

End of Life Caring for People with Life Limiting Chronic Illness

Seminar 3: Palliative Care-From Hole to Whole

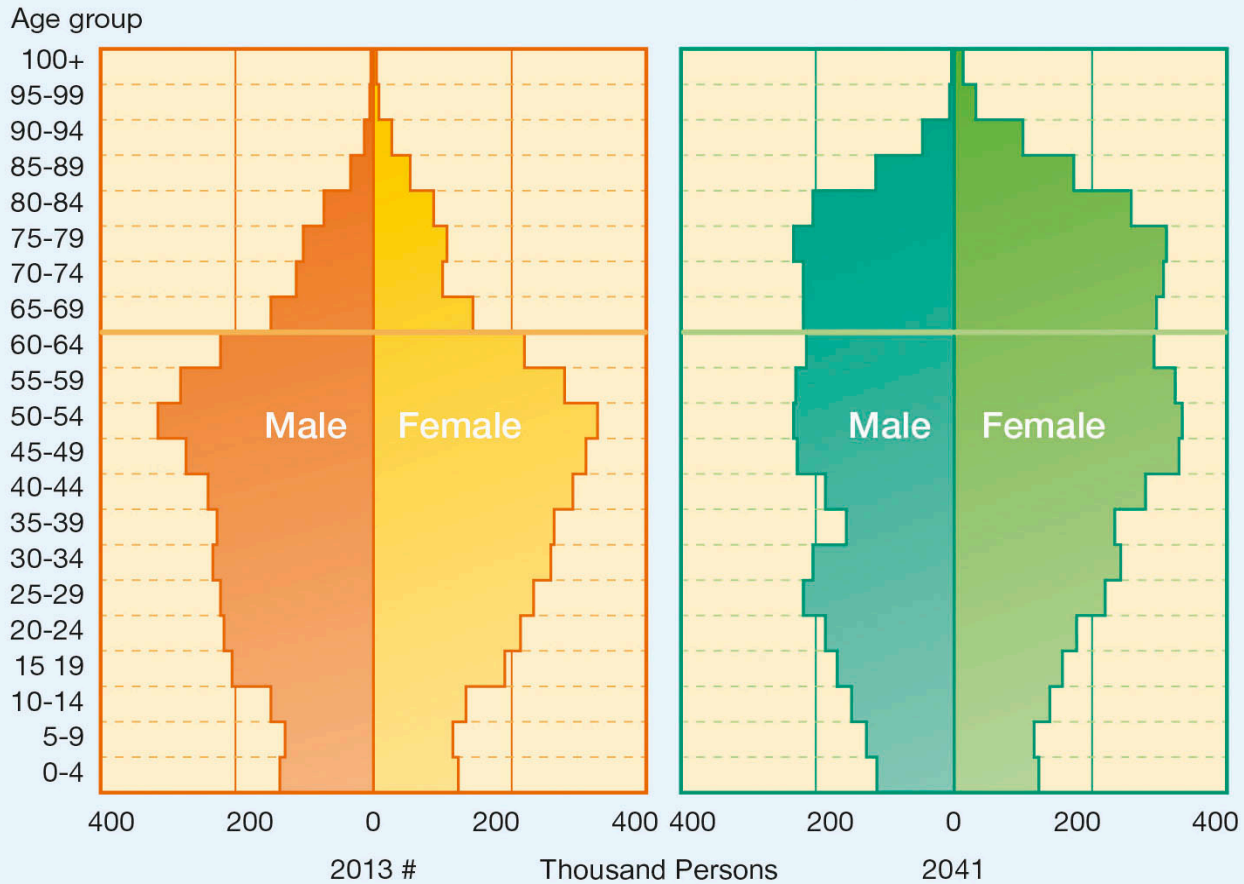
25 June 2016

End of Life Care For ALL

- The National **End of Life Care** Strategy for England (Department of Health, 2008) was a blueprint for improving the *care of all dying people* over the next 10 years *regardless of diagnosis*.
- The strategy emphasized the importance of improved **end of life care** provision in *acute hospitals* as more than half of all deaths take place there.
- As well as ensuring that those who die in hospital have *a good death*, the strategy called for **improved discharge arrangements** and better coordination with a range of **community services** so that more people can **die at home** if this is their preferred choice.

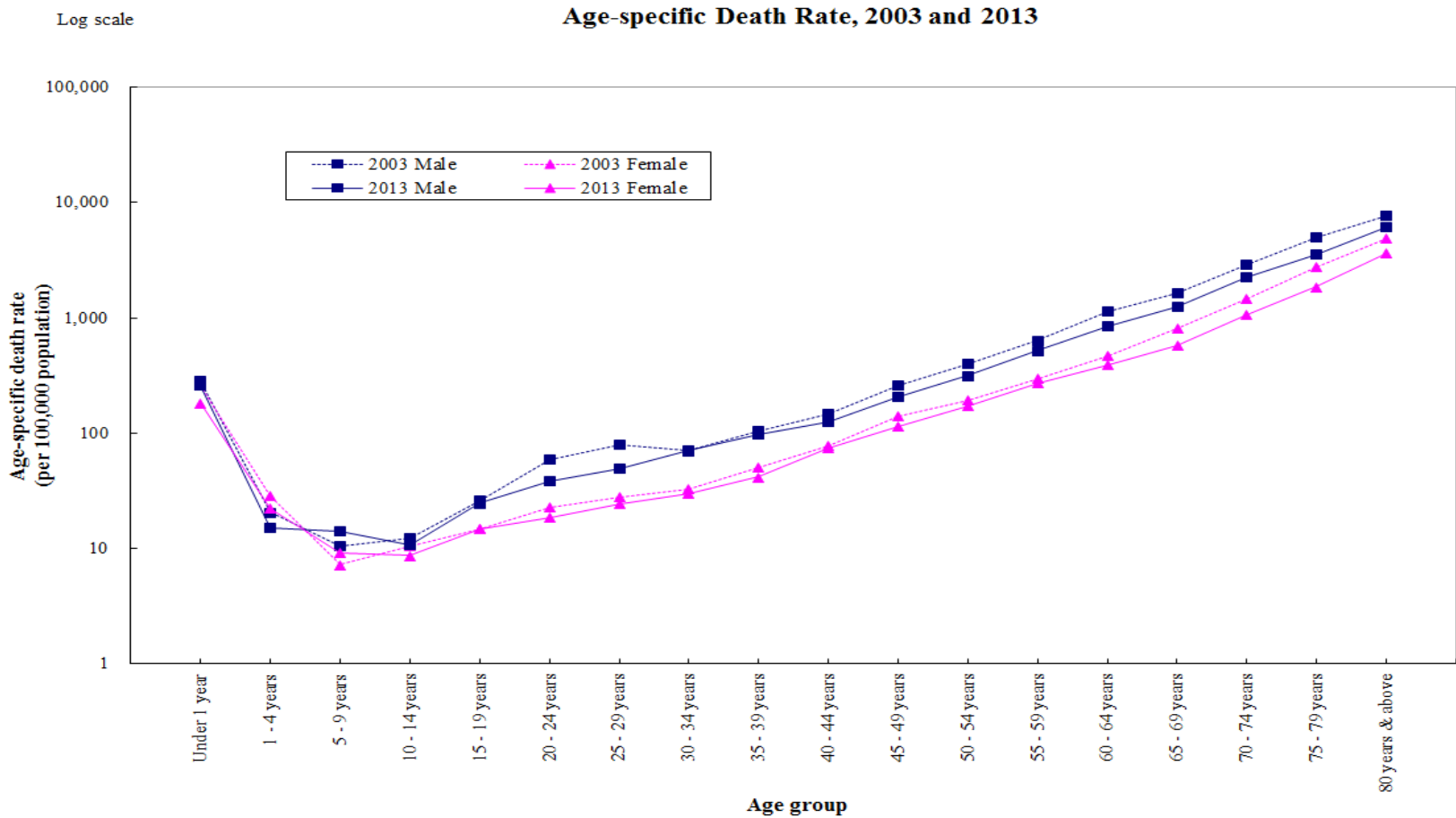
Hong Kong's Situation

The population aged 65 or above will surge significantly by 2041



not including foreign domestic helpers
provisional figures

Age-Specific Death Rate



Causes of Deaths in Hong Kong

Disease	Number of Registered Deaths in Hong Kong				
	2011	2012	2013	2014	2015
1. Malignant Neoplasms	13,241	13,336	13,589	13,727	14,292
2. Pneumonia	6,211	6,960	6,830	7,431	7,933
3. Diseases of Heart	6,334	6,283	5,834	6,361	6,159
4. Cerebrovascular Diseases	3,339	3,276	3,252	3,328	3,259
5. Chronic Lower Respiratory Diseases	1,965	1,981	1,743	1,740	1,664
6. Nephritis, nephrotic syndrome, and nephrosis	1,545	1,629	1,589	1,684	1,649
7. External Causes of Morbidity and Mortality	1,567	1,655	1,860	1,513	1,514
Total	42,188	43,672	43,399	45,710	46,757

Leading Cancer Types (Both Genders Combined)

Rank	Site	2003	2013
1	Colorectum	3,249(2)	4,769
2	Lung	3,972(1)	4,631
3	Breast	2,121(3)	3,544
4	Liver	1,654(4)	1,852
5	Prostate	826(7)	1,655
	All sites	21,861	28,936

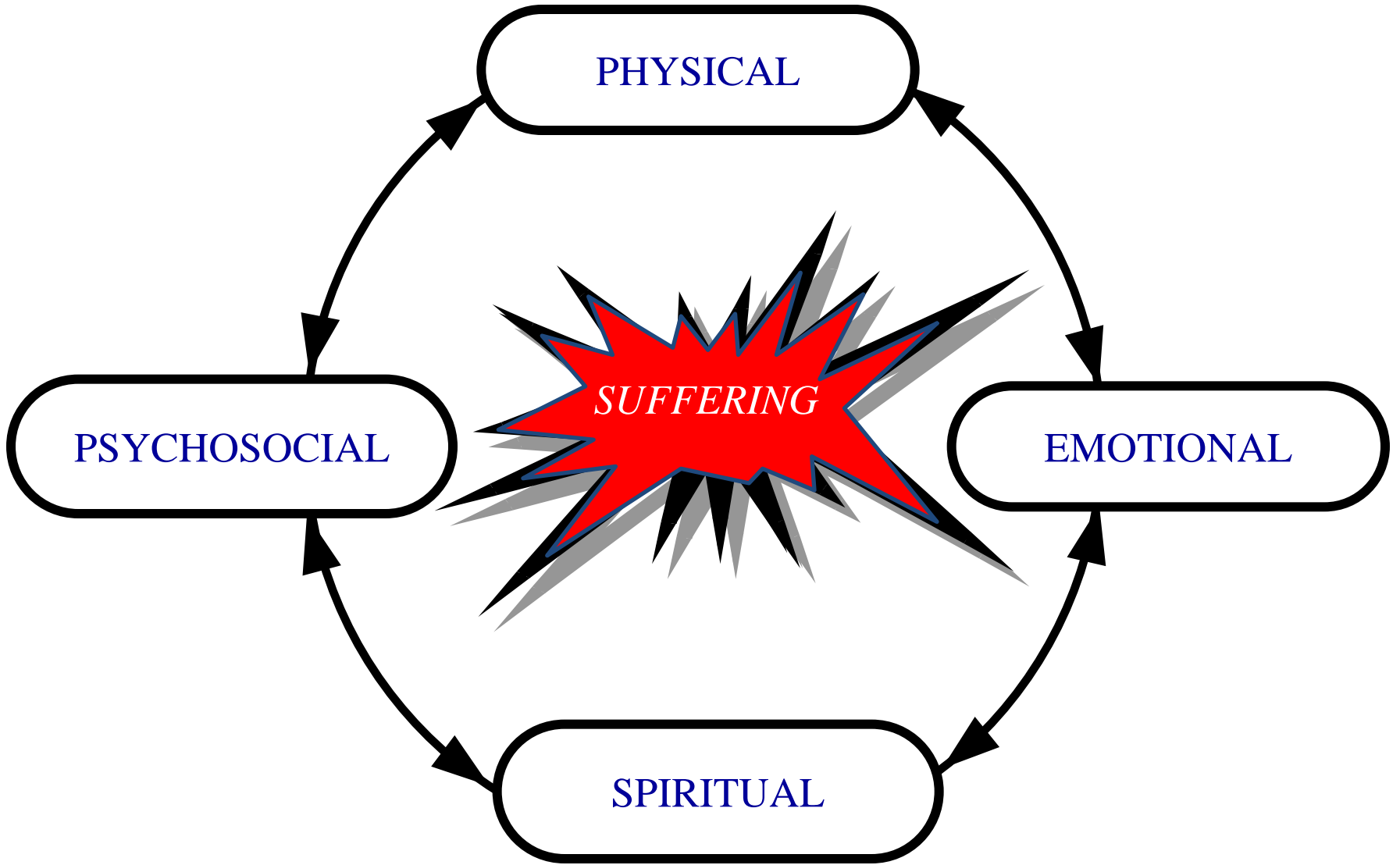
Leading Cancer Deaths (Both Genders Combined)

Rank	Site	2003	2013
1	Lung	3,403(1)	3,867
2	Colorectum	1,537(2)	1,981
3	Liver	1,412(3)	1,524
4	Stomach	680(4)	625
5	Breast	434(5)	600
	All sites	11,510	13,336

Comparing Non-cancer and Cancer Deaths in Hong Kong

A retrospective review

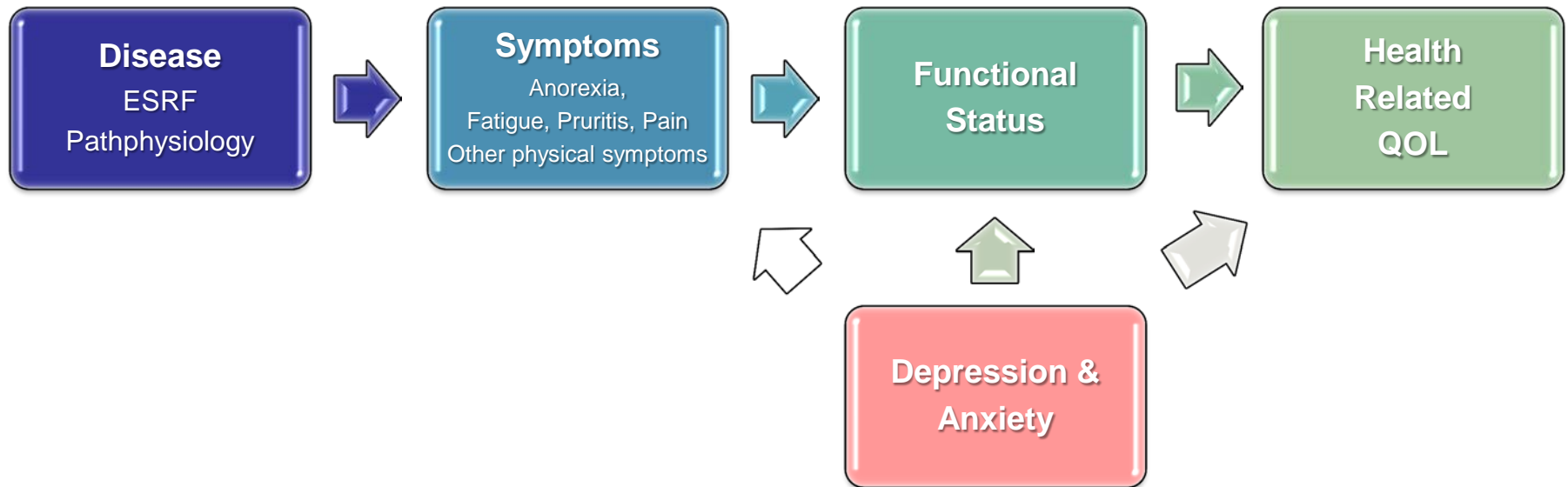
- Only 1.4% of non-cancer patients received palliative care, compared with 79.2% of cancer patients. (N=656+183)
- Non-cancer patients were older and had more comorbid conditions.
- Utilization of public health care was more intensive in non-cancer patients:
 - More intensive care unit admissions
 - More ward admissions
 - More bed days occupied
 - More OP clinic attendances
- Within the last two weeks of life, non-cancer patients had:
 - More invasive interventions initiated
 - Fewer symptoms documented
 - Less analgesics and sedatives prescribed
 - Less DNR in place and more CPR performed



Think Conceptually About Symptoms, QOL, and Health Status

Symptoms and depression are both important determinants of

HEALTH STATUS



Elements of Quality End-of-Life Care

1. Care related to symptoms and personal care
2. Being prepared for death
3. Achieving a sense of completion
4. Being treated as a whole person
5. Relating to family, society, care providers, and the transcendent

Importance of EOL Care in Chronic Progressive Disease

- An ageing and growing population
- Increase in the prevalence of cancer and other chronic diseases that are mostly lifestyle and age related
- Development of health care policy for care of dying and palliative care (regardless of diagnosis)
- Extension of palliative care to non-cancer patients
- Quality and equitable palliative care for patients in need, rather than prognosis

HKEC Death Episodes 2014

Cancer	1262
Organ Failure	
Renal	287
Pulmonary	189
Heart	410
<i>Any one of the above</i>	798
Cancer and/or Organ Failure	1959

HKEC Death Episodes 2014

- Cancer patients received PC Services (2012 Review)
 - HKEC 66% coverage (HA overall 68.3%, WHO target 80%)
- ESRF patients received PC Services (2015 review)
 - Earlier intervention & more extended duration of services c.f. cancer pts
 - Median time from starting PC service to death 161 days c.f. cancer 43 days
 - HKEC 40% coverage (HA overall 35%)
- Growing demand for service
 - HKEC has high percentage of elderly population

PC for Non-cancer Patients Program

- Cluster service supported by RH PC Unit
 - Started from 2010-11 (1 of the 4 pilot clusters)
- Targets: end-stage organ failure patients
 - Mainly end stage renal diseases
 - Also for end stage pulmonary diseases, end stage heart failure
- Target patients served under the program (2015 review):
 - 69% renal
 - 31% others, mainly pulmonary
- Aims at
 - Providing appropriate care option other than life-sustaining treatments
 - Improving symptom control & QOL

Why is Palliative Care relevant to ESRD?

- Aging population
- Shortened life expectancy/high mortality rate
- Multiple comorbidities
- High symptom burden of ESRD
- High psycho-spiritual distress and impairment of QOL
- Burden of caregiving
- Underutilization of hospice in ESRD
- Poor quality of death

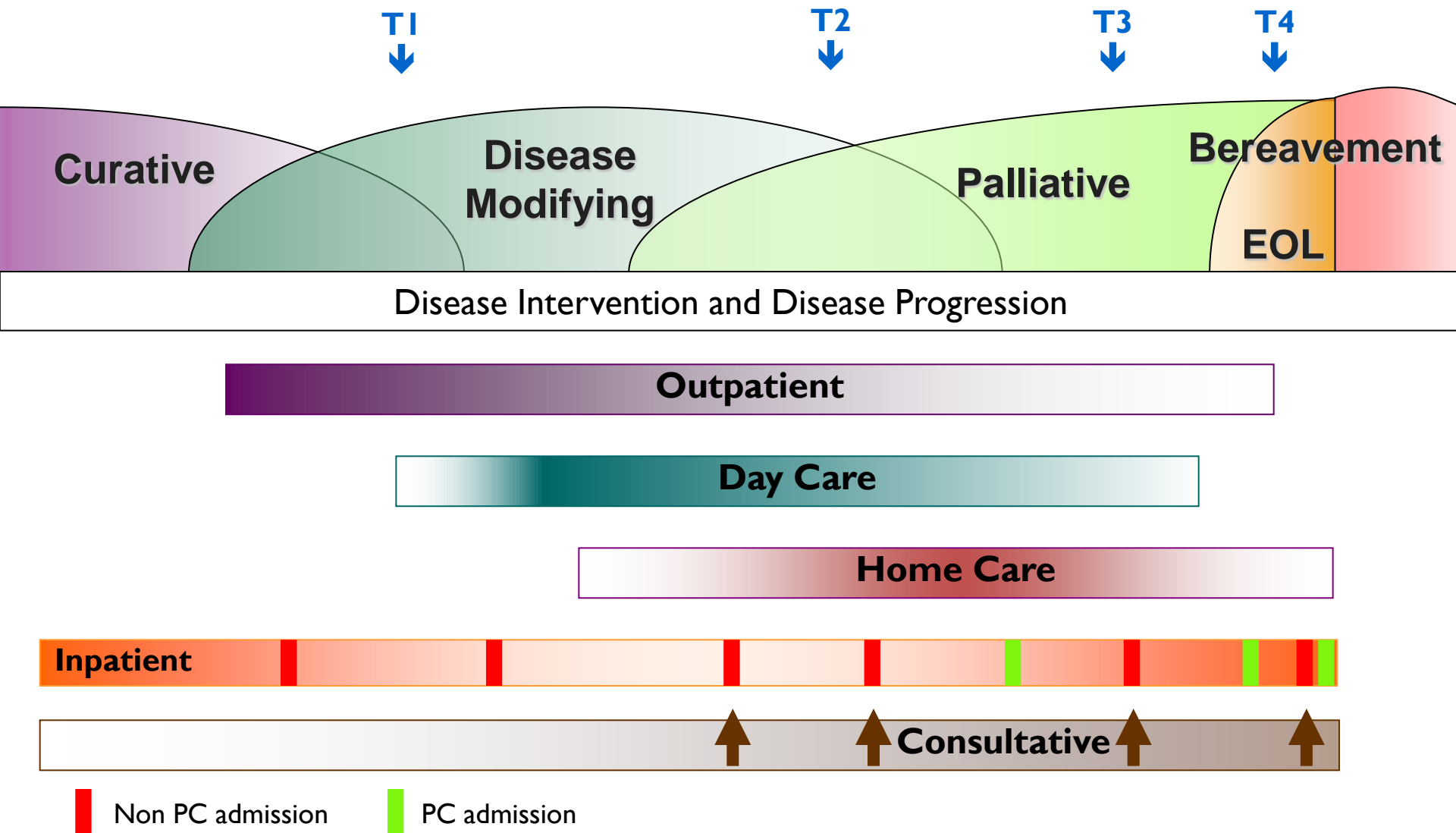
Palliative Care for Patients with ESRD

- Objective:
 - To provide care options other than life-sustaining treatments to appropriate ESRD patients and to improve their symptom control and quality of life
- Target patients:
 - Chronic renal failure patients with CKD stage 5 disease (GFR < 15ml/min)
 - Not considered for long term dialysis
 - Too frail with predicted survival less than 1 year e.g. GSF
 - Too many comorbidities e.g. Modified Charlson Comorbidity index >8
 - Patient's own choice

Renal Palliative Care Program

MODEL	OBJECTIVES	CARE DELIVERY
COLLABORATION Renal & PC Team	Preserve residual renal function	Renal Palliative Care Clinic
	Symptom control	
INTERDISCIPLINARY Team Approach	Psychosocial care	Palliative Home Care
RENAL PC as a Choice at ACP	Supporting family	
Involves NOT TO INITIATE dialysis	End-of-life care	Designated inpatient beds
	Bereavement care	

Courses of Illness and Health Care Need



Non-Cancer PC service (Provided by RH PC Team)

	RHTSK	PYNEH
In-patient bed support	Utilize existing RH PC beds supporting both hospitals	
Consultative service	Support own hospital	Provide consultation to renal (doctor & nurse) & haematology (nurse)
Out-patient clinic	Available	Renal PC clinic
Home care (case management approach)	Supported by RH PC home care team	
Day Care	Shared use of room in RH HRC	