An Osteopathic Approach to Hospice and Palliative Care

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When physicians, friends, or patients hear the words “palliative care” or “hospice”, frequently a subconscious involution happens in the soul and the spirit. These words are frequently associated with failure, giving up, loss of hope, and death... But what if we understood these words as words that meant life, dignity, affection, love and most of all HEALTH.
History of Hospice and Palliative Medicine

In 1988 the Academy of Hospice Physicians was born, it wasn’t until 1996 that the Academy changed its name to include Palliative Medicine.

- American Academy of Hospice and Palliative Medicine (AAHPM)

Today, the field is defined as:

Compassionate Care at any stage of illness.
Dame Cicely Saunders born in 1918

She initially studied philosophy, politics, economics (PPE) at St. Anne’s College Oxford

However, during the war she sought something more and left to study nursing, after which she received a diploma in Public and Social Administration prior to becoming an Almoner
“You matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die.”

Seeing a need for better pain control, she started planning a specialized hospice in the late 1950s.

She told her ideas would never be accepted in medicine unless she became a doctor…so she did.

Dame Cicely Saunders pursued a medical degree at St. Thomas’ Medical School in 1957.
1958 she was awarded a research scholarship to work on pain control in the terminally ill, working based at St Joseph’s Hospice in London.

After fundraising while at St. Joseph’s she opened the first research and teaching hospice linking expert pain and symptom control, compassionate care, teaching and clinical research, pioneering the field of palliative care in 1967.

“Suffering is only intolerable when nobody cares. One continually sees that faith in God and his care is made infinitely easier by faith in someone who has shown kindness and sympathy.”
Understanding the Subspecialty of Hospice and Palliative Medicine

It is an interdisciplinary field.

‘‘I only want what is in your mind and in your heart’’

Patient care is provided by a team of healthcare professionals, including physicians, nurses, social workers, pharmacists, chaplains, and others who listen to patient’s goals of care and align their treatments with what is important to them.

The team addresses more than just physical needs, but also provide emotional, spiritual and practical support.

http://palliativedoctors.org/
<table>
<thead>
<tr>
<th>What Palliative Care is NOT</th>
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<tr>
<td>- A death sentence</td>
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<td>- Failure</td>
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<td>- Giving up on patients</td>
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<td>- The end of the road for treatment</td>
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<td>- A patient circling the drain</td>
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Palliative Medicine IS

The recognition that suffering encompasses physical, psychological, social, spiritual, and practical struggles

Compassionate care concurrent with patient goals and primary physician support.

Loving your patients

Attention and Support of the family and caregivers

Choosing quality of life
Palliative Medicine IS

For people of any age, and at any stage in illness, whether that illness is curable, chronic, or life threatening.

It focuses on improving a patient’s quality of life by managing pain and other distressing symptoms of a serious illness.

Palliative care should be provided along with other medical treatments.

http://palliatiivedoctors.org/
Components of Palliative Care

• Goals of Care
• Planning/Completion of Advanced Directives
• Symptom Management (Pain and Non-Pain Symptoms)
• Facilitating Life Closure
• Grief and Bereavement Services
• Decreasing Burdensome Transitions
• Maximizing Human Dignity
What is Hospice Care?

The largest capitated managed care plan in the country

Most comprehensive large-scale system of home care operating in the US

Care for patients who have a terminal disease with a prognosis of 6 months or less remaining
Hospice Care

Hospice care can be provided in patients’ homes, hospice centers, hospitals, long-term care facilities, or wherever patients residee. It focuses on quality of life vs quantity of life.

Hospice providers:
- Prevent and relieve distressing symptoms

- Create space for patients to realistically weigh the merits of every treatment in the context of clinical reality

- Plan for emergencies

- Prepare for death, in order to create a “good death”
“Good Death”

• Relatively free of pain
• Suffering kept to a minimum
• Social and emotional needs are met
• Maintaining independence and function
• Resolving personal and social conflicts
• Free to choose and relinquish control over various aspects of life

Mount Sinai School of Medicine. Geriatrics, Palliative Care and Interprofessional Teamwork Curriculum, Module #10-Introduction to Palliative and Hospice Care, p.3
Hospice Care

Allows for forgiveness, appreciation, love and celebration of life with a recognition of Mortality.

Don’t wait to tell your loved ones you love them.

In his book, *The Four Things that Matter Most*, Ira Byock refers to the phrases: Please forgive me, I forgive you, Thank you, and I love you.

Ho’oponoopono is traditionally practiced by healing priests or kahuna lapa’au, among family members of a person who is physically ill.

I am sorry, Please forgive me, Thank you, and I love you.
Where do we fit in?

Any and all physicians should continue relationships with their patients.

Regardless of specialty or whether the physician remains as primary Attending or as a consultant, all physicians can continue to bill for services.

Note: Once a patient is on hospice services, if the attending is not employed by hospice, the physician bills Medicare Part B – using a GV modifier to signify care related to the terminal prognosis.
Where do we fit in?

Every patient deserves to be treated with Health and Love.
Where do we fit in?

Every patient deserves to be treated with Health and Love.

As an Osteopath you have the gift of knowing how to use your hands to resonate with the Health in each patient.
Dr. Still wrote:

“To find health should be the object of the doctor. Anyone can find disease.”

As Osteopaths caring for seriously ill, complex patients… it is our duty to find the Health in these patients who are most in need of nourishment in their withering fields.
Hospice and Palliative Patients are so much more than a sick patient, parent, sibling, or child.

They are beautiful and mysterious.

They light up a room with their very presence and are willing to share every BIT of their unique self worth with us as providers.

If we just show up.
Our Roots

It is our duty to pay attention to the Whole. For once a patient is Whole, healing can begin.
Once a patient is Whole...parts, problems, and diseases dissipate. There is, then, only Health.
Our Roots

But do not be mistaken, it is the Health itself which, at times, may sustain a lesion for the integrity of the Whole.
Goals

Consider reaching out to a patient of complex illness.

Consider that by reaching out to these patients, you too, may be touched by the Health that resonates so deeply in the House Under the Sea.
How do we find the Health?

Through Osteopathy.

Through a deep study of osteopathic principles, which lead us to the most important skill of all…

Listening to the indwelling healing forces of the patient.
As we encounter patients with illness, it is important to remember the following:

Each patient has the self capacity to heal…we do not need to do anything to our patients. We can simply create space for them that allows their health to express itself.

Healing, is not the same as curing.

For our conversation today, consider that healing and Health are a sense of Wholeness and suffering is a loss of Wholeness.
Wholeness encompasses all dimensions of the self.

- The Mind, Body, and Spirit

Wholeness is indivisible. This means thoughts, feelings, emotions, images, ideas, imagination, sensations, thinking, planning, remembering, spirituality, grief, genetics, and all aspects of the mind body and spirit are not just co-existing, but are present without differentiation, in Oneness.
Oneness

Oneness has no sense of beginning or end. It is palpable as a memory creates the essence of the Embryo until the soul departs from the body.
Oneness

In patients, oneness transcends beyond the self to loved ones and family. And as we create space for the future, it expands. Ultimately, oneness encompasses all things.
Oneness

Patients who are critically ill may develop a sense of oneness amongst friends, strangers, pets, all things living and all parts of nature into the universe.
From its inception, function requires space.

As space is created, conception occurs, and the embryo forms.

Space has the shape of future function.
Case:

Linda is a 64 year old female with a diagnosis of stage IV metastatic adenocarcinoma of the lung, with metastasis to the bone.
Finding the Health in a Dying Patient changes their Life
Unraveling the Treatment

Pause.

Feel the Space.
How are we finding the Health?

Listen to the indwelling healing forces of the patient.
Challenging Encounters

Difficult Conversations
Impossible decisions
Compassion
Teamwork

Faith
Breaking Bad News
Truth
Trust
Resolution
Family
Reflection of an Encounter

Four providers. Five family members. ONE patient.

As facts pour out and emotions follow; words show compassion, anger, love, mistrust, and faith. Everyone and no one knows what is best. Is it guilt? Is it experience? Perhaps it is learned behavior of survivorship.

Body language tightens as ground swell begins and slowly the pebbles turn to rocks as the divide begins. Cracks in the foundation reflect the greater canyon that is forming.

Stillness. The breath of life touches nine.

One patient. One neutral.
One Last Story...