Concept: Palliative Care Consult

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Case Scenario: A 64-year-old woman with recently diagnosed metastatic pancreatic cancer is experiencing intractable pain. You are consulted for celiac plexus neurolysis and want to connect her with the palliative care team to ensure her pain is controlled and her goals of care are met.

Key Features of Palliative Care:

- *Palliative care is not end-of-life care*. According to the Center to Advance Palliative Care (CAPC):

> Palliative care is specialized medical care for people with serious illness. This type of care is focused on providing patients with relief from the symptoms, pain, 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 appropriate at any age and at any stage of a serious illness, and it can be provided together with curative treatment.[1]

- A number of randomized controlled trials have demonstrated benefits of early palliative care in symptom management, quality of life, prognostic understanding, improvement in mood, and *survival* for patients with advanced cancer[2-9]

- Palliative care specialists offer unique benefits to patients that are distinct from basic palliative care provided by primary treatment teams such as oncologists[8,10]

- Palliative care may become the sole focus of health care when patients are at the end of life (i.e. hospice), but in the majority of cases serves as a valuable adjunct to traditional care for people hoping to live as long and as well as possible

When to Get a Palliative Care Consult:

- Palliative care consults should be considered in patients with potentially life-limiting or life-threatening conditions (i.e. serious illness)

- The American Society of Clinical Oncology recommends that patients with advanced cancer receive *concurrent* palliative and oncologic care, right from the time of diagnosis[11]

- According to the CAPC, primary criteria for obtaining a consult on admission include[12]:

- The "surprise question": *You would not be surprised if the patient died within 12 months or before adulthood*
- Multiple recent hospitalizations for the same condition
- Admission prompted by poor control of physical or psychological symptoms
- Complex care requirements:
    - Functional dependency
    - Complex home support for ventilator/antibiotics/feedings
- Decline in function
- Feeding intolerance, unintended decline in weight

- Secondary criteria include:

- Admission from a long-term acute care (LTAC) facility
- Metastatic or locally advanced incurable cancer
- Elderly patient, cognitively impaired, with acute hip fracture
- Chronic home oxygen use
- Out-of-hospital cardiac arrest
- Current or past hospice program enrollee
- Limited social support
- No history of completing an advanced care planning discussion/document

- Consultation for certain procedures may prompt IR to seek palliative care services. Common scenarios include:

- Biliary interventions in patients with malignant biliary obstruction
- Percutaneous nephrostomy tube placement for malignant urinary tract obstruction
- Refractory ascites in cirrhotic patients not eligible for transplant
- Paracentesis for malignant ascites or thoracentesis for malignant pleural effusions
- Gastrostomy or gastrojejunostomy tube placement in patients with short life expectancy
- Transarterial interventions for BCLC Stage B/C or metastatic cancer to the liver
- Endovenous therapy for treatment of malignancy-related vascular thromboses[13]
- Neurolysis for chronic pain
- Radiofrequency ablation for bony metastasis

How to Broach the Topic with Family:

- A large majority (~70%) of people have no knowledge of palliative care; however, when patients learn about palliative care, they almost universally want it for themselves and their families[1]

- In introducing palliative care, define it as care to maximize quality of life (and avoid defining it by what it is not)

- Highlight the overarching goals of palliative care: **to improve quality of life and help the patient and family cope with serious illness**[14]

- Emphasize that receiving palliative care does not interfere with curative therapies and is not analogous to "throwing in the towel"—the best care is a combination of disease-directed treatment and care directed at quality of life

- Explain that a second team of doctors and health care professionals will provide an extra layer of support

- Care can be delivered in an inpatient, outpatient, or home setting

- Reinforce that Medicare and Medicaid provide coverage for palliative care

Summary Points about Getting a Palliative Care Consult:

- Palliative care consults are a useful adjunct to the baseline pain and symptom control provided by the primary clinician

- Consultation is appropriate following many common interventional radiology procedures

- Interventional radiologists can help bridge the gap in delivery of palliative care for patients who elude the first line of defense in the emergency department

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