

## Relieving Severe Symptoms & Providing Better Patient Outcomes through Palliative Care

By Connie Carr, NP

*Education Research Nurse Practitioner  
Center for Research at the Institute for  
Palliative Medicine*

A recent study published in *The New England Journal of Medicine* showed that patients who received early palliative care had “significant improvements in both quality of life and mood compared to patients receiving standard care. These patients with metastatic non-small cell lung cancer also needed less aggressive care at the end of life and had a longer survival rate.” In short, greater patient satisfaction, reduced cost and longer survival ... it’s a very potent combination!

Palliative medicine is an interdisciplinary practice that specializes in providing whole person care, with an emphasis on pain and symptom management, for patients with life limiting illnesses. This subspecialty, just recognized in 2006, utilizes a team of healthcare professionals, such as physicians, nurses, clinical pharmacists, social workers, spiritual counselors and bereavement counselors to address the needs of the patient.

While there are proven advantages to the use of palliative medicine

for pain and symptom management, there is a shortage of palliative medicine resources, especially in California. In 2010, there were only 218 board certified palliative medicine physicians in the state to serve a population of over 38 million. As a result, the responsibility to meet the need for palliative care falls to the primary care physician, hospitalist or emergency room physician who often lacks the time to keep abreast of the most current treatments for managing the most challenging symptoms associated with serious illnesses.

Research has shown that some of the most common palliative care issues these providers are called on to address are:

1. How to manage intractable pain when traditional strategies don’t work.
2. What are some strategies for managing opioid-induced constipation.
3. How to treat intractable nausea & vomiting.
4. Appropriate integration of music therapy, reiki, aromatherapy or other integrative therapies.

5. More effective ways to manage delirium.

6. How to have a “difficult conversation” with family members.

While every physician faces these issues, palliative medicine physicians bring to bear a broader array of strategies and experience in dealing with the most challenging cases. For rural clinicians, as well as providers in urban areas, the challenge remains where to turn for assistance when their current strategies aren’t working.

To support these clinicians and help address these issues The Institute for Palliative Medicine at San Diego Hospice has developed a free palliative care resource hotline, PAL-MED CONNECT (1-866-PAL-MED4). Healthcare providers across California and around the nation have utilized the hotline as their “curb-side consultation” line for challenging symptom management issues.

Some of the best practice and evidence based resources provided address:

- pain assessment in the cogni-

tively impaired

- equianalgesic dosing guidelines
- opioid calculation conversions
- articles on alternatives to anticholinergic for ALS patients with excess secretions
- resources regarding opioid allergies
- symptom guidelines for neuropathic pain management

Evaluation of PAL-MED CONNECT's results are indicating that

it has helped improve patient outcomes and increased clinicians' confidence. As one caller shared, "This was my first attempt at calling the hotline and I was very impressed! When a clinical question came up regarding the use of an anticholinergic in end-of-life care, I opted to call your service to see how it would be handled. Thank you so much for the very quick and thorough response." In the following days after the phone call, the patients' symptoms became more manageable and under control.

For more information connect to [www.palmedconnect.org](http://www.palmedconnect.org).

*Connie Carr provides both clinical and non-clinical research support to the Center for Research at The Institute for Palliative Medicine and is the project manager for PAL-MED CONNECT. She received her Family Nurse Practitioner certificate from the University of California, San Diego in conjunction with her Master of Science Degree in Nursing from San Diego State University. Connie served in the US Army, both active and reserve duty, for over twenty years. She has worked as a Nurse Practitioner in San Diego County since 1997.*

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