Palliative Care in Navajo Area

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Objectives

- Review the philosophy of Palliative Care and how the discipline benefits patients.
- Review the development of Palliative Care resources across Navajo Area and the current state of programs.
- Gain an understanding of the Pain and Palliative Care Program at Gallup Indian Medical Center.
- Discuss strategies to improve advance care planning discussions with Navajo patients.
Nothing to disclose!
The Nature of Suffering

“The relief of suffering and the cure of disease must be seen as twin obligations of a medical profession that is truly dedicated to the care of the sick. Failure to understand the nature of suffering can result in medical intervention that (though technically adequate) not only fails to relieve suffering but becomes a source of suffering itself.”

-Eric J Cassell
Palliative care, also known as palliative medicine, is specialized medical care for people living with serious illnesses. It is focused on providing patients with relief from the symptoms and stress of a serious illness—whatever the diagnosis. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a team of doctors, nurses, and other specialists who work with a patient's other doctors to provide an extra layer of support. Palliative care is appropriate at any age and at any stage in a serious illness, and can be provided together with curative treatment.

- Center to Advance Palliative Care
“Old Model”

“Nothing more we can do”

Curative care

Time

% Focus

100

0

Terminal phase

Death
"New model"

Curative care 0 - 100% focus on treatment, with "Best care possible" available throughout time.

Palliative care 0 - terminal phase, focusing on comfort and quality of life.

Bereavement post-death, providing support and care for grief.

"New model" integrates curative and palliative care, emphasizing the importance of early focus on palliative care in the terminal phase.
Benefits of Palliative Care

- Improves quality of life in patients with serious illness as well as caregivers.
  Dionne-Odom et al

- There is evidence that suggests patients may live longer.
  Temel et al

- Decreases utilization of health care resources and cost of care.
  Morrison et al
Differences in Disease Between AI/AN and General Population

- Overall improvement in Life expectancy over the last 30 years of 15%.
- Increased rates of chronic illnesses with heart disease and cancer being the top two causes of mortality.
- Mortality rates compared to general population:
  - Alcohol related: 520% higher
  - Chronic liver disease/cirrhosis: 368% higher
  - Diabetes Mellitus: 177% higher
  - Motor Vehicle Crashes: 207% higher

Trends in Indian Health 2014 Edition
Geriatrics and Palliative Care Program at Gallup Indian Medical Center

- Initiative Started
- All Volunteer Consultation Service Began
- Consultation Levels Begin To Reach Steady State
- Consultants working well into evening hours
- Consultant's transition to part-time Palliative Care
- Outpatient Pain and Palliative Care Clinic Started
- Geriatrician Joins the Practice

Why Start the Outpatient Clinic?

Curative care

Missed Opportunity

Palliative care

Minimal Home Health/Hospice

Minimal Bereavement Services

time

terminal phase

death

% focus

100
Where we want to be

Curative care

Palliative care

0
time

% focus

100

death

termal phase

bereavement
Strategies to improve advance care planning discussions with Navajo and Zuni Patients.
Can end of life discussions even occur?

Yes!
Can end of life discussions even occur?

- Discussions with our Office of Native Medicine
- Experience of providers across IHS and other facilities
- Experience with our patients
- Experience from our colleagues at academic programs

Marr et al
Advice from Navajo Cancer Survivors and Caregivers of Cancer Patients

- Above all else, show empathy.
- Be sensitive about our culture and beliefs.
- Give us time to absorb information.
- Utilize interpreters.
- Ask us what we want to know.
- Do not take away hope.

COPE Cancer Coalition Meeting 10/27/16
Strategies to improve advance care planning discussions

- Offer qualified translators, even if the patient/family speaks English.
- Explain to the patient/family who you are and why you are there.
- Have a clear understanding of the patient’s cultural beliefs.
- Ask how the patient or family wishes to receive information.
- Be prepared to explain the clinical status several times.
- Be prepared for a larger locus of decision making.
- Speak in the third person to avoid the impression of wishing misfortune on the patient.
- Always express hope.
- Schedule family meetings when it works best for the family.
- Offer consultation with traditional healers, clergy.
- Allow time for decisions to be made.
- Discuss whether it is okay to die at home.

Marr et al
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Offer consultation with traditional healers, clergy.
Allow time for decisions to be made.
Determine whether it is okay for the patient to die at home.
Summary

- Palliative Care can provide tremendous comfort and improve quality of life for our Navajo and Zuni Patients.
- Palliative care services are expanding across Navajo Area and Zuni Land.
- It is possible to have end-of-life discussions with Navajo and Zuni patients.
- As with all patients, discussions surrounding death and dying must be done with respect and empathy.
- There are techniques that can be utilized to facilitate end-of-life discussions for our Navajo and Zuni patients.


Indian Health Service Fact Sheets: Disparities
https://www.ihs.gov/newsroom/factsheets/disparities/

Indian Health Service Fact Sheets: Year 2016 Profile.
https://www.ihs.gov/newsroom/factsheets/ihsyear2016profile/