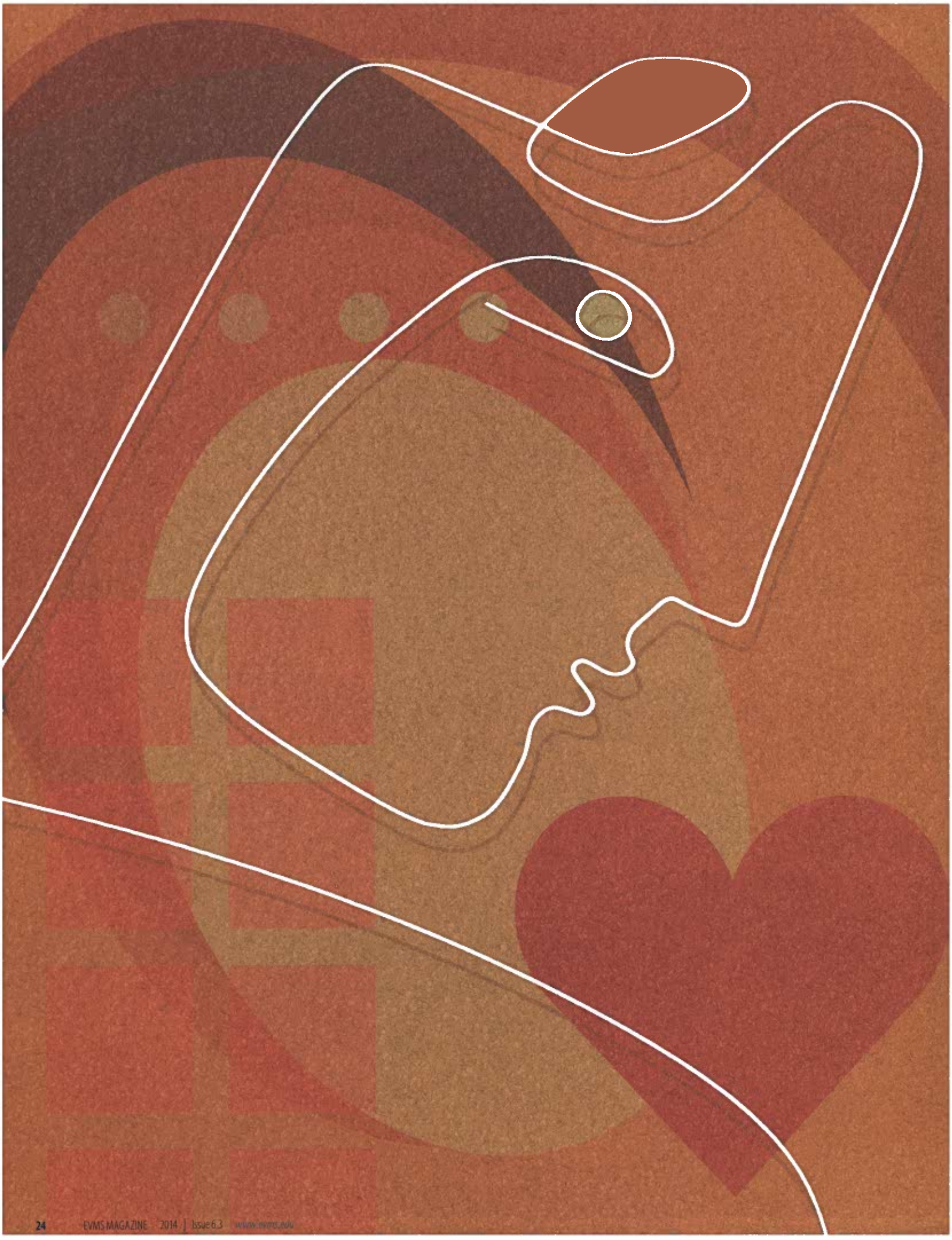


Palliative Care

Teamwork, communication & compassion provide quality-of-life care

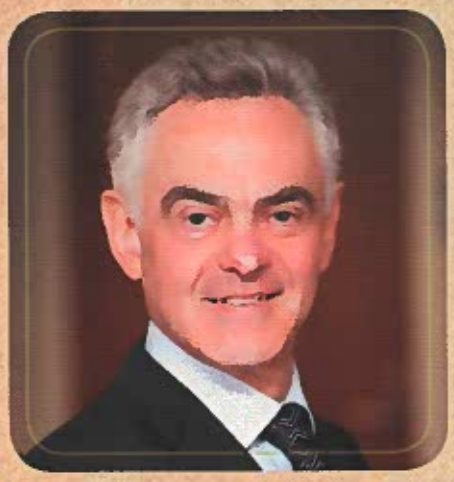
In October 2011, Pam Hanna-Hawver's father, Charles Hanna, had chronic obstructive pulmonary disease and congestive heart failure. He was working, but only so he could hold onto his health insurance. Without it, he couldn't pay for his medicine.

That was before his family talked with Marissa Galicia-Castillo, MD (MD '97, Medicine Residency '00), Associate Professor of Internal Medicine and the Sue Faulkner Scribner Distinguished Professor in Geriatrics.

"The case worker we connected with the day after talking to Dr. Galicia-Castillo helped us with paperwork that allowed Dad to qualify for free medicine," Ms. Hanna-Hawver explains. "She listened to what was important to him. Our palliative care continued with nurses helping at Dad's house and later mine, so he could be at home instead of a hospital. We even got a little help with lessening tension over fights about the TV."

Fulfilling patients' wishes about quality of life is the primary goal of palliative care whether the wish is less pain, less stress, more mobility or even more fun.

"Any patient with a progressive, chronic disease should be receiving palliative care," notes Robert Palmer, MD, Director of the EVMS Glennan Center for Geriatrics and Gerontology and the John Franklin Chair in Geriatrics. "It's about reducing suffering, controlling symptoms and focusing on quality of life. Health-care providers — whether they're part of a formal palliative service or not — should share their knowledge with patients and help the patients make treatment decisions with them. They deserve to know there are options. The point of palliative care is to have a discussion."



"It's about reducing suffering, controlling symptoms and focusing on quality of life."

— **Robert Palmer, MD**

The Glennan Center started working with Sentara Norfolk General Hospital in 2005 and has helped to steadily grow the palliative-care staff, which has doubled in eight years to eight full- and part-time employees.

"Palliative care works best with a team," says Dr. Galicia-Castillo (MD '97). "We're a team with a social worker, a nurse, nurse practitioners and myself. I see our job as one of 'slowing down the train' and 'thinking beyond' or 'in addition to' medical care. We want to work alongside curative measures."

Dr. Galicia-Castillo asks patients — often those coping with serious medical problems, including heart conditions or cancer — how to assist them. She also encourages fellow physicians and EVMS students and residents who participate in rounds to do the same. The questions include:

- Why are you in the hospital?
- What is your understanding of what is going on?
- What is the goal of your care?
- What is important to you at this stage of your life?

"We can sometimes get so fixated on this test or that treatment instead of what the patient needs," Dr. Galicia-Castillo says. "Of course, we want to fix the patient, but if there isn't a fix for every concern, we want to know what is most important to him or her. For example, a person with incurable cancer might want to be there for the birth of a grandchild."

In cases of people with untreatable or terminal conditions, palliative care medicine helps them remain as independent as possible until their conditions deteriorate to the point that hospice care is necessary.

The Glennan Center also partners with Sentara Life Care, the senior-care division of Sentara Healthcare, on a palliative-care program at Sentara Nursing Center Norfolk, a 197-bed licensed nursing facility. Deborah Morris, MD, Assistant Professor of Internal Medicine, helped develop the C.A.R.E.S. Program (Caring about Residents' Experiences and Symptoms), which brings palliative-care medicine directly to patients and their families. The team's goals include improving symptom management, increasing communication with residents and family members, and reducing hospitalizations and procedures at odds with residents' goals.

EVMS palliative-care medicine physicians provided learning opportunities for the Sentara staff to understand palliative-care medicine, and

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representatives from EVMS and Sentara developed and implemented a screening process to identify residents' palliative-care needs.

Dr. Palmer is encouraged by the programs at Sentara Norfolk General Hospital, Sentara Life Care and Sentara Medical Group, where providers are incorporating palliative-care conversations into their meetings with patients. Research shows the value of promoting palliative-care medicine to current and future physicians.

"The New England Journal of Medicine published a study four years ago. The study concluded that patients who were diagnosed with metastasized lung cancer and received a concurrent palliative-care consultation had a higher quality of life, less burdensome symptoms and lower mortality rates."

For Ms. Hanna-Hawver, palliative-care medicine was a valuable resource that helped her family during a difficult time.

"The nurses and social workers were good sounding boards for Dad, me and my teenagers," she says. "They found a way to make our wishes possible. I attribute Dad's holding on for two more years largely to the palliative care." □

Palliative Care vs. Hospice Care

According to Dr. Galicia-Castillo, palliative-care medicine provides the whole spectrum of care for patients diagnosed with a serious illness. This can mean pain and symptom control, communication and coordination and emotional support for both the patients and their families or caregivers. Palliative-care medicine can begin at any age and at any stage of the diagnosis. In palliative-care medicine, the treatments are not limited and range from conservative to aggressive and can be concurrent with curative measures.

Meanwhile, hospice care, which is a subgroup of palliative-care medicine, is used when two physicians would not be surprised if death occurred in the next six months. Hospice-care treatments are more limited. The goal is not to cure but instead focus on the patient's comfort.

In Hampton Roads, hospice care is carried out by different agencies, Dr. Galicia-Castillo says, and is usually done in the patient's home, the home of a caregiver, in a nursing home or assisted-living facility. Palliative-care medicine is currently only offered in a hospital setting in this area, she says. □