What is Palliative Care?

Palliative care is a medical specialty devoted to relieving pain and providing physical, psychological and spiritual comfort to patients who have complex or challenging problems associated with serious illness. It is appropriate for patients of any age with any diagnosis, from cancer to heart, kidney or liver disease.

Currently, palliative care is only offered in the hospital. To ensure quality care for all patients with advanced illness, PeaceHealth St. Joseph Medical Center is working with community partners to expand palliative care beyond the walls of the hospital.

Benefits of palliative care for patients include:

- fewer trips to emergency room and hospital stays
- lower medical costs
- improved ability to function and enjoy everyday life
- prolonged survival
CHOOSING LIFE: How Palliative Care Saved My Husband

by Micki Jackson, local advocate for community-based palliative care

After many years as a New York-based “ABC Evening News” producer and management positions in news and public affairs, my husband, Bill, retired in 2001. His career spanned a number of milestones in the news: Apollo 11 lunar landing, first spaceflight that landed humans on the Moon; end of the Vietnam War; President Richard Nixon resignation over Watergate scandal; Sandra Day O’Connor named first woman on United States Supreme Court; Chernobyl disaster, to name a few.

Soon after we moved to Bellingham, Bill required two emergency open heart surgeries within just three weeks of each other. Because his heart problems had their genesis in congenital defects, it was amazing that he lived as long as he did!

As time passed, a cascade of other heart conditions developed, including chronic heart failure (CHF). Bill made an informed decision not to undergo any more surgery because of further potential damage to his cognitive function. Consequently, for several years he essentially received “palliation” for his heart conditions.

During this time, I read voraciously about trends in medical services, became aware of palliative care and thought it was exactly right for Bill — and our family! Palliative care would give us peace of mind and a sense that Bill’s care was coordinated, navigable, and on a seamless continuum. At an appointment in late summer of 2011, Bill’s cardiologist, Dr. Don McAfee, told him, “Good news, Bill, PeaceHealth has recruited a palliative care specialist.” Unfortunately for us, the palliative care program would be inpatient only.

Dr. McAfee basically provided “one man palliative care” for years, respecting Bill’s personal definition of quality of life, providing healing medical treatment that kept him comfortable while he dealt with his critical, and sometimes unpredictable, congenital disease. As a result, Bill was never hospitalized because of his CHF, which is very unusual.

Bill was admitted to St. Joseph Medical Center the day after Thanksgiving in 2013 for an ailment totally unrelated to his CHF. It was there that we had the benefits – and the beneficence – of Dr. Bree Johnston, the specialist who had been hired to lead the new palliative care program. And, thank goodness! Dr. Johnston was like the captain of the vessel, navigating rough seas, sailing us to smoother waters. She and her team assessed Bill and – with respect to his personal choices and what she determined was necessary for his well-being – recommended he transition into hospice.

Dr. Johnston was a “life saver” to us. That might sound counterintuitive, but as I was driving Bill home from the hospital, he said “Dr. Johnston saved the rest of my life by setting the wheels in motion for me to have a good death at home when that time comes.”

I would advocate that palliative care be introduced early in the diagnosis — long before crisis mode. Too often patients resist accepting palliative care during the diagnosis process mistakenly equating it to hospice care. These early discussions about possible outcomes can positively alter family dynamics, bring them together, and enhance their day-to-day functioning. I envision a day when our community is so inspired that talking about end-of-life will be the norm. I think that Whatcom County is well on its way to setting that standard for our state, even our nation.
Palliative care provides a new perspective and novel resources to improve the quality of life for anyone who has a life-limiting illness.

There is a distinct difference between hospice and palliative care. Hospice offers comfort to those who are dying; palliative patients are focused on life.

Palliative care is the umbrella where the focus is on symptom control to help the patient get through medical treatments, plan subsequent stages of care and improve his or her daily quality of life. Hospice and end-of-life care fall under the umbrella when the focus of care changes. In other words, all hospice care is palliative, but not all palliative care is hospice.

Patients with a serious illness can have many symptoms — from physical ones such as nausea, fatigue or shortness of breath to symptoms that are emotional or spiritual in nature. In palliative care, an interdisciplinary team of physicians, nurses, social workers and clergy work together to aggressively manage this full range of symptoms to improve the patient’s day-to-day function and comfort. That, in turn, makes a significant difference for the entire family.

KEY ELEMENTS OF PATIENT-CENTERED PALLIATIVE CARE

- Interdisciplinary care team
- Define patient’s goals for care and create care plan; plan shared across care team
- Patient and family active in decision-making
- Smooth transitions to hospice, when appropriate
- Pain management
- Symptom management
- Psychological monitoring and management
- Grief counseling
- Focus on patient’s social needs
- Caregiver support
- Spiritual, religious care

“Palliative care isn’t only for people who are terminally ill and it is not the same as hospice care. Because of my husband’s and my experience, I am committed to spread the message that early palliative care can help families.” —Micki Jackson, local advocate for community-based palliative care

Join Us

We have the heart for the mission, commitment to palliative care and many of the building blocks to implement a community-based program, but we can’t do this on our own.

Here’s an opportunity for you to help transform the care of serious illness in our community. With your support we will be able to:

- Increase awareness and use of palliative care services throughout our community
- Expand outpatient palliative care services to better support the home-bound patient
- Provide outpatient palliative care services for Whatcom County residents

The Jacksons’ story is an inspiring call to action. Join us in providing high quality palliative care to the right person, in the right place, at the right time – every time.

The cost of expanding the availability of quality, patient-centered palliative care to the people of Whatcom County over the next few years is $752,000 per year.

Let us tell you more, call or email us.

PROJECTED AGING OF THE U.S. POPULATION

This significant demographic shift in America’s aging population will progressively impact health care — a much larger population at risk for serious or complex illnesses. Palliative care improves the quality of care and reduces medical costs for all.

TOP FOUR DISEASE AREAS MANAGED THROUGH PALLIATIVE CARE

Cardiology  Neurology  Oncology  Respiratory

PALLIATIVE CARE PARTNERS IN WHATCOM COUNTY:

- Community Organized Group for Health
- Family Care Network
- Health Ministries Network/Faith Community Nursing
- Northwest Regional Council
- PeaceHealth Palliative Care
- Western Washington University Palliative Care Institute
- Whatcom Alliance for Health Advancement
- Whatcom Hospice

FOR MORE INFORMATION, contact:
Anne Rasmussen at 360-788-6853 or arasmussen@peacehealth.org
Karen Haggen at 360-788-6851 or khaggen@peacehealth.org
Jennifer Fix at 360-788-6861 or jfix@peacehealth.org

PeaceHealth
St. Joseph Medical Center Foundation
2901 Squalicum Parkway, Bellingham, WA 98225-1851