The Importance of Early the Involvement of an Interdisciplinary Palliative Care Team: A Case Report

Jeremy Rackley, MD, Sophia Samdani-Khan, MD, Margarita Dela Pena, MD
Department of Anesthesiology, SUNY Downstate Medical Center, Brooklyn

Management of terminal cancer pain is challenging and painful for the patient, the family, and healthcare team. Never is this truer than in the pediatric population. The WHO suggests that pediatric patients with severe disease would benefit from palliative care at the time of diagnosis regardless of curative or non-curative goals of care. Unfortunately, most patients are referred to palliative care late in their course. We were presented with a terminally ill adolescent male who received palliative care in the last weeks of his life.

Introduction

Many doctors may equate palliative care with hospice and this may be a barrier to early palliative care referral. Palliative care and hospice care are philosophically related in that they both seek to improve the quality of life of a patient with serious disease. However, patients should be referred for palliative care at the time of diagnosis with severe disease not in the last 6 months of their lives. Early referral improves trust and communication and in pediatric populations, this may help the patient and bereaved to better cope with and eventually accept the dying of a person at an age which most would consider ‘unnatural’. Early involvement of a multidisciplinary palliative care team is associated with higher family satisfaction ratings and less frequent invasive procedures in the last days of life. Pediatric palliative care is an interdisciplinary collaboration that seeks to improve the quality of life of all children with life-threatening conditions, as well as their families. It focuses on prevention and relief of suffering, regardless of the stage of disease, and comprehensively addresses the physical, psychosocial, or spiritual needs of the child and family.

Case Report

‘David’, a 13 year old male was diagnosed with nasopharyngeal cancer in 2012. At the time of diagnoses, he had metastases to his lungs, liver, and spine. He underwent radiation, chemotherapy, EBV cytotoxic T cell treatment, and docetaxel treatment at other facilities until it was decided that further treatment futile. He was admitted to the PICU at our institution for chest tube placement and Opdivo (nivolumab) as a last resort treatment for metastasis in the last weeks of his life. His pain was managed with Fentanyl Transdermal patches plus Hyromorphone IV for breakthrough. During his hospitalization he had three chest tubes placed to relieve his pleural effusion related dyspnea and eventually required pleuro-peritoneal shunt placement which provided adequate relief of his respiratory symptoms.

Figure 1- Care Needs of Patients with Advanced Stage Cancer (1)

An interdisciplinary palliative care team composed of physicians, social workers, clergy, and nurses was involved with David and his family from time of admission and after placement of his pleuro-peritoneal shunt, David and his family decided to go to hospice. In hindsight, we can say that many of his treatments were unnecessary and actually may have worsened David’s quality of life in his last days. We will never know whether or not earlier involvement of palliative care would have saved David from undergoing uncomfortable and painful treatments and procedures or assuaged the bereavement process for him and his family.

Discussion

Many doctors may equate palliative care with hospice and this may be a barrier to early palliative care referral. Palliative care and hospice care are philosophically related in that they both seek to improve the quality of life of a patient with serious disease. However, patients should be referred for palliative care at the time of diagnosis with severe disease not in the last 6 months of their lives. Early referral improves trust and communication and in pediatric populations, this may help the patient and bereaved to better cope with and eventually accept the dying of a person at an age which most would consider ‘unnatural’. Early involvement of a multidisciplinary palliative care team is associated with higher family satisfaction ratings and less frequent invasive procedures in the last days of life. Pediatric palliative care is an interdisciplinary collaboration that seeks to improve the quality of life of all children with life-threatening conditions, as well as their families. It focuses on prevention and relief of suffering, regardless of the stage of disease, and comprehensively addresses the physical, psychosocial, or spiritual needs of the child and family.

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