

Emily 0:00

Hello and welcome to the RX counter, a podcast produced by student pharmacists at the University of Iowa College of Pharmacy, where we provide student insight into the pharmacy profession. I'm Emily Steimel, a p3. And today I'm joined by other students pharmacist,

Morgan 0:15

I'm Morgan, I'm a P3.

Taylor 0:17

I'm Taylor, I'm a P1

Tanner 0:18

I'm Tanner, P3.

Junior 0:22

Junior I'm a P3.

Kari 0:23

And I'm Kari, also a p3. And today I'm going to be talking about palliative care. So first, I just like to give a little bit of an overview about what Palliative care is clear of any confusions that you guys might have. And then talk a little bit about palliative care in terms of dementia. So first off, Palliative care is an area of medicine that focuses on addressing suffering. So with palliative care, it can kind of take a different approach than other areas of medicine. It's really patient centered, but also can focus on the family and the loved ones surrounding the patient. So isn't just looking at the medication needs of this patient, but we really want to take a look at them as a whole. We want to discuss with them their needs and their wants and be able to really formulate a care plan that kind of encompasses everything, not just their medication needs or their physical needs. We also want to really address the spiritual, even financial or other needs like that and take that into consideration.

Tanner 1:29

So you're telling me that palliative care isn't just hospice?

Kari 1:33

That is correct. And palliative care, end of life care, hospice and supportive care are not all equal and the same thing. So palliative care can really be encompassed in any chronic disease management, whereas Hospice is when patients have completed curative treatment and they have that six months to live prognosis, whereas palliative care can be you don't have to stop curative treatments to incorporate palliative care into a patient's care plan. And when patients are diagnosed with lifelong or terminal illnesses, um, palliative care can step in right away, you don't have to wait until they get to a more severe state. And there are some graphs or charts that charts that kind of incorporate palliative care and hospice care and end of life. And the palliative care involvement might be a little bit less than the beginning of a disease state. But as the disease state progresses and as the patient's condition, progressive, progressive palliative care can kind of join in more and more. So you're gonna see palliative care incorporation kind of more as this patient progresses. Also, with palliative care, there are some recommended guidelines about essential services versus desirable services in terms of what a palliative care pharmacist can do for a patient. So a lot of these essential services that are listed are things that all pharmacists are going to be doing regardless of whether they are a designated palliative care pharmacist, and any pharmacists can implement these into their practices. So a lot of it has to do with like optimizing outcomes of symptom management. So any pharmacist is going to want to do that with any patients. But when you're doing it from a palliative perspective, you might see symptoms that aren't just like medication base or can be treated specifically with just a medication, we're gonna want to be able to look at their entire needs and values and be able to make a plan that would allow us to get the patient what they need. Another disc or another essential trait that a palliative care but any pharmacist would need is to serve as a resource for optimum medication use in symptoms. So when you're thinking about palliative care, a lot of times that can be pain management, or even potentially, D prescribing. And all pharmacists as pharmacists, we learn how medications are used to manage symptoms, and palliative care pharmacists are really able to pinpoint that and incorporate all patients needs. Another big thing since palliative care can be at any point of a disease

state transitions of care is major when it comes to this because sometimes patients are in and out of the hospital or even that transition from curative treatment to hospice treatment. And although palliative care and hospice are different, they are very combined once we do get to that hospice state, so being able to look at the transitions of care when a patient is leaving the hospital or coming into the hospital doing that medication reconciliation is very important and palliative care pharmacists are specifically trained to look at this and know that the patient is getting what they need.

Tanner 4:46

So outside of hospice care, when is a definitive point for a college care, trained pharmacists to come in and address a patient's needs versus your typical pharmacist. application?

Kari 5:01

That's a really good question. And I don't know if there's one specific definitive point that would call for a palliative care consult. I think also, since Palliative care is a relatively newer practice area, if we want to compare it to some other longer term, established practice areas, since it is up and coming, there aren't as many palliative care practices. So what might be a definitive point in one hospital for this is what calls for a palliative care consult might not fit for another hospital just based on the palliative care team they have and kind of the depth of their team. So something like a medication system might have checkpoints that would say this patient is diagnosed with this specific stage or type of heart failure. So that automatically means a palliative care consult would come in, or this patient is diagnosed with cancer and then in the system, it's flagged and they're automatically flagged for a palliative care consult. So those are some things that advocacy for Palliative care is really trying to do is potentially get some of the less consulted issues, kind of more exposure. So one of those things is kind of dementia. So a lot of times anything of palliative care, it goes straight to that end of life in people's mind, you go straight to the end of life, or cancer diagnosis, terminal diagnosis, but one that isn't quite as flagged for these consults would be something like dementia. But palliative care can be essential for patients and family members who have a loved one with dementia. And it is an incurable, like dementia is incurable. And it's been on the rise in the last few decades just based on increased life expectancies, and as well as just treatments for things such as heart disease or cancer. So people are living longer, medication is involved evolving. And these patients have longer life expectancies, but there isn't a cure for dementia and not has been on the rise. So since it is so prevalent today, palliative care, pharmacists need to kind of take on that role of also managing these patients as well. And to kind of go back to that what qualifies for a palliative care consult. Again, just exposure about different disease states or conditions that could benefit from Palliative care is what's going to get more of these consults. Also with that more education and more normal or non trained pharmacists in palliative care, would be able to hopefully manage these conditions just with more exposure to palliative care, whether that be postgraduate training, or while they're in pharmacy school. So being able to learn about palliative care, even if that's not the field you're going into can be beneficial to all patients, I may be a little biased because I'm interested in palliative care. But I think that any patient ever could benefit from the concepts that palliative care teaches a lot of that focusing on the patient as a whole versus just treating very specific medication issues. If you get too focused on one thing, it can be hard to see the patient as a whole. And we're in healthcare. I mean most people are in health care because they want to connect with people they want to help people. And palliative care really focuses on being able to do that. So I think anyone can benefit from not only palliative care training, but also palliative care in a medic in a medical environment. So earlier, I was talking about some of those essential roles that a palliative care pharmacist can have. But some of those desirable roles that aren't necessarily essential, but definitely would benefit a palliative care pharmacist is being able to manage advanced pain symptoms and assessment. So that's a big thing in palliative care, it's pain and palliative care go hand in hand. So I feel like this school does a great job of giving us that pain management kind of background. And being able to understand that pain management really varies from person to person and where they are in their disease state. So we might be concerned about giving these large amounts of opioids to younger people who have a long life expectancy. And it might seem taboo to some people. But as we get later in disease courses, I think it's great that we've had the education and understanding that these large amounts of opioids in some scenarios are what patients need, and we don't necessarily need to be concerned about that, because it really varies from person to person. And again, that's what palliative care does is it takes a very individualized patient specific approach.

So another thing with that is working on an inter professional team. So when you think about medicine, a lot of times it's doctors, nurses, pharmacists, but palliative care also brings in music therapy and chaplains, and not is kind of how the gap is bridged from just medication, medical specific problems, to kind of bridge in spiritual or emotional, and those types of supports. So if you take the palliative care classes here at the University of Iowa, you do get to meet the

chaplain and meet the music therapists that work over at UI hc. And it's really cool to kind of hear those experiences that they've had and how they're making positive impacts in patients lives. And they're a part of the patient care plan just as much as the doctors, nurses and pharmacists are.

Mark 10:40

So we talked a lot about bringing a multi modal approach in terms of palliative care. I don't know a whole lot about palliative care. But one of my perceptions of tonic care in general is that a lot of times that healthcare team as a whole works a lot more closely with each other. Is that a perception that you guys share as well? And is that something that you think can be expanded upon in other facets of our healthcare system?

Kari 11:03

I think that's a really interesting perspective coming from someone who maybe isn't as familiar with palliative care. And I would like to think that that is the case on palliative care inter professional teams. I personally have only seen one palliative care team work and it seems like they are very dependent and reliant on each other in a way that really lets each individual professional, do what they need to do with the patient's best interest in mind. And I think that just based on the concepts of palliative care, the ideals of palliative care, I would hope that that's really kind of displayed in other palliative care teams as well. And if you would take that collaboration and apply it to any area of medicine, I think the practitioners would benefit the patients would benefit really everyone in this scenario would benefit. Because you would have this team that you're able to go to make recommendations and know that you're not immediately going to get shot down, or have someone that's really going to hold you in check and say Are we really looking at the patient's best interest, versus our readers trying to put the patient on another mat and send them home. So I think that all areas of medicine can really benefit from the interprofessional relationships that seem to be exemplified in palliative care teams.

Junior 12:19

Do you see, palliative care, usually covered well by insurances or use, like what are the difference between hospice and palliative care coverage in general?

Kari 12:29

with palliative care and hospice coverage. So those are different. from research that I've done, it seems as though Palliative care is typically covered by insurance. But Hospice is very different in the sense that hospice you kind of get a set amount of money to manage a patient and palliative care since they are still in or still can have curative treatments for any disease state that they have. It is a little bit different in terms of billing potentially. So I don't have a ton of specifics on the exact billing. And again, it's gonna vary from insurance plan to insurance plan. But since it is becoming a more known practice, I think that insurance plans are more willing to cover palliative care, especially because if you look at the numbers, you can see that palliative care can potentially save not only hospitals, but insurance companies so much money based on the fact that we're looking at the patient as a whole. And that could allow us to potentially do prescribe medications or really look at what this patient's goals are. And it might be completely different from what the guidelines say is necessary. And we're not looking at it from a perspective to save money because we want what's best for the patient. But I think as kind of a byproduct of making sure it's patient centered care money can be saved. In the end. You talked about how this care encompasses this family. How does that apply to helping family members? Yeah, so throughout palliative care, there are also benefits to the family members and loved ones of someone who has a chronic condition and is receiving palliative care. So throughout the time of the patient's illness, the palliative care team is also working closely to understand the goals of the family as well. And although it is very patient centered, it can be very beneficial to kind of hear from the family. What did this patient enjoy doing before they were sick or things like that, so we can really encompass them as an entire person. But also as the patient's disease or illness progresses, the palliative care team can be there as kind of support. So even after the patient passes away, a lot of times palliative care can be accessed by these family members to help them through the grieving process and kind of just work through any emotions that they would have had either during the patient's illness or even after they pass away. So again, it's focusing on people as a whole and what can we do to best help them whether that be the patient themselves or their loved ones that are surrounding them, because If loved ones are distressed all the time, then that distress of the loved ones can really affect the patient as well. So okay, so as I have said multiple times Palliative care is just really focusing on the patient and their needs and their goals, and how their goals might not align directly with guidelines. But that doesn't necessarily matter. In this scenario, if we can do something that can better the patient's quality of life or lessen their suffering. That's what Palliative care is going to do. Whether that be helping the patient themselves or helping those

around them. Palliative care is something that can be utilized by all pharmacists, not just specifically, palliative care trained pharmacists. And that's why I think it's so important for education and advocacy for palliative care to be prevalent today. And that is why I am interested in pursuing a career in palliative care.

Emily 15:49

That's all the time we have. Thank you everyone for sharing. Thanks for listening and we'll catch you next time at the RX counter.

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