Physician to Physician

Putting the focus on pain and symptom management in hospice

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Managing pain and other distressing symptoms during the final months of life is something virtually all healthcare professionals associate with hospice care. When discussing hospice, the attention generally turns to that end-of-life piece, but let’s instead focus on pain and symptom management.

The formal specialty of Hospice and Palliative Medicine (HPM) came about in large part because of the growing expertise of clinicians dedicated to the palliative management of pain, dyspnea, nausea and delirium. In many ways, this skilled hospice staff, which is composed of a team of hospice physicians, hospice nurses, social workers, spiritual care counselors and others, acts together as a consultant to assist the attending physician in managing a patient with distressing symptoms. This is done as a team to ensure that all aspects of a patient’s care are addressed, since how these symptoms are perceived goes beyond just the physical aspects of a symptom.

First among these symptoms is pain. Palliative pain management shares many things in common with traditional pain management; however, there are some significant differences. Typical standard pain management deals with individuals for whom pain is the major issue, meaning that if the pain is improved, function improves, and a return to normal life can be expected. Such is not the case in the hospice setting, where pain is often only the foremost problem among many. Once pain is managed, the underlying terminal illness is still present. In addition, palliative pain management is most often done in the setting of a very ill, medically complex individual. The goal of standard pain management is pain reduction to the level that maximizes function. Since function is unlikely to return for someone with a terminal condition, the goal is different; it is comfort to the degree desired by the individual in order to maximize the quality of his or her remaining life.

Emotional, interpersonal and spiritual issues affect how these symptoms are felt, especially when an individual is also confronting a terminal condition. While medications are the mainstay in managing distressing symptoms, optimal treatment includes accounting for these additional issues using non-medications management. The use of an interdisciplinary team allows for an individually tailored plan of care for each person facing these symptoms.
Understanding how to achieve pain relief in the hospice setting has been a focus of study for the past several decades. If sedation is an acceptable outcome, analgesia is an achievable goal for virtually all hospice patients. Because of this, HPM has attained a well-deserved reputation for top-notch pain management, meaning both patients and referral sources should expect such expertise from their chosen hospice. It is important to remember that techniques used in hospice may not be applicable for non-terminal patients, so expectations and results are not always the same for the palliative setting compared to a more traditional one. Because the difference in overall goals of care is quite different, more aggressive pain management using opioids or other techniques, while still requiring informed consent, are more acceptable. Longer-term adverse outcomes, such as dependence on opioids, simply do not matter for someone with a prognosis of weeks to months.

Similar evidence has accumulated for managing other symptoms. Just as for pain, opioids are a mainstay for managing refractory dyspnea in someone with a limited life expectancy. With appropriate titration and judicious prescribing, opioids have been shown not to hasten death when used for pain or for dyspnea in this setting. Nausea is another common symptom affecting patients with life-limiting conditions. The pathophysiologic mechanisms that trigger the perception of nausea are complex. A medication that is effective for chemotherapy-induced nausea may be a poor choice for someone with the same symptom arising from gastroparesis or a bowel obstruction. Research in the HPM field has led to evidence-based guidelines for appropriate management of nausea.

Delirium is one of the most commonly encountered symptoms in individuals with terminal conditions. Determining if an episode of delirium is reversible or is just prefiguring the terminal event can be difficult. Since this has many potential triggers dependent on the underlying conditions, both physical and psychosocial, the multidisciplinary assessment by the hospice team allows for better management. Skilled hospice care manages either type of delirium episode. Similar management can help with the myriad of other symptoms that might accompany the terminal phase of life.

When modern hospice started in the late 1970s and early 1980s, there was little evidence for scientific symptom management. Today’s hospice care is increasingly evidence-based with remarkably better symptom management outcomes. Such symptom control is important since most individuals at this time of their lives have important tasks to accomplish before the end. Such tasks are left undone if symptoms are not managed. With referral to hospice for palliative pain and symptom management, the resulting improved quality of life allows those tasks to be addressed in the patient’s remaining time. That is what some refer to as the “gift of hospice.”