Pallium Journal Watch Program

A webinar and accompanying podcast series

Brought to you by a partnership between Pallium Canada and the Divisions of Palliative Care at Queens University in Kingston, Canada, and McMaster University in Hamilton, Canada

With funding from Health Canada

April 11th, 2022

Co-hosts: Dr. José Pereira & Dr. Leonie Herx
Guest Panelists: Dr. Jean Mathews & Dr. Anna Voeuk

Welcome to the Journal Watch Program!

What it is

- A regular series of webinars, and accompanying podcasts, where teams from two academic Divisions of Palliative Care in Canada (at McMaster University and Queens University) share papers from peer-reviewed journals that caught their attention.

Why we do it

- To help us stay up to date with the literature
- Challenge us to think differently about a topic
- Or confirm our current practices

Who it is for

- Clinicians, educators, managers or policymakers with an interest or role in providing or organizing palliative care

How we do it

- Teams of Division members (academic clinicians) monitor about 15 palliative care and general journals looking for new papers that could change or confirm current practices and thinking
  - Clinical care, education, quality improvement, health services organization and policymaking.
- The articles are selected based on their potential to change or confirm practice or thinking.
- Articles of interest are identified, summarized by our contributors and submitted to our editorial team who then selects the top ten, or so, for presentation and honourable mentions.

Welcome to the Journal Watch Program!

How often

- For 2022 we are planning to host a webinar and produce its accompanying podcast approximately every two months.
- If all goes well, we may see webinars and shows broadcast more often.
- We look forward to input from the listeners on how we can continually improve this series.

Podcast and website

- The webinars will be transformed into accompanying podcasts and made available via Pallium Canada's ECHO website, https://www.pallium.ca/journal-watch-program/

This 1 credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada for up to 8 Mainpro+ credits (each 1 hour session is worth 1 mainpro credit)

Pallium Canada is applying to the Royal College of Physicians and Surgeons of Canada for Maintenance of Competence certification.

What to expect from today's session

- We will present 4 papers; short summaries followed by a chat between us as co-hosts and episode guests.
- Feel free to submit questions using the "Q&A" box; these will be addressed at the end of the summaries.

Disclaimer

- This is a "Journal Watch", and not a "Journal Club".
  - No in-depth critical appraisals of each article.
- It is your responsibility to further discern its applicability and relevance to your practice.

- A list of "honourable mentions" are provided at the end, other articles that we thought are noteworthy but time does not allow us to discuss them today. The links to all the articles discussed today, including the honourable mentions, will be provided on the Pallium ECHO website.
- This session is being recorded and will be emailed to registrants within a week, followed by publishing of its accompanying podcast a few weeks later- please check this webpage for updates: https://www.pallium.ca/journal-watch-program/

Introductions

Co-hosts

Dr. José Pereira, MBChB, CCFP(PC), MSc, FCFP, PhD
Professor and Director, Division of Palliative Care, Department of Family Medicine, McMaster University, Hamilton, ON, Canada
Scientific Officer and Co-Founder, Pallium Canada

Dr. Leonie Herx, MD, PhD, CCFP(PC), FCFP
Division Chair & Associate Professor, Division of Palliative Medicine, Queen’s University, Kingston, ON, Canada
Medical Director of Palliative Care, Kingston Health Sciences Centre and Providence Care Hospital

Guests today

Dr. Jean Mathews, MBBS, MD
Assistant Professor, Division of Palliative Medicine, Queen’s University, Kingston, ON, Canada

Dr. Anna Voeuk, MD, MPH, CCFP(PC), FCFP, DTM&H
Assistant Professor, Division of Palliative Medicine, Queen’s University, Kingston, ON, Canada

Disclosure

Relationship with Financial Sponsors:

Pallium Canada

- Not-for-profit
- Funded by Health Canada

Disclosure

This program has received financial support from:

- Health Canada in the form of a contribution program
- Pallium Canada is a non-profit foundation. It generates some funds to support operations and R&D from LEAP course registration fees and sales of the Pallium Pocketbook

Co-hosts/ Guest Panelists

- Dr. José Pereira: Receives stipend from Pallium Canada as Scientific Officer
- Dr. Leonie Herx: CSPCP Board member
- Dr. Jean Mathews: None declared
- Dr. Anna Voeuk: Previous CSPCP Board member

Disclosure

Mitigating Potential Biases:

- The scientific planning committee had complete independent control over the development of course content

The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

Stay connected: www.echopalliative.com

The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Featured Articles

Featured articles

1. Periyakoil, V. S., Gunten, C. F. V., Fischer, S., Pantilat, S., & Quill, T. (2022). **Generalist versus Specialist Palliative Medicine**. *Journal of Palliative Medicine*, *25*(2), 193-199.
2. Periyakoil, V. S., Gunten, C. F. V., Arnold, R., Hickman, S., Morrison, S., & Sudore, R. (2022). **Caught in a Loop with Advance Care Planning and Advance Directives: How to Move Forward?**. *Journal of Palliative Medicine*, *25*(3), 355-360.
3. Huang, J. Y., Steele, P., Dabscheck, E., & Smallwood, N. (2022). **Nasal High Flow Therapy For Symptom Management in People Receiving Palliative Care.** *Journal of Pain and Symptom Management*, *63*(2), e237-e245.
4. Lau, J., Mazzotta, P., Whelan, C., Abdelaal, M., Clarke, H., Furlan, A. D., ... & Zimmermann, C. (2022). **Opioid safety recommendations in adult palliative medicine: a North American Delphi expert consensus.** *BMJ supportive & palliative care*, *12*(1), 81-90.

Article 1

Periyakoil, V. S., Gunten, C. F. V., Fischer, S., Pantilat, S., & Quill, T. (2022). **Generalist versus Specialist Palliative Medicine**. *Journal of Palliative Medicine*, *25*(2), 193-199.

Article selected by our Editorial team of contributors: Drs. Leonie Herx and José Pereira

Presented by: Dr. Leonie Herx

ABSTRACT

Objective

- To discuss the the issue of generalist versus specialist palliative medicine

Methods

- transcribed discussion between leading physicians in the field

Discussion points

More cost-effective systems-effective approach:

- Role for specialist palliative care in upskilling people on the front lines to do the work with indirect support from specialist palliative care for education and backup/advising system eg indirect support: comfort order sets for those actively dying
- Specialist palliative care directly sees those with complex/difficult palliative care needs

Analogy of cardiology:

- Cardiologists do not want to see all the people in hospital with high blood pressure; they only want to see those with really difficult to control high blood pressure

Difficulty with palliative care funding – not revenue generating for hospital:

- Case for palliative care is quality, safety & support of staff not revenue value

Who is the consult for?

- The patient is sometimes the referring physician/team who is struggling with something

Conclusion

Palliative care needs to "grab the oars and start rowing in one direction" regarding what is primary palliative care and what is specialist palliative care

If we cannot get our definitions right, how can we get our gameplay straight?

Periyakoil, V. S., Gunten, C. F. V., Fischer, S., Pantilat, S., & Quill, T. (2022). **Generalist versus Specialist Palliative Medicine**. *Journal of Palliative Medicine*, *25*(2), 193-199.

Background

The issue of generalist vs specialist palliative care is on the minds of healthcare leaders everywhere due to the changing demographics of the population, the changing workforce, and the limited resources for specialist palliative care.

Main Message

This article tackles pivotal & timely questions regarding how to improve access to palliative care and the need to get ourselves 'rowing in one direction' with clear definitions & models for palliative care understood by all palliative care clinicians

Why is this article important?

Questions asked are ones many palliative care programs are struggling with, including:

- Where is specialty palliative care most valuable, who are the patients who will benefit most from this very intensive and specialized service, given it is a limited resource?
- How do we stop being a reactive model of service and become proactive?
- Should we redesign palliative care practice using principles of population management (do only the things that only you can do - and what is that?
- Can we leverage virtual palliative care consults introduced during the COVID-19 pandemic to promote wider access to specialty palliative care?
- Should we promote ways to advance primary palliative care and and reserve specialty palliative care for those who will benefit most from it?

Strengths and Limitations:

Strengths - leaders/experts in the field with first-hand knowledge of the challenges of access and need for palliative care vs limited resources available

Limitations - expert consensus vs evidenced based review or objective study of the topic

Discussion

Article 2

Periyakoil, V. S., Gunten, C. F. V., Arnold, R., Hickman, S., Morrison, S., & Sudore, R. (2022). **Caught in a Loop with Advance Care Planning and Advance Directives: How to Move Forward?**. *Journal of Palliative Medicine*, *25*(3), 355-360.

Article selected by our Editorial team of contributors: Drs. Leonie Herx and José Pereira
Presented by: Dr. Jean Mathews

ABSTRACT

Objective

To discuss how to move forward with advance care planning (ACP) and advance directives in palliative care

Methods

Transcribed discussion between leading physicians in the field

Discussion points

- As a field we have not defined what ACP includes – often misinterpreted as advance directives or a living will for some future state of illness
- What outcomes should we be measuring to best determine the impact of ACP?
- ACP should be talking to people living with serious illness about prognosis and real-time decision making.
- Focus should not be on decisions per se but how to help people make decisions

Conclusion

ACP is but one tool in the collective palliative care toolbox and new tools are needed. Given that we have finite resources, future research should focus on more tools to improve symptom management, better models of care and systems that will ensure goal-concordant care that meet the needs of the population that the health system is designed to meet

Periyakoil, V. S., Gunten, C. F. V., Arnold, R., Hickman, S., Morrison, S., & Sudore, R. (2022). **Caught in a Loop with Advance Care Planning and Advance Directives: How to Move Forward?**. *Journal of Palliative Medicine*, *25*(3), 355-360.

Background

Completion of advance care planning (ACP) process and/or advance directive should result in patients receiving the care they desire at the end of life, however three decades of research has shown that lower levels of surrogate grief may be associated with ACP, it does not appear that further research will ensure that seriously ill patients will get goal-concordant care

Main Message

ACP cannot fix a broken health system, and by itself without systems changes will not be able to ensure that everyone gets the care they want.

Why is this article important?

Much confusion exists about what ACP includes and how to measure outcomes of its impact

An unfortunate consequence of palliative care research and advocacy so far is the misguided notion of many hospital systems thinking they can solve their palliative care problems by only implementing an ACP initiative and not other palliative care supports/resources/training

Strengths and Limitations:

Strengths - leaders/experts in the field with first-hand knowledge of the challenges of ACP and care for those living with serious illness

Limitations - expert consensus rather than an evidenced based review or study of the topic

Discussion

Article 3

Huang, J. Y., Steele, P., Dabscheck, E., & Smallwood, N. (2022). **Nasal High Flow Therapy For Symptom Management in People Receiving Palliative Care.** *Journal of Pain and Symptom Management*, *63*(2), e237-e245.

Article selected by our Editorial team of contributors: Drs.José Pereira and Leonie Herx
Presented by: Dr. Leonie Herx

ABSTRACT

Objective

To discuss a new potential treatment for relieving breathlessness in patients at home is nasal high flow (NHF) therapy.

Design, Setting, and Participants

Case study of a patient with very severe chronic obstructive pulmonary disease who received domiciliary NHF therapy (approximately 8 hours/day, flow rate of 20 L/min) over twelve months with good effect for the relief of severe chronic breathlessness.

Discussion Points

The management principles for severe chronic breathlessness,

The physiological effects of NHF therapy

The evidence for long-term use in the community setting

Conclusions

NHF therapy is a relatively new & appealing option for people with severe chronic breathlessness at home or in palliative care settings

The patient in this case report experienced improved breathlessness scores and exercise capacity

This case supports the growing literature demonstrating NHF therapy is a useful management approach for relieving severe chronic breathlessness

Huang, J. Y., Steele, P., Dabscheck, E., & Smallwood, N. (2022). **Nasal High Flow Therapy For Symptom Management in People Receiving Palliative Care.** *Journal of Pain and Symptom Management*, *63*(2), e237-e245.

Background

People with chronic nonmalignant lung diseases (eg COPD, IPF) frequently experience severe chronic breathlessness that significantly impacts quality of life and causes significant distress, social isolation, and recurrent hospital admissions

Severe chronic breathlessness remains difficult to treat with no effective symptom management to completely relieve breathlessness

Nasal high flow (NHF) therapy is a respiratory support therapy that delivers heated, humidified air (w/ O2 of required) with flows up to 60L/min which improves gas exchange & reduces work of breathing

Main Message

Nasal high flow therapy may reduce exacerbations, admissions and symptoms in people with chronic breathlessness, especially in COPD & hypoxemia

Why is this article important?

NHF therapy can be used to improve symptom management at home in severe chronic breathlessness, and may reduce avoidable hospital admissions

More studies are warranted to assess physiology, QOL, symptoms and rescue medication use

Strengths and Limitations:

Limitations – single case report

Discussion

Article 4

Lau, J., Mazzotta, P., Whelan, C., Abdelaal, M., Clarke, H., Furlan, A. D., et al. (2022). **Opioid safety recommendations in adult palliative medicine: a North American Delphi expert consensus.** *BMJ Supportive & Palliative Care*, *12*(1), 81-90.

Article selected by our team of contributors: Dr. Anna Voeuk & Dr. Julianne Bagg

Article presented by: Dr. Anna Voeuk

ABSTRACT

Objectives:

- To develop expert consensus recommendations about how to promote opioid safety in adults receiving palliative care in Canada and the USA.

Methods:

Delphi process comprised of two rounds by USA and Canadian panelists in palliative care, addiction and pain medicine developed expert consensus recommendations. Elected Canadian Society of Palliative Care Physicians (CSPCP) board members then rated how important it is for palliative care physicians to be aware of each consensus recommendation.

Results:

- A total of 130 recommendations were generated from the two rounds on six opioid-safety related domains: (1) General principles; (2) Measures for healthcare institution and PC training and clinical programs; (3) Patient and caregiver assessments; (4) Prescribing practices; (5) Monitoring; and (6) Patients and caregiver education.
- Fifty-nine topics did not achieve consensus and were deemed potential areas of research.
- From these results, CSPCP identified 43 high-priority recommendations and 8 high priority research areas.

Conclusions:

Urgent guidance about opioid safety is needed to address the opioid crisis. These consensus recommendations can promote safer opioid use, while recognizing the importance of these medications for palliative care symptom management.

Lau, J., Mazzotta, P., Whelan, C., Abdelaal, M., Clarke, H., Furlan, A. D., et al. (2022). **Opioid safety recommendations in adult palliative medicine: a North American Delphi expert consensus.** *BMJ supportive & palliative care*, *12*(1), 81-90.

Why is this article important?

- Current opioid crisis in North America, in particular Canada.
- Previous guidelines on opioid safety have focused on chronic, non-cancer pain.
- This Delphi Study addresses opioid safety for people receiving palliative care with 130 expert consensus recommendations relevant to Canadian context (panelists practicing palliative care, pain, and addiction medicine from Canada and USA and involvement of Canadian Society of Palliative Care Physicians) and "...provide[s] a necessary paradigm shift from the long-held view that opioid use disorder is rare among patients receiving palliative care".
- It has both clinical and research implications and is relevant to health care providers, administrators, educators, and policy makers (43 high-priority recommendations) and researchers (8 high-priority areas of focus), respectively.
- This adds new information to the literature and will help direct and guide current and future clinical care and research.

Lau, J., Mazzotta, P., Whelan, C., Abdelaal, M., Clarke, H., Furlan, A. D., et al. (2022). **Opioid safety recommendations in adult palliative medicine: a North American Delphi expert consensus.** *BMJ supportive & palliative care*, *12*(1), 81-90.

Strengths and Limitations:

Strengths:

- no previous study of this nature
- seeks to bring awareness to and address an important issue and perhaps acts as a steppingstone for further interventions/research

Limitations:

- despite "rigorous process for identifying qualified experts, only 23 of 49 invited experts agreed to participate, introducing the possibility of a biased sample"
- "significant heterogeneity in practice settings due to variable access and availability of resources, and uniform implementation of certain recommendations may not be possible"
- "many recommendations, which introduces some cognitive burden on potential users"

Discussion

Honourable Mentions

Honourable Mentions

1. Bazargan M, Cobb S, Assari S, Bazargan-Hejazi S. **Preparedness for Serious Illnesses: Impact of Ethnicity, Mistrust, Perceived Discrimination, and Health Communication**. Am J Hosp Palliat Care. 2022 Apr;39(4):461-471. doi: 10.1177/10499091211036885. Epub 2021 Sep 3. PMID: 34476995.
2. Wu EX, Collins A, Briggs S, Stajduhar KI, Kalsi A, Hilliard N. **Prolonged Grief and Bereavement Supports Within a Caregiver Population Who Transition Through a Palliative Care Program in British Columbia, Canada**. Am J Hosp Palliat Care. 2022 Mar;39(3):361-369. doi: 10.1177/10499091211030442. Epub 2021 Jul 14. PMID: 34259023; PMCID: PMC8847765.
3. Clark MD, Halford Z, Herndon C, Middendorf E. **Evaluation of Antibiotic Initiation Tools in End-of-Life Care**. Am J Hosp Palliat Care. 2022 Mar;39(3):274-281. doi: 10.1177/10499091211027806. Epub 2021 Jun 25. PMID: 34169763.
4. Steinberg L, Isenberg SR, Mak S, et al. HeartFull: **Feasibility of an Integrated Program of Care for Patients with Advanced Stage of Heart Failure.** American Journal of Hospice and Palliative Medicine®. February 2022. doi:10.1177/10499091211069626
5. Sandi BB, Leão GS, de Mattos AA, de Mattos ÂZ. **Long-term albumin administration in patients with cirrhosis and ascites: A meta-analysis of randomized controlled trials.** J Gastroenterol Hepatol. 2021 Mar;36(3):609-617. doi: 10.1111/jgh.15253.
6. Sarbey B. **Why Standard Drug Treatments for the "Death Rattle" Should Be Discontinued.** J Palliat Med. 2022 Feb;25(2):180. doi: 10.1089/jpm.2021.0568. PMID: 35119953.
7. Mercadante, S. (2022). **Response to Sarbey: Why Standard Drug Treatments for the “Death Rattle” Should Be Discontinued** (DOI: 10.1089/jpm. 2021.0568): Death Rattle in Dying Patients. Journal of palliative medicine.
8. Ho, P., Lim, Y., Tan, L. L. C., Wang, X., Magpantay, G., Chia, J. W. K., ... & Low, J. A. (2022). **Does an Integrated Palliative Care Program Reduce Emergency Department Transfers for Nursing Home Palliative Residents?.** Journal of Palliative Medicine, 25(3), 361-367.

Q&A

Wrap-up

- Please fill out our feedback survey (a link has been added into the chat)
- A recording of this webinar and a copy of the slides will be e-mailed to registrants within the next week
- You can access the list of articles we have highlighted in this episode as well as a list of honorable mentions at our website and register for upcoming sessions at https://www.pallium.ca/journal-watch-program/ (this link has also been added into the chat)
- We aim to publish our accompanying podcast, titled Palliative Care Journal Watch, within a month of each webinar, you can access these episodes at our website, Apple Podcast (and very soon on Google Play and Spotify)
- We hope to see you at our next session on May 30th, 2022!

Thank You to our Journal Watch Contributors!

McMaster University

Dr. Jose Pereira

Dr. Aveksha Ellaurie

Dr. Humaira Saeed

Dr. Karim Manji

Dr. Martin Chasen

Dr. Alan Taniguchi

Dr. Jesse Soloman

Dr. Jordan LaFranier

Dr. Andre Moolman

Christopher Klinger PhD

Queen's University

Dr. Leonie Herx

Dr. Anna Voeuk

Dr. Julianne Bagg

Dr. Jean Mathews

Dr. Adrienne Selbie

Dr. Aynharan Sinnarajah

Pallium Support Team:

Holly Finn (Program coordinator)

Gemma Kabeya (Program assistant)

James O'Hearn (Podcast production).

Thank You

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