

CLINICAL PALLIATIVE CARE IN THE TRENCHES

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CASE 1

58 year old male with nausea, vomiting,
abdominal distension and pain

9 months ago – Gastric cancer, total gastrectomy

6 months ago – Completion of radiation &
chemotherapy

Day of Admission – Partial small bowel obstruction on
KUB. CT scan shows partial small bowel
obstruction, ascites, infiltrating mass in upper
abdomen, and a liver mass

Hospital Day 2 – Biopsy of liver mass consistent with
adenocarcinoma

CASE 1

Continued

Hospital Day 4 – Lack of improvement of abdominal pain with high NG output

Question

Would you recommend surgery for exploration and relief of obstruction?

1. Yes

2. No

CASE 1

Continued

Discussion

Panelists & Audience

CASE 2

55 year old female undergoes elective sigmoid colectomy for recurrent diverticulitis

POD #6 – Discharged home

POD #10 – Re-admission with anastomotic leak, sepsis

POD #11 – Hartmann's procedure, colostomy, drainage of pelvic abscess

POD #14 – Sepsis, ARDS, acute renal failure

POD #17 – Hemodialysis

CASE 2

Continued

Postoperative Week #5 – Still on moderate to high ventilatory support & hemodialysis. Patient responds to tactile stimuli but does not respond to verbal command.

CASE 2

Continued

Postoperative Week #5: Growing diverging opinions

- Attending surgeon & departmental chair – Good chance for long-term survival and discharge to rehabilitation facility
- Nursing staff – expresses hopelessness & frustration
- Surgical housestaff – showing subtle signs of abandonment
- Husband passed away
- Children – none of her own
- Step-son – She will not have wanted to live this way
- Brother – asks “Is there any chance she can make it?”
- Sister-in-law – most vocal about withdrawal of support
- Niece / God-daughter – Very disturbed that others want to withdraw support

CASE 2

Continued

Question

As the attending you should...

- (1) Give more frequent encouragement to family members
- (2) Make sure the housestaff are not undermining your authority
- (3) Ask the nursing staff to not confuse the family by discussing views divergent from the current care plan
- (4) Convene a meeting with the care team, and a meeting with the family separately to listen to concerns and discuss reasonable short-term goals

CASE 2

Continued

Postoperative Week #8

Patient status:

- Successfully weaned from the ventilator.
- Remains dependent on hemodialysis, suggesting high probability of chronic hemodialysis requirement.
- Able to verbalize her wishes with finger over her tracheostomy.
- She cries and refuses all physical interventions, e.g. dressing changes, hemodialysis, phlebotomy, physical therapy

CASE 2

Continued

Postoperative Week #9

Patient refuses hemodialysis

CASE 2

Continued

Question

Your next step is:

- (1) Discuss with patient and family that you feel very uncomfortable withholding dialysis because it will lead to uremic coma and death. Try to convince them to continue hemodialysis
- (2) Obtain another Nephrology consult
- (3) Consult ethics committee for advice and support dealing with patient/family
- (4) Acknowledge the patient's right to refuse therapy and offer to find another provider who will carry out their wishes

CASE 2

Continued

Question

The ethical principle of autonomy applies to...

- (1) Patients
- (2) Providers
- (3) Both patients and providers
- (4) Neither patients nor providers

CASE 2

Continued

Discussion

Panelists & Audience

CASE 3

75 year old male with pancreatic cancer

2 weeks ago – Painless jaundice and 10 lb weight loss. Work up included CT scan showing a 4 cm pancreatic head tumor suggestive of a resectable pancreatic cancer.

2 days ago – Admitted for ERCP. Performed biliary stenting. Biopsy showed adenocarcinoma.

CASE 3

Continued

Other Information

- 4 years ago – Coronary artery bypass grafting
- 3 years ago – Wife passed away due to breast cancer after multiple rounds of chemotherapy (2 years shy of 50 year wedding anniversary)
- 2 years ago – Emergent sigmoid colectomy for perforated diverticulitis, with reversal of colostomy 6 months later

CASE 3

Continued

In-hospital Surgical Consultation

Surgery is recommended:

Exploratory laparotomy with intent to perform Whipple procedure if curable.

But patient refuses. He was debilitated for several months after his colon surgery, and he does not wish to go through another surgery “until the day I die.”

CASE 3

Continued

Question

What would you do?

- (1) Accept the patient's wish and recommend medical treatment because you want to honor the patient's autonomy
- (2) Recommend surgery for not only curative but possible palliative purposes because you do not believe he has full knowledge of the surgical options

CASE 3

Continued

Discussion

Panelists & Audience

CASE 4

80 year old male with liver mass and intractable diarrhea

5 years ago – Duodenal carcinoid resected

Day of admission – Repeated flushing and diarrhea from known bulky metastatic disease in right hepatic lobe of liver refractory to somatostatin

CASE 4

Continued

Question

Your recommendation is:

- (1) Liver resection of the metastatic tumor for symptom palliation
- (2) Increase somatostatin dose and chemotherapy
- (3) Consider other interventional modalities

CASE 4

Continued

Discussion

Panelists & Audience

Case Scenario 5...

- Your patient, a 59 yo male 2 yrs s/p sigmoid colon resection for Dukes' C adenoca of the colon is admitted in your absence with S/S of bowel obstruction. After admission, he vomits and aspirates. You find him on rounds the next day in the SICU, intubated and on a ventilator.
- Recent CT scan demonstrates numerous low attenuation lesions in the liver c/w mets.

...Case Scenario 5

- During the last visit to his primary care physician 2 weeks ago, abnormal liver function (incr. alk. ptase) and a 15 lb. wt. loss over the last 2 months were noted.
- He has also experienced increasing fatigue, decreased appetite and continuous RUQ abdominal pain that interferes with sleep.

...Case Scenario 5

- A 2 yr old advance directive exists stating his desire to “ live as long as I have a meaningful quality of life and heroic measures are acceptable as long as there is a chance of recovery.”
- P.E. reveals a distended, minimally tender abdomen with hyperactive BS; no flatus or BM for 24 hr by patient/family report.

...Case Scenario 5

What would you do next?

- 1) Repeat the abdominal CT scan to clarify disease status and level of bowel obstruction
- 2) Obtain a CEA level
- 3) Perform colonoscopy
- 4) Perform an exploratory laparotomy
- 5) Write a DNR order
- 6) Meet with patient and family to determine patient's goals of care

...Case Scenario 5

- In the family meeting the next day, your patient indicates that his major goal is to be present at his daughter's wedding 3 months from now.
- He then writes you a note asking, “how long do I have doc?”
- He appears to be responding to the IV antibiotics started 2 days ago and has started to wean from the ventilator.

...Case Scenario 5

Which of the following is most helpful in prognostication in advanced cancer?

- 1) Accurate staging of current disease
- 2) Likely outcome of an acute process (e.g., aspiration pneumonia) complicating the underlying cancer takes precedence
- 3) Functional status most closely correlates with survival
- 4) None of the above - prognostication is impossible to do with any real reliability

...Case Scenario 5

What would be reasonable to do next?

- 1) Finish IV antibiotics
- 2) Further w/u to determine site and extent of bowel obstruction
- 3) Encourage patient to identify intermediate goals of care (e.g., good pain control, relief of nausea, recovery from pneumonia with extubation)
- 4) All of the above

...Case Scenario 5

- Repeat CT scan demonstrates carcinomatosis and colonoscopy reveals recurrent nearly completely obstructing ulcerative lesion at prior anastomotic site 15 cm from anal verge.
- Patient's pain is well controlled with continuous IV morphine and nausea/vomiting have stopped with NG suction and use of anti-emetics.

...Case Scenario 5

- Patient who is now extubated becomes delirious and is no longer able to communicate his wishes. The patient's daughter insists that you “fix it” so he can go home and be at her wedding.

...Case Scenario 5

You would next...

- 1) Convene a family meeting to clarify patient's vague advanced directive and discuss prognosis and options
- 2) Order Haloperidol for the delirium
- 3) Perform a diverting proximal colostomy
- 4) Stent obstructing colon lesion endoscopically
- 5) Administer anticholinergic medications (e.g., glycopyrrolate) to reduce cramps, vomiting

...Case Scenario 5

- Patient's family elects to try endoscopic stenting of the obstructing colon lesion with the hope that the bowel obstruction will be relieved so that the patient might be able to go home. Endoscopist is successful but patient has a persistent ileus associated with the carcinomatosis and continues to vomit intermittently. He is now bedfast, sleeping much of the time and his delirium waxes and wanes, with some lucid intervals.

...Case Scenario 1

You would now...

- 1) Make arrangements to transfer the patient to another hospital closer to his home
- 2) Trial a prokinetic agent (e.g., erythromycin) to help resolve the ileus
- 3) Transfer patient to a general care ward and discuss comfort care with his family
- 4) Tell the family the situation is hopeless

CASE 5

Continued

Discussion

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