

Panel Discussion-Nov. 10, 2019

End of Life Cancer Issues

The first aphorism of Hippocrates

*'Life is short and the art long: the crisis fleeting: experience perilous and decision difficult. The physician must not only be prepared to do what is right himself, but also to make the patient, the attendants and externals cooperate.'*¹

Cancer is a group of diseases characterized by the uncontrolled growth and spread of abnormal cells. If this growth is not controlled it may result in the death of the organism.

Treatment of cancer involves the following steps: Detection, it is found. Identification, tissue is taken and analyzed. Localization or staging, extent of the cancer is determined. Therapy is chosen and given.

Cancer may be treated by surgery, radiation, or chemotherapy. Cancer treatment may be a combination of the three. In short, the cancer may be removed by excision, destroyed with radiation, or attacked with medications.

In patients with advanced terminal cancer, functional ability will often remain high until late in illness. But when physical deterioration begins, progression rapidly and unremittingly toward death is common.

Palliative care is treatment of symptoms and stress of illness. It is appropriate for any age group in any medical setting; hospital, home, and hospice. It is not limited to fatal illnesses. Symptoms may be shortness of breath, pain, abdominal bloating, emesis, anxiety etc.

Hospice care is provided in the last six months of life. It may be for any illness, organ failure, dementia, cancer and any other condition that leads to death. It may include medical, nursing, personal aide, respiratory, oxygen, durable medical equipment, and medications. It does not

include curative therapies such as chemotherapy. If the patient remains alive, recertifying for additional time is allowed.

The power of attorney for medical decision-making, the Durable Power of Attorney for Healthcare, is quite important. It names the person chosen to make medical decisions when the patient is unable to do so. It is important that the person with medical power of attorney knows the wishes and desires of the one they represent.

The advance directive, Directive to Physicians, Family and Surrogates also known as a Living Will, makes the patient's wishes known in the event of a terminal illness. It will show the forms of medical therapy the patient does not want or wants, resuscitation, ventilation, tube feedings. The form encourages discussion with the physician and family.

The Out-Of-Hospital Do-Not-Resuscitate (OOH-DNR) order form is very helpful. When death occurs in Austin and in Travis County, it is necessary for death to be pronounced. For hospice patients, pronouncement of death will be made a hospice nurse or physician. Otherwise, when death happens call 911. If EMS arrives resuscitation may be initiated in the absence of an out of hospital do not resuscitate order. The form is available online and can be completed easily (dshs.texas.gov/emstraumasystems/dnr.shtm#form). Once the form is completed it is possible to order a bracelet to wear. If the out of hospital DNR form or appropriate 'jewelry' is present resuscitation will not be initiated.

Vignettes:

An 88-year-old male, World War I veteran, healthy since experiencing a gassing the last week of World War I presents with a serious gastrointestinal hemorrhage. He is quickly diagnosed with a large gastric tumor which is bleeding. The cancer is extensive. Cure is unlikely. He chooses no therapy. His family, wife, children, and grandchildren are present to say goodbye. He quietly passes in the presence of those dear to him.

A 58-year-old gentleman presented with free fluid in the abdomen. Diagnostic studies of the fluid found cancer cells. The cancer was likely omental i.e. from the fat pad in the abdomen. It was treatable but not curable. The patient had a cancer marker, a protein that can be measured. The marker by its value high or low can be used to measure effectiveness of chemotherapy. His cancer responded to chemotherapy for a decade. The patient continued working in his beloved occupation ceasing only four weeks before his death. He developed ascites, edema a swelling of the extremities, became weak, and lost weight. Hospice entered and provided support at home. In the presence of his wife and children, he died.

A gentleman in his late 80s was found to have a large primary liver tumor. There was no effective treatment. Discussions were held with the patient and his family. The prognosis was discussed. The patient remained at home with the support of hospice. Death occurred a few months later.

Thoughts

Plan ahead. Discuss your desires with your family. Know their wishes. Have a will, medical power of attorney and a living will. If there are significant health issues consider an out of the hospital do not resuscitate order.

There are many people along the way to help you. There are doctors, nurses, social workers, hospices, home health agencies, hospital chaplains to help with these issues. You do not have to feel alone

Any medical therapy started can be stopped. It is okay to stop renal dialysis, turn off the ventilator, pull a feeding tube.

When a loved one is ill, and experiencing a terminal illness, people often feel helpless. Yet, what the patient wants and needs most is the presence of their loved ones. Being present at their time of their greatest need is the greatest gift you can give them. It is also a gift to yourself.

The American Cancer Society website is an excellent resource. www.cancer.org