

Severe and Persistent Mental Illness and Palliative Care Community of Practice

What is Palliative Psychiatry?



Facilitator: Kathleen Willison

Presenters: Daniel Buchman PhD, Dr. Sarah Levitt MD

FRCPC, Dr. Anna Westermair

Date: March 21, 2023

Territorial Honouring



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 and their families.

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.



LEAP Core

- Interprofessional course that focuses on the essential competencies to provide a palliative care approach.
- Taught by local experts who are experienced palliative care clinicians and educators.
- Delivered online or in-person.
- Ideal for any health care professional (e.g., physician, nurse, pharmacist, social worker, etc.) who provides care for patients with life-threatening and progressive life-limiting illnesses.
- Accredited by the CFPC and Royal College.



Learn more about the course and topics covered by visiting

www.pallium.ca/course/leap-core

Overview of Sessions

Session #	Session Title	Date/ Time
Session 1	What is Severe and Persistent Mental Illness	January 17, 2023 from 12-1pm ET
Session 2	What can Palliative Care offer to people with SPMI?	February 21, 2023 from 12-1pm ET
Session 3	What is Palliative Psychiatry	March 21, 2023 from 12-1pm ET
Session 4	How do we move forward? Education and Future Directions	April 25, 2023 from 12-1pm ET

Welcome & Reminders

- Please introduce yourself in the chat! Let us know what province you are joining us from, your role and your work setting
- Your microphones are muted. There will be time during this session when you can unmute yourself for questions and discussion.
- You are welcome to use the chat function to ask questions and add comments throughout the session
- This session is being recorded and will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session
- This 1-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada for up to **4 Mainpro+** credits.

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.
- Generates funds to support operations and R&D from Pallium Pocketbook sales and course registration Fees.

Facilitator/ Presenter:

- Daniel Buchman PhD: Has received grants from Canadian Institutes of Health Research (CIHR) related to research and practice in palliative psychiatry.
- Dr. Anne Woods: Nothing to disclose.
- Sarah Levitt: Has received grants from Canadian Institutes of Health Research (CIHR) related to research and practice in palliative psychiatry.
- Dr. Alexandra Farag: Nothing to disclose.
- Kathleen Willison: Stipend, LEAP Coordinator, Division of Palliative Care, McMaster University.
- Dr. Anna Westermair: has received grants from the University of Basel related to research and practice in palliative psychiatry.

Disclosure

Mitigating Potential Biases:

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

Introductions

Facilitator:

Kathleen Willison, RN MSc CHPCN(c)

Assistant Clinical Professor, School of Nursing,

Associate Member and Continuing Education Lead,

Division of Palliative Care, McMaster University, Hamilton, Ontario

Clinical Nurse Specialist, Palliative Care,

St. Joseph's Healthcare Hamilton

Presenters/Panelists:

Daniel Buchman, PhD RSW

CAMH

Bioethicist and Independent Scientist, Centre for Addiction and Mental Health, Assistant Professor, Dalla Lana School of Public Health, Joint Centre for Bioethics. University of Toronto

Dr. Sarah Levitt MSc MD FRCPC

Associate Director, Brain Medicine Fellowship, Department of Psychiatry, University of Toronto

Assistant Professor, Department of Psychiatry, University of Toronto UHN

Co-Medical Director, IMPACT Program, University Health Network

Staff Psychiatrist, Inpatient Program, University Health Network

Introductions

Presenters/Panelists:

Dr. Alexandra Farag, MD CCFP (PC)

Assistant Clinical Professor, Division of Palliative Care, McMaster University
Palliative Care Physician, St Joseph's Healthcare Hamilton, Hamilton Health Sciences.

Kelli Stajduhar RN PhD FCAHS FCAN

Professor & Canada Research Chair (Tier 1) in Palliative Approaches to Care in Aging & Community Health
School of Nursing and Institute on Aging & Lifelong Health
University of Victoria

Dr. Anne Woods, BA RN Mdiv MD CCFP(P) FCFP

Assistant Clinical Professor, Division of Palliative Care, Department of Family Medicine, McMaster University.
Co-Head of Service, Palliative Medicine Service, St. Joseph's Healthcare Hamilton

Dr. Anna Westermair BSc MD

Clinical Ethicist, Clinical Ethics Unit, University Hospital, University Psychiatric Clinics, University Children's Hospital and University Geriatric Hospital Basel, Switzerland
Senior Research Assistant, Institute of Biomedical Ethics, University of Zürich, Switzerland

Introductions

Support Team

Aliya Mamdeen

Program Delivery Officer, Pallium Canada

Diana Vincze

Palliative Care ECHO Project Manager, Pallium Canada

Session Learning Objectives

Upon completing the session, participants will be able to:

- Describe the concept of palliative psychiatry.
 - Describe SPMI as a quality-of-life limiting illness.
 - Discuss the tension between cure, function, and comfort – a tension that exists in all life-limiting conditions.
 - Distinguish between harm reduction, rehabilitative psychiatry & ‘curative’ psychiatry.
 - Discuss the concepts of ‘comfort’ and ‘reducing suffering’.
- Discuss the legal and ethical considerations that can arise when providing this type of care.
- Describe some of the different existing models and the elements that make them successful.
 - Identify common elements that could apply to any model.

Case-Based Discussion



Does palliative care apply?

- 52F, supported by ODSP, living in her own unit in a supported building.
- Requires ACT level services for:
 - LAI administration
 - Daily observation of oral medications
 - Crisis services (calls the ACT line approx. 20 times per night in distress).
- Current symptoms:
 - Ongoing paranoia that she is being sexually assaulted in her unit.
 - Delusions of an ongoing pregnancy.
 - Auditory hallucinations.
- PMH:
 - 100 pack-year smoking history.
 - Refuses all bloodwork and to see primary health care.
- Previous treatment trials include:
 - Multiple antipsychotics + augmenting agents
 - ECT
- Incapable to consent to treatment (parent acts as SDM).

How do we think about...

- Quality of life?
- Goals of Care?
- Appropriate treatment settings?

What is terminal illness?

- Lacks conceptual **coherence** in any area of medicine
- Key elements:
 - **Irreversible** state without improvement;
 - **Progressive** decline
 - "Poor' **prognosis**
- A terminal state is not necessarily an **end-of-life** state

Hui et al. 2014; Xu and Sisti, 2021

Fatal vs. Terminal Conditions

- A **fatal** condition is **naturally mediated**.
- A **terminal** condition is **socially mediated**.
 - A terminal condition may be the result of an act of agency.

SPMI as terminal (not fatal illness)

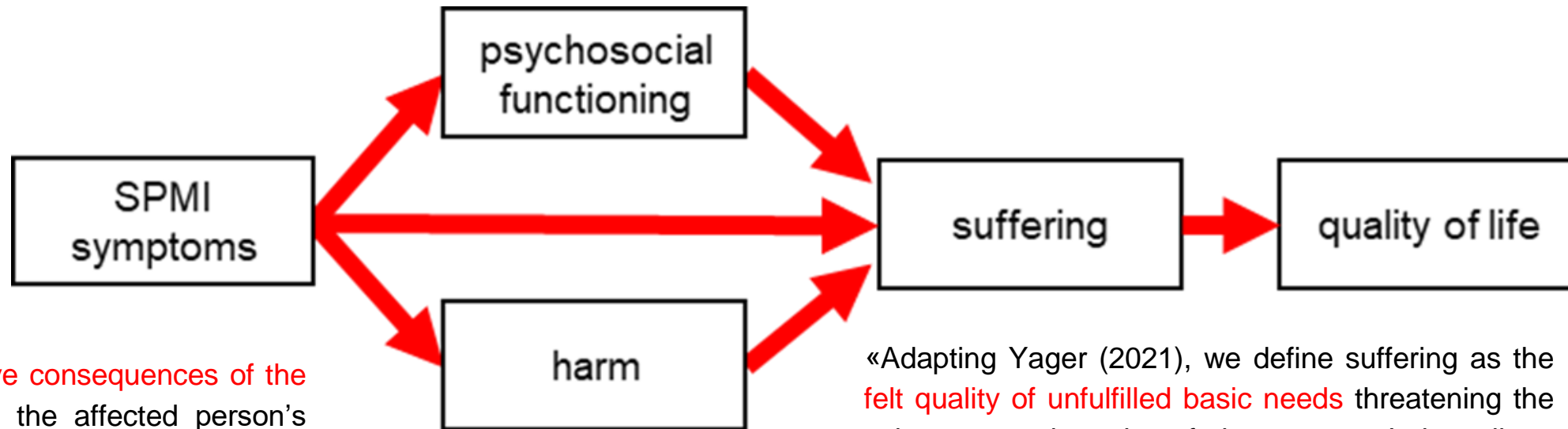
“Terminal illness in psychiatry can be understood as a condition in which ongoing interventions do not produce meaningful change in symptoms such that a patient deems their quality of life as unacceptable. The concept of terminal illness can be applied to SPMI”

Levitt & Buchman (2020)

What is Palliative Psychiatry?



Default goal of mental health care



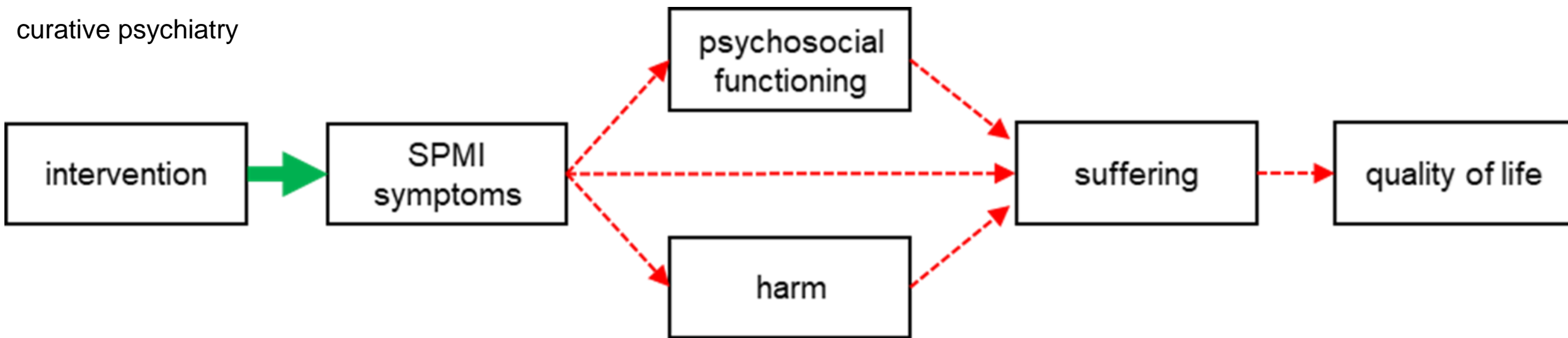
«By harm we mean **negative consequences of the SPMI**, that is, setbacks to the affected person's interests (Beauchamp and Childress, 2019). Once manifested, **harm persists independently of the SPMI.**»

«Adapting Yager (2021), we define suffering as the **felt quality of unfulfilled basic needs** threatening the existence or integrity of the person. It is salient, intense, and persistent, typically has an existential dimension but is meaningless itself.»

(Westermair ANZJP 2022)

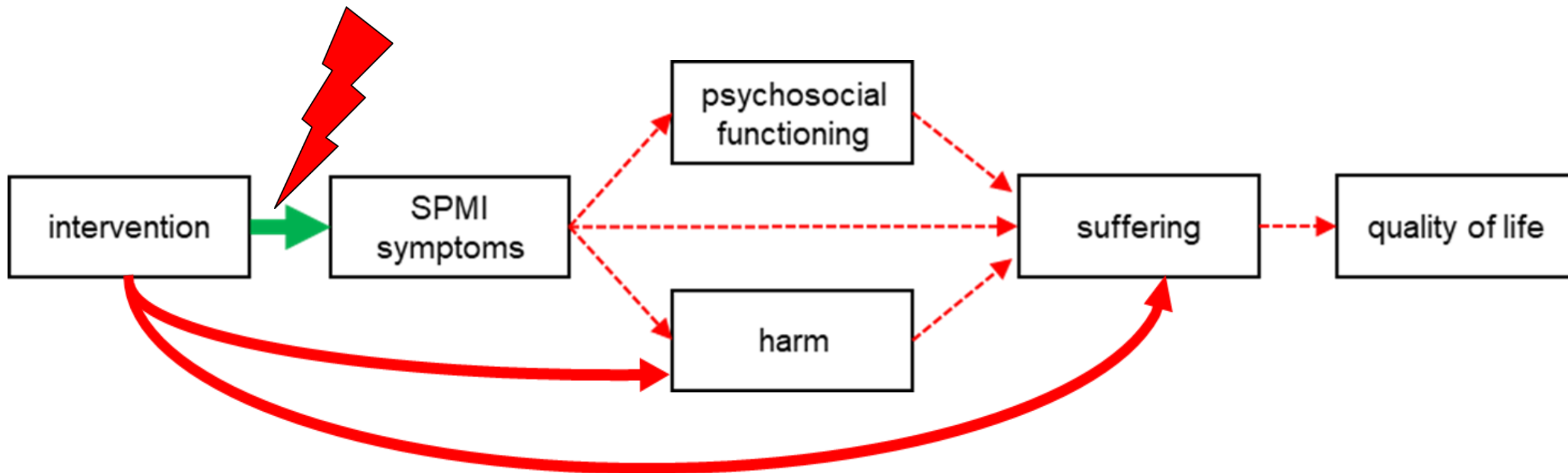
Curative psychiatry

curative psychiatry



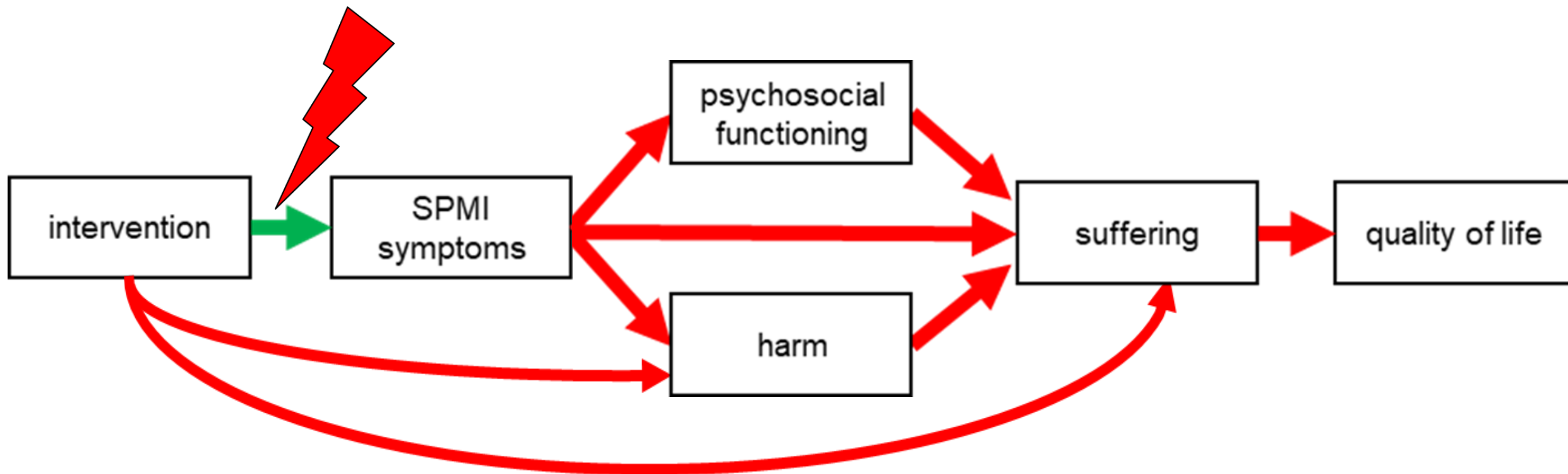
(Westermair ANZJP 2022)

Curative psychiatry - limitations



(Westermair ANZJP 2022)

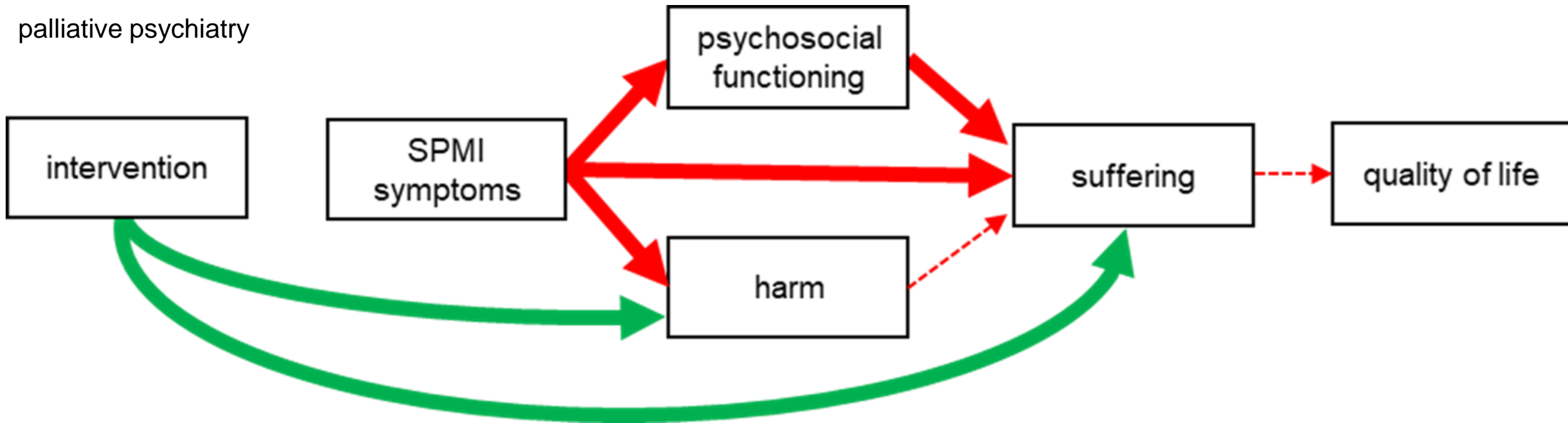
Curative psychiatry - limitations



(Westermair ANZJP 2022)

Palliative psychiatry

palliative psychiatry



(Westermair ANZJP 2022)

Palliative Psychiatry - Characteristics

Palliative Psychiatry means prioritizing quality of life over other goals of care (such as clinical recovery). It includes end-of-life care for persons dying from SPMI but goes beyond it. Often, palliative goals of care can be pursued in parallel with rehabilitative and curative goals of care (Westermair *ANZJP* 2022).

Palliative Psychiatry differs from curative psychiatry less in the *What?* than the *Why?* and *When?* (Strand *BMC Med Eth* 2020).

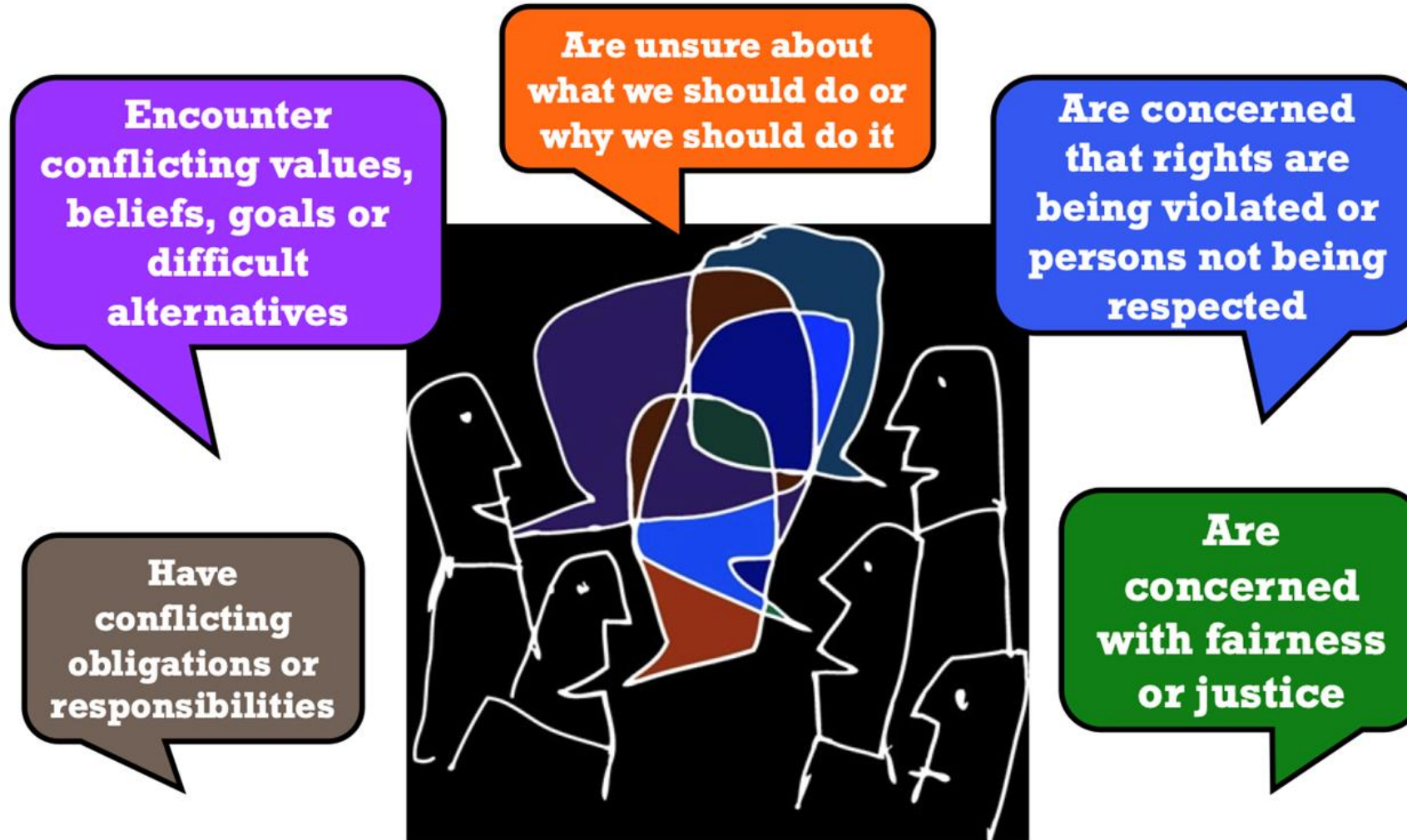
Some established programs for SPMI are palliative in this sense, mostly without making this explicit (using terms such as „supportive“ or „harm reduction“ instead).

Ethics and Palliative Psychiatry



WHAT IS AN ETHICAL ISSUE?

any situation in which you...

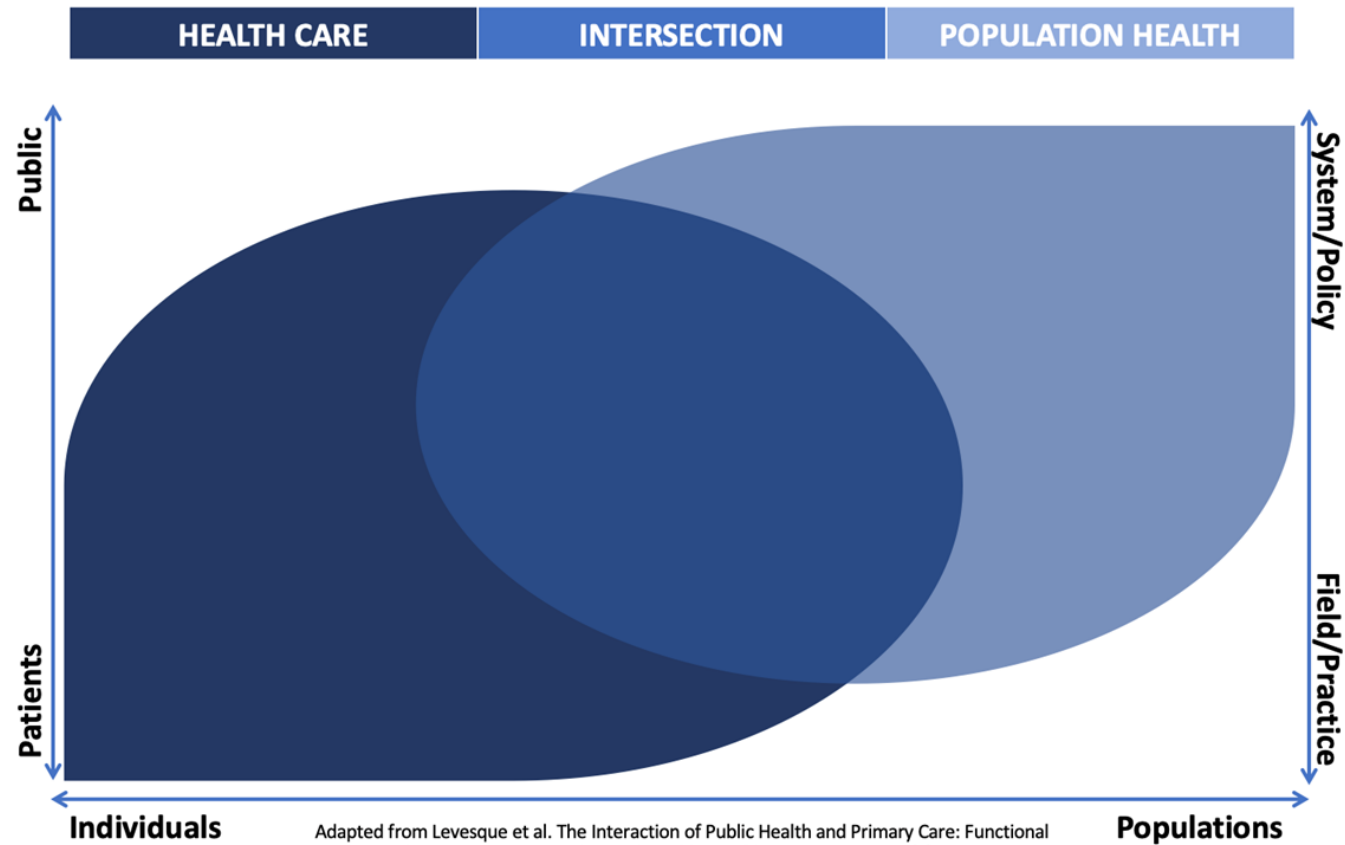


ETHICS AS PROCESS AND PRACTICE

“Ethics should mean a process of continual learning: *who one is* (what values make a person who she or he is), who one *wants to become* (what values are worth cultivating) and how best to *facilitate others* in their process of becoming ... We should speak less of ethics as some activity or substantive content that appears to stand alone and more of *ethical relations*: living with ourselves, perpetually responsive to others.”

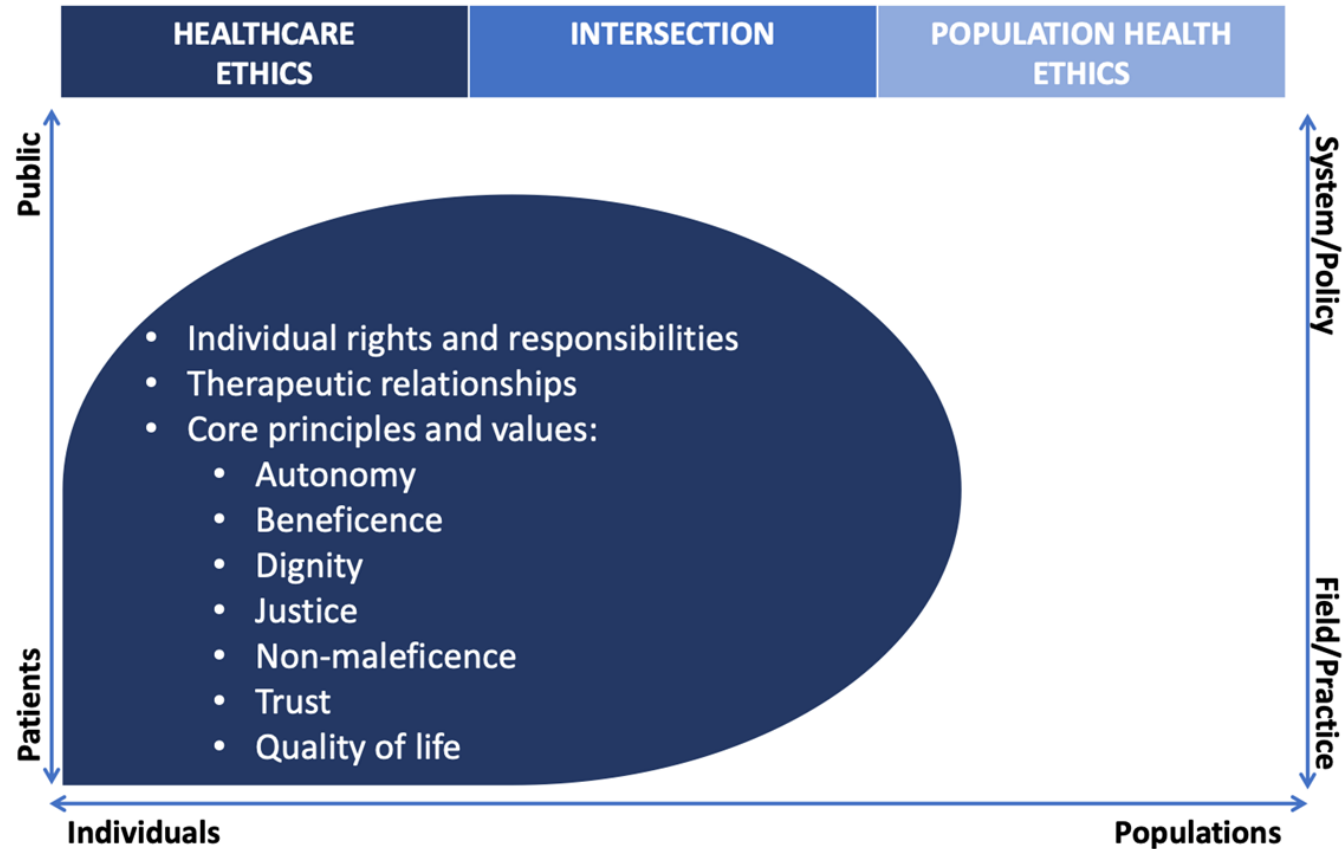
(Frank, 2004, p.357; emphasis added)

Ethics and Palliative Psychiatry

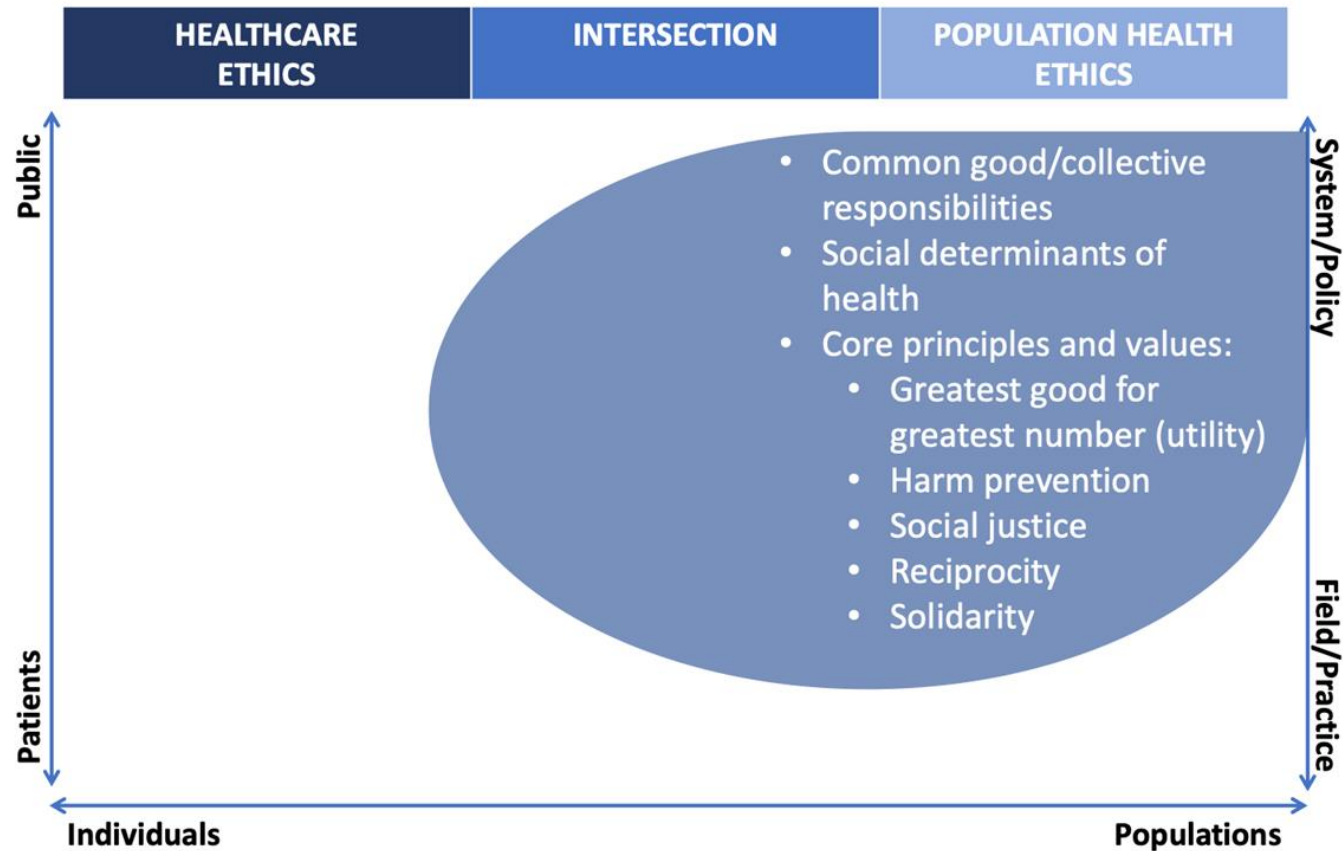


Adapted from Levesque et al. The Interaction of Public Health and Primary Care: Functional Roles and Organizational Models. Public Health Reviews 2013; 35(1):1-26.

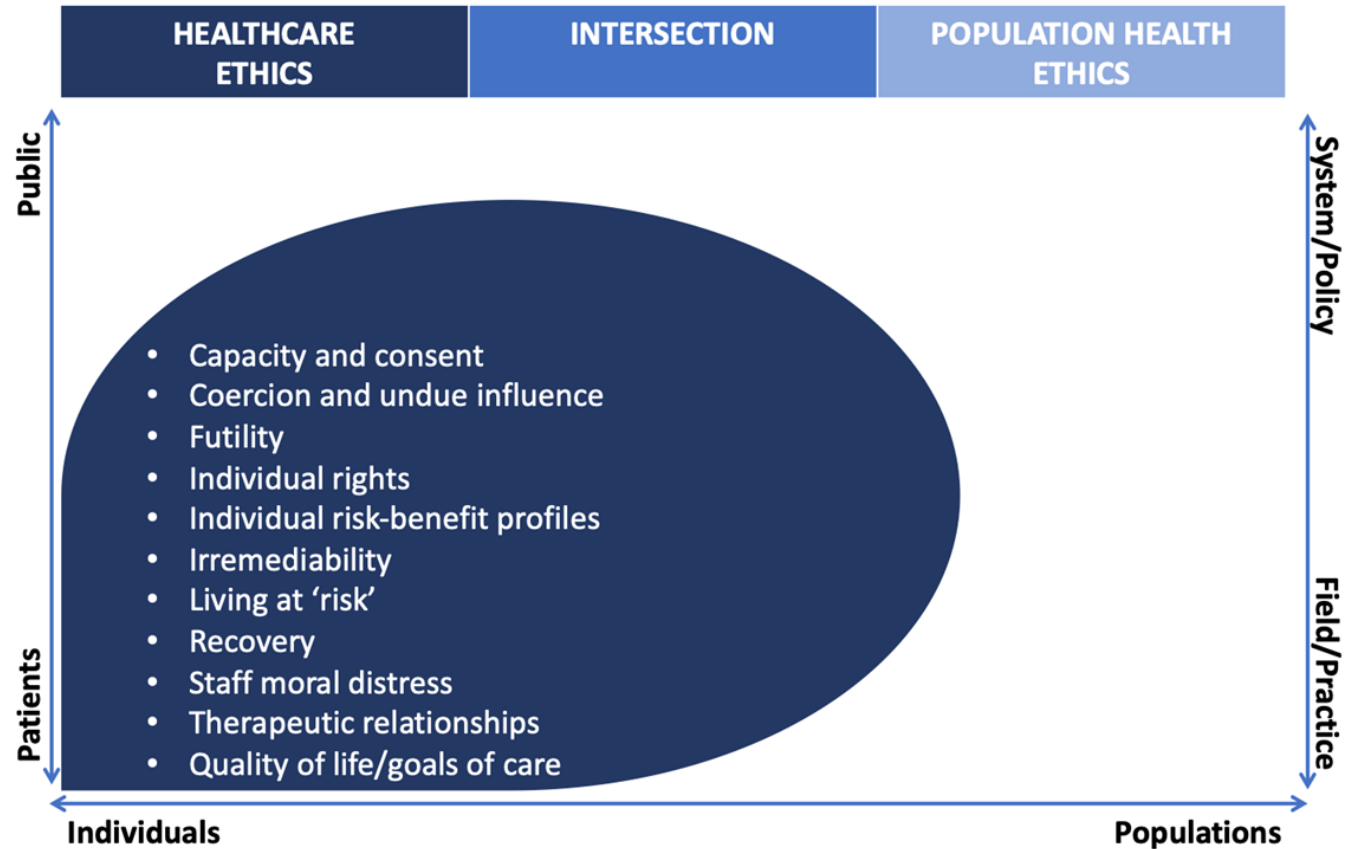
Ethics and Palliative Psychiatry



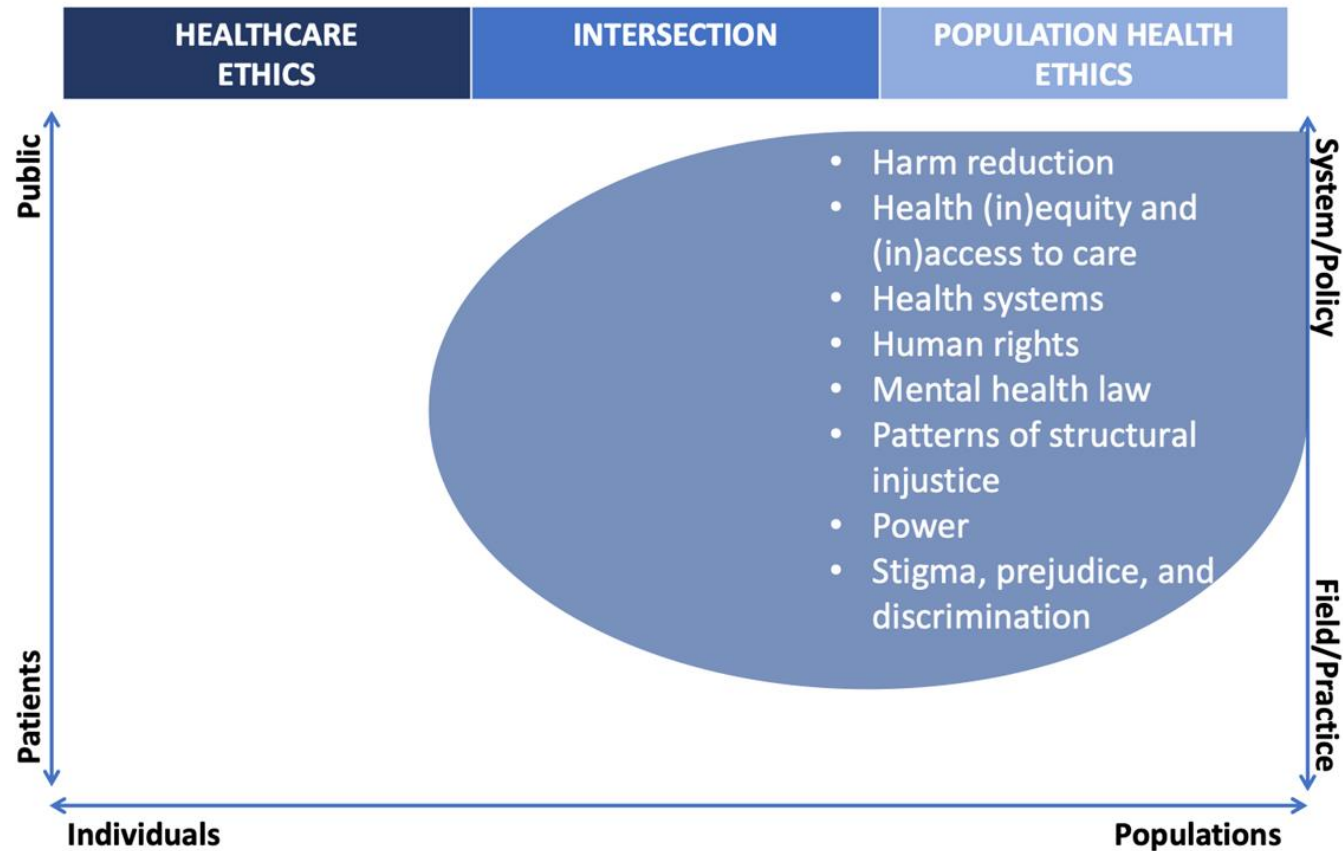
Ethics and Palliative Psychiatry



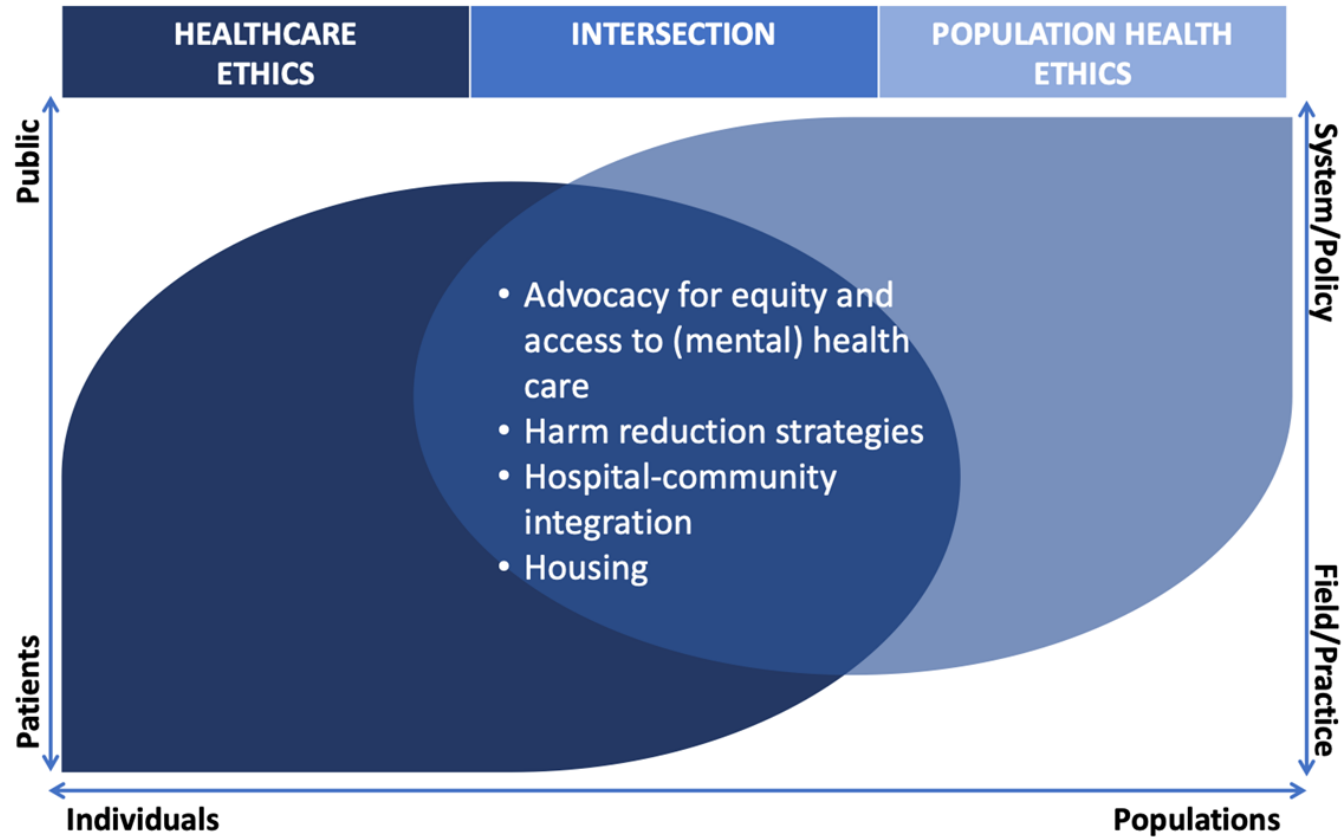
Ethics and Palliative Psychiatry



Ethics and Palliative Psychiatry



Ethics and Palliative Psychiatry



Case-Based Discussion



Does palliative care apply?

- 45F, diagnosis of schizophrenia & substance use d/o, supported by ODSP, living in her own unit in a supported building
- Requires ACT level services for:
 - LAI administration
 - Daily observation of oral medications
 - Assistance with IADLs
- Current symptoms:
 - ++ disorganization in speech and behaviour
 - Ongoing obsessions & compulsions
 - Irritability
- PMH:
 - 100 pack-year smoking history
 - HIV+
 - Refuses all bloodwork and to see primary health care
- Previous treatment trials include: Multiple antipsychotics
- Incapable to consent to treatment (family member acts as SDM)

How do we think about...

- Quality of life?
- Goals of Care?
- Appropriate treatment settings?

Session Wrap Up

- Please fill out our feedback survey, a link has been added into the chat.
- A recording of this session will be emailed to registrants within the next week.
- Please join us for the next session in this series: **How do we Move Forward? Education & Future Directions** on April 25, 2023 from 12 -1pm ET.

Thank You



Stay Connected
www.echopalliative.com