Renal Palliative Care

DNT Meeting - March 28 2011

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• What is Palliative Care?

• The potential role of Palliative Care in Nephrology

• A developing model
What is Palliative Care?
WHO definition (2002)

Palliative Care is an approach which improves the quality of life of patients and their families facing life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.
What possible role does Palliative Care play in End Stage Renal Failure?
In Australia – the mean age of commencement on Renal Replacement therapy is 60.4 years (ANZDATA Registry 2009 Report)

Increasing number of patients returning to dialysis after transplant failure.
The age cohort that has the greatest prevalence is the 65-84 year old group.
ESRD patients

Overall patients with ESRD with or without RRT have a reduced life expectancy compared to age-matched controls.
DIALYSIS

For patients on dialysis 15.4% die each year
(ANZDATA Registry 2008 Report)
For those aged 75 years and older that figure is 25 %
The circumstances in which patients with ESRD die varies considerably.
If it is an expected death (eg. after the cessation of dialysis) the management of the dying phase is crucial

and the manner of that dying will be remembered forever by the family
Patients with ESRD have a significant symptom burden related to both the disease itself and other co-morbidities.
Overall QoL is very resistant to significant change
Palliative Care/ a palliative approach can play an important role throughout the course of ESRD
Timing of involvement

- Purely Conservative Management
- Pre-Dialysis
- Dialysis
- Withdrawal from Dialysis
- Terminal phase
Realistically, given issues of manpower, it may not be possible for a Palliative Care health professional to be present in every Renal Unit
What are the core competencies in a “Palliative approach” to patients with ESRD?
4 Pillars of a Palliative approach

- Communication
- Symptom management
- Psychosocial support
- Care of the dying patient
Conservative management of ESRD
If this is being raised as an option:

What does a Conservative pathway mean?

What is its content?

Can we make predictions about their course?
Challenge is to ensure that this pathway of management is not seen as “second best” or inadequate but is thorough, systematic and evidenced-based.
Renal Medicine

Calcium/Phosphate
Anaemia
Fluid balance

Palliative approach

Symptom management
Psychosocial support
Care of the dying
What would be nature and shape of a collaboration between the Renal Medicine and Palliative Medicine?
One Model
St George Hospital, Sydney

Collaboration between the Renal Medicine and Palliative Medicine Departments.
1. Formation of a Renal Medicine – Palliative Care Working Group
2. Formation of a Renal Supportive Care Clinic

March 2009
• Held every week

• Held in the Renal Unit

• Palliative Care Consultant, Advanced Trainee in Renal Medicine, Renal Clinical Nurse Specialist and Renal Social Worker
All patients with ESRD according to needs
Main categories of patients who are referred to the clinic:

- Patients who are on a conservative pathway
- Patients who need assistance in decision making around choosing dialysis or not
- Patients who are on dialysis and have cancer or other terminal conditions.
• Patients on dialysis who are experiencing symptoms which are difficult to manage

• Patients on dialysis who need assistance in decision making regarding withdrawing or continuing with dialysis
• Focus on symptom management

• Psychosocial support

• Preliminary discussions on ACP
3. Research
4. Twice weekly ward rounds of in-patient Renal patients according to needs
5. Teaching programme for Junior Medical Staff, including Nephrology Trainees on all aspects of Renal-Supportive Care
6. Advance Care Planning
7. Preparation of documents:

(a) End of Life Pathway for Renal Patients

(b) Commonly used Palliative medications in the context of CKD

(c) A Renal-Palliative Care Reader
8. Annual Renal Memorial Service
Conclusion

• A “palliative approach” may be adopted at any stage in the course of CKD

• There are several aspects to that approach

• One model of collaboration