September 2010

Baystate Visiting Nurse Association & Hospice

Patients with COPD

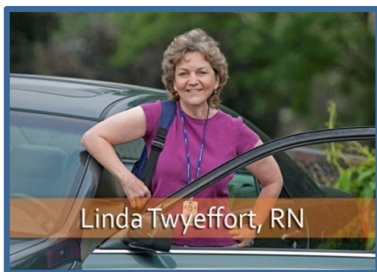
When to Discuss Advance Care Planning

In a recent article in *Expert Review of Respiratory Medicine*, doctors Margaret Isaac and J Randall Curtis explore the issue of improving quality of life for patients with terminal respiratory disease.[1] They note that the limitations of prognostic guidelines for COPD complicate a clinician's decision about when to discuss advance care planning. For example, one study showed that hospitalized patients with COPD had an estimated 40% or greater chance of surviving one year on 5 out of the last 7 days of life. The same study showed that patients with COPD spend nearly one quarter of their last year of life in the hospital.[2]

The primary reason that patients do not consider advance care planning is that they feel like they have a long time to live, so such planning is considered irrelevant.[3] However, Drs Isaac and Curtis state that it is advantageous to discuss goals of care and advance care planning while patients are still well enough to participate fully in their own decision making. A study of patients receiving pulmonary rehabilitation for chronic lung diseases reported that 99% said they wanted to discuss advance directives with their physicians, although less than 20% had done so.[4] This study was from 1996, so it is likely that today more than 20% of patients with chronic respiratory diseases have received consultation on advance care planning.

Isaac and Curtis suggest that doctors ask themselves this question, "Would I be surprised if this patient died within 12 months?" When the answer is no, it is time to ensure patients have information on advance care planning and palliative care options which they may elect later in life. Introducing these subjects earlier, while patients do not need to make immediate decisions gives them time to research, learn, and reflect. The presence of two or more of the following characteristics has also been suggested as a trigger for goals of care discussions: FEV_1 under 30% predicted, chronic oxygen dependence, left-sided heart failure or other COPD comorbidities, weight loss / cachexia, decreased functional status / increasing dependence on caregivers, age 70+, or 1 or more inpatient admissions for COPD exacerbation within the last year.[5,6]

Offering information about hospice earlier correlates with increased patient satisfaction and more meaningful utilization of the hospice benefit later in life.[7] When a lengthy hospice conversation may be needed, physicians can call on Baystate Visiting Nurse Association & Hospice (BVNAH) to send a team member to answer all questions.



Linda Twyeffort, RN

More than 20 Years of Hospice Experience

BVNAH serves as the experienced option for hospice care. Our hospice program has served families in this community for more than 20 years. Despite the fact that we continually expand our staffing, more than half of our hospice staff has been with us for 5+ years, and more than one-third has been with us for 10+ years. Our medical director is a geriatrician certified in Hospice & Palliative Care, and most of our hospice nurses have earned NHPCO certification.

Please keep in mind that earlier referral to hospice increases patient satisfaction. The BVNAH hospice team can better relieve suffering, establish goals, and build rapport with patients and families if they have time to plan and prevent problems from arising.

Call BVNAH to help with important conversations about end-of-life care.

A hospice nurse or social worker will meet your patients at your office, at the hospital, or in their home.

Phone: 413.794.6411 (800) 249-8298 Fax: 413.794.6475
50 Maple Street • PO Box 9058 • Springfield, MA 01102

References

1. Isaac M, Curtis J. Improving quality of life for patients with terminal respiratory disease. Expert Rev Resp Med. 2009; 3 (6): 597-605.

2. Lynn J, Ely E, Zhong Z, et al. Living and dying with chronic obstructive pulmonary disease. J Am Geriatr Soc. 2000; 48 (Suppl.), S91-S100.

3. Schickedanz A, Schillinger D, Landefeld S, et al. A clinical framework for improving the advance care planning process: start with patient's self-identified barriers. J Am Geriatr Soc. 2009; 57 (1): 31-39.

4. Heffner J, Fahy B, Hilling L, et al. Attitudes regarding advance directives among patients in pulmonary rehabilitation. Am J Repir Crit Care Med. 1996; 154 (6), 1735-1740.

5. Hansen-Flaschen J. Chronic obstructive pulmonary disease: the last year of life. Respir Care. 2004; 49: 90-97.

6. Curtis J. Palliative and end-of-life care for patients with severe COPD. Eur Respir J. 2008; 32: 796-803.

7. Connor S, Pyenson B, Fitch K, et al. Comparing hospice and nonhospice patient survival among patients who die within a three-year window. J Pain Symptom manage. 2007 Mar; 33(3): 238-46.

©BMA 2010