Palliative care: Pharmacist challenges and Opportunities

Katia ISKANDAR, Rph, Pharm.D, MHM
Clinical assistant professor, School of Pharmacy, LIU
Chief Pharmacist, Lebanese Canadian Hospital
• Palliative care medicine was officially recognized as a specialty in Lebanon
  – 28 June 2013
  – Ministry of Public Health issued decree number 1/1048
Palliative Care in Lebanon

A big step forward ..........

Towards positive changes:

- Establishment of palliative care centers
- Validation of Patient right to access the service
- Effective pain and other symptoms management
- Third party reimbursement
- Specialty, Educational and training programs
Numerous governments have already adopted national palliative care policies, including:

Australia, Canada, Chile, Costa Rica, Cuba, France, Ireland, Norway, Spain, Uganda, South Africa and the United Kingdom.
What is palliative care?
“An approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.” WHO 2002
Does NOT cure

Palliative care + Curative care

OR

Palliative care alone, when curative care is no longer helpful

Image courtesy of fightmesotheliomacancer.com
Palliative Care

Disease Progression

Diagnosis of serious illness

Hospice Care

Bereavement

Curative Care

Palliative Care
Palliative care versus Hospice care

• **Palliative Care** – provided at any stage of illness from diagnosis through cure or remission to death.

• **Hospice** – provided to those with a terminal diagnosis and life expectancy of ≤ 6 months.
COMPONENTS OF PALLIATIVE CARE

- Patient and Family
- Effective communication
- Coordination across all sites of care
- Continuity of care
- Symptoms control: Physical, Psychological, Spiritual
- Rehabilitation
- Bereavement support
Principles of palliative care

- Focus on quality rather than quantity of life
- Affirm Life
- Accept death as a natural process
- Manage pain and other symptoms
- Respect patient autonomy, dignity and choice
- Care about the person and his family
- Enhance communication
- Support caregivers

‘Adds life to patient days not days to patient life’
Palliative care delivery settings

**Specialist services**
- Hospital palliative care services
- Hospice

**Care facilities**
- Nursing homes

**Home**
Who benefits from palliative care?
Who benefits from palliative care?

Patients at all ages in all stages of the disease

Family

Staff
Palliative care patients

Patients with progressive, life-threatening conditions

Malignant condition

Non-Malignant chronic condition
WHO has identified the most common conditions that require palliative care:

- Cancer
- Alzheimer and other dementias
- Cardiovascular diseases
- Cirrhosis of the liver
- COPD
- Diabetes
- HIV/AIDS
- Kidney failure
- Multiple sclerosis
- Parkinson disease

- Rheumatoid arthritis
- Drug-resistant tuberculosis
- Congenital anomalies (excluding heart abnormalities)
- Blood and immune disorders
- Neurological disorders
- Neonatal conditions
Pharmacist involvement in palliative care???

PALLIATIVE CARE TEAM
Definitions

• **Pharmaceutical care** is defined as the direct, responsible provision of medication-related care for the purpose of achieving definite outcomes that improve a patient’s quality of life.

• **Palliative care goal** is the achievement of the best quality of life for patients and their families.

**GOALS ARE CONSISTENT**
Medication therapy is the cornerstone of most—but not all—symptom control in palliative care.
What is the role of the pharmacist?
Medication review

a. Determine **inappropriate medications**
b. Guide **drug** therapy **selection**
c. Individualize appropriate **dosing strategies**
d. Identify **cost-effective alternatives**
e. Document pharmaceutical care plan
f. **Monitor** for signs and symptoms of withdrawal
g. **Screen** for **drug interactions**


*SHP Statement on the Pharmacist’s Role in Hospice and Palliative Care*
Provision of Pharmaceuticals

a. Stock and dispense medications tailored to patient needs

b. Compound non standard dosage forms

c. Determine an alternative route of drug administration

d. Ensure safe storage and proper disposal of medications

e. Advice on drugs compatibility and stability

f. Manage alerts, medication recalls or shortages

g. Develop protocols for after-hours distribution of emergency medications

SHP Statement on the Pharmacist’s Role in Hospice and Palliative Care
Educate/Counsel Patients and Family

a. Educate about drug use and administration
b. Develop patient education tools
c. Counsel on fears of addiction and drug abuse
d. Address medication myths and misconceptions
e. Provide medication counseling across transfer of care

SHP Statement on the Pharmacist’s Role in Hospice and Palliative Care
Educate/liaise with health providers

a. Counsel staff on palliative care pharmacotherapeutic principles
b. Educate about newly approved medications
c. Advise on off-label use of medications
d. Inform on the use of alternative medicine and related risks
e. Update staff on new clinical practice guidelines
f. Help to interpret guidelines as they apply to patients with advanced illness.

SHP Statement on the Pharmacist’s Role in Hospice and Palliative Care
Secure patient safety

a. Investigate medication errors and analyze trends

b. Perform medication reconciliation

c. Develop a process to screen and manage potential drug abuse

d. Address polypharmacy and associated iatrogenesis issues

SHP Statement on the Pharmacist’s Role in Hospice and Palliative Care
Administrative role

- Develop and maintain a **medication formulary** based on current literature, best practice, and cost considerations.
- Chair/participate on a **Pharmacy and Therapeutics committee**.
- Implement medication-related quality improvement
- Develop **pain and symptom management protocols**
- Develop **medication-related policies and procedures**
- Conduct research related to **effectiveness of medication use**
Added value of the pharmacist care......

Improving the cost-effectiveness of pharmacotherapy
Delivery settings for pharmacists

- Specialist services
  Hospital palliative care services

- Care facilities
  Nursing homes

- Community pharmacy
Barriers for pharmacists

a. Complexity of clinical decision
b. Discomfort in communicating with patients near the end of life
c. Poor coordination
d. Spiritual, cultural and religious issues
e. Knowledge and training
f. Technical expertise
g. Availability of information resources
h. Lack of renumeration
i. Lack of support from health professionals
Potential barriers related to patients

a. Too many health professionals already involved
b. Lack of trust
c. Inability to visit patient at home
d. Time constraints for pharmacists
e. Lack of privacy in the community pharmacy
Benefits of pharmacists involvement in palliative care

a. Costs saving benefits

b. Patients benefits
   ▪ Direct access to community pharmacy
   ▪ MMR
Challenges for pharmacists

**Social**
- Lack of validation and support by the community and other healthcare professionals
- Lack of understanding of the skills and knowledge the pharmacist brings to the interdisciplinary palliative care team

**Legal**
- A need to establish a framework for the pharmacist role and responsibility in palliative care
- A requirement: Accredited and validated certification, educational and training programs for pharmacist

**Academic**
- Post graduate educational program that enhances humanistic skills and technical expertise
- Integration of palliative care in the pharmacy curricula
Opportunities for pharmacist

a. Enhancing the image of pharmacy profession
b. Wider application of pharmacy practice
c. Better recognition, support and validation by other health care professionals
Take home message

Palliative care is everyone’s business including Pharmacist
Thank you!