Palliative Care in End Stage Renal Disease

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Palliative Care in End Stage Renal Disease: Objectives

1. Define Palliative Care: contrast with routine medical care.
2. Understand hospice services.
3. Understand how hospice and palliative care fit in progressive chronic kidney disease.
PALLIATIVE CARE MODELS

Old

Life-prolonging care

Medicare hospice benefit

Diagnosis

New

Life-prolonging care

Palliative care

Hospice care

Bereavement

Source: Center to Advance Palliative Care
Palliative Care

- Palliative care has different goals than routine medical care.
  - Pain control
  - Symptomatic improvement
  - Information and understanding
  - Enhance quality of life
  - Includes family
  - Advance planning and discussion
Hospice Care

- Hospice is a specific medical benefit (highly regulated)
- Required to be limited to terminal phase of illness (6 months)
- Medications and interventions are geared towards
  - assisting with pain and symptoms
  - assisting family with care needs
  - managing changes in condition as they arise.
- Generally not compatible with ongoing aggressive treatment.
End Stage Renal Disease

Needs of individuals with ESRD: Primary Medical team vs Palliative Care team.

- Stage 3-4 progressive kidney disease
  - **Primary medical team**: information and assistance in managing disease and modifying risk factors to slow disease progression. Educate and empower patients to take charge of their health and modify lifestyle/habits.
End Stage Renal Disease

**Needs of individuals with ESRD: Primary Medical team vs Palliative Care team.**

- Symptom management
- Information re disease/prognosis/and choices
- Assistance with planning, understanding choices,
- Support for setting up MDPOA and Advance directives where appropriate.
- Assistance with choosing equipment and care settings.
Stage 4 CKD: Gina

- Gina is 54 with diabetes, and a widow.
- She lives alone, and has two stepdaughters who are somewhat involved with her healthcare.
- She is experiencing fatigue and some trouble concentrating on tasks at work, she has cut back to part time.
- She has back pain which is aching and bothersome most of the time, but does not take pain medicine.
- She has developed tingling in her feet and hands, and restless legs at night.
Stage 4 CKD: Gina

- She is having a hard time keeping her home.
- In further discussion, she is considering moving back to be closer to her family in another town.
- She believes she is allergic to all pain medicine and so will suffer terrible pain like her father did at end of life.
- She is afraid she may go to hell due to guilt over past decisions.
Stage 5 ESRD: Ed

Edward was 84 when he developed acute renal failure. His previous GFR was 45: Kidney disease Stage 3.

After a long history of hypertension, heart disease and respiratory problems he landed in the hospital severe pneumonia.

His kidney function deteriorated rapidly in the first few days of ICU care.

Palliative care team consulted in hospital.

Dialysis initiated, Lung function cleared up some. But mental function not improved.

Hospice consulted

Dialysis discontinued.
HOSPICE CARE

- Multidisciplinary team
- RN case manager
- Hospice Aide
- MSW
- Spiritual Care
- Specialized Pharmacy
- Volunteers
- Board Certified HPM Physician
- Bereavement services
Verona: 78, on dialysis 8 years

- Verona had ESRD for 8 years on hemodialysis
- She had cardiac disease with atrial fib, aortic stenosis, and coronary artery disease.
- She had diabetes which required 3 insulin shots per day.
- She had peripheral neuropathy with aching pain in legs, some recurrent skin problems also in legs, also chronic back pain.
- She had poor sleep, low energy, and generally seemed to have poor quality of life at this stage of her disease.
- She was considering stopping dialysis, but her daughter was adamant that she must continue.
Hospice benefits

- Compassionate individualized care.
- Covered by Medicare and Medicaid.
- Comprehensive in home services.
- Support for patient autonomy and family role in decision-making.
- Support to family during illness and in bereavement.