (DNR) orders
 - iv. Physician Orders for Life-Sustaining Treatment (POLST) forms
 - v. Durable power of attorney for health care
 - vi. Withholding and withdrawal of life support
 - vii. Pronouncement of death
 - viii. Completion of death certificate
 - ix. Physician-assisted dying

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer the following skills:

1. Perform an accurate physical assessment with attention to common findings of the terminally ill patient
2. Deliver bad news compassionately and empathetically to both individuals and families
3. Estimate and communicate prognoses and their limitations to patients and families
4. Facilitate a family meeting to elucidate goals of care and quality-of-life expectations for both the patient and caregiver(s) through expectation setting, value sharing, and identification of cross-cultural and spiritual issues that can drive decision making; understand the impact of this process on the patient and family members
5. Determine patient preferences regarding CPR and appropriately document “code status” in the medical record and physician orders
6. Compare and contrast hospice care and palliative medicine
7. Identify patients who are hospice eligible or near eligible through appropriate application of hospice and frailty guidelines
8. Comply with regulations pertaining to use of controlled substances for the terminally ill patient in and out of hospice care
9. Develop a treatment and management plan for palliative care that includes:
 1. An initial and ongoing symptom management regimen
 2. Counseling and discussion with the patient and family members about expectations, signs of change, and transitions of care points

10. Use appropriate routes of analgesia effectively
 1. Oral
 2. Intravenous
 3. Rectal
 4. Topical (e.g., creams, gels, patches)
 5. Nasal
 6. Subcutaneous
 7. Sublingual
 8. Inhaled via nebulizer
11. Refer patient and caregivers to available social services related to:
 1. Financial or social service needs
 2. Legal needs (advance directives, surrogate decision makers, end-of-life decision act)
 3. Psychological needs, including bereavement
12. Function as a contributing team member of the interdisciplinary team by understanding the roles and expectations of other team members, including social workers, chaplains, nurses, respiratory therapists, psychologists/therapists, and other physicians
13. Communicate patient and family goals regarding care plans to other members of the patient care team
14. Engage in self-care and seek support for wellness as a health care professional

Resources

American Academy of Hospice and Palliative Medicine. *Primer of Palliative Care*. 7th ed. AAHPM; 2019.

Back A, Arnold R, Tulsky J. *Mastering Communication with Seriously Ill Patients: Balancing Honesty with Empathy and Hope*. Cambridge University Press; 2009.

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Kübler-Ross E. *On Death and Dying*. Classics ed. Simon and Schuster; 2014. Lo B. *Resolving Ethical Dilemmas: A Guide for Clinicians*. 6th ed. Lippincott

Williams & Wilkins; 2019.

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McPherson ML. *Demystifying Opioid Conversion Calculations: A Guide for Effective Dosing*. 2nd ed. ASHP; 2018.

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Watson M, Campbell R, Vallath N, et al., eds. *Oxford Handbook of Palliative Care*. 3rd ed. Oxford University Press; 2019.

Website Resources

Ariadne Labs. Serious Illness Care. [www.ariadnelabs.org/areas-of-work/serious-illness- 10 care/](http://www.ariadnelabs.org/areas-of-work/serious-illness-10-care/)

Center to Advance Palliative Care. www.capc.org

Conversation Project. <https://theconversationproject.org/>

Deprescribing.org. What is Deprescribing? [https://deprescribing.org/what-is- deprescribing/](https://deprescribing.org/what-is-deprescribing/)

ePrognosis. <https://eprognosis.ucsf.edu/>

GeriPal. www.geripal.org

Go Wish. <http://gowish.org/>

Hospice by the Bay. Hospice eligibility requirements. <http://hospicebythebay.org/resources/lcd-and-physician-letter-3-15-16.pdf>

National Coalition of Hospice and Palliative Care. National Consensus Project for Quality Palliative Care (NCP). www.nationalcoalitionhpc.org/ncp

Palliative Care Network of Wisconsin (PCNOW). Fast Facts and Concepts. www.mypcnw.org/fast-facts/

www.youtube.com/watch?v=oXfXr7koz_A

VitalTalk. www.vitaltalk.org/resources

First published 07/1998

Revised 06/2003

Revised 02/2008 by North Oakland Family Residency Program

Revised/Title change 06/2011 by UCSF Fresno, Department of Family and Community Medicine Revised 06/2015 by University of California, San Francisco (UCSF) Fresno Department of Family and Community Medicine, Hospice and Palliative Medicine Fellowship

Revised 09/2020 by University of California–Davis