# Chapter 1
# Palliative Care

**May Hua**
*Columbia University, USA*

## ABSTRACT

*Palliative care is a specialty of medicine that focuses on improving quality of life for patients with serious illness and their families. As the limitations of intensive care and the long-term sequelae of critical illness continue to be delimited, the role of palliative care for patients that are unable to achieve their original goals of care, as well as for survivors of critical illness, is changing and expanding. The purpose of this chapter is to introduce readers to the specialty of palliative care and its potential benefits for critically ill patients, and to present some of the issues related to the delivery of palliative care in surgical units.*

## INTRODUCTION

When patients are admitted to the intensive care unit (ICU), the goal of care is most often to rescue and to cure. While this is achievable for the majority of patients, 9% of patients die during their hospitalization (Lilly, 2011). For these patients, the goals of care need to be transitioned, an undertaking that requires the patient, family and all participating members of the care team to agree to these changes. Because of this, the provision of end-of-life care in the ICU is often inadequate, with multiple barriers arising from the patient and family, clinicians and institutional factors (Nelson, 2006b). While patients that die in the ICU have obvious palliative care needs, there is increasing evidence delineating the long-term outcomes of critical illness, with survivors of critical illness being at risk for increased morbidity and mortality and debilitating symptomatology (Herridge; Hofhuis, 2008; Pandharipande, 2013; Wunsch, 2014; Wunsch, 2010). As it becomes clearer that both ICU patients and survivors of critical illness are at risk of having significant symptoms and poor outcomes, it becomes increasingly pressing to determine how to provide the requisite care to meet these needs.

The use of palliative care is one approach that is being advocated to address these concerns. This chapter reviews what palliative care is, evidence for the benefit of palliative care in the ICU setting, models for delivering palliative care in the ICU, barriers to implementing palliative care, particular challenges related to the setting of surgical critical care and discusses future directions for improving the delivery of palliative care and end-of-life care to the surgical patient.

DOI: 10.4018/978-1-5225-0549-5.ch001

## I. WHAT IS PALLIATIVE CARE?

Traditionally, the goal of medicine has been to cure disease. Hospice and palliative medicine differ in that the goal is to improve quality of life. Palliative care is defined by the World Health Organization as "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual." As a specialty, palliative care arose out of the hospice movement. Hospice is a model of care for patients with limited life expectancy that focuses on palliation and symptom management, and often requires patients to forego curative therapies. Hospice is most often provided in a patient's home, but can also be provided in hospice inpatient facilities. Unlike hospice, palliative care is appropriate for patients with serious illness at any time in the course of their disease, does not require patients to give up curative treatments, and can be provided in conjunction with other aggressive therapies.

Because the goal of palliative care is to improve quality of life and relieve suffering and stress associated with having a serious illness, the delivery of palliative care may involve many different domains that are utilized based on an individual's specific needs. The use of palliative care addresses various needs for critically ill patients and their families including: 1) symptom management (e.g. pain, nausea, fatigue, thirst, depression, anxiety, existential distress), 2) conflict resolution (conflict between family members, or between the family and the medical team), 3) spiritual support, and 4) complex decision-making regarding goals of care. In the ICU, the role of palliative care has traditionally been as a part of delivering end-of-life care for patients who die in the ICU. However, there is an expanding role for palliative care in the management of patients who may survive their illness but are at risk for having significant symptomatology, such as patients with chronic critical illness.

### A. Models for Delivering Palliative Care in the ICU

The two models of delivering palliative care in the ICU are the integrative and consultative models. With the integrative approach, principles of palliative care are woven into routine care, and palliative care is delivered by the primary team, whereas with the consultative approach, palliative care is provided by a specialized palliative care consultation team. These models can co-exist, and reflect the distinction between generalist and specialist palliative care (Quill, 2013). Generalist palliative care is delivered by primary providers, and includes basic pain and symptom management, as well as basic discussions regarding prognosis and goals of care. Specialized palliative care may be required for refractory pain and symptom management, conflict resolution and complex decision-making (Quill, 2013). Each model has its benefits and drawbacks, and which model is optimal likely depends on the characteristics of an individual ICU. Benefits of the integrative model are that there does not need to be additional staffing in order to deliver palliative care, there is less fragmentation of care, and it may decrease conflict associated with having another consulting team. With the consultative model, there is less variability in clinicians' education and their palliative care skill set, and in situations of conflict resolution, the introduction of an impartial party may be helpful. There is a greater body of evidence demonstrating the benefits of specialized palliative care, as a systematic review of communication interventions showed that a consultative approach had better outcomes than an integrative approach (Scheunemann, 2011). However, there is an existing workforce shortage of palliative care physicians (Lupu, 2010), and estimates of the need for