Palliative Care Journal Watch

A partnership between Pallium Canada and the Divisions of Palliative Care
at Queen's University in Kingston, Canada, and McMaster University in Hamilton, Canada

Project ECHO
Palliative Care - Canada
BY Pallium Canada

Queen's University
SCHOOL OF MEDICINE | DEPARTMENT OF
Medicine

McMaster University | Family Medicine

Co-hosts: Dr. José Pereira & Dr. Leonie Herx
Guest Panelist: Dr. Anna Voeuk
Date: September 26th, 2022

Welcome to the Palliative Care Journal Watch!

- Keeps you up to date on the latest peer-reviewed palliative care literature
- Led by palliative care experts from the divisions of palliative care at 2 Canadian Universities:
  - McMaster University (Hamilton, Ontario)
  - Queen's University (Kingston Ontario)
- We regularly monitor over 20 journals and highlight papers that challenge us to think differently about a topic or confirm our current practices

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.

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.

Health Canada Santé Canada

Stay connected: www.echopalliative.com

Project ECHO Palliative Care - Canada BY Pallium Canada

What to Expect from Today's Session

- We will present and discuss the top 4 article selections and provide a list of honourable mentions
- Please submit questions through the Q&A box and add comments through the chat box
- This session is being recorded and will be shared with registrants within the next week
- Recordings, slides and links to articles from all our sessions are available at www.echopalliative.com/palliative-care-journal-watch/
- Check out the Palliative Care Journal Watch Podcast
- 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)

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

Guest Panelist

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

Disclosures

Pallium Canada

- Not-for-profit.
- Funded by:
  - Health Canada (through contribution agreements 2001-2007, 2013-2018), Patrick Gillin Family Trust (2013-2016), Li Ka Shing Foundation (2019 to current), CMA (2019 to 2022), Boehringer Ingelheim (dissemination of LEAP Lung courses 2019 to current).
  - Partnerships with some provincial bodies
  - Revenues from LEAP course registration fees and licenses, sales of Pallium Palliative Pocketbook.

This program has received financial support from:

- Health Canada in the form of a contribution program

Disclosures of Co-hosts/ Guest Panelists:

- Dr. José Pereira: Receives stipend from Pallium Canada as Scientific Officer
- Dr. Leonie Herx: No conflicts of interest to declare
- Dr. Anna Voeuk: No conflicts of interest to declare

Mitigating Potential Biases:

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

Featured articles

1. Abel J, Kellehear A. **Public health palliative care: Reframing death, dying, loss and caregiving.** Palliative Medicine. 2022 May;36(5):768-769. doi: 10.1177/02692163221096606. PMID: 35531662.

2. Schaefer I, DiGiacomo M, Heneka N, Panozzo S, Luckett T, Phillips JL. **Palliative care needs and experiences of people in prison: A systematic review and meta-synthesis.** Palliative Medicine 2022 Mar;36(3):443-461. doi: 10.1177/02692163211068278. Epub 2021 Dec 30. PMID: 34965778.

3. Fukui N, Wordingham SE. **Are Opioids Contraindicated for the Palliative Care Patient with Hypotension?** Journal of Palliative Medicine. 2022 Feb 22. doi: 10.1089/jpm.2021.0446. Epub ahead of print. PMID: 35196131.

   AND

   Hawley P. Response to Fukui et al., **Re: Are Opioids Contraindicated for the Palliative Care Patient with Hypotension?** (DOI: 10.1089/JPM.2021.0446). Journal of Palliative Medicine 2022 Jul;25(7):1018. doi: 10.1089/jpm.2022.0165. PMID: 35775896.

4. Bolton LE, Seymour J, Gardiner C. **Existential suffering in the day to day lives of those living with palliative care needs arising from chronic obstructive pulmonary disease (COPD): A systematic integrative literature review.** Palliative Medicine. 2022;36(4):567-580. (April)

Public health palliative care: Reframing death, dying, loss and caregiving

Article Reference: Abel J, Kellehear A. Public health palliative care: Reframing death, dying, loss and caregiving. Palliative Medicine. 2022 May;36(5):768-769. doi: 10.1177/02692163221096606. PMID: 35531662.

Selected by:
Dr. Leonie Herx

Presented by:
Dr. Anna Voeuk

Background

- The basis of palliative care practice has been to relieve health related suffering of a terminal disease, defined by WHO.
- Limitations leading to gaps in the theory, practice, research, and education of palliative care.
- A more inclusive, population-based approach is public health palliative care.

Main Messages

- The practice of public health palliative care recognizes that death, dying, loss and caregiving is mainly a contextual, social experience that affects all of us
- Relationships with people and place, and social ecology have significant impacts on health and well-being. The social context of dying provides the basis for public health palliative care.
- A public health approach to palliative care balances: illness and disease with an equal concern for health and wellbeing; professional help with self-help by families and communities; harm-reduction with concerns for prevention; physical and psychological problems with the social determinants for those problems.

Public health palliative care: Reframing death, dying, loss and caregiving

Article Reference: Abel J, Kellehear A. Public health palliative care: Reframing death, dying, loss and caregiving. Palliative Medicine. 2022 May;36(5):768-769. doi: 10.1177/02692163221096606. PMID: 35531662.

Selected by:
Dr. Leonie Herx

Presented by:
Dr. Anna Voeuk

Why is this article important?

- Public health practices can help achieve a vision of care for a whole population. Highlights the need to understand and act with and alongside community and partners to address palliative care's vision of “whole person care” and quality and continuity of care at the end of life.
- Clinical aspects of palliative care must include public health concerns to expand the focus of palliative care.
- Access to palliative care requires greater commitment to an examination of the social determinants.
- Expansion of existing practice models must include the networks of care that surround the people with serious illness.
- Developing care models to serve human diversity requires de-centring of usual clinical and research ways and consideration of methodologies that assess the social context of palliative care and broader impacts of public health palliative care practice.

Strengths and Limitations

- Strengths: authors are leading experts in the field; emerging way of looking at palliative care from basic fundamentals and "redesign"
- Limitations: editorial; not evidence-based research study

Discussion

Palliative care needs and experiences of people in prison: A systematic review and meta-synthesis.

Article Reference:
Schaefer I, DiGiacomo M, Heneka N, Panozzo S, Luckett T, Phillips JL. Palliative care needs and experiences of people in prison: A systematic review and meta-synthesis. Palliative Medicine 2022 Mar;36(3):443-461. doi: 10.1177/02692163211068278. Epub 2021 Dec 30. PMID: 34965778.

Selected by:
Dr. Leonie Herx

Presented by:
Dr. Anna Voeuk

Objectives

- To identify: i) perceptions of palliative care provision and dying in custody by people in prison; and ii) perceived barriers and facilitators of person-centred palliative provision in prison

Methods

- Systematic review and meta-synthesis
- Database search done on June 3, 2021
- MeSH headings: i) palliative care, end-of-life care, death; and ii) prison
- Articles from high income countries with qualitative data exploring perceptions of people in prison of palliative care in custody; published in English

Results

- 2193 articles identified, 12 included (2005-2018)
- Experiences of people in prison regarding palliative care had two themes: i) expectations vs experiences of palliative care; and ii) prison context complicates access to and provision of palliative care
- People in prison expect to receive palliative care of the same quality and accessibility as in community. The prison environment can restrict access to palliative care, resulting in feelings of isolation and powerlessness.

Palliative care needs and experiences of people in prison: A systematic review and meta-synthesis.

Article Reference:
Schaefer I, DiGiacomo M, Heneka N, Panozzo S, Luckett T, Phillips JL. Palliative care needs and experiences of people in prison: A systematic review and meta-synthesis. Palliative Medicine 2022 Mar;36(3):443-461. doi: 10.1177/02692163211068278. Epub 2021 Dec 30. PMID: 34965778.

Selected by:
Dr. Leonie Herx

Presented by:
Dr. Anna Voeuk

Why is this article important?

- Identifies a need to improve provision of evidence-based, person-centred palliative care in prisons by identifying area-specific best practice care strategies based on principles of palliative care.
- Demonstrates that strategies to improve care should address systemic policy, organizational and structural barriers in the prison system, and be specifically designed for the prison environment.

Strengths and Limitations

- Strengths: first meta-synthesis to integrate/interpret the data; highlights, within available evidence, important themes consistent across settings
- Limitations: Only high-income countries (1/2 from the United States), in which provision of palliative care in prisons vary/not generalizable; data analysed from reported quotes in literature (not interview transcripts); does not take into account views of health care providers, corrections staff, peer caregivers

Discussion

Are Opioids Contraindicated for the Palliative Care Patient with Hypotension?

Article Reference:
Fukui N, Wordingham SE. Are Opioids Contraindicated for the Palliative Care Patient with Hypotension? Journal of Palliative Medicine. 2022 Feb 22. doi: 10.1089/jpm.2021.0446. Epub ahead of print. PMID: 35196131.

Selected by:
Dr. José Pereira

Presented by:
Dr. José Pereira

Background

- A common clinical concern (esp in ICUs) is that opioids may cause or worsen hypotension.
  - hypothesized to cause histamine release, and hence vasodilation
- Guidelines lacking on opioids for patients with hemodynamic instability.

Objectives and Methods

- Case report.
- 77-year-old woman hospitalized with end-stage renal disease requiring long-term hemodialysis, diastolic heart failure, psoriasis and methotrexate-induced cirrhosis
- Long hospital stay and numerous complications (including ascites, peritonitis, sepsis)
- Calciphylaxis causing severe pain in the legs
- Started on PO oxycodone 5mg PO q6hrs PRN
- Hospital attending physicians expressed concerns that opioid would make her hemodynamically unstable.
- GoC discussions pursued: Options provided 1) comfort focused care (with opioids); or 2) continue dialysis but no opioids
- Pall Care team consulted: Opted to change to hydromorphone 0.4mg IV PRN, titrated over 4 weeks to HM 1mg IV q4hrs PRN

Are Opioids Contraindicated for the Palliative Care Patient with Hypotension?

Article Reference:
Fukui N, Wordingham SE. Are Opioids Contraindicated for the Palliative Care Patient with Hypotension? Journal of Palliative Medicine. 2022 Feb 22. doi: 10.1089/jpm.2021.0446. Epub ahead of print. PMID: 35196131.

Selected by:
Dr. José Pereira

Presented by:
Dr. José Pereira

Results

- Continued to have hemodynamic instability (systolic BP 50 to 170mm Hg)
- Although episodes of hypotension did not appear to be temporally associated with HM administration, the staff continued to express hesitation about administering opioids to this patient.
- During what became her final hemodialysis session, she had a transient decrease in blood pressure to SBP 42mm Hg. Crying out in pain, then unresponsive.
- Hemodialysis was discontinued. Focus of care changed to comfort
  - Opioid administration liberalized, SBP stabilized to 70mm Hg.
- The patient died peacefully in the hospital.

Authors' Discussion

- Quote several small studies; show contradictory results re histamine release with opioids and effect on BP.
- One large retrospective Canadian study re opioids in critical care transport (n=8000 pts): Hypotension in 1.9% of pts on Fent, 2.3% on M
  - Hypotension mainly unrelated to medication administration
- "Available limited literature may support a dose-dependent association between IV morphine and histamine release and consequent hypotension. However, the incidence of hypotension from morphine is low, and the effect appears to be transient."

Are Opioids Contraindicated for the Palliative Care Patient with Hypotension?

Article Reference:
Fukui N, Wordingham SE. Are Opioids Contraindicated for the Palliative Care Patient with Hypotension? Journal of Palliative Medicine. 2022 Feb 22. doi: 10.1089/jpm.2021.0446. Epub ahead of print. PMID: 35196131.

Selected by:
Dr. José Pereira

Presented by:
Dr. José Pereira

Authors' Discussion

- Raise several questions:
  - Effect of other opioids such as HM?
  - Effect of PO vs parenteral opioids?
  - Patient factors (e.g. pharmacogenetic variability) at play?
- "Little evidence that quantifies this effect (hypotension) and strategies to minimize risk are lacking."
- "When hypotension is observed in a patient receiving opioids, providers must seek to identify other causes of hypotension, rather than assuming that the hypotension is caused by opioids."

Re Are Opioids Contraindicated for the Palliative Care Patient with Hypotension?

Article Reference:
Hawley P. Response to Fukui et al., Re: Are Opioids Contraindicated for the Palliative Care Patient with Hypotension? (DOI: 10.1089/JPM.2021.0446). Journal of Palliative Medicine 2022 Jul;25(7):1018. doi: 10.1089/jpm.2022.0165. PMID: 35775896.

Selected by:
Dr. José Pereira

Presented by:
Dr. José Pereira

- Letter in response to Fukui et al.
- Major learning point missed!
- Hemodialysis removes HM and metabolites from blood. Hence pain.
- Preventable by providing HM PRNs during and after hemodialysis.

Hawley argues that:

- Switch to methadone should have been considered.
- Methadone not removed with demodialysis and may cause less histamine release.
- Liver clearance likely not problem despite cirrhosis (just increase methadone dosing interval):
- QT interval prolongation likely not concern.

Are Opioids Contraindicated for the Palliative Care Patient with Hypotension?

Article Reference:
Fukui N, Wordingham SE. Are Opioids Contraindicated for the Palliative Care Patient with Hypotension? Journal of Palliative Medicine. 2022 Feb 22. doi: 10.1089/jpm.2021.0446. Epub ahead of print. PMID: 35196131.

Selected by:
Dr. José Pereira

Presented by:
Dr. José Pereira

Why are these articles important?

- Highlight important clinical issue.
- Present useful discussion re use of opioids in these situations

Strengths and Limitations

- Issues not addressed by Hawley:
  - What if patient cannot swallow (no parenteral methadone formulation in Canada)?
  - A proportion of methadone (10% to 20%) cleared unchanged by kidneys, therefore dose reduction needed.
  - Why not fentanyl? Not removed by hemodialysis

Discussion

Existential suffering in the day to day lives of those living with palliative care needs arising from chronic obstructive pulmonary disease (COPD): A systematic integrative literature review.

Article Reference:
Bolton LE, Seymour J, Gardiner C. Existential suffering in the day to day lives of those living with palliative care needs arising from chronic obstructive pulmonary disease (COPD): A systematic integrative literature review. Palliative Medicine. 2022;36(4):567-580. (April)

Selected by:
Dr. José Pereira

Presented by:
Dr. Leonie Herx

Background

- COPD is a leading cause of death worldwide.
- Palliative care approaches and policies in COPD mostly focus on physical symptoms but COPD also disrupts an individual's existential situation, often leading to existential suffering.

Objectives

- To provide a comprehensive synthesis of existing evidence on existential suffering for those with palliative care needs arising from COPD

Methods

- Integrative review searching 9 electronic data bases from April 2019 to January 2021. Data analysis using integrated synthesis approach.
- Inclusion criteria: published in English; discussed any component of existential suffering when living with COPD

Results

- 35 papers included
- Patients living with palliative care needs in COPD experience existential suffering across a number of themes: liminality, lamented life, loss of life meaning & purpose, loss of personal liberty, existential isolation
- Most important to participants was the loss of life's meaning & purpose

Existential suffering in the day to day lives of those living with palliative care needs arising from chronic obstructive pulmonary disease (COPD): A systematic integrative literature review.

Article Reference:
Bolton LE, Seymour J, Gardiner C. Existential suffering in the day to day lives of those living with palliative care needs arising from chronic obstructive pulmonary disease (COPD): A systematic integrative literature review. Palliative Medicine. 2022;36(4):567-580. (April)

Selected by:
Dr. José Pereira

Presented by:
Dr. Leonie Herx

Why is this article important?

- Suggests existential suffering is present and has a significant impact on the daily lives of those with palliative care needs arising from COPD
- Identified a need for a conceptual framework to guide palliative care assessments and interventions to address existential well-being as part of holistic palliative care
- Identified need for further research to look at the impacts of existential distress in the COPD population, for example:
  - how do unaddressed feelings of meaningless & hopelessness impact the desire to engage in treatment and symptom control?
  - is there a relationship between existential suffering and lack of motivation associated with noncompliance in pulmonary rehabilitation programs?

Strengths and Limitations

- Only papers published in English included.
- Only papers published April 2019 to January 2021.
- Integrative review methodology - may result in reduced rigor and bias

Discussion

Honourable Mentions

1. Ernecoff NC, Bell LF, Arnold RM, Shea CM, Switzer GE, Jhamb M, Schell JO, Kavalieratos D. **Clinicians' Perceptions of Collaborative Palliative Care Delivery in Chronic Kidney Disease**. Journal of Pain and Symptom Management. 2022 Aug;64(2):168-177. doi: 10.1016/j.jpainsymman.2022.04.
2. Orman ES, Yousef A, Xu C, Shamseddeen H, Johnson AW, Nephew L, Ghabril M, Desai AP, Patidar KR, Chalasani N. **Palliative Care, Patient-Reported Measures, and Outcomes in Hospitalized Patients With Cirrhosis**. Journal of Pain and Symptom Management. 2022 Jun;63(6):953-961. doi: 10.1016/j.jpainsymman.2022.02.022. Epub 2022 Feb 21. PMID: 35202730; PMCID: PMC9124687.
3. Murray FR, Gnehm F, Schindler V, Morell B, Gubler C, Kretschmer EM, Bütikofer S. **Permanent Tunneled Drainage of Ascites in Palliative Patients: Timing Needs Evaluation**. Journal of Palliative Medicine. 2022 Jul;25(7):1132-1135. doi: 10.1089/jpm.2021.0506. Epub 2022 Mar 22. PMID: 35325569.
4. Lintott L, Beringer R, Do A, Daudt H. **A rapid review of end-of-life needs in the LGBTQ+ community and recommendations for clinicians.** Palliative Medicine. 2022;36(4):609-624. doi:10.1177/02692163221078475 (April)
5. Hussein A, Digges M, Chang S, et al. **Pharmacovigilance in hospice/palliative care: Net effect of amitriptyline or nortriptyline on neuropathic pain: UTS/IMPACCT Rapid programme international consecutive cohort.** Palliative Medicine. 2022;36(6):938-944. doi:10.1177/02692163221085855 (June)
6. Bright, C. J., Dunlop, C., Chen, C., Smittenaar, R., McPhail, S., Hanbury, G., Dodwell, D., Pritchard-Jones, K., Peake, M., & Kipps, E. (2022). **Palliative chemotherapy for breast cancer: A population-based cohort study of emergency hospital admissions and place of death.** *European journal of cancer care*, *31*(4), e13598. https://doi.org/10.1111/ecc.13598
7. Vellani, S., Puts, M., Iaboni, A., & McGilton, K. S. (2022). **Acceptability of the voice your values, an advance care planning intervention in persons living with mild dementia using videoconferencing technology**. PloS one, 17(4), e0266826.

Wrap-up

- Please fill out our feedback survey- a link will come up in your browser after this webinar ends
- A recording of this webinar and a copy of the slides will be e-mailed to registrants within the next week
- Recordings, slides and links to articles from all our sessions www.echopalliative.com/palliative-care-journal-watch/
- To listen to this session and previous sessions, check out the Palliative Care Journal Watch podcast
- We hope to see you at our next session on October 17th, 2022 from 12-1pm ET

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

Dr. Emma Polle

Pallium Support Team:

Holly Finn- Senior Manager, Program Delivery

Diana Vincze- Palliative Care ECHO Project Manager

Aliya Mamdeen- Program Delivery Officer

Williams Uzoma- Project Coordinator

James O'Hearn- Podcast production

Thank You

Project ECHO
Palliative Care - Canada
BY Pallium Canada

Queen's University
SCHOOL OF MEDICINE | DEPARTMENT OF
Medicine

McMaster University | Family Medicine

Stay Connected
www.echopalliative.com