Palliative Care

Dr Michael J. Bouhadana MDCM, CCFP (PC)
Palliative Care consultant,
Jewish General Hospital, Montreal

Quebec's Bill 52
Law concerning End of Life Care

- Adopted JUNE 5 2014 - 94 vs 22
- FEBRUARY 2015: Supreme Court says YES to medical aid in dying
  - Invalidates the article in the criminal code prohibiting MD's to assist someone in terminating their life
  - « It is contradictory to the Canadian Charter of rights and liberties, and therefore inconstitutional to totally prohibit medical aid in dying »
- Application DECEMBER 10 2015

Bill 52

Consists of 2 facets:

- End of Life care:
- The right and the organisation of
  - **Palliative care**, includes palliative sedation
  - Access to well adapted quality care
  - Prevention and relief of suffering
  - **Medical aid in dying**.

- Advance Directives in case of incapacity

Medical Aid in Dying

- Possibility of a new additional option to those for whom all therapeutic options, curative and/or palliative, have been deemed non-satisfactory
- And for whom dying would be preferable to the continued suffering.
- Provide for an Exceptional Intervention
  - Administration of medicaments **by a physician**
  - **At the request** of a patient at the end of life
  - Goal to relieve his/her suffering **by provoking his/her death**.

Other Conditions of the Law

- Healthcare facilities must offer the service.
- The law stipulates that the HC facility must find physicians willing and ready to administer it.
- On the other hand

Physicians and pharmacists have a right to desist themselves

- Collège des médecins du Québec:
  - Publication of a guide
  - Can't state « M.A.D. » on death certificate

Palliative Care

- The original drafts of the law wanted M.A.D. to be part of the mandate of palliative care as an extension of the care being provided... HOWEVER...

- «*L'euthanasie n'est pas un soin et encore moins un soin palliatif. Ça ne fait pas partie de notre mandat*»
  - Dr Michel L'Heureux, directeur général de la maison Michel-Sarrazin de Québec.

Soins Palliatifs vs Euthanasie

- **La Presse - 02 septembre 2015**
- **Aide médicale à mourir:**
  - ***«Ça ne se fera pas dans nos murs»***
- « *Alors que la Loi sur les soins de fin de vie entrera en vigueur en décembre, 29 maisons de soins palliatifs du Québec refuseront d'administrer l'aide médicale à mourir. Dans l'Est comme ailleurs, elles considèrent que l'aide à mourir entre en conflit avec leur mission* »

The "NEW" Palliative Care?

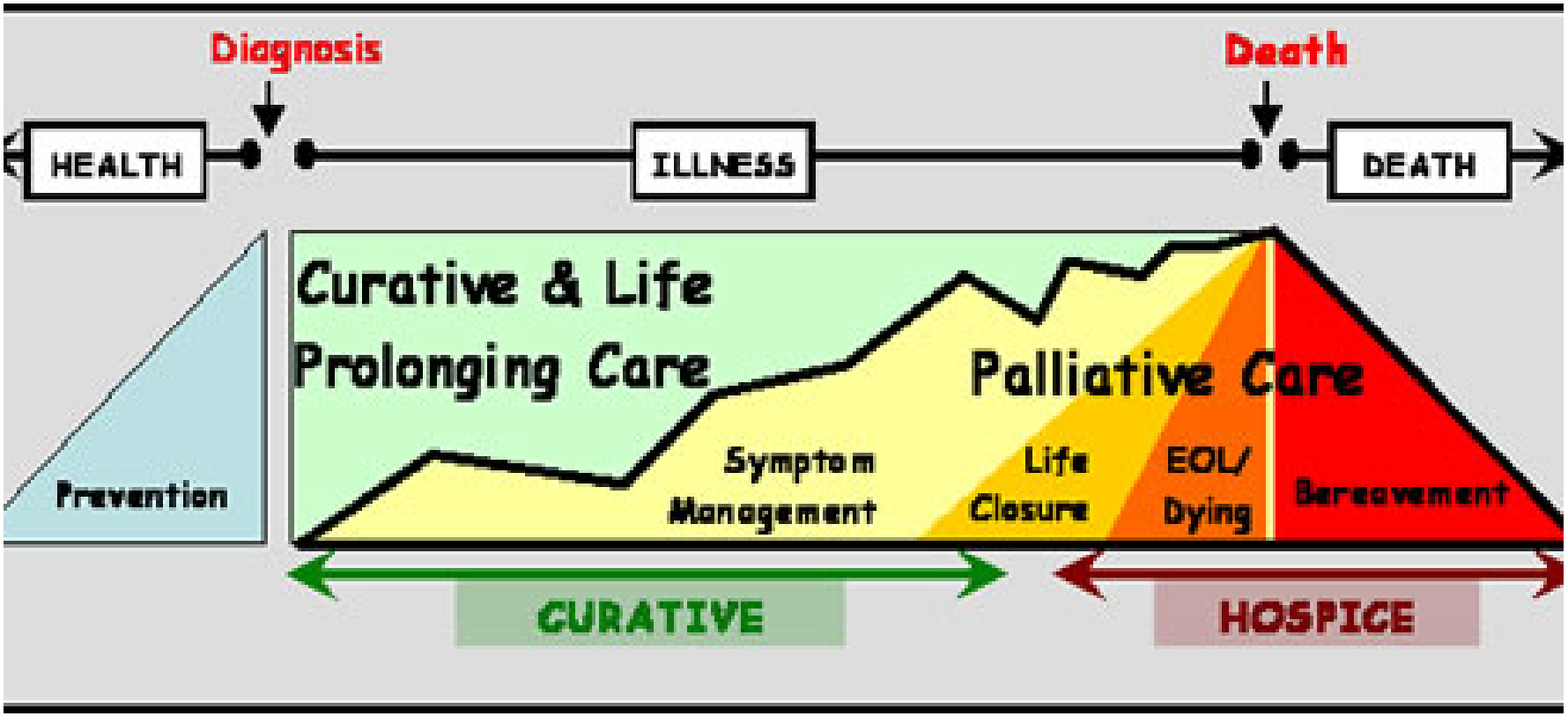
Doctor-assisted Death

But Really…

Palliative Care

- Care provided to people affected by a disease that limit their life expectancy.
- GOAL: for patients and their relatives
  - Obtain the best **quality of life** possible
  - Offer necessary support, compassion and accompaniement without hastening nor postponing death.
- Most of the aspects of palliative care can also be offered earlier in the course of a disease as a complement to curative treatments.

Continuum of Care



Palliative care – About Life

- **"Early Palliative Care for Patients with Metastatic Non-Small Cell Lung Cancer".** N Engl J Med 2010; 363: 733-42 by Temel et al
- Patients assigned to early palliative care had a **better quality of life** than those assigned to standard care
- Fewer patients in the palliative care group than in the standard care group had depressive symptoms (16% vs. 38%)
- Median **survival was longer** among patients receiving early palliative care (11.6 months vs. 8.9 months, P = 0.02).
- "The correct use of morphine is more likely to prolong a patient's life…because he/she is more rested and pain-free" Twycross RG

Palliative Care

- Supports the **value of life** and considers death as a natural process
- Relieves pain and other symptoms respecting the **dignity** of each individual
- **Integrates** psychological, sociocultural and spiritual or religious aspects of care
- Offers a support system to allow patients to **function and to live** as actively as possible until the end
- Encourages **Home care**
- Offers a system supporting and assisting **family members** to cope with the patient's illness and the bereavement period.

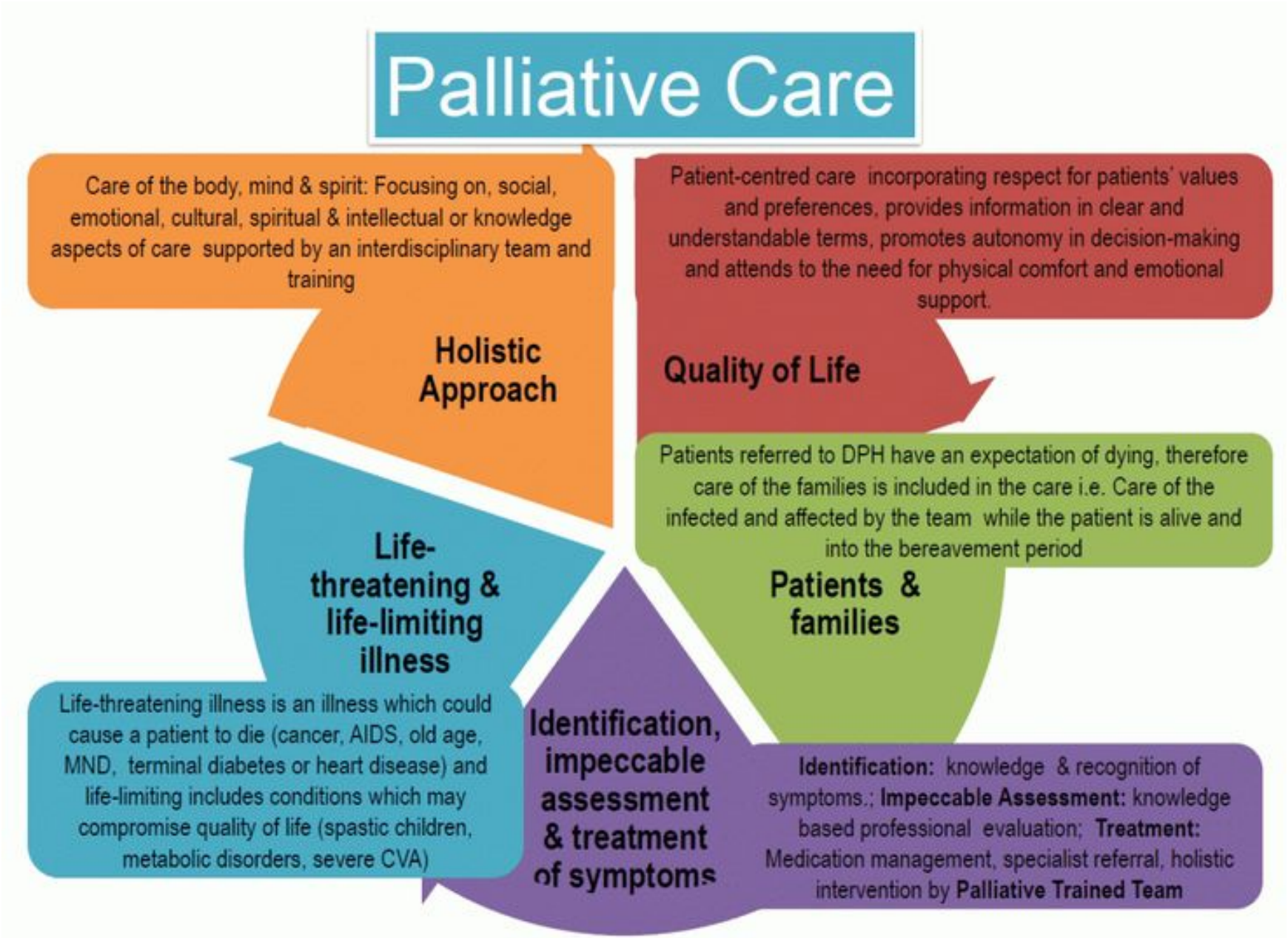

Palliative Care
Care of the body, mind & spirit: Focusing on, social, emotional, cultural, spiritual & intellectual or knowledge aspects of care supported by an interdisciplinary team and training
Holistic Approach
Patient-centred care incorporating respect for patients' values and preferences, provides information in clear and understandable terms, promotes autonomy in decision-making and attends to the need for physical comfort and emotional support.
Quality of Life
Patients referred to DPH have an expectation of dying, therefore care of the families is included in the care i.e. Care of the infected and affected by the team while the patient is alive and into the bereavement period
Patients & families
Life-threatening & life-limiting illness
Life-threatening illness is an illness which could cause a patient to die (cancer, AIDS, old age, MND, terminal diabetes or heart disease) and life-limiting includes conditions which may compromise quality of life (spastic children, metabolic disorders, severe CVA)
Identification, impeccable assessment & treatment of symptoms
Identification: knowledge & recognition of symptoms.; Impeccable Assessment: knowledge based professional evaluation; Treatment: Medication management, specialist referral, holistic intervention by Palliative Trained Team

Table. Palliative care myths and realities.

Myth	Reality
Opioids shorten life.	There is no evidence that opioids shorten life when dosed appropriately and titrated to control symptoms. In fact, multiple large studies have shown no relationship between opioid dose or dose escalation and time to death. Also, research confirms that appropriate doses of opioids do not cause respiratory depression in patients with dyspnea due to advanced disease.
Patients with a history of addiction should not be prescribed opioids in the palliative care setting.	Physicians have a moral obligation to treat pain in all patients, including those with addiction. Opioids are often necessary and should not be withheld, even though management may be more complex and involve closer monitoring, interdisciplinary involvement, and tighter control of drug dispensing.
Palliative care is only for patients who are at the end of life and have not responded to disease-modifying therapy.	It is appropriate to pursue a palliative approach to care whenever disease or its treatment begins to have a significant impact on quality of life, quantity of life, or both. Physicians with palliative care skills can help patients from the time an incurable illness is diagnosed (e.g., by communicating to increase prognostic awareness) and continuing through the illness trajectory (e.g., by discussing advance care planning).
Palliative care should be provided only when patients meet the criteria for palliative care billing incentives or qualify for the BC Palliative Care Benefits program (< 6 months prognosis).	Palliative care skills and knowledge can benefit patients early in the illness trajectory, as described above.
Choosing palliative care means giving up hope.	Even when hope for a cure is no longer possible, palliative care allows patients to hope to live as well as they can and for as long as they can.
When symptoms are difficult to manage, sedation until end of life is the only option.	Specialist palliative care opinion should be sought in this situation. Experts are available in all health authorities and can be contacted by physicians located outside major centres. Also, physicians can call the toll-free BC Physician Palliative Care Consultation Line.

Access to Palliative Care

- Shockingly only 16% to 30% of Canadians (depending on where they live) have access to hospice/palliative care services.
- It was expected that 75,000 Canadians would die of cancer this past year, but in the absence of other options, about half will spend their final hours in an emergency room, ICU or acute-care hospital bed, often not equipped to provide comprehensive and specialized palliative care
- Studies show most patients want to die at home instead of occupying scarce acute care hospital beds.

Canadian Cancer Society Report

Right to Care: Palliative Care for all Canadians, Jan 2016

- Critically ill Canadians are falling through the cracks when it comes to palliative care.
- “Many of our sickest and most vulnerable citizens are not getting the kind of care they need when they need it most,”
  - Gabriel Miller, director of public issues, CCS
- The report is a call to action to governments and highlights the inconsistent and inadequate access to palliative care across the country.
- For example, in Ontario, 40% of cancer patients do not receive a palliative assessment in the last year of life.

Report recommendations

- Guarantee access to palliative care for all Canadians through federal and provincial legislation
- invest to improve access to high-quality palliative care
- minimize the financial impact for patients and family caregivers and ensure they are equipped with the information they need
- “All Canadians should have a guaranteed right to timely, high-quality palliative care” says Miller.

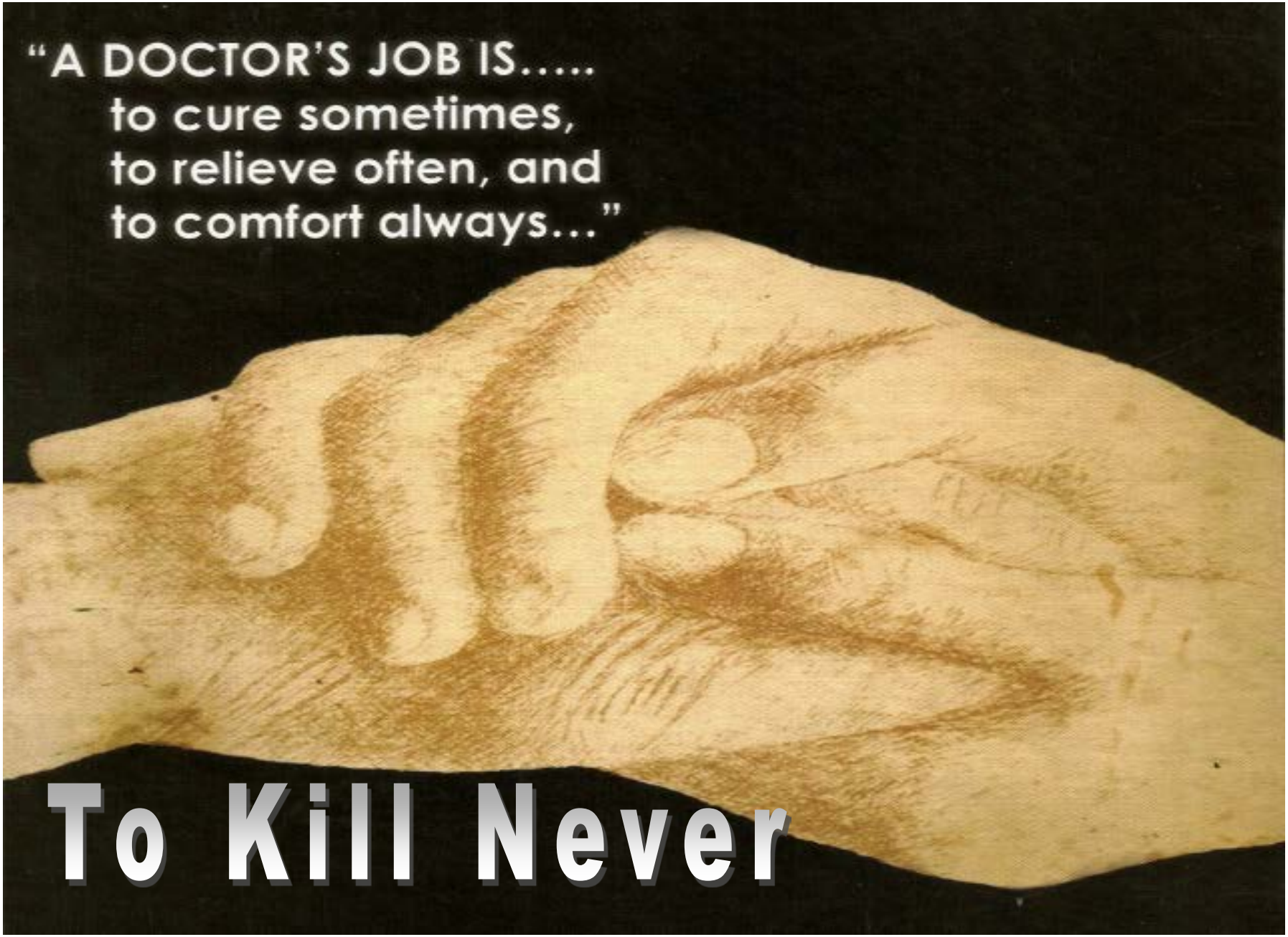
Saves Money

- Report shows that the costs of palliative care during the last month of life varies
- $1,100 a day in an acute care unit
- $770 a day in a palliative care unit
- under $100 a day in the home.
- Palliative care not only leads to better pain management, comfortable surroundings, psychological and spiritual support and more positive patient and family outcomes, but also has the potential to reduce healthcare costs.

The Paradox

- Bill 52, has given the right, for the first time in Canada, to palliative care!
- Only Quebec passed legislation that guarantees palliative care for those with a terminal illness.
- Article 4 gives “Every person whose condition requires it has the right to receive end-of-life care”.
- The Bill defines “end-of-life care” as “palliative care” provided to end-of-life patients, and the option of “medical aid in dying”.
- It has been argued for many years that fewer persons will request a doctor–assisted death or resort to a self-inflicted one, if quality palliative care is available.


I SUPPORT
YOUTH
IN ASIA


"A DOCTOR'S JOB IS.....
to cure sometimes,
to relieve often, and
to comfort always..."
To Kill Never