

# What is Palliative Care? Finding the Right Message

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Neither presenter has anything to disclose.  
There are no financial conflicts of interest to  
report

# Goals for today:

- Describe the medical provider factors that lead to lack of referral for palliative care services
- Describe the patient, family and consumer factors that lead to lack of acceptance or, or utilization of palliative care services
- Describe strategies to clarify definitions of palliative care and to describe and message these definitions, in ways that are helpful, honest and supportive of patients' goals for care



# CAPC's Definition.....

## **What is Palliative Care?**

Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family.

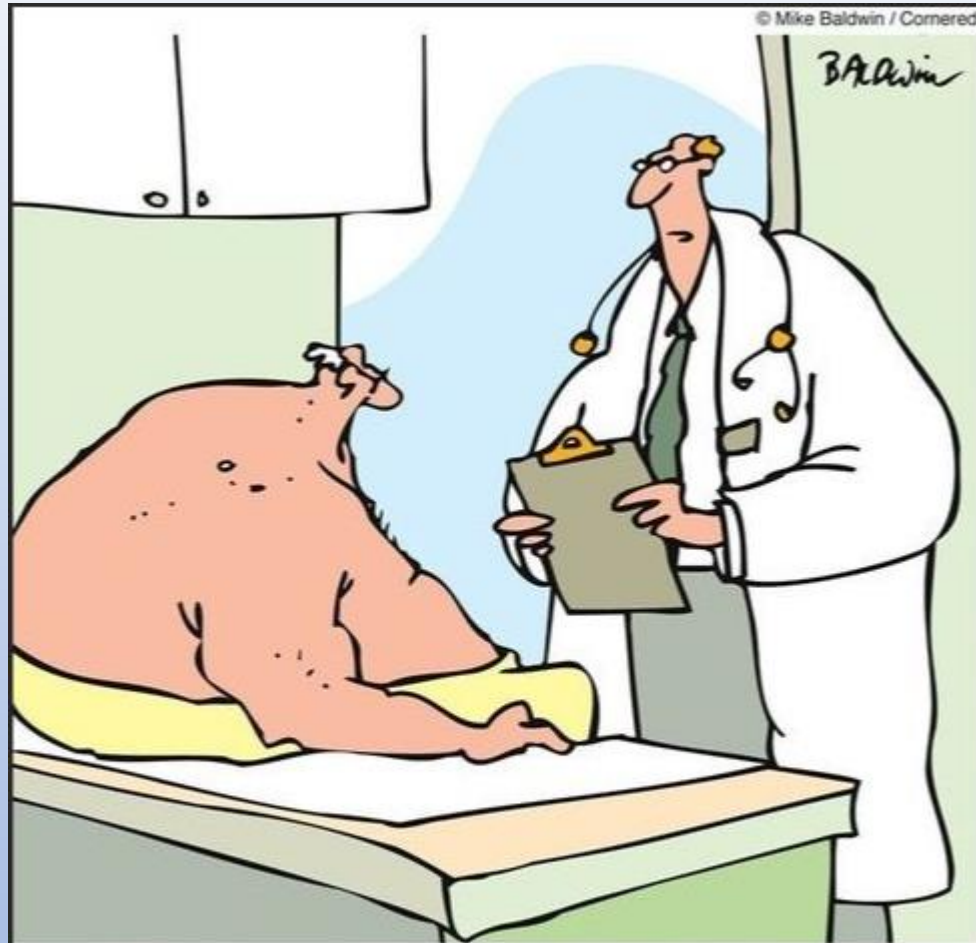
Palliative care is provided by a specially-trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

# Words Matter....

- Medical sub-specialty: Hospice and Palliative **Medicine**
  - Subspecialist and generalist skill sets
- Hospice
- Palliative **Care**
- Advance Directives, Living Wills, Power of Attorney for Health Care, POLST Forms
- Terminal, Advanced, Serious, and Chronic Illness
  - What's the difference?

# What is quality of life... in the face of a serious illness?



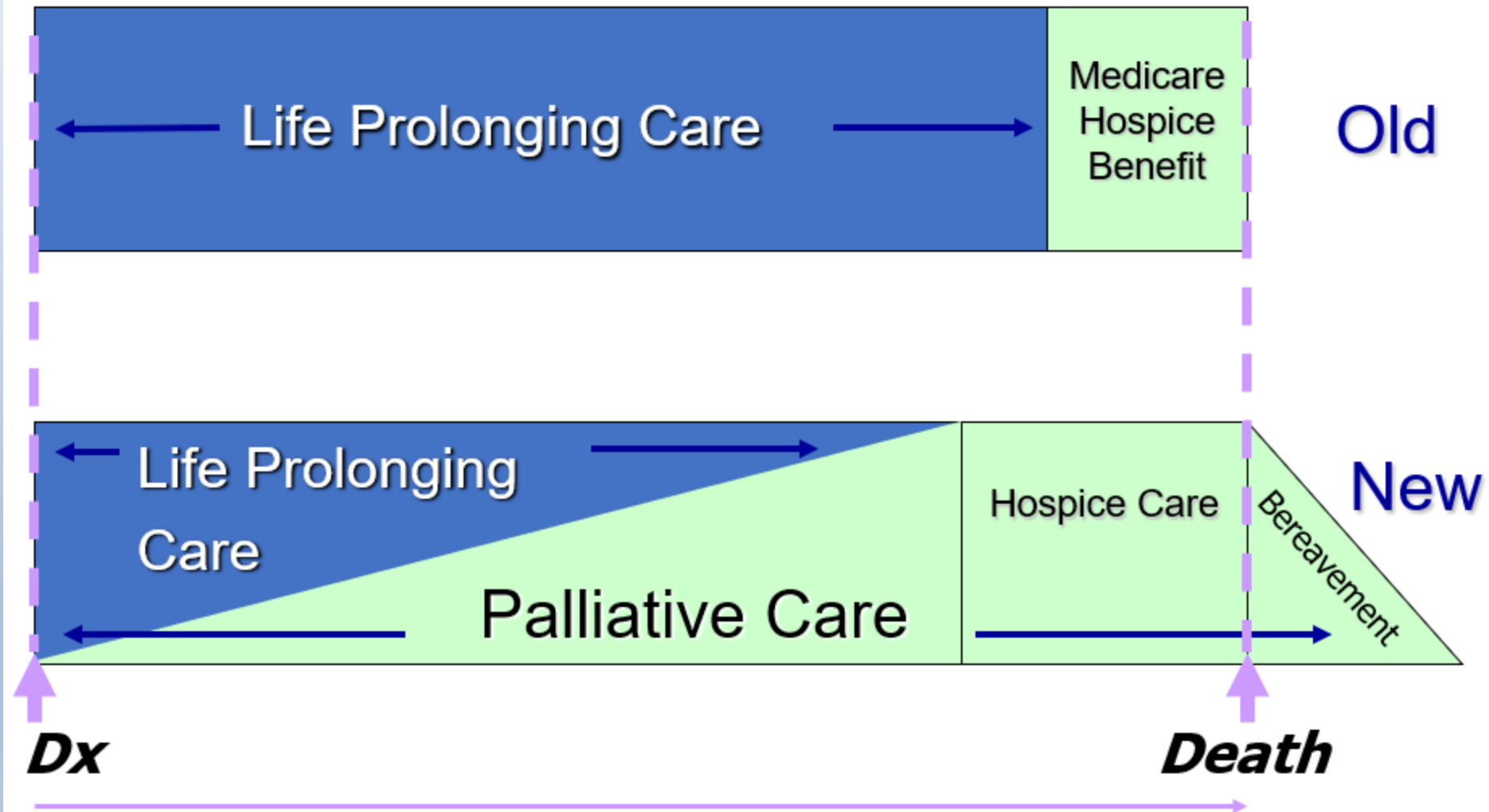


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“You’ve got six months, but with aggressive treatment we can help make that seem much longer.”



# Conceptual Shift for Palliative Care



# Public Perceptions....

- 80%-90% report awareness, importance of advance care planning
  - 10-41% report completing
- 66%-71% report no awareness of palliative care
  - Of those who do, most conflate with end-of-life
  - Once shown a “definition” 95% respond favorably
- 86% aware of hospice
  - 70-91% rated favorably
  - 37% significant misconceptions
    - “giving up,” overmedicating



"He's our new Palliative Specialist!"

# Medical Provider Perceptions.....

- Not trained to give up; “My job is to cure”
- Hesitancy, fearful of prognosticating
  - Afraid to be right, afraid to be wrong
- Not comfortable with skill set
- Confusion over who is appropriate?
  - Physician selected eligibility based on perceived need
    - Requires clarity, education, support
  - Identification based on algorithms, health care utilization
    - Drives eligibility back to end-of-life

# Who is appropriate for palliative care?





*"You have a serious illness of an undisclosed nature."*

A hand with fingers pointing down towards a row of seven wooden blocks. The blocks are arranged to spell out the word 'SUPPORTIVE'. The first two blocks are stacked vertically, with 'SUP' on top and 'PAL' on the bottom of the first block, and 'POR' on top and 'LIA' on the bottom of the second block. The remaining five blocks are single and contain the letters 'T', 'I', 'V', and 'E' respectively.

**SUP** **POR**  
**PAL** **LIA** **T** **I** **V** **E**

**Is this what  
consumers and  
providers want to see  
when talking about  
palliative care?**





# For More Information

- [Marketing and Messaging Palliative Care | Center to Advance Palliative Care \(capc.org\)](#)