DOING EVERYTHING at end of life @psirides
Be born once, experience 72 Christmasses, take 1800 train journeys, have 4 relationships, drink 130,000 cups of tea, have 2 marriages & 1 affair, eat 1200 bags of chips, have 1 near-death experience, use 850 tubes of toothpaste, stop buying records once, lose your virginity once, become a godfather once, fall utterly completely in love once, read Lord Of The Rings once, paint 11 ceilings, read 3000 magazine, buy 400 lottery tickets, spend 2 weekends in Whanganui, have 11 close friends, spend $2.6 million, keep 19 diaries, watch 6000 films, write 200 postcards, 73 birthdays, 1 mother, 2 fathers, buy 9 bags, have 1 religion, have 1 loss of religion, have 2 real regrets, 105 pairs of shoes, 110,000 telephone calls, 3 gardens, 22,000 pints of beer, 420 pairs of socks, stop believing in Father Christmas once, lose your parents once, change your politics once, realise you won’t go into space once, win $10 on the lottery once, go to communion once, lose 3 close friends, keep 4 New Year’s resolutions, spend 186,515 hours asleep, go to 6 weddings, go to 7 funerals, fill 7000 bags of rubbish, visit 11 countries, buy 19 umbrellas, take 7000 photographs, watch your favourite film 6 times, put your clocks back 58 times, look at the stars 400 times, watch TV 26,000 times, be admitted to hospital 4 times, think about sex 1,300,000 times, make love 2500 times, go to the office Christmas party 34 times, change your car 7 times, write letters 180 times, see ‘Its A Wonderful Life’ 4 times, shave 8,700 times, sit down 570,000 times, eat Korean food 11 times, breathe 595,000,000 times, hire a van 4 times, fall asleep 77,000 times, leave hospital 3 times, be disappointed with New Year’s Eve 58 times, die once
We need to talk about dying

A new initiative teaches doctors how to help patients plan for their deaths before it’s too late

BY KATE STANTON
Friday, 28th October 2016

PRICEY TECHNOLOGY IS KEEPING PEOPLE ALIVE WHO DON'T WANT TO LIVE

Over the next 45 years, the population of people older than 65 will double, according to the Department of Health and Human Services. As the population ages, our healthcare system will face millions of frail patients whose bodies are beginning to shut down. The considerable advances in medical technologies over the past century will help some elderly people live longer lives. For others, however, these technologies serve to prolong the dying process.

Out-Of-Control Physicians: Too Many Doctors Are Doing Too Many Things To Too Many Patients

My father is 92 years old, and I am beginning to wonder whether the best thing for his health would be to stay away from doctors. That's because well intentioned physicians often expose...
1. For patients with limited life expectancy (such as advanced cardiac, renal or respiratory failure, metastatic malignancy, third line chemotherapy) ensure patients have a ‘goals of care’ discussion at or prior to admission to ICU and for patients in ICU who are at high risk for death or severely impaired functional recovery, ensure that alternative care focused predominantly on comfort and dignity is offered to patients and their families.

Heart Rhythm Society

Don’t implant an ICD for the primary prevention of sudden cardiac death in patients unlikely to survive at least one year due to non-cardiac comorbidity.

Critical Care Societies Collaborative – Critical Care

Don’t continue life support for patients at high risk for death or severely impaired functional recovery without offering patients and their families the alternative of care focused entirely on comfort.

Five Things Clinicians and Patients Should Question

1. Don’t start or continue life supporting interventions unless they are consistent with the patient’s values and realistic goals of care.

Patients and their families often value the avoidance of invasive or overly aggressive life-sustaining measures when they are at the end of life. However, many dying patients receive aggressive life-sustaining therapies, in part due to clinicians’ failures to elicit patients’ preferences and to provide recommendations.

Ten Things Physicians and Patients Should Question

1. Don’t order tests to detect recurrent cancer in asymptomatic patients if there is not a realistic expectation that early detection of recurrence can improve survival or quality of life.
INTENSIVIST

Works with awesome team

Deals with death regularly

Cool gadgets

James Bond

Iron Man

(Mostly) Works Office Hours

PALLIATIVE CARE

Crime Scene Investigator

Original by @Anaesthesia_AGB
THE MEANING OF EVERYTHING
Death has replaced sex as Western society’s greatest taboo

Philippe Ariès
The Hour of Our Death
‘Talking about death won’t make you dead any more than talking about sex will make you pregnant’

Jane Goodwin
World Mortality

*data extrapolated from current trends
“As a Scottish-Canadian-Californian, I have always said that I have a unique perspective on health care...including death and dying.

The Scots see death as imminent.
Canadians see death as inevitable.
And Californians see death as optional.”

Dr. Ian Morrison
Zsa Zsa Gabor was famous for being famous for being famous.

The legendary guitarist Chuck Berry, who merged blues and swing into the phenomenon of early rock’n’roll, died on Saturday aged 90, according to Missouri police.

St Charles County police said in a post on Facebook they responded to a medical emergency at a home at approximately 12.40pm local time.

“Inside the home, first responders observed an unresponsive man and immediately administered lifesaving techniques,” the police department said. “Unfortunately, the 90-year-old man could not be revived and was pronounced deceased at 1.26pm.”
Sick person with a reversible process who would benefit from intensive care

Dying person with an irreversible process who would benefit from palliative care
High

BADNESS

INAPPROPRIATE MEDICAL INTERVENTION

Low

MEDICAL INTERVENTION

FUNCTION

T I M E
Doing ‘Everything’

<table>
<thead>
<tr>
<th>SURGEON</th>
<th>METRIC</th>
<th>INTENSIVIST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimistic</td>
<td>OUTLOOK BIAS</td>
<td>Pessimistic</td>
</tr>
<tr>
<td>SOD</td>
<td>ORGANS</td>
<td>MOD</td>
</tr>
<tr>
<td>Long</td>
<td>RELATIONSHIP WITH PAIINT &amp; FAMILY</td>
<td>Short</td>
</tr>
<tr>
<td>Guilt about prior decisions</td>
<td>DECISION MAKING</td>
<td>No role in prior decisions</td>
</tr>
<tr>
<td>Phobia</td>
<td>CONVERSATION</td>
<td>Satisfaction</td>
</tr>
<tr>
<td>Solo practitioner</td>
<td>COLLEGIAL SUPPORT</td>
<td>Team player</td>
</tr>
<tr>
<td>Never give up</td>
<td>FOCUS</td>
<td>Avoid suffering</td>
</tr>
<tr>
<td>Go to any length</td>
<td>ADVOCATE</td>
<td>Make the tough calls</td>
</tr>
<tr>
<td>Funding &amp; referral streams</td>
<td>DRIVERS</td>
<td>Workload &amp; bed state</td>
</tr>
</tbody>
</table>

Adapted from Dr. Steve Philpot
Less than one-in-three previously independent & functioning adults ventilated for acute respiratory failure for ≥ 48 hours will be able to walk out of hospital independently.
### The HHHHHHMM Quality of Life Metric

<table>
<thead>
<tr>
<th>Metric</th>
<th>Description</th>
<th>Score (0-10)</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hurt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hunger</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hygiene</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Happiness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More Good Days Than Bad</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total score >35 is an 'acceptable quality of life'.

*‘Canine and Feline Geriatric Oncology’ Villalobos 2007*
Clinicians rarely had accurate expectations of benefit or harm. Clinicians more often underestimated harm... and overestimated benefit.
Optimism Bias
You are dying. We can give you chemotherapy that may prolong your life.

This will keep me alive until the cure comes along.
‘Conspiracy of Silence’

- 236 patients with advanced cancer & their 38 oncologists
- ‘What are the chances you / they will be alive in 2 years?’
- ‘How does your oncologist rate your survival chances?’

For patients:
- 2 out of 3 related a prognosis different to their oncologist; all were more optimistic
- Most didn’t know that their oncologist differed
Of Californians with ‘poor prognosis cancer’…

• 41% were admitted to an ICU during last month of life

• >10% received advanced life-support procedures in last month of life

• 6% were given chemo in last 2 weeks of life

• 59% saw ≥10 physicians in last 6 months of life
Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer
18% had ≥1 of intubation, tracheostomy, feeding tube, TPN or CPR in last month of life

Matched surviving spouses had OR 1.51 for clinically significant depression up to 18 months after death
Some doctors are wasteful & should be limited in the amount of $$$ they can spend on their patients

I should be limited in the amount of $$$ I can spend on my patients

Doctors should not be allowed to spend healthcare $$$
Incision

Lead

Implantable Cardioverter Defibrillator

Tip of lead in right ventricle of Heart
Life Expectancy vs Health Expenditure

Life Expectancy (adjusted for inflation and PPP-adjusted for price differences between countries)
Life Expectancy by Age in England and Wales, 1700-2013

Shown is the total life expectancy given that a person reached a certain age.
We are now outliving our brains.

89% increase in deaths due to Alzheimer’s between 2000 and 2014. Deaths from Alzheimer’s have nearly **doubled** during this period while those from heart disease - the leading cause of death - have declined.

**Alzheimer’s Disease is the 6th Leading Cause of Death in the United States**

**More than 5 million Americans** are living with Alzheimer’s by 2050, this number could rise as high as 16 million

**Every 66 seconds** someone in the United States develops the disease

**1 in 3** seniors dies with Alzheimer’s or another dementia

**15 million Americans** provide unpaid care for people with Alzheimer’s or other dementias

**In 2016**, these caregivers provided an estimated **18.2 billion hours** of care valued at over **$230 billion**

**It kills more than** breast cancer and prostate cancer combined

In 2017, Alzheimer’s and other dementias will cost the nation $259 billion. By 2050, these costs could rise as high as **$1.1 trillion**

35% of caregivers for people with Alzheimer’s or another dementia report that their health has gotten worse due to care responsibilities, compared to 19% of caregivers for older people without dementia.

Since 2000, deaths from heart disease have decreased by 14% while deaths from Alzheimer’s disease have increased by 89%. 

We are now outliving our brains.
Deathly silence

2016, % who:

- have **thought about** their wishes for medical treatment if becoming seriously ill
  - United States: 20
  - Italy: 40
  - Japan: 60
  - Brazil: 80

- have **had a serious conversation about** their end-of-life medical care with a family member or loved one
  - United States: 20
  - Italy: 40
  - Japan: 60
  - Brazil: 80

- have end-of-life wishes for medical treatment **in a written document**
  - United States: 20
  - Italy: 40
  - Japan: 60
  - Brazil: 80

Source: Kaiser Family Foundation/The Economist

*Those replying “a great deal” or “some”*
Last orders

Thinking about your own death, how important is:
2016, % replying extremely or very important

- family not burdened financially
- being comfortable/without pain
- being at peace spiritually
- family not burdened by decisions
- having loved ones around you
- having your wishes for care followed
- living as long as possible

Source: Kaiser Family Foundation/The Economist
Medicare per capita spending roughly doubled for both decedents and survivors between 2000 and 2014.

Average Medicare per capita spending for decedents and survivors in traditional Medicare, 2000-2014

- **Decedents**
  - Average annual growth rate: 4.3%
  - 2000: $19,130
  - 2014: $34,529

- **All Beneficiaries**
  - Average annual growth rate: 5.1%
  - 2000: $5,047
  - 2014: $10,126

- **Survivors**
  - Average annual growth rate: 5.5%
  - 2000: $4,322
  - 2014: $9,121
2 weeks in ICU can save you 1 hour of difficult conversation

Dr. Will Cairns
<table>
<thead>
<tr>
<th>INTERVENTION</th>
<th>DOCTOR</th>
<th>PATIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECMO</td>
<td>Fun</td>
<td>Not Fun</td>
</tr>
<tr>
<td>REBOA</td>
<td>Cool</td>
<td>Not Cool</td>
</tr>
<tr>
<td>Helicopters</td>
<td>Helicopters!</td>
<td>Helicopters!</td>
</tr>
<tr>
<td>Ketamine</td>
<td>Awesome</td>
<td>Wheeeeee</td>
</tr>
<tr>
<td>Talking About Dying</td>
<td>NOT FUN</td>
<td>Could we..?</td>
</tr>
</tbody>
</table>
End of Life Care

GMC guidance on treatment and care towards the end of life
24th March 2015 | Source: GMC
GMC guidance on treatment and care towards the end of life linking to e-learning, video and flow charts

Advance Care Planning National Forum

What matters to you?
Ellerslie Event Centre, Auckland
28 & 29 November 2016

For more information on ACP click here

Thinking about your Future Health Care

Advance care planning Preparing for end of life

Think through these questions about your future health care on the following pages.
Take notes of your thoughts so that you can discuss what's important to you, with others.
NB: You can either type in your notes and save this document to your computer, or print it so you can write in your notes.
Heart rate dropping. Heart dropping.
“I want to die peacefully in my sleep like my father, not screaming & yelling like the passengers on his bus.”

Bob Monkhouse
Intensive Care Services

wellingtonicu.com