

**TESTS I WISH YOU HAD NEVER
ORDERED:
A PALLIATIVE CARE PERSPECTIVE**

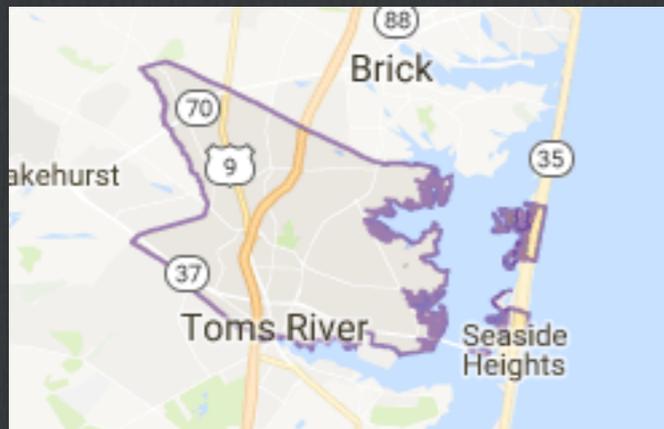
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OBJECTIVES

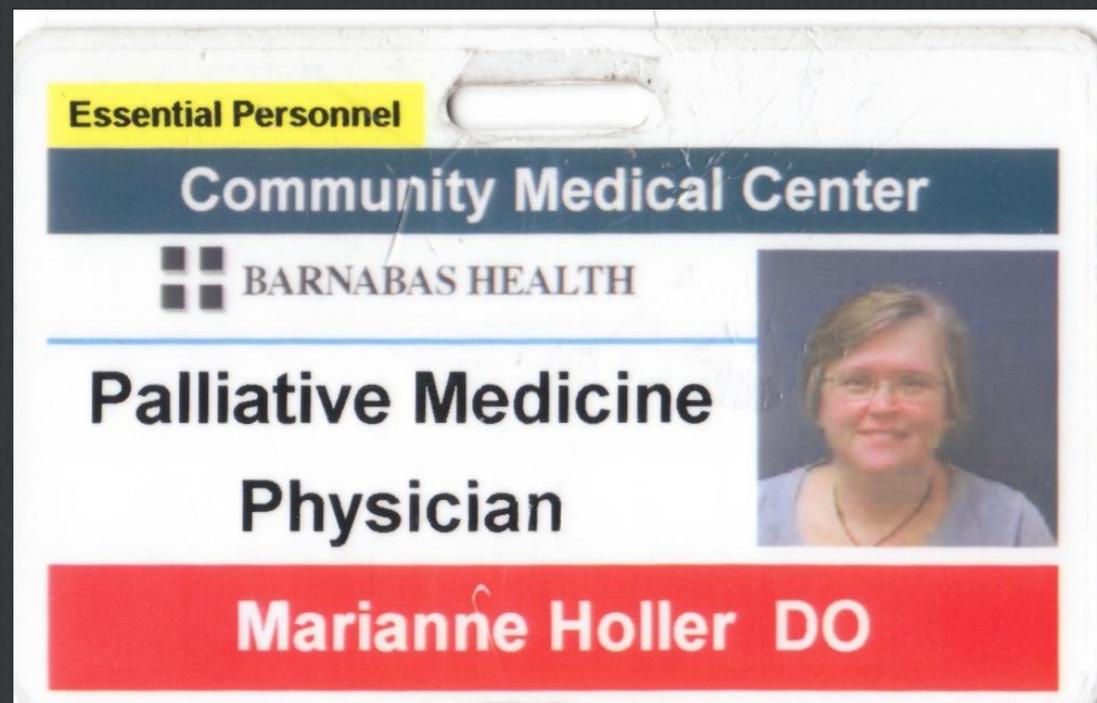
- TO GUIDE DECISION-MAKING ABOUT PATIENT CARE BASED ON GOALS
- TO ENCOURAGE THOUGHTFUL CONSIDERATION OF WHAT WE DO “TO” PATIENTS VS WHAT WE DO “FOR” PATIENTS
- TO HELP PRACTITIONERS BECOME COMFORTABLE WITH UNDERSTANDING THAT “LESS” CAN BE “MORE” WHEN TREATING PATIENTS WITH ADVANCED ILLNESSES

- The stories you are about to hear are true
- The names and places have been changed to shield the guilty and protect the innocent

Here we go



- This is the city: Toms River, NJ
- I work here
- I carry a badge



- I was working the day shift when the call came in
- I was happy that it was late in the day and I would be going home soon to my happy life just 8 miles from the scene of the crime. Little did I know...
- My partner was off (as partners usually are when things happen that are not pleasant)
- From as near as I could determine it was going to be an assault case on a frail senior citizen whose family had been led astray by well-meaning bystanders
- I had heard it before, but it didn't make it any easier

I raced down the hall

I wanted the facts, just the facts. And
here is what I found...



Miss Eileen Dover

- 87 year old female
- Dx with met rectal cancer 4 months ago, no surgery or treatment recommended due to her overall poor condition
- She was bed bound with dementia, required total care at the time of her cancer diagnosis
- She came in from home 2 weeks ago with a “change in mental status”. She was DNR/DNI. She was admitted to the hospitalist service and placed on telemetry

Miss Eileen Dover

- Telemetry you ask? Why telemetry?
- (This would be the first of many mis-steps by the well-meaning bystanders)
- She was given 2 liters of fluids and returned to her baseline (per the family) by the morning

Miss Eileen Dover

- The Hospitalist returned in the am, happy that his patient had improved. All the work-up was negative in this frail elderly patient with dementia and met rectal cancer...except...
- Her telemetry...there were pauses overnight on the monitor (explain to me again why this patient was on telemetry?)

Yup that's what it was



What should we do



Eureka!!!

- How about if we bypass explaining the situation to the family, asking for their input and call Cardiology instead?

SUPERHERO
CLEVERLY DISGUISED AS A
CARDIOLOGIST

Have No Fear
The Cardiologist
Is Here



Cardiology consult

- Confirms pauses on the monitor. (You know the monitor that the patient probably should not have been on in the first place)
- Dictates that the gravity of the situation was explained to the family who did not wish to pursue a pacemaker
- Consult ends with the statement: “I will return tomorrow to impress on them the need for this intervention”

fast
FORWARD 

Miss Eileen Dover

- Here is she, re-admitted to the hospital with an infection at the site of her newly placed pacemaker
- I am consulted to discussed goals with the family

Mis-Steps on the Journey

- 87 yo patient not referred to hospice when she was dx'd with rectal cancer that could not be treated because she was in poor condition
- Dementia pt admitted with change in mental status. (Happens everyday)
- Pt placed on Telemetry with no clear reason
- Pauses noted on monitor and goals were not discussed at the time of the finding
- When you have a hammer everything looks like a nail

The questions you must ask yourself

Who is this patient?

What is the goal?

Whose goal is it?

What can I do to achieve the goal?

Am I doing the right thing, at the right time for this patient?



Another day, another tragedy

- 62 year old male
- History of inoperable brain tumor
- Now bed bound and home on hospice
- Caring family at his side day and night
- Somehow, inexplicably admitted with hip and wrist fracture that happened in Radiology Dept of this hospital

A Patient with an inoperable brain tumor on hospice!

What could possibly go wrong?



Enter well meaning bystander...

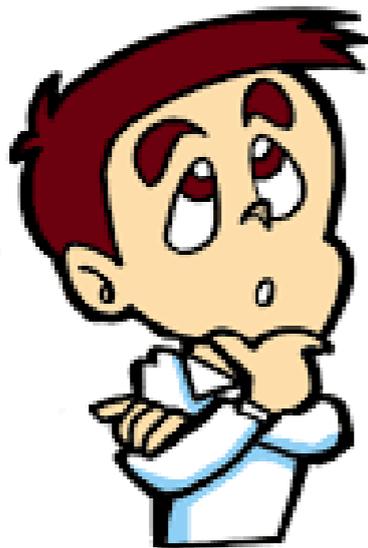
(or a few of them)



Family calls doctor...

- Family states patient has been on hospice now for 2 months
- He had always gotten regular Ct Scans to evaluate the brain tumor
- Can he have another Ct Scan to see what is going on with the tumor?

Family doctor...



Let me see...

- Asks: “Who ordered these Ct Scans in the past?”
- Family says: The oncologist

Oncologist says:

- Sure, no problem!
- Hospice RN then arranges ambulance to obtain the much needed Ct Scan
- What could possibly go wrong?

Just the facts, please



- Ambulance brings the patient to the hospital
- While transferring pt from stretcher to Ct Scan he falls/is dropped
- The patient was taken from home bed to ambulance stretcher, lifted to ambulance, driven to hospital, transferred to hospital stretcher and then transferred to Ct Scan table when the crime occurred

What was the goal?



Alternate plan of attack

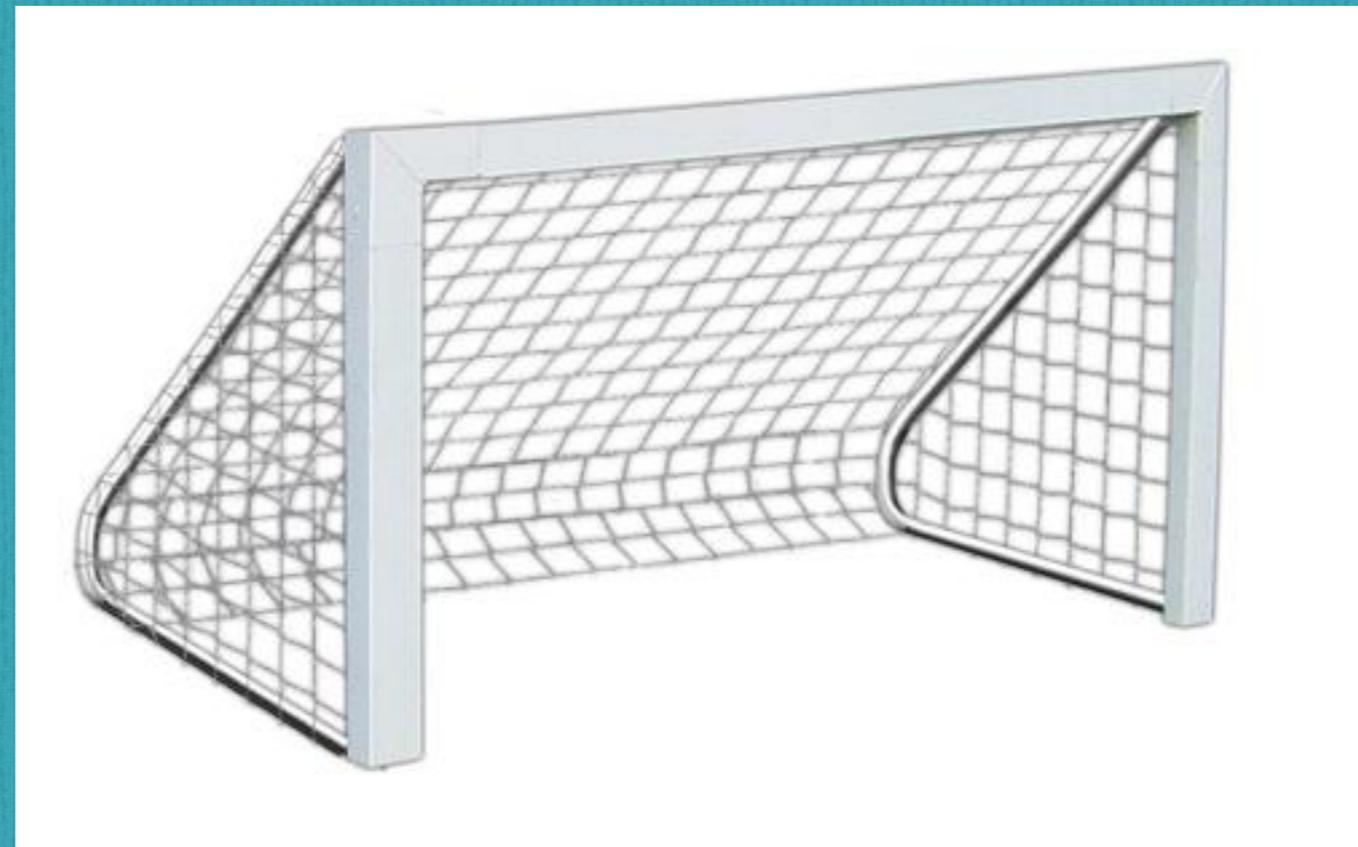
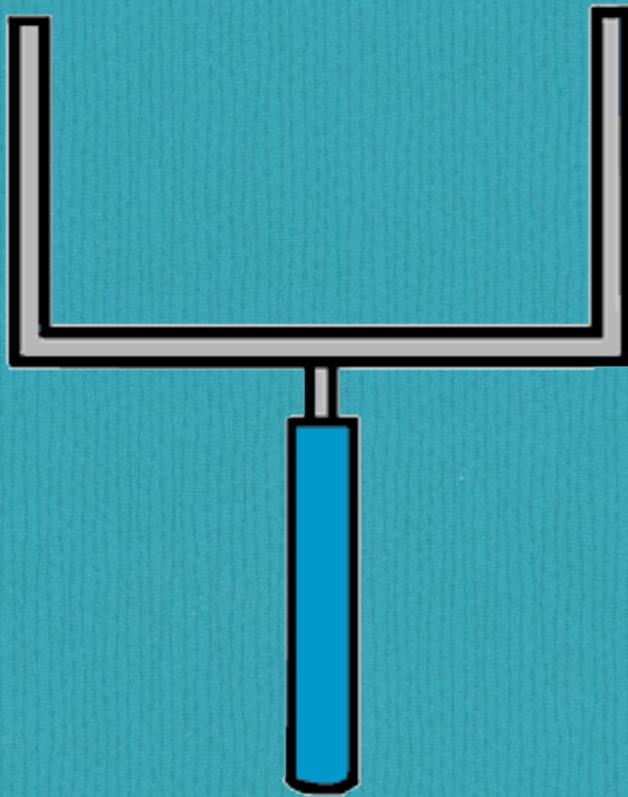
- Family asks for Ct Scan
- Goal? We want to know what the brain tumor is doing
- Reply: The scan will come out one of three ways...the tumor is better, worse or the same.
- If it is better it does not change the goal which is to keep him home and comfortable
- If it is worse it does not change the goal which is to keep him home and comfortable
- It is the same....well you get the idea

Same for patients with most advanced illnesses facing end of life

- Pt with advanced renal disease who is not a candidate for dialysis...should we be checking CR?
- Pt with leukemia: do we continue to check WBC levels?



You must always ask what the goal looks like
before you proceed



Remember



- When caring for patients with advanced illnesses let the goal guide your testing
- It is much easier to give in sometimes, but you will not help the patient or the family that way