



**Clinical Update**

**September 2004**

## Excellence in End-of-Life Care

University Hospital's multidisciplinary Palliative Care Service earns high marks in a national benchmarking study.

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## Listening to Mom's Wishes

A daughter navigates the troubled waters of her mother's death, guided by University Hospital's palliative care team.

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## Innovative Approach to Chronic Heart Failure

As part of a national trial, University Hospital cardiologists are activating patients' immune systems to help them counteract the progression of chronic heart failure.

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# end-of-life care

## Palliative Care Service

University Hospital Applauded For Its Enlightened Approach

An aging population, increasing prevalence of chronic disease and controversy surrounding euthanasia and physician-assisted suicide – all require hospitals to evaluate their end-of-life services. To provide thoughtful, humane and integrated care during this sensitive period, many hospitals are developing palliative care programs, which focus on pain and symptom management, counseling and support for patients and families confronted by end-of-life decisions.

Paramount in the development of an end-of-life treatment plan are the patient's wishes, which guide caregivers in all disciplines throughout the patient's hospitalization.



**U**niversity Hospital is at the forefront of hospitals offering palliative care. Its Palliative Care Service was ranked number four among a group of 35 hospitals participating in a recent benchmarking project sponsored by University Health-System Consortium (UHC). An alliance of academic health centers, UHC provides its members with resources designed to improve performance in clinical and operational areas.

Members of University Hospital's Palliative Care Service, Patricia Knox, MSN, clinical coordinator, and Barbara Krenzer, MD, medical director, along with Kris Waldron, medicine service line administrator, were invited to share information about the program at a Knowledge Transfer Meeting held in Chicago at the end of June 2004. Knox served on the national steering committee for the UHC benchmarking project.

## Rapidly Expanding

"With the increasing number of patients suffering from advanced, chronic illness, palliative care is a rapidly expanding field," says Knox.

"Hospitals need to ensure that their clinicians can provide not only the highest quality but also the most appropriate care to this growing population. Palliative care is a distinct specialty, and a skill set that is required in all specialties and by all caregivers," adds Knox.

University Hospital's policy on end-of-life care is designed to help patients, their families and hospital staff discuss goals of care and determine the patient's focus. It also offers assistance in the difficult process of reaching consensus on decisions to withhold or withdraw life-sustaining treatment. It is intended – in ways that are respectful to all parties – to resolve conflicts over the use of life-sustaining interventions

## Commitment Key

Knox attributes the success of University Hospital's program to several factors: the commitment of the hospital's administration to collaborative, interdisciplinary care; the support of well-respected medical staff "champions"; and the implementation of strategies, such as multidisciplinary education, that promote the practice of palliative care.

"In many institutions, a lack of education on the part of health care professionals is an obstacle to providing patients with high-quality, end-of-life care," says Knox. Education on palliative care is provided to physicians, medical students, nurses, chaplains and social workers at University Hospital, as well as to health care practitioners in the community. Early next year, educational efforts will be expanded to include the general public.

## More Appropriate

Besides minimizing the physical and emotional stress on a hospitalized patient, palliative care can significantly reduce the amount spent on end-of-life care. Once palliative care has been determined to be the most appropriate course of action, the emphasis becomes pain control, symptom management and attention to the psychosocial needs of the patient – as opposed to costly tests, scans, high-tech equipment and expensive medications.

As a result of the Palliative Care Service, the wishes of the patient and family are respected, and the hospital is able to utilize the most effective resources to deliver the appropriate care.

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*Palliative Care Service,  
continued from page A3*

The physical, psychosocial and spiritual needs of the patient and family are the primary focus of University Hospital's Palliative Care Program. There is no charge for the service, and consultations may be requested by patients or their families, or by any member of the health care team.

For more information about University Hospital's Palliative Care Service, please contact Patricia Knox at [knoxp@upstate.edu](mailto:knoxp@upstate.edu) or 315-464-6098; or Dr. Barbara Krenzer, Dr. Karen Heitzman or Lisa Kohr at 315-464-6527.

***Editor's Note:** In addition to Knox and Krenzer, members of the University Hospital Palliative Care Service team are Karen Heitzman, MD, associate director and Lisa Kohr, administrative assistant. Representatives from many disciplines serve as resources to the team including Mark Buttiglieri, MSW, associate director, Social Work; Rev. Terry Culbertson, MDiv, manager, Spiritual Care Services; Kathy Faber-Langendoen, MD, director, Bioethics and Humanities; George Gaebler, director, Respiratory Care; Saundra Mnich, associate director, Case Management; Joel Potash, MD, chair, Ethics Committee; and M. Kristine Waldron, MPA, administrator, Medicine Service Line.*

## Teaching End-of-Life Care

Upstate Medical University has made palliative care education readily available to students and staff.

**Geriatric fellows** receive extensive palliative care education as part of their one-year fellowships. Divided into two, two-month sessions at the beginning and end of the year, it requires that fellows spend half of each day accompanying the palliative care team on patient rounds.

Palliative care has also been incorporated into the **Medical Clerkship**, a required course for third-year medical students. For two full days, medical students train with Upstate faculty and role-play with actors performing as dying patients.

The newly created **Bereavement Education and Support Training (BEST)** prepares health care professionals for certification in bereavement counseling. Nurses and social workers are the primary audience for the weekly training sessions which are taught by University Hospital social workers, spiritual care advisors and the palliative care team. While designed as certification preparation, **BEST** sessions are open to anyone who is interested in gaining a better understanding of how to serve patients and families during the end-of-life process.

**Education for Nursing on End of Life Care (ELNEC)** is a nationally recognized curriculum designed for nurses, nurse practitioners, and social workers and taught at Upstate Medical University.



# Listening to Mom's Wishes

**"It's time to honor your mother's living will."**

The words stunned us – my father, sister, brother and me. We had been called to a meeting with Mom's doctor. Also in the conference room – because of Mom's condition – were representatives from University Hospital's Ethics Committee and its palliative care, social work and nursing departments. Their words devastated us. Despite Mom's tragic condition, our family still held onto the hope that, by some miracle, she would get better and come home.

It was not supposed to turn out like this. Seven weeks earlier, Mom went into the hospital for emergency abdominal surgery, which went well. We were told that she would be home in three to five days. Three to five days.

But she did not recover, and two weeks later, underwent a second emergency surgery. Following that operation, the doctor gently advised us that he did not expect my 79-year-old mother to survive.

Yet she did, only to suffer a massive stroke during her recovery that left her unable to move or speak. However, she was left with enough cognitive ability to understand what happened to her. Her only method of communication was nodding her head yes or shaking it no.

My point is, nothing about my Mom's case seemed to go the way doctors predicted, so why couldn't my Mom somehow survive her severe co-morbidity and get better?

No, we were told in that meeting. Even with a feeding tube and tracheotomy, Mom would not live beyond six months. She had clearly expressed her wishes in a living will, and the time had come for us to respect those wishes and remove the feeding tube and trach.

This is when we were introduced to the concept of palliative, or end-of-life, care. Pat Knox, who is clinical coordinator of University Hospital's Palliative Care Service, explained that medical intervention can impede



nature's ability to make the body more comfortable. Palliative care removes those impediments. Mom's attending physician would prescribe morphine to ensure that she would be completely comfortable.

Then we learned what we would witness in observing the process of death: breathing becoming slower and slower; sleep becoming deeper and deeper; and mottling appearing on Mom's skin as blood ceases to flow to her extremities. The most important thing to me, however, was that there would be no more pain for my Mom.

But there was pain, only it was emotional. Two other brothers were called in from out of town, and Pat Knox found herself in the midst of a family conflict.

While every situation is unique, she told me, it is common for family members to be in very different places in their acceptance of the inevitable death of a loved one. She pointed out that for two months, my father, sister, brother and I had been daily witnesses to Mom's physical deterioration.

For the other brothers, it was a shock.

At this point, Pat helped our family refocus on Mom's wishes. Joel Potash MD, chair of the Ethics Committee, helped us confirm Mom's wishes by watching her nod repeatedly in response to such difficult questions as "Do you understand that you will die if we take out the feeding tube? Is that what you want?"

In the end, Mom got her wish: the peace and serenity of death. The palliative care team arranged a private viewing of her body so that we all had the opportunity to be with her and say goodbye.

For me, the guidance and compassion of the palliative care team eased this goodbye and helped me understand the journey of my mother's death. I am truly grateful for their support during the saddest time of my life.

*–Michele, daughter of  
Mary O'Callaghan Magish*



SUNY UPSTATE MEDICAL UNIVERSITY  
Syracuse, New York & University Hospital

# Recruiting Patients for Chronic Heart Failure Study



Robert Carhart, MD,  
University Hospital  
cardiologist

**A**n innovative new treatment for chronic heart failure, in which a person's own immune system is targeted to reduce his or her risk of hospitalization and death, is now being tested at University Hospital. The hospital is one of 160 sites in North America and the only in Syracuse to test Vasogen Inc.'s immune modulation therapy for chronic heart failure. Nearly five-million Americans are living with heart failure and 550,000 new cases are diagnosed each year. The heart's inability to function as a pump leads to a decline in health for the patient and frequent hospitalizations and premature death. Chronic heart failure is the leading cause of hospital admissions for patients over 65. Under the new treatment, which uses immune modulation therapy (IMT), blood (approximately two teaspoons or 10 milliliters) is drawn from the patient and mixed with a small amount of a standard anti-clotting agent. The sample is then placed in a special device where it is exposed to a temperature of 108 degrees, ultraviolet light, and a mixture of medical grade oxygen and ozone.

## immune



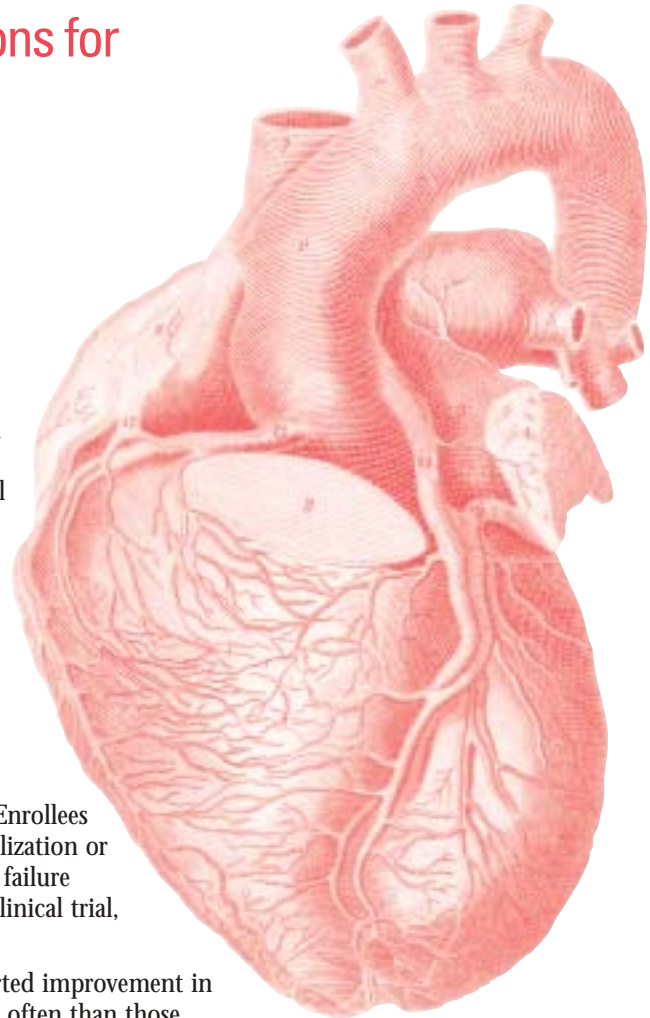
**“Chronic heart failure is the leading cause of hospital admissions for patients over 65.”**

This process takes between 20 and 30 minutes. The blood sample is then injected back into the body.

The process is designed to reduce the chronic inflammation implicated in the development and progression of chronic heart failure by activating the immune systems physiological anti-inflammatory response to bad cells. “Immune modulation therapy targets the destructive action of chronic inflammation in the body,” said University Hospital cardiologist Robert Carhart, MD, who is leading the Syracuse study. “This approach holds great promise for reducing the risk of death and hospitalization and improving the quality of life for patients with advanced heart failure.”

The national clinical trial, called ACCLAIM, for Advanced Chronic Heart Failure Clinical Assessment of Immune Modulation Therapy, seeks to enroll about 2,000 patients. Enrollees must have diagnosed chronic heart failure and prior hospitalization or outpatient treatment with intravenous medication for heart failure within the past 12 months. To see if one is eligible for the clinical trial, call Mimi Weber at 315-464-9574.

In an earlier similar study, patients who received IMT reported improvement in their condition and quality of life and were hospitalized less often than those who did not receive the treatment.



# modulation therapy