Town Hall: Empathy, Emotion and End-of-Life Care

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Disclosures

• Nothing to Disclose
CPE Information

• Target Audience: Pharmacists and Pharmacy Technicians
• ACPE#: 0202-0000-19-049-L04-P/T
• Activity Type: Knowledge-based
At the completion of this knowledge-based activity, participants will be able to:

• Describe the health care needs of patients who are approaching their end of life.

• Identify models of health care delivery that are designed to support pharmacists in the emotional labor of patient care.

• Discuss effective strategies for how pharmacists can demonstrate empathy yet maintain detachment from a patient in end-of-life care.
1. Effective conversations about end-of-life care result in:
   A. Increased patient anxiety
   B. Decreased sense of patient hope
   C. Increased alignment of care with patient wishes
   D. Harm to patients and the caregivers
2. What percentage of patients facing end-of-life circumstances indicate that they would like to die at home?

A. 20%  
B. 40%  
C. 60%  
D. 80%
Assessment Questions

3. Which of the following is NOT a potential consequence of growing overly attached to patients when providing end-of-life care?
   A. Decreased job performance  
   B. Spending too many hours at work  
   C. Increased rates of burnout  
   D. Poor medical decision making
Background

• Discrepancies abound when it comes to end-of-life care
  • There is a discrepancy between patient wishes and the information and care that patients receive from their healthcare providers
    • A majority of cancer patients want to be involved in the decisions regarding their end-of-life care\(^1\)
    • A majority of patients want their physicians to start these discussions\(^1\)

Background

• Physicians aren’t always forthcoming with information for patients facing end-of-life situations\(^1\)
  • Only 40% of oncologists have end-of-life discussions with patients
  • Many oncologists fear that end-of-life discussions might result in patient harm or damage patients’ sense of hope\(^2\)
  • Research suggests that the opposite is actually true:\(^2\)
    • Effective end-of-life discussions:
      • Decrease patient anxiety
      • Improve the quality of end-of-life care
      • Increase the alignment of end-of-life care with patients’ values and goals

More End-of-Life Discrepancies:

- 80% of patients prefer to die at home
- 60% die in hospitals
- 20% die in nursing homes
- Only 20% of patients actually die at home

This is often the result of insufficient discussion regarding end-of-life care with patients¹

When faced with an end-of-life situation, patients’ focus on quality of life significantly increases\(^1\)

Patients are often looking for someone to take the time to explain to them the things that are taking place with their care

Patients look for caregivers who demonstrate empathy\(^2\)

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Challenges in End-of-Life Care

• The Challenge of Empathy: Walking the fine line between being empathetic while not growing overly attached to patients
  • Growing overly attached to patients can have serious ramifications for care providers
    • Mental health toll – patients with advanced cancers and other end-stage diseases are far more likely to die than to survive their disease. Growing too attached means that care providers are constantly losing friends.
      • Increased rates of burnout1
      • Increased rates of depression1
      • Poor job performance1
      • Can cause people to leave their specialty in pursuit of another area where the practitioner perceives there to be a lower risk of losing patients

Challenges in End-of-Life Care

• The risks of over-attachment:
  • Can result in poor medical decision making
    • Real world example: Patient with metastatic melanoma that didn’t respond to our therapies. Had significant and debilitating arm and shoulder pain due to tumor involvement of the brachial plexus
    • Patient was surgeon’s neighbor
    • Surgeon elected to do a radical upper extremity amputation to relieve pain, despite concerns of fellow surgeons that surgery would likely not improve the patient’s pain.
    • Patient experienced significant pain post-operatively that was as bad or worse than pre-operative levels
    • Patient’s pain never resolved prior to their death – patient went through an unnecessary, painful procedure that deprived the patient of the use of the arm for the remainder of the patient’s life
Role of Pharmacists in End-of-Life Care

• Pharmacists are ideally suited to provide high-quality, effective end of life care
  • Trained to help identify and address medication-related adverse events\(^1\)
  • Trained in effective communication skills\(^2,3\)

Discussion and Questions
Assessment Questions

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