**MODULE IV: END-OF-LIFE CARE & CONSIDERATIONS**

**Summary**

Our fourth (and final) learning module was developed in response to the unexpected passing of two navigated patients. The “End-of-Life Care Considerations” module is designed to introduce students to the principles of palliative care and hospice – mindful that MS1, MS2, GSN, and pharmacy students do not always receive formal education in end-of-life care.

Hospice is an interdisciplinary treatment model for patients with an estimated life expectancy of six months or less. Rather than the curing of disease, the primary goal of hospice is **aggressive symptom management** – adherent to a patient’s goals of care, with an emphasis on quality of life and alleviation of physical and emotional stress (patient, caregivers).

A Medicare benefit, hospice affords services to patients for which they would otherwise not be eligible, e.g., medical supplies, emotional/spiritual counseling, and bereavement support following a patient’s death. Hospice truly models an interdisciplinary approach to patient care, with a physician overseeing the care plan, but with interdisciplinary staff providing much of the hands-on care, including social and emotional support.

Surveys have shown that 98% of families whose loved one enrolled in hospice would recommend hospice care to others. Yet, despite such high satisfaction rates, hospice is still underutilized. Despite the six month benefit, the median length of hospice care is only **21-26 days** – with ~1/3 of patients referred in the last week of their life. We will begin to further explore these concepts and some of the barriers to hospice enrollment – and consider how to most effectively communicate with patients and their families about hospice care.

**Part 1**
An 86-Year-Old Woman With Cardiac Cachexia Contemplating the End of Her Life
Kutner
http://jama.ama-assn.org/content/303/4/349.full.pdf+html

**Part 2**
Understanding Hospice – An Underutilized Option for Life’s Final Chapter
Gazelle

**Part 3**
On Breaking Bad News and Speaking of Death
Cukor

**Part 4**
In the Clinic: Palliative Care
Swetz
http://www.annals.org/content/156/3/ITC2-1.full.pdf+html

**Part 5**
A Geriatrics and Palliative Care Blog
Smith & Widera
http://www.geripal.org
On Twitter: @GeriPalBlog
MODULE IV: END-OF-LIFE CARE & CONSIDERATIONS: MEDICAL, NURSING, PHARMACY, AND INTERPROFESSIONAL COMPETENCIES

AAMC & JOHN A. HARTFORD FOUNDATION GERIATRIC COMPETENCIES FOR MEDICAL STUDENTS

Health Care Planning and Promotion: Define and differentiate among types of code status, health care proxies, and advance directives in the state where one is training.

Palliative Care: Assess and provide initial management of pain and key non-pain symptoms based on patient’s goals of care.

Palliative Care: Identify the psychological, social, and spiritual needs of patients with advanced illness and their family members, and link these identified needs with the appropriate interdisciplinary team members.

Palliative Care: Present palliative care (including hospice) as a positive, active treatment option for a patient with advanced disease.

AACN & JOHN A. HARTFORD FOUNDATION ADULT-GERONTOLOGY PRIMARY CARE NURSE PRACTITIONER COMPETENCIES

Management of Patient Health/Illness: Assesses the adequacy of and/or need to establish an advance care plan.

Management of Patient Health/Illness: Assesses the appropriateness of implementing the advance care plan.

Management of Patient Health/Illness: Plans and orders palliative care and end of life care as appropriate.

ASCP GERIATRIC PHARMACY CURRICULUM GUIDE COMPETENCIES

Continuum of Care: Describe advanced directives, the role of power of attorney, and living wills.

End of Life Care: Define the philosophy and processes of hospice/palliative care.

End of Life Care: Identify and demonstrate the ability to discuss end of life issues as they relate to medication appropriateness.

CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE

RR4: Explain the roles and responsibilities of other care providers and how the team works together to provide care.

CC8: Communicate consistently the importance of teamwork in patient-centered and community-focused care.

TT4: Integrate the knowledge and experience of other professions – appropriate to the specific care situation – in shared patient-centered problem-solving.
MODULE IV: END-OF-LIFE CARE & CONSIDERATIONS: GUIDING QUESTIONS

☑️ Has anyone had a personal experience with hospice that they would be willing to share?

☑️ What is the difference between palliative care and hospice?

☑️ What do you think are some of the most common barriers (on the part of patients, families, and physicians) for hospice enrollment? Why are so many patients only referred to hospice in the last week of their lives?

☑️ How can you effectively communicate with patients and their families about hospice?

☑️ What are some non-cancer diagnoses which qualify patients for hospice?

☑️ What are some symptoms that a patient might experience at the end of their life besides pain?

☑️ What are advances directives? Are you familiar with the MOLST? (http://www.molst-ma.org/)

☑️ Who are the interdisciplinary members that constitute a hospice team? What are their individual roles in providing care