Dealing with the transition from active treatment to palliative care alone

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Faculty Disclosure

X	No, nothing to disclose
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Four elements of the 'transition to palliative care'

- diagnosis of advanced, incurable disease
- treatment with palliative intent
- end of anti-cancer treatment
- referral to palliative care.

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Why is this conversation avoided?

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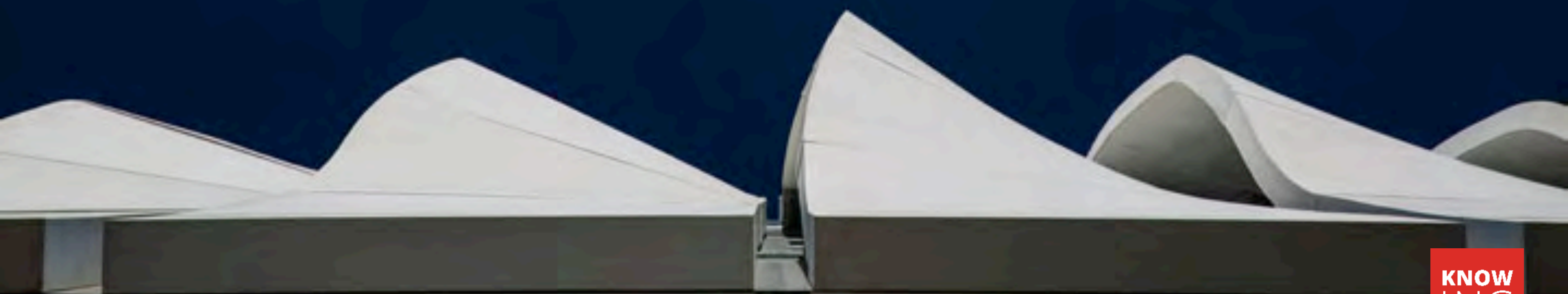
Discussing the transition to palliative care with cancer patients, their family and friends



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Palliative Medicine 2006; **20:** 397–406

'Would you like to talk about your future treatment options?' discussing the transition from curative cancer treatment to palliative care

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Palliative care focuses on improving quality of life for patients with life-threatening illness and their families. There comes a time when actively pursuing aggressive curative treatment may do more harm than good. The cessation of curative treatment is often viewed as a distinct event; however, current practice guidelines suggest that a palliative approach should be gradually adopted as the disease progresses. The challenge is how to facilitate a sensitive transition from curative to palliative care. On the basis of an extensive literature review, recommended steps for facilitating this transition have been outlined. The recommendations cover: the timing of the discussion; preparing for this discussion;

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Prior to discussion

- Review all information
- Consider setting
- Offer tape-recording
- Invite kin

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Opening Discussion

- Elicit the person's understanding of their situation
- Ask open questions with psychological/ existential focus

  "What are your hopes, expectations and fears about the future?"

- Assess information preferences

  "Some people like a lot of information; others like less. At this point in time, how much do you prefer?"

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Acknowledgement of cultural and linguistic diversity

- Be aware of attitudes and information needs of different cultural groups

  “I understand different cultures deal with illness in different ways, can you help me understand your cultural approach in these circumstances?”

- Individuals can step outside their cultural circle

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Provide information

- Provide information simply and honestly
- Use lay terms
- Information may include: disease progression, treatment effectiveness, prognosis, symptom management
- Three pathways:
    1. Diagnosis of advanced disease and treatment with palliative intent
    2. End of anti-cancer treatment
    3. Referring to palliative services

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2. End of anti-cancer treatment

- Sensitively convey that no curative treatment exists or their disease is no longer responding to treatment

    "Unfortunately, more of this treatment may do more harm than good"

- Work from assumption:

    "There is always things we can do to help you cope with your illness"

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2. End of anti-cancer treatment

- Provide realistic reassurance and hopes for the future

  “Now that your cancer has progressed, it’s important to consider what you can hope for, besides a cure. My aim is to help you live as comfortably and normally as possible. What do you hope for?”

- If a person continues to ask for curative treatment, respond to their emotions.

  “I can see you’re upset, can you tell me more about how you are feeling?”

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3. Referring to palliative services

- Use the term 'palliative care' explicitly
- Correct patient misperceptions of the term

  "What do you understand by 'palliative care'?"

  "Might it be useful for you if I explained what palliative care is really all about?"

- Provide information about palliative care relevant to their situation; and encouraged shared-decision making.

  "Given the current situation, our option are: 1 . . .; 2 . . . ; 3. . . Which option do you think is best for you?"

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3. Referring to palliative services

- Positively promote the holistic nature

  "The aim of palliative care is to ensure that at all stages of illness you are kept as comfortable as possible"

- Refer to palliative care services as part of the multidisciplinary team

  "I work closely with the palliative care team in looking after patients like yourself."

- State that you will not abandon the patient

  "I will still be your main doctor and the palliative care treatment team will provide expert advice on symptom control "

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Respond to emotional reactions

- Allow expression of feelings and normalise

  “It’s understandable that you are angry after all that’s happened”

- Express empathy and listen actively

  ”You’ve had a really rough time”

  “It sounds like you feel really disappointed because the chemotherapy hasn’t been working as we’d hoped”

- Wait until tears or emotional reaction subsides before moving on

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Address carer concerns

- Family members and other carers will need to be informed especially caregiver burden

  “As you have been providing <the patient> with the support at home, what are your questions and needs?”

- Ask about children’s need and provide assistance as appropriate

  “What about the kids, do you need help in talking to them about what’s happening with you?”

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Concluding the discussion

- Summarise main points and check understanding
- Provide a summary and other patient information
- Check for the need for other referrals
- Ask if there is anything else the patient or family wants to ask or discuss

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After discussion

- Let other team members know about the discussion and your perceptions of it
- Document discussion in medical records

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