

*Ethical
Considerations in
Palliative Care
Are you suffering?*

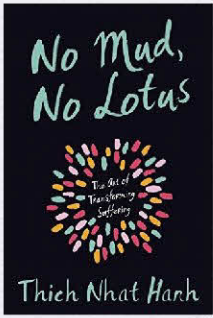
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Objectives

- Attendees will be able to define what is palliative care
- Attendees will describe the 4 levels of suffering and provide one example illustrative of a patient suffering at each level
- Attendees will be able to conduct a basic HOPE or FICA spiritual assessment with their patients.
- Attendees will recognize some of the ethical challenges that arise towards end of life discussions

Happiness & Suffering

- Happiness can exist only when suffering is or has also been present.
- Happiness is a choice and we can control our experience of happiness.
- An example...



*No Mud,
No Lotus*

*The Art of
Transforming
Suffering*

Thich Nhat Hanh

Anticipation



Behold...



Are you suffering?

- Have you ever asked this exact question?
- Does anyone on the team?
- If not, why not?
- What might you expect as a response to this question?
- Hesitation? Judging? Fear?... Relief?

4 Levels of Suffering

- Physical
- Psychological
- Social
- Spiritual

Physical - Primary Suffering

- Pain, Fatigue, Nausea, diarrhea etc.
- Typically we're ok with asking about symptoms associated with physical suffering.
- Let's talk about pain since most see them hand in glove "Pain and Suffering"
- Mrs. Jones on a scale of 1 to 10 with 10 being the worst pain ever...

Physical Suffering

- The Gold Standard of pain assessment is the following:
 - Pain is whatever the Patient says that it is.
- Pain is a **Subjective Symptom** that we still want **Objectively Quantified**.
- For example, What exactly does a "7" look like to you?
- What if pain is at an acceptable level to the person? How do we or do we treat this pain?
- Do you ever ask why its an acceptable level?

Addressing Physical Suffering

- There are many avenues to address physical suffering –many medications and treatments available.
- Patients and many health care practitioners are hesitant to use "strong" medication.
- Fears: abuse/misuse, tolerance/addiction and various real negative side effects.
- Example: Morphine is also a respiratory suppressant.

Pain & Suffering

- 40+ years of practice. Do we have it right?
- How often is the word addiction used by patients, families and healthcare providers?
- PRN pain medication. Who decides?
- A word on "Last Dose" fears in family members **and healthcare professionals**
- Are your answers different if your patient is "Dying"?

Psychological Suffering

- Secondary Suffering
- Depression or is it sadness?
- Are they the same or similar?
- How do you assess?
- Is the treatment the same or similar?
- A couple married 65 years, wife dies after a long illness – husband presents to you – says he’s depressed. Do you feel he is sad or “suffering from clinical depression”? Do you give a medication? **Is there another suggestion?**

Psychological Suffering

- Depression – is a clinical diagnosis with identifiable clinical manifestations of a chemical imbalance and treatable with medication...often many, many, many medications.
- Sadness is best treated by listening, understanding, reflection, reorientation, and distraction.

Psychological Suffering

- Panic, anxiety, agitation, anxiousness.
- Before requesting behavioral health assessment – have you considered that dyspnea may be the root cause?
- This is a “Chicken vs Egg” Question.

Psychological Suffering

- Anxiety associated with an underlying medical condition is generally treated well with medication.
- There are a variety of anti-anxiety medications available and when combined with treatment to address the dyspnea success is usually around the corner.
- At the same time, it may be of great help to refer for a behavioral health assessment and supportive care with trained “talk” therapy.

