



Physicians

PHAX
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Broaching the Topic of a Palliative Medicine Consultation

This HospiceCare Educational Resource provides tips for effectively beginning a discussion leading to a visit by a palliative physician.

First, decide why you want assistance from the palliative care team; typically, physicians seek assistance in four domains: 1) Pain and non-pain symptom assessment and management; 2) assistance in making difficult decisions, usually about continued use or withdrawal of technological treatments such as feeding tubes, dialysis, or ventilators; 3) assistance in planning for the most appropriate care setting and care givers to meet patient/family goals for end-of-life care; and 4) providing psychological support to patients, families and the health care team.

Second, contact the palliative physician; discuss your reason(s) for consultation, along with pertinent details of the patient's history and family support structure. Describe both what your goals are for the consultation, as well as what the family's/patient's goals may be. This is a good time to discuss any concerns you have about using the term *palliative care* with the patient or family.

Third, engage the patient/family in a discussion of the current medical condition and goals of care. Introduce the topic of a consultation by saying, *"To best meet some of the goals we've been discussing, (fill in with goals mentioned by the family/patient) I'd like to have a Palliative Medicine Consult"*. You can follow this by saying, *"They are experts in treating the symptoms you are experiencing (insert symptom); They are also good at helping your family deal with all the changes brought on by your illness; they can answer your questions about... (insert previously discussed patient questions)."*

Finally, emphasize your continued involvement: *"You and I will talk about the recommendations of the palliative care experts. I'll make sure all your questions are answered."* This can help relieve fears of abandonment. If a patient or family reacts negatively to the suggestions for a consultation, you might explore their concerns. Someone may have mentioned palliative care and this may have negative connotations to them. Ask, *"What experience do you have with palliative care? What are your concerns?"* It may be important to discuss that palliative care is compatible with aggressively treating the underlying disease. Emphasize the positive aspects of what palliative care can do, rather than focusing on how the palliative care team will help them accept death and dying. After all, the goal of palliative medicine is to achieve the best possible quality of life through relief of suffering, control of symptoms and restoration of functional capacity, while remaining sensitive to patient and family values. Palliative care guides the patient and family as they face disease progression and changing goals of care, and helps those who wish to address issues of life completion and life closure.

HospiceCare of Boulder and Broomfield Counties have physicians with a board specialty certification in hospice and palliative medicine who are available for palliative medicine consults. If you think a consult would be useful, please call us.

References: Weissman, DE. Consultation in Palliative Medicine. Archives in Internal Medicine. 1997; 157:733-737. Precepts of Palliative Care. Last Acts Campaign Task Force on Palliative Care. J Pall Med 1998; 1; 109-115

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