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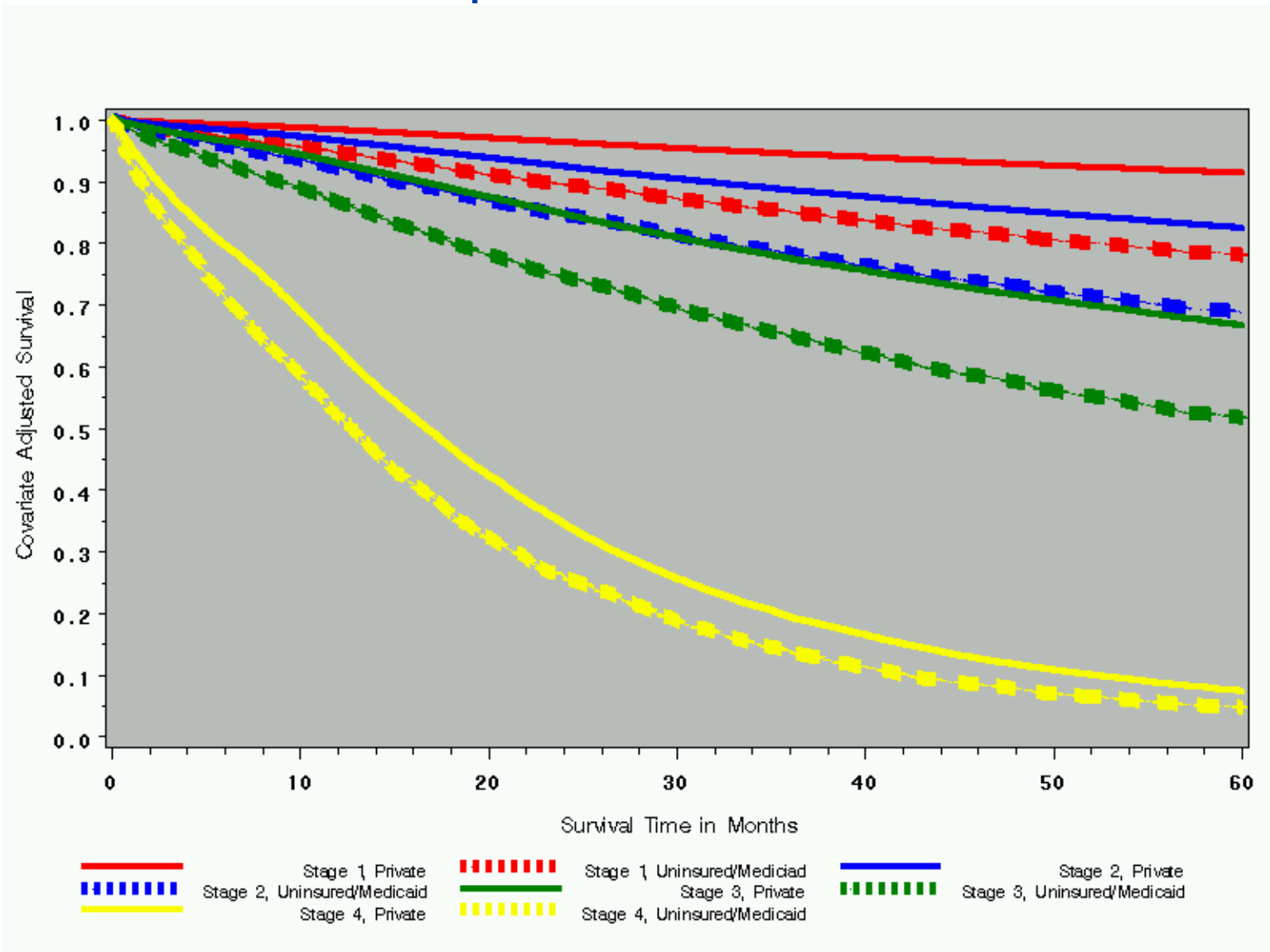
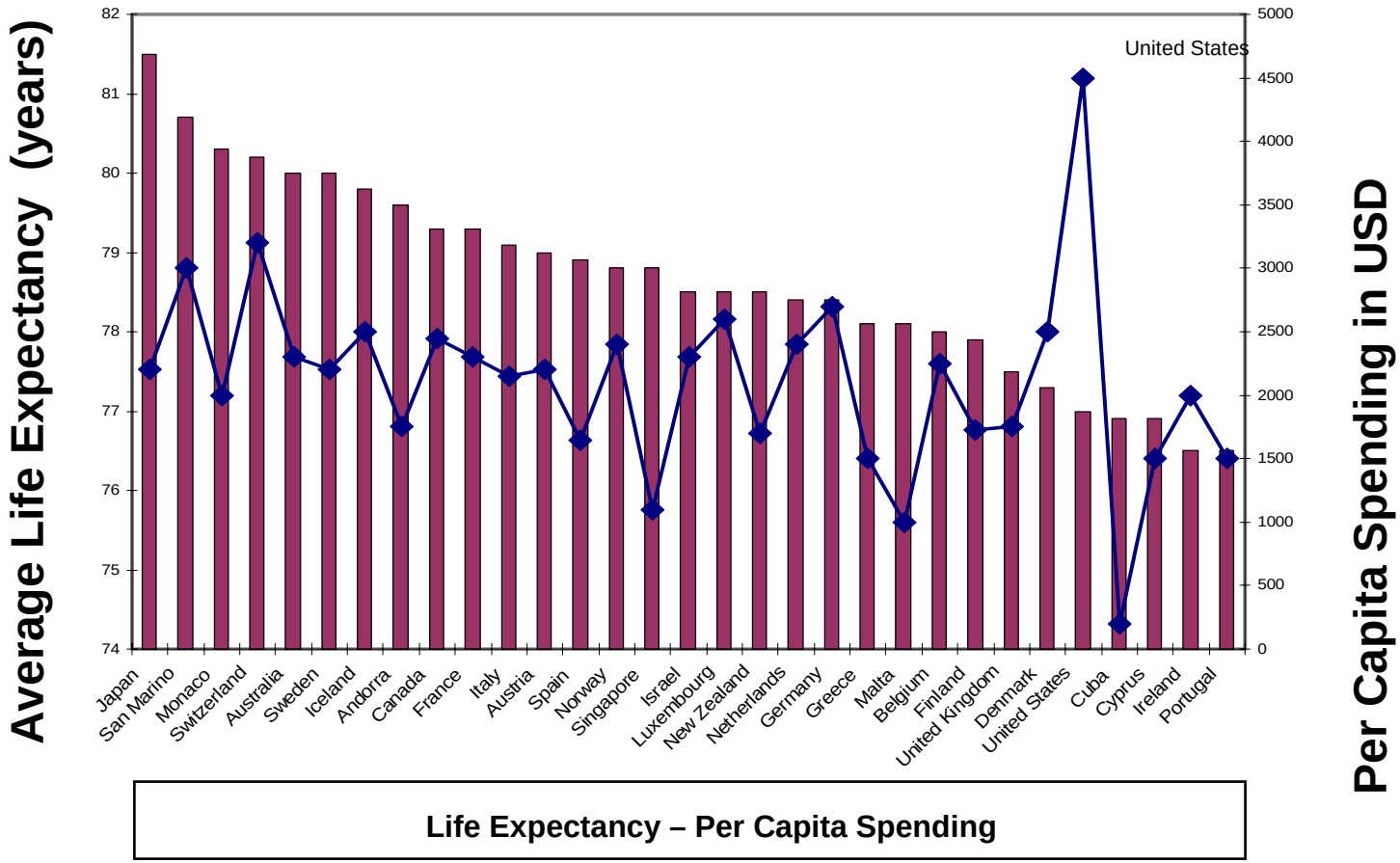
Adjusted Colorectal Cancer Survival by Stages and Insurance Status, among Patients Diagnosed in 1999-2000 and Reported to the NCDB



Higher Per Capita Spending in the U.S. does not Translate into Longer Life Expectancy

The Cost of a Long Life



Life Expectancy – Per Capita Spending

2006 CIA FACTBOOK

Disparities in Health

- Some consume too much
  - (Unnecessary care given)
- Some consume too little
  - (Necessary care not given)
- We could decrease the waste and improve overall health!!!!

Disparities in Health

- A call for the use of “Evidence Based Care”
- That is:
  - the rational use of medicine
  - not the rationing of medicine

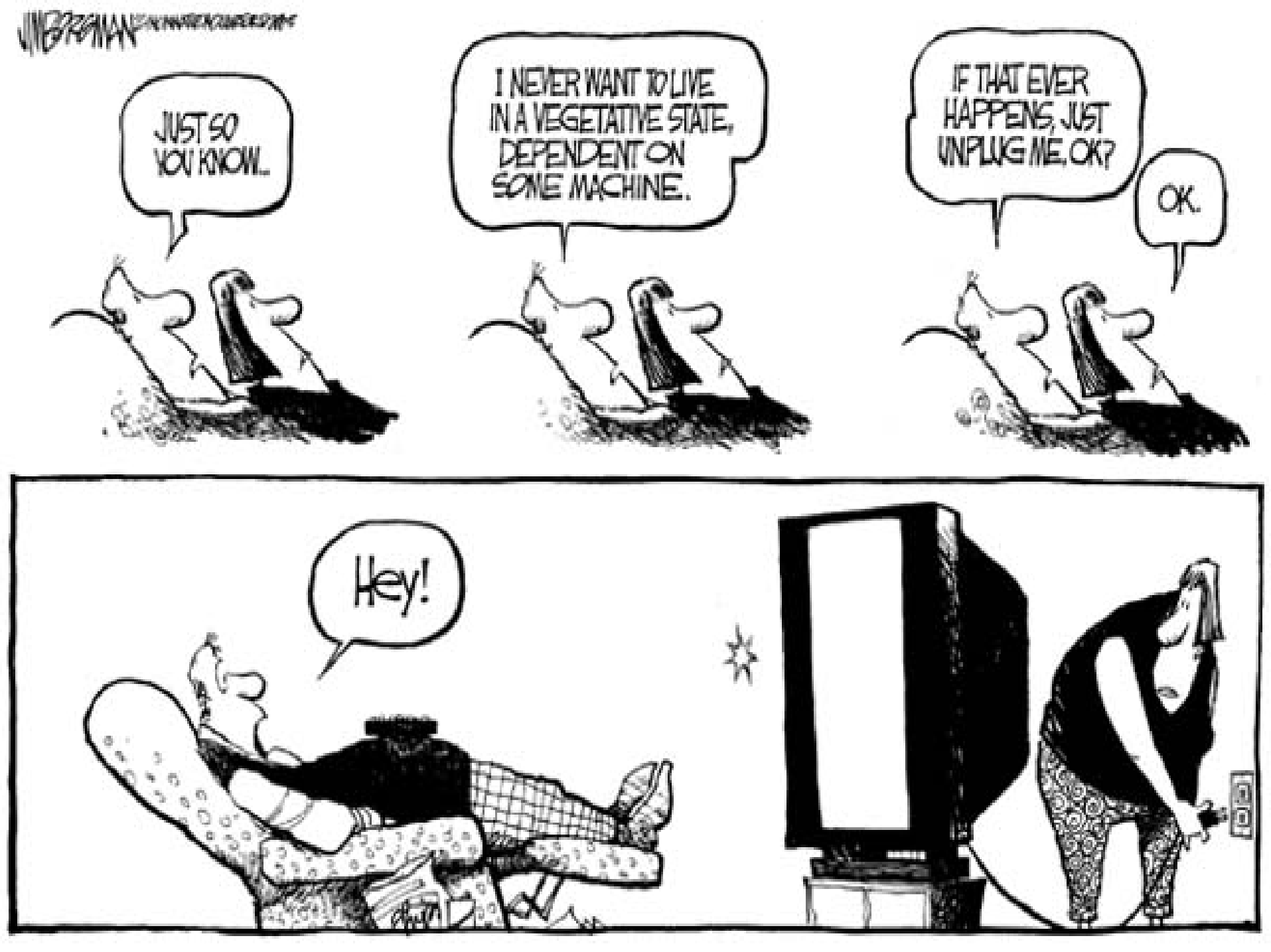
Thoughts and Observations Concerning Palliative Care

Otis W. Brawley, M.D.

Chief Medical Officer

Special Thanks
to
Professor David Currow

Australia


JUST SO YOU KNOW.
I NEVER WANT TO LIVE IN A VEGETATIVE STATE, DEPENDENT ON SOME MACHINE.
IF THAT EVER HAPPENS, JUST UNPLUG ME, OK?
OK.
Hey!

Palliative Care Globally

- **Palliative care as a social good**

compared with

- **Palliative care as a health service that delivers improved health outcomes across the whole community for patients, caregivers and the health system**

Palliative Care Globally

- **No single metric captures the net benefits of supportive and palliative care.**
- **Given the complexity of needs, the time trajectory and the people involved, it is a series of incremental benefits that accrue**

Palliative Care Globally

- Not just the elderly
- Not just about pain
- Not just about the last hours or days of life
- Not just about being nice
- there is a strong evidence base that is largely not being used

Palliative Care Globally

- **20-50% of deaths are – "expected deaths"**
- **At best, one half of all people diagnosed with cancer will have their life shortened because of it**

Palliative Care Globally

- **‘Expected’ death increases with improved health status**

Palliative Care Globally

Supportive care

Palliative care

Terminal care

Palliative Care Globally

1. Palliative care – improving health outcomes
2. Palliative care – the gaps
3. Palliative care – what is needed?

Palliative Care Globally

1. **Palliative care – improving health outcomes**
2. **Palliative care – the gaps**
3. **Palliative care – what is needed?**

Palliative Care Globally

- What we hear!
  - Practice – what difference does palliative care make?
  - So what…?
  - Care that anyone can do…
  - Just good clinical care…
  - What possible health outcomes could we measure…?
  - This person is dying anyway… (so why should we use limited resources?)
  - This person is dying anyway… (and so there is no such thing as an adverse outcome)

Palliative Care Globally

Priorities at the end of life

- Pain and symptom control
- Preparation for death
- Achieving a sense of completion
- Being involved in decision preferences
- Being treated as a 'whole person'

- Steinhauser et al. JAMA 2000

Palliative Care Globally

Priorities

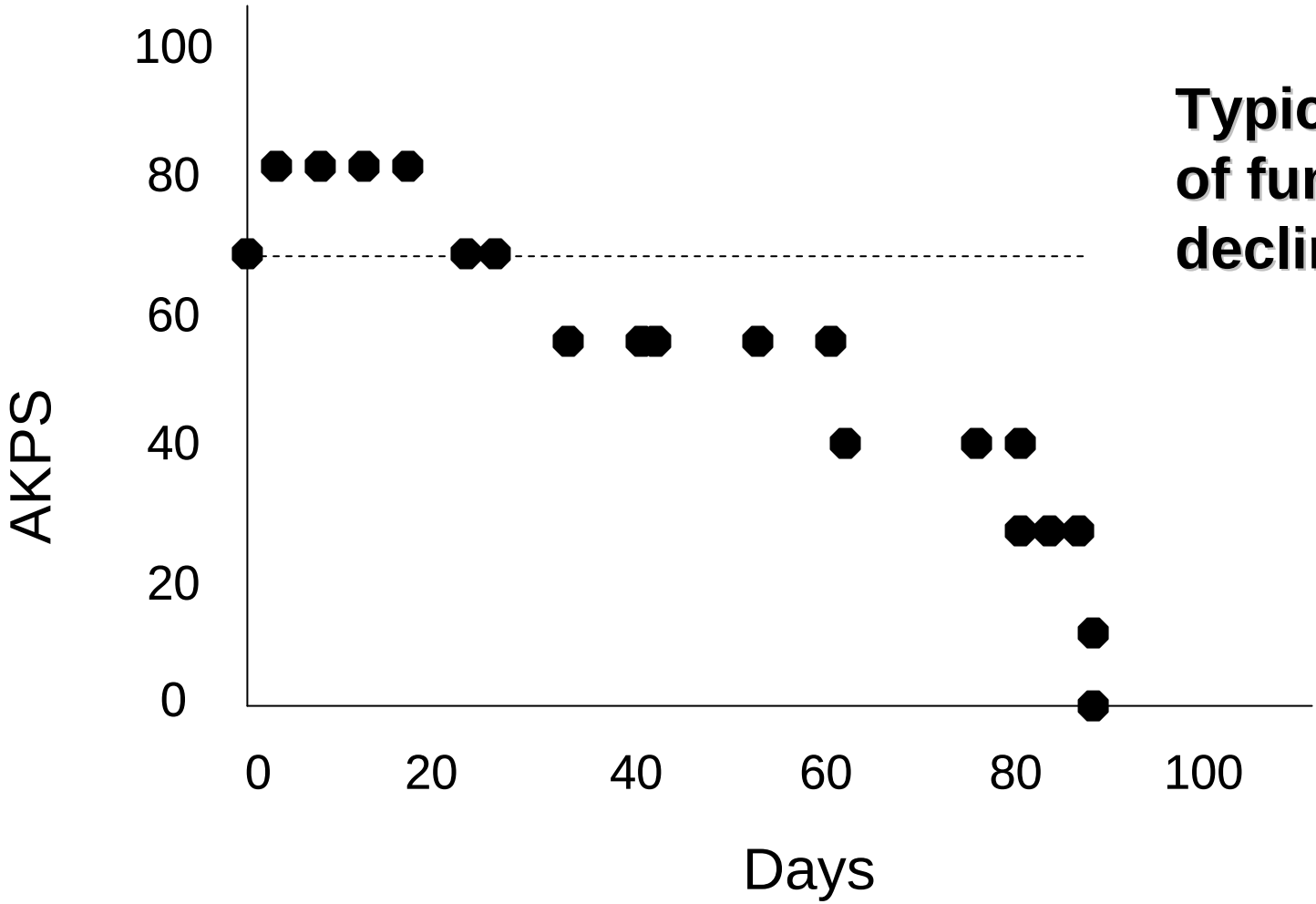
- Maintaining a sense of humour
- Not being a burden
- Being mentally alert (at the cost of other symptom control potentially)
- NOT being concerned about the place of death
- Spiritual peace / resolution
- Planning one's funeral

- Steinhauser et al. JAMA 2000

Palliative Care Globally

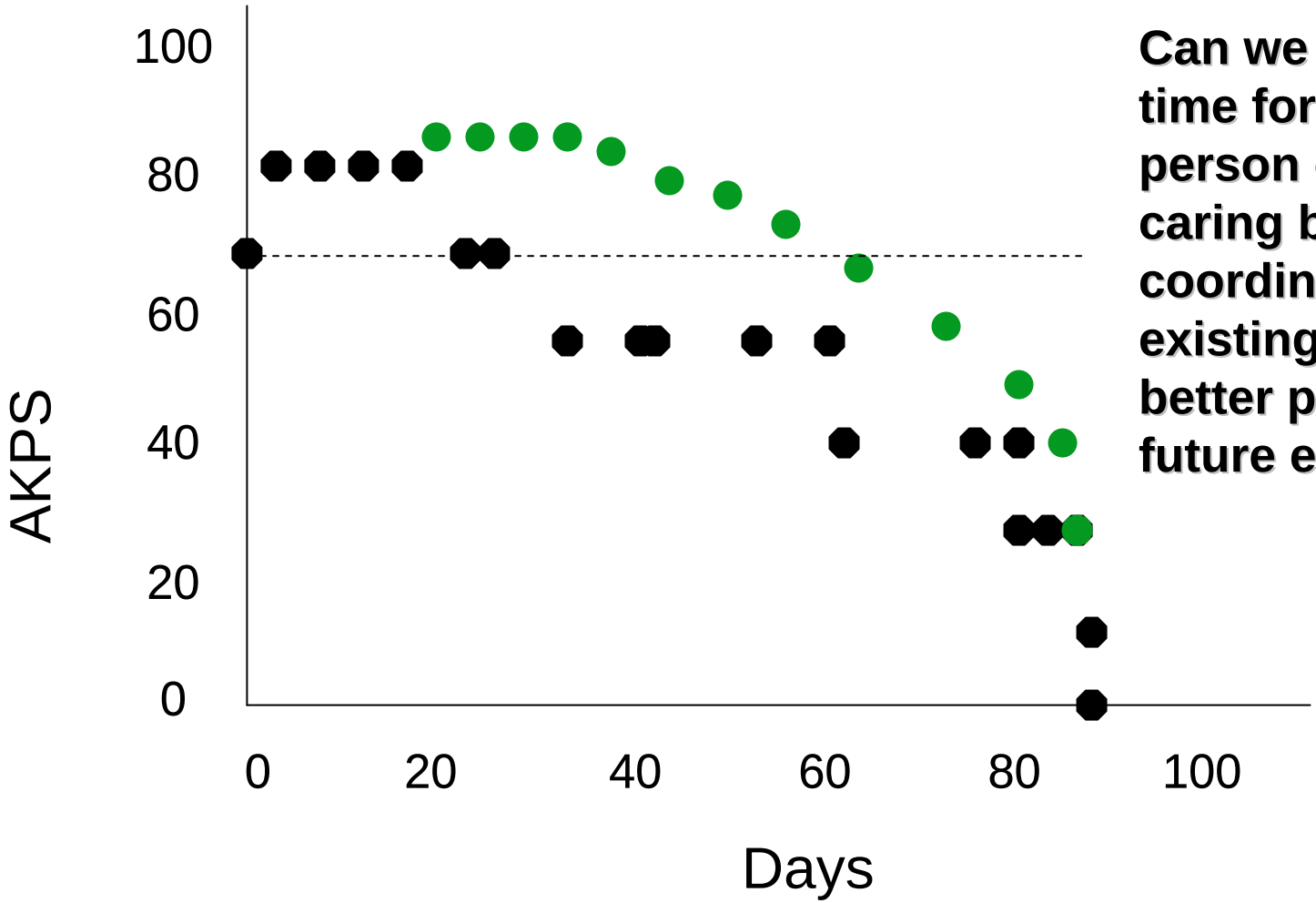
Score	*Australian-modified Karnofsky Performance Scale (AKPS)*
(A)100	Normal; no complaints; no evidence of disease.
(A) 90	Able to carry on normal activity; minor signs or symptoms.
(A) 80	Normal activity with effort; some signs or symptoms of disease.
(B) 70	Cares for self; unable to carry on normal activity or to do active work.
(B) 60	Requires occasional assistance but is able to care for most of his needs.
(B) 50	Requires considerable assistance.
(C) 40	In bed more than 50% of the time.
(C) 30	Almost completely bedfast.
(C) 20	Totally bedfast and requiring extensive nursing care.
(C) 10	Comatose or barely arousable.

Palliative Care Globally



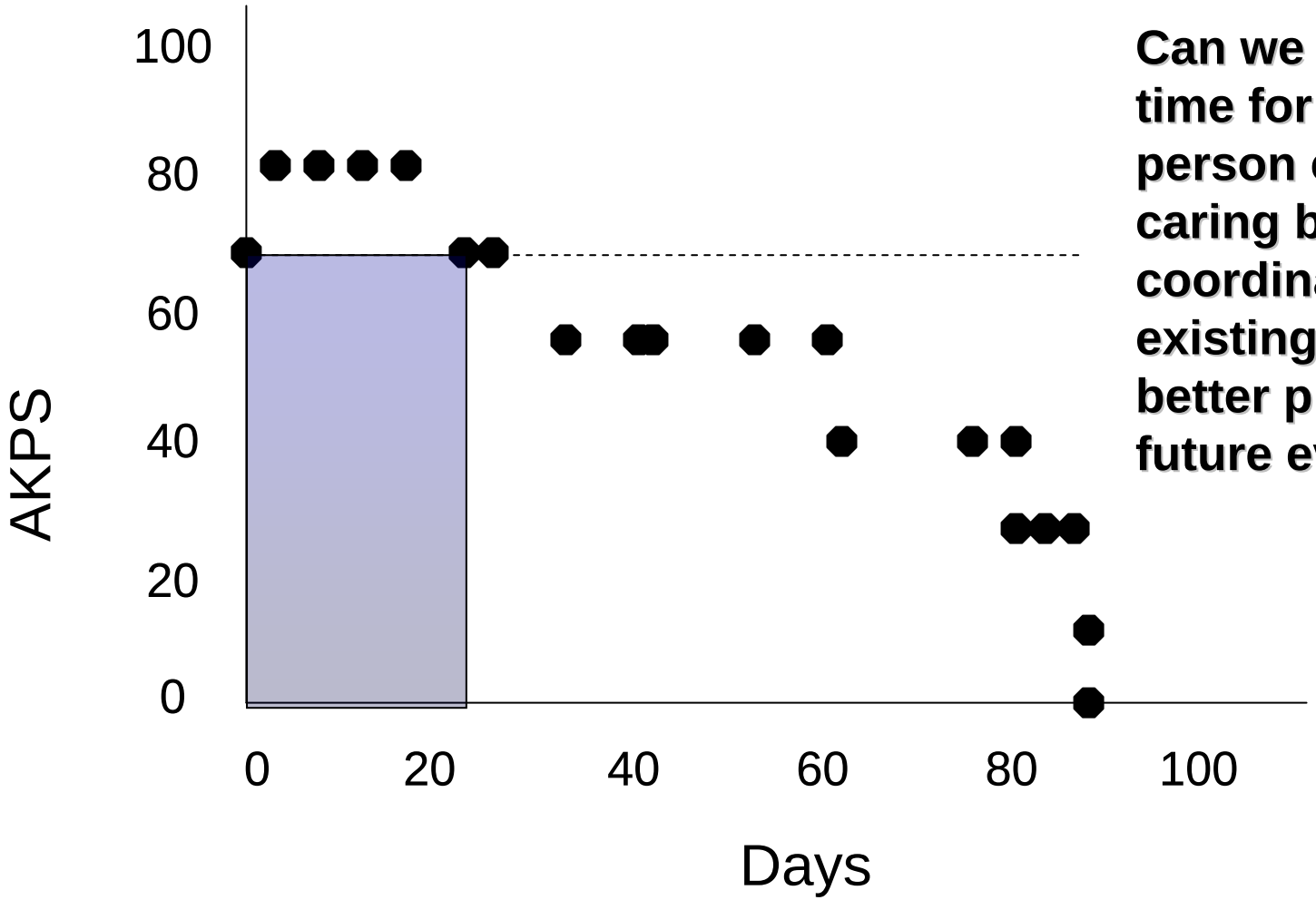
Typical graph of functional decline

Palliative Care Globally



Can we increase the time for which a person can be self-caring by better coordinating existing care and better planning for future eventualities?

Palliative Care Globally



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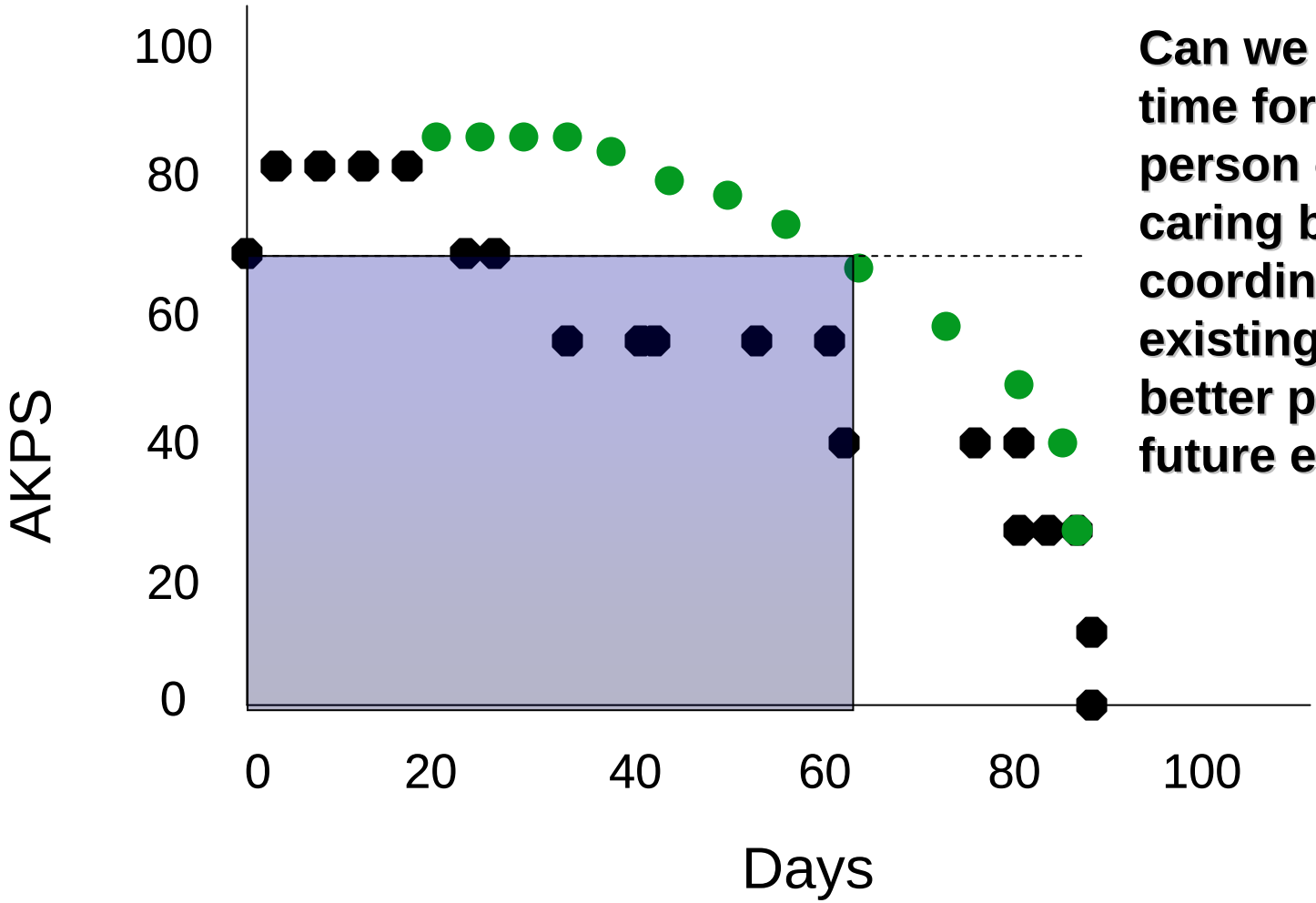
Palliative Care Globally



Can we increase the time for which a person can be self-caring by better coordinating existing care and better planning for future eventualities?

Palliative Care Globally

Practice – what difference does palliative care make to patients?

- **Better symptom control**
- **Comfort in the last two weeks of life**
- **Quality of dying**
- **Satisfaction with care**

Miller et al J Am Geri Soc 2002; Miller et al JPSM 2003; Hillier et al Pall Med 2003
Teno et al JAMA 2004
Currow et al J Supp Care Cancer 2008
Wallston Med Care 1988
Kane et al Lancet 1984; Hughes Hlth Svcs Res 1992; Brumley et al J Pall Med 2003

Palliative Care Globally

Practice – what difference does palliative care make to caregivers?

- **Better able to adjust as they relinquish their role**
- **Needs better met**
- **Satisfaction with care**
- **Less anxiety**

- Abernethy et al. J Support Care Cancer 2008; Aoun et al. Prog Pall Med 2005; Aoun et al. Prog Pall Care 2005.
- Teno et al. JAMA 2004; Hughes Hlth Svcs Res 1992
- Kane Lancet 1984

Palliative Care Globally

Practice – what difference does palliative care make to caregivers?

- **Better spousal *SURVIVAL* as caregivers subsequently move on with their life**

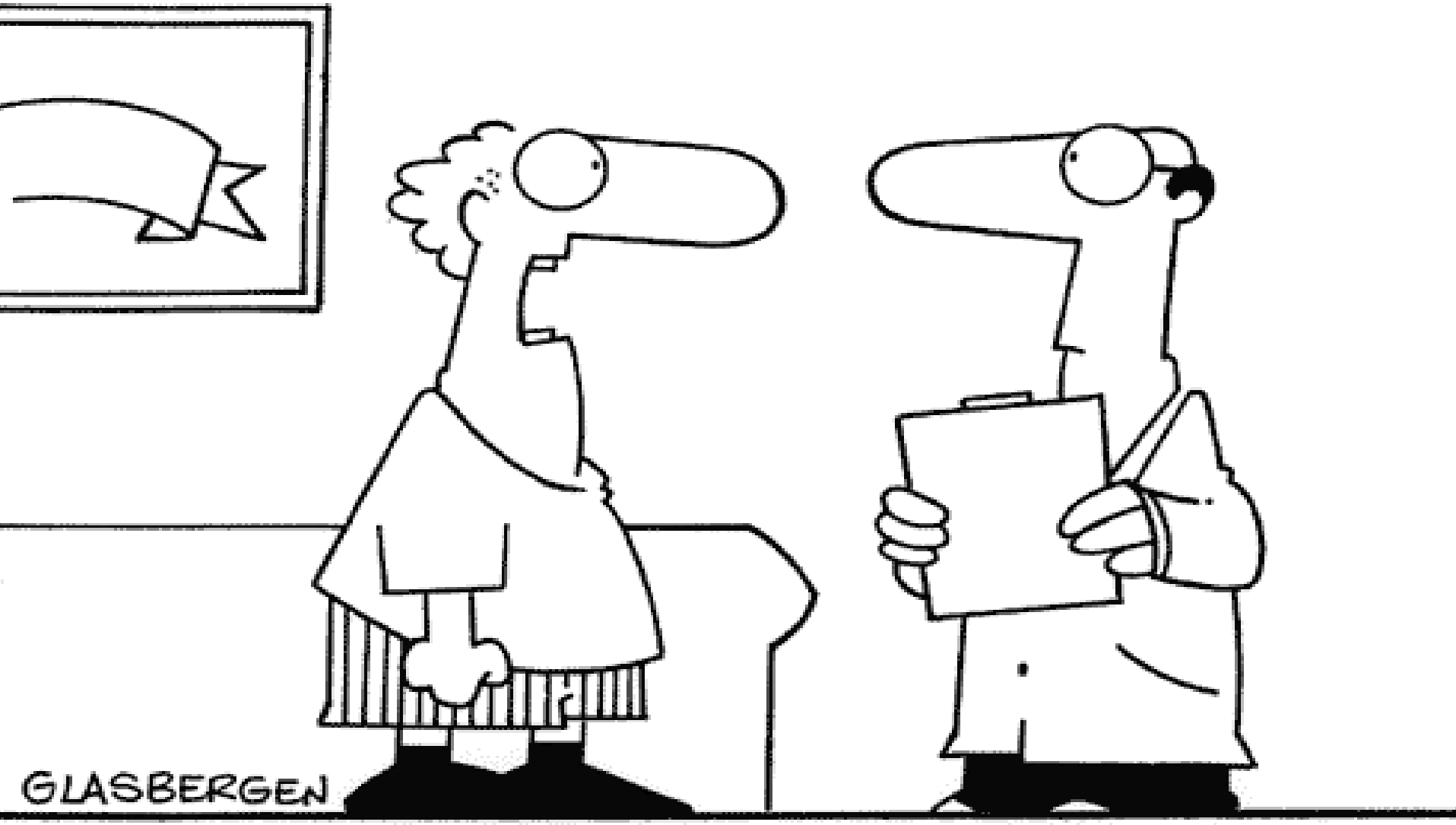
Christakis Soc Sci Med 2003

Palliative Care Globally

Practice – what difference does palliative care make to Health Systems?

- **Reduced hospital admissions**
- **Reduced number of inpatient bed days**
- **Reduced costs compared to conventional care WITHOUT COMPROMISE TO SURVIVAL**

Abernethy et al. 2008
Brumley et al J Pall Med 2003; Constantini et al. Pall Med 2003
Brumley et al J Pall Med 2003
Connor et al. JPSM 2007

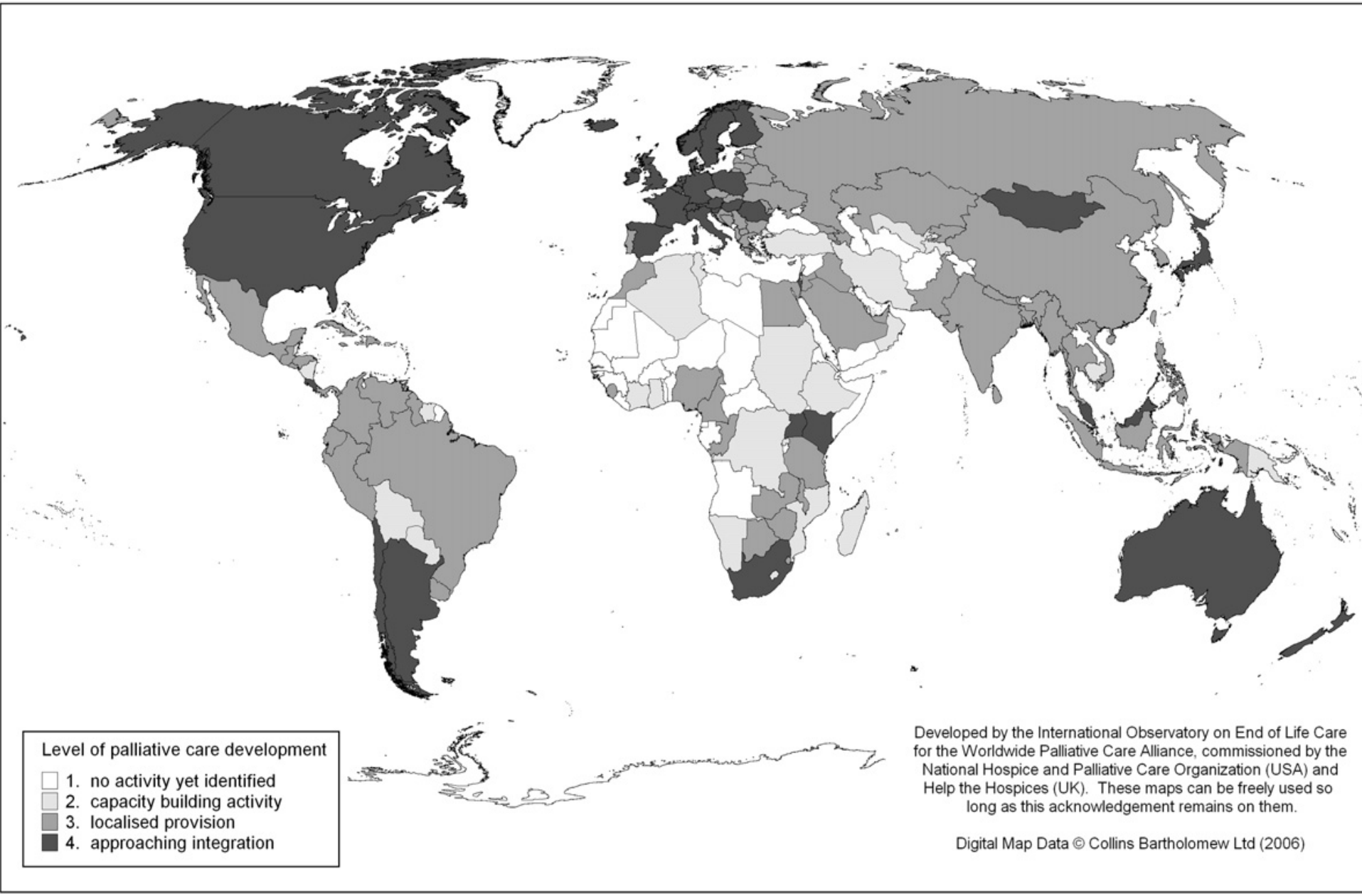


"I'm learning how to relax, doctor—but I want to relax better and faster! I WANT TO BE ON THE CUTTING EDGE OF RELAXATION!"

Palliative Care Globally

- **Availability of palliative care services internationally**

- Clark D, Wright M. The International Observatory on the end of life care: a global view of palliative care development. J Pain Symptom Manage 2007;33(5):542-546.



Developed by the International Observatory on End of Life Care for the Worldwide Palliative Care Alliance, commissioned by the National Hospice and Palliative Care Organization (USA) and Help the Hospices (UK). These maps can be freely used so long as this acknowledgement remains on them.

Palliative Care Globally

- **Opioid availability**

Palliative Care Globally

World consumption in kg of the main narcotic medications (1995)

Opium alkaloids and derivatives		Synthetic narcotic drugs	
Codeine	181,421	Dextropropoxyphene	252,483
Dihydrocodein	27,340	Pethidine	15,104
Morphine	15,594	Tildine	8,529
Pholcodine	9,089	Diphenoxylate	6,490
Hydrocodone	8,869	Methadone	6,337
Ethylmorphine	2,689	Fentanyl	94

Source: *Narcotic drugs: Estimated world requirements for 1997. Statistics for 1995.* New York: United Nations, 1997. Cited in European Journal of Palliative Care, 1997: 4(6) 194-198

Palliative Care Globally

- **International Narcotics Control Board**
- **Projections for each country's allowable trade in narcotics against proposed usage.**
- **Massive gap between allowable and actual availability**

Palliative Care Globally

- **Average daily consumption of defined daily doses (for statistical purposes) of morphine per million inhabitants, 2000-2002: Africa**
- ***29 countries reported NO opioid availability.***
- **For the 18 countries reporting use, there was a 100 fold difference in the average defined daily dose of morphine**

Source: International Narcotics Control Board. Narcotic Drugs: estimated world requirements for 2004. Statistics for 2002. New York: United Nations, 2004.

Palliative Care Globally

- **Average defined daily doses of morphine, Central and Eastern Europe (1994-1998)**
- ***5 countries report NO opioid availability***
- **Of the other 23 countries, there is a >550 fold difference in average defined daily dose of morphine**
- ***Source:*** **Clark D, Wright M (2002)** ***Transitions in End of Life Care: Hospice and Related Developments in Eastern Europe and Central Asia.*** **Buckingham: Open University Press**

Palliative Care Globally

- **65/209 governments replied of whom 55% identified significant impediments to opioid supply**

- **Most of the identified impediments were related to:**
  - **concerns about addiction,**
  - **Concerns about diversion,**
  - **restrictive drug laws,**
  - **insufficient importation of opioids, and**
  - **inadequacies in healthcare systems.**

- **Joranson DE, Gilson AM. Global Action Needed to Improve Opioid Availability**
- **APS Bulletin. 1997;7(2): 10-11.**

Palliative Care Globally

- **Over half (54%) of the 65 governments indicated that their countries experienced periodic unavailability of opioids due to:**
  - **insufficient importation,**
  - **delays in distribution,**
  - **unanticipated increases in demand,**
  - **administrative delays,**
  - **or insufficient manufacture**

- **Joranson DE, Gilson AM. Global Action Needed to Improve Opioid Availability**
- **APS Bulletin. 1997;7(2): 10-11.**

Palliative Care Globally

(Including the U.S.)

- **Availability**
  - **- restricted formulations**
  - **- dose limits**
  - **- limits to the duration per prescription**
  - **- limits to place of therapy**
- **Accessibility**
  - **- prescription related barriers**
  - **- dispensing related barriers**

Cherny N et al. Problems of opioid availability and accessibility across Europe Ann Oncol 2006;17(6):885-887

Palliative Care Globally

1. Palliative care – improving health outcomes
2. Palliative care – the gaps
3. **Palliative care – what is needed?**

Palliative Care Globally

Palliative care – what is needed?

- Understanding international comparisons
- Acute versus 'expected' death
- Community expectations
- Disability adjusted life expectancy
- Different health and social systems

Palliative Care Globally

Palliative care – what is needed?

- A genuine integration of needs-based supportive and palliative care as part of all cancer service planning and delivery (independent of prognosis and of diagnosis)

Palliative Care Globally

Palliative care – what is needed?

One should not be allowed to use the term

"Comprehensive Cancer Center"

unless there is a fully integrated supportive and palliative care program that is adequately resourced

Palliative Care Globally

Palliative care – what is needed?

- Given the evidence base especially for patient evaluation and health service delivery, 'best supportive care' is not simply doing more of the same.
- It is a systematic approach to the complex needs of people with advancing disease using best available models of evaluation and service delivery.

Palliative Care Globally

Palliative care – what is needed?

- Training for every health professional who graduates to be able to take a 'palliative approach' (to complement specialist skills for people whose substantive work is specialist palliative care)

Palliative Care Globally

Palliative care – what is needed?

- A genuine and sustained focus on improving symptom control including (but not limited) to pain
- Respect for a new discipline

Palliative Care Globally

Palliative care – what is needed?

- A genuine and sustained focus on opioid availability right across the world for people with cancer pain

Palliative Care Globally

Palliative care – what is needed?

- **Targeted research:**
  - **basic science;**
  - **clinical;**
  - **families and caregivers;**
  - **health services; and**
  - **populations.**

Palliative Care Globally
Summary

- **Ultimately, there are demonstrable health benefits for patients, caregivers and the health system**
- **This care transcends the normal diagnosis-based health systems and boundaries between hospital and community**
- **There is a strong evidence base for this clinical care**

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