

**CLRES 2601**  
**Principles and Practice of Palliative Care**

**Course Director: David Barnard, Ph.D. J.D.**

**Time: Monday, 4 – 5 p.m.**

**Dates: 7/7/2008 – 3/23/2009**

**Location: MUH G 100 Conference Room**

**Overview:**

The broad objectives of this course are to provide trainees with an overview of the basic and clinical sciences underlying the professional care of dying patients, and to introduce them to the primary reference sources in the field of palliative medicine.

The course will be taught in a small-group, discussion format, with faculty drawn from content-experts throughout the medical center. Discussions will combine analysis of the evidence base for a wide range of palliative care interventions with clinical case discussions. Cases will be drawn from the literature, faculty experience, and current clinical activities of the trainees themselves.

**Evaluation:**

There will be a take home examination at the end of the course that will present a complex case for analysis based on the concepts covered in the course.

**Availability of Assigned Readings:**

There are two required textbooks:

1. Doyle, D, et al, eds. *The Oxford Textbook of Palliative Medicine*. 3<sup>rd</sup> ed. New York: Oxford University Press, 2005.
2. McCaffery, M, Pasero, C. *Pain: Clinical Manual*, 2<sup>nd</sup> ed. St. Louis: Mosby, 1999.

These books are available at the Health Center Book Store.

The complete course syllabus will be available online and a hard copy will be distributed at the first class session. Readings not taken from the textbooks will be available online. Directions for access to this material will be forwarded separately.

**Session 1: Fundamentals of Hospice Care**  
**Instructor: Rafael Sciallo, M.S.W.**

**Learning Objectives:**

1. Discuss the major goals and concepts of the hospice and palliative approach to caring for patients with life-limiting illnesses.
2. Describe the condition of “total pain.”
3. Describe eligibility requirements for the Medicare Hospice Benefit.
4. Discuss the role of the physician as a member of the hospice and palliative care team.

**Required Readings:**

1. Doyle, D, Barnard D. Palliative care and hospice. In *Encyclopedia of Bioethics*, 3d ed. Gale, 2003.
2. Barnard, D, et al. *Crossing Over: Narratives of Palliative Care*. Chapter 10, “Miriam Lambert.” Chapter 15, “Jenny Doyle.” New York: Oxford University Press, 2000.

**Recommended Readings:**

1. National Hospice and Palliative Care Organization. Standards of a hospice program of care. 2000.

**Session 2: Functional Assessment**  
**Instructor: Mamta Bhatnagar, M. D.**

**Learning Objectives:**

1. Know the domains required to complete a whole person assessment.
2. Identify role of each member of interdisciplinary team.
3. Describe strategies to manage interdisciplinary team conflict.

**Required Readings:**

1. Doyle, D, et al, eds. *The Oxford Textbook of Palliative Medicine*. 3<sup>rd</sup> ed. New York: Oxford University Press, 2005.
  - 2.1. Cherny, N. The problem of suffering.

2.5. Lickiss, JN, et al. The interdisciplinary team.

6.1. Ingham, J, Portenoy, R. The measurement of pain and other symptoms.

**Session 3: Comprehensive Palliative Care Assessment and Interdisciplinary Team Work**

**Instructor: (to be announced)**

**Learning Objectives:**

1. Know the domains required to complete a whole person assessment.
2. Identify role of each member of interdisciplinary team.
3. Describe strategies to manage interdisciplinary team conflict.

**Required Readings:**

1. Doyle, D, et al, eds. *The Oxford Textbook of Palliative Medicine*. 3<sup>rd</sup> ed. New York: Oxford University Press, 2005.
  - 2.1. Cherny, N. The problem of suffering.
  - 2.5. Lickiss, JN, et al. The interdisciplinary team.
  - 6.1. Ingham, J, Portenoy, R. The measurement of pain and other symptoms.

**Session 4: Prognostication (foretelling and foreseeing in Life-limiting illness)**

**Instructor: Bob Arnold, M.D.**

**Learning Objectives:**

By the end of the session, fellow should be able to:

- a) Describe three common factors which influence prognosis across common illness
- b) Describe the most common trajectories for cancer and non-cancer illnesses
- c) Describe how to prognosticate in one common life limiting disease
- d) Describe a method for discussing prognosis with patients and their families
- e) Describe the data concerning how (a) physicians prognosticate and (b) discuss prognosis with patients

**Readings:**

Glare, Paul A and Christian T. Sinclair. *Palliative Medicine Review: Prognostication*. Journal of Palliative Medicine. 2008 (11): p. 84-103

Back, Anthony L. and Robert M. Arnold *Discussing Prognosis: How Much Do You Want to Know?* Talking to Patients Who Are Prepared for Explicit Information. Journal of Clinical Oncology, 2006. 24(25): p 4209-4213.

Back, Anthony L. and Robert M. Arnold *Discussing Prognosis: "How Much Do You Want to Know?" Talking to Patients Who Do Not Want Information or Who Are Ambivalent*. Journal of Clinical Oncology, 2006. 24(25): p 4214-4217.

Hauser, Catherine A., et al. *Prognostic factors in patients with recently diagnosed incurable cancer: a systematic review* Support Care Cancer, 2006. (14): 999–1011

Also Fast Facts:

1. [Fast Fact and Concept #013: Determining Prognosis in Advanced Cancer](#)
2. [Fast Fact and Concept #030: Prognostication](#)
3. [Fast Fact and Concept #124: The Palliative Prognostic Score \(PaP\)](#)
4. [Fast Fact and Concept #125: The Palliative Performance Scale \(PPS\)](#)
5. [Fast Fact and Concept #141: Prognosis in End-Stage COPD](#)
6. [Fast Fact and Concept #143: Prognostication in Heart Failure](#)
7. [Fast Fact and Concept #150: Prognostication in Dementia](#)
8. [FAST FACT AND CONCEPT #179: CPR Survival in the Hospital Setting](#)
9. [Fast Fact and Concept #189: Prognosis in Decompensated Chronic Liver Failure](#)
10. [Fast Fact and Concept #191: Prognostication in Patients Receiving Dialysis](#)

### **Session 5: Interventional Pain Management Techniques**

**Instructor:** Nash Rizk, MD

**Learning Objectives:**

**Readings:**

### **Session 6: Pain Management: Use of Adjuvants**

**Instructor:** Gordon Wood, MD

**Learning Objectives:**

**Readings:**

### **Session 7: Pain Management: Physiology and Assessment**

**Instructor:** Bob Arnold, M.D.

**Learning Objectives:**

1. McCafferty, M, Pasero, C. Pain: Clinical Manual, 2nd ed. St. Louis: Mosby, 1999. On pca's and NSAID/acetaminophen

2. Abrahm, J.L., Assessment and treatment of patients with malignant spinal cord compression. *J Support Oncol*, 2004. 2(5): p. 377-88, 391; discussion 391-3, 398, 401.
3. Loblaw, D.A., et al., Systematic review of the diagnosis and management of malignant extradural spinal cord compression: the Cancer Care Ontario Practice Guidelines Initiative's Neuro-Oncology Disease Site Group. *J Clin Oncol*, 2005. 23(9): p. 2028-37.
4. Patchell, R.A., et al. Direct decompressive surgical resection in the treatment of spinal cord compression caused by metastatic cancer: A randomised trial. *Lancet*, 2005. 366: p. 643-8.
5. Chad, D.A. and W.G. Bradley, Lumbosacral plexopathy. *Semin Neurol*, 1987. 7(1): p. 97-107.
6. Chang VT, Janjan N, Jain S, Chau C Update in Cancer Pain Syndromes and Regional Cancer Pain Syndromes

### **Recommended Readings (NSAID/Acetaminphen)**

1. Stockler, M., et al., Acetaminophen (paracetamol) improves pain and well-being in people with advanced cancer already receiving a strong opioid regimen: a randomized, double-blind, placebo-controlled cross-over trial. *J Clin Oncol*, 2004. 22(16): p. 3389-94.
2. McNicol, E., et al., Nonsteroidal anti-inflammatory drugs, alone or combined with opioids, for cancer pain: a systematic review. *J Clin Oncol*, 2004. 22(10): p. 1975-92.

### **Session 8: Pain Management: Use of Opioids Part 1**

**Instructor: Bob Arnold, M.D.**

1. McCaffery, M, Pasero, C. *Pain: Clinical Manual*, 2nd ed. St. Louis: Mosby, 1999. On opiates, dosing in renal failure and side effects
  - I. Different opiates
    - A. Morphine
    - B. Oxycodone
    - C. Hydromorphone
    - D. Fentanyl
    - E. Oxymorphone
2. Hanks, G.W., et al., Morphine and alternative opioids in cancer pain: the EAPC recommendations. *Br J Cancer*, 2001. 84(5): p. 587-593.
3. Wiffen, PJ, Edwards, JE, Barden, J, McQuay, HJM. Oral morphine for cancer pain. [Systematic Review] *Cochrane Pain, Palliative and Supportive Care Group Cochrane Database of Systematic Reviews*. 3, 2005. GOT

4. Quigley, C. Hydromorphone for acute and chronic pain. [Systematic Review] Cochrane Pain, Palliative and Supportive Care Group Cochrane Database of Systematic Reviews. 3, 2005.GOT
5. Kalso E, Oxycodone. Journal of Pain and Symptom Management, 2005. 29(5S): p. S47-S56.
6. Ribeiro MDC, Zeppetella G. Fentanyl for chronic pain. (Protocol) Cochrane Database of Systematic Reviews 2002, Issue 1. Art. No.: CD004235. DOI: 10.1002/14651858.CD004235.
7. Kornick CA, S.-P.J., et al, A safe and effective method for converting patients from transdermal to intravenous fentanyl for the treatment of acute cancer-related pain. Cancer, 2003. 97(12): p. 3121-3124.
8. Opioid Metabolites • ARTICLE
9. Journal of Pain and Symptom Management, Volume 29, Issue 5, Supplement 1, May 2005, Pages 10-24
10. Jörn Lötsch
11. Prommer, E. (2006). "Oxymorphone." Support Care Cancer 14(2): 109-115.

**Session 9: Pain Management: Use of Opioids Part 2**

**Instructor: Bob Arnold, M.D.**

A. WHO vs. Strong opiates

Marinangeli, F., et al., Use of strong opioids in advance cancer pain: A randomized trial. J Pain Symp Management, 2004. 27(5): p. 409-16.GOT

B. BKT dosing

Ryan, M., T.J. Moynihan, and C.L. Loprinzi, As-needed morphine: yes, but at what dose and at what interval? J Clin Oncol, 2005. 23(16): p. 3849-52.

Mercadante, S., et al., Episodic (breakthrough) pain: consensus conference of an expert working group of the European Association for Palliative Care. Cancer, 2002. 94(3): p. 832-9.

Mercadante, S., et al., Safety and effectiveness of intravenous morphine for episodic (breakthrough) pain using a fixed ratio with the oral daily morphine dose. J Pain Symptom Manage, 2004. 27(4): p. 352-359.

IV. Dosing in renal failure

Dean, M., Opioids in renal failure and dialysis patients. *J Pain Symptom Manage*, 2004. 28(5): p. 497-504.

#### V. Treatment of opiate side effects

Cherny, N., et al., Strategies to manage the adverse effects of oral morphine: an evidence-based report. *J Clin Oncol*, 2001. 19(9): p. 2542-54. GOT

Quigley, C. Opioid switching to improve pain relief and drug tolerability. [Systematic Review] *Cochrane Pain, Palliative and Supportive Care Group Cochrane Database of Systematic Reviews*. 3, 2005.

McCaffery, M, Pasero, C. *Pain: Clinical Manual*, 2nd ed. St. Louis: Mosby, 1999. On opiates, dosing in renal failure and side effects

#### B. NEUROPATHIC PAIN SYNDROMES AND NON-OPIATES

1. Wiffen, P. Collins, S. McQuay, H. Carroll, D. Jadad, A. Moore, A. Anticonvulsant drugs for acute and chronic pain. [Systematic Review] *Cochrane Pain, Palliative and Supportive Care Group Cochrane Database of Systematic Reviews*. 3, 2005.
2. Saarto, T. Wiffen, PJ. Antidepressants for neuropathic pain. [Systematic Review] *Cochrane Pain, Palliative and Supportive Care Group Cochrane Database of Systematic Reviews*. 3, 2005.
3. Wiffen, PJ. McQuay, HJ. Edwards, JE. Moore, RA. Gabapentin for acute and chronic pain. [Systematic Review] *Cochrane Pain, Palliative and Supportive Care Group Cochrane Database of Systematic Reviews*. 3, 2005.
4. Khaliq, W. Alam, S. Puri, N. Topical lidocaine for the treatment of postherpetic neuralgia. [Protocol] *Cochrane Pain, Palliative and Supportive Care Group Cochrane Database of Systematic Reviews*. 3, 2005.
5. Dworkin RH, O'Connor AB, Backonja M, Farrar JT, Finnerup NB, Jensen TS, Kalso EA, Loeser JD, Miaskowski C, Nurmikko TJ, Portenoy RK, Rice AS, Stacey BR, Treede RD, Turk DC, Wallace MS. Pharmacologic management of neuropathic pain: evidence-based recommendations. *Pain* 2007 Dec 5;132(3):237-51. [135 references]

**Session 10: Basic Science of Pain**

**Instructor: Mitchell Max, M.D.**

**Learning Objectives:**

**Readings:**

**Session 11: Non-Pain Symptoms: GI-Anorexia, Nausea, Constipation, Bowel Obstruction**  
**Instructor: Linda King, M.D.**

**Learning Objectives:**

1. Know how to assess each of the common GI symptoms.
2. Identify pharmacologic and non-pharmacologic treatment strategies for each symptom.
3. Describe appropriate role of surgery and interventional management of SBO.
4. Counsel patients and families regarding anorexia in advanced disease caring for these patients.

**Required Readings:**

1. Doyle, D, et al, eds. *The Oxford Textbook of Palliative Medicine*. 3<sup>rd</sup> ed. New York: Oxford University Press, 2005.
  - 8.3.1. Mannix, KA. Palliation of nausea and vomiting.
  - 8.3.3. Sykes, N. Constipation and diarrhea.
  - 8.3.4. Pathophysiology and management of malignant bowel obstruction.

**Session 12: Non-Pain Symptoms: Continued**  
**Instructor: Linda King, M.D.**

**Learning Objectives:**

1. Know how to assess dyspnea.
2. Know the pharmacologic management of dyspnea.
3. Describe the role of oxygen in managing dyspnea.
4. Describe non-pharmacologic strategies to manage dyspnea.
5. Know how to assess oral symptoms and lesions.
6. Identify treatment strategies for oral lesions and dry mouth.

**Required Readings:**

1. Doyle, D, et al, eds. *The Oxford Textbook of Palliative Medicine*. 3<sup>rd</sup> ed. New York: Oxford University Press, 2005.

8.8 Chan, K-S, et al. Palliative medicine in malignant respiratory diseases.

8.12 DeConno, et al. Mouth care.

**Session 14: Psychiatric Symptoms: Anxiety and Depression**

**Session 15: Psychiatric Symptoms: Delirium and Dementia**

**Instructor: Kevin Patterson**

**Learning objectives:**

1. Explain the differences between sadness, adjustment disorder, and depression.
2. Summarize the physical and psychological symptoms of major depression.
3. Compare and contrast representative classes of antidepressant medications and their use in management of depression.
4. List reversible causes of delirium commonly seen in patients with terminal illness.
5. Compare and contrast particular benzodiazepines and specific neuroleptic medications for the control of delirium.
6. Describe pharmacologic and non-pharmacologic approaches to the anxious patient.
7. Describe a treatment plan for patients with altered sleep-wake patterns.

**Required Readings:**

1. Doyle, D., et al, eds. *The Oxford Textbook of Palliative Medicine*, 3rd ed. New York: Oxford University Press, 2005.

8.17 Breitbart, W, et al. Psychiatric symptoms in palliative medicine.

**Session 16: Palliative Care Emergencies: Spinal Cord Compression, Hypercalcemia, Fracture, Seizure**

**Instructor: Winnie Teuteberg, M.D.**

**Learning Objectives:**

1. Diagnose spinal cord compression based on clinical history and exam.
2. Describe appropriate management of spinal cord compression.
3. Know signs and symptoms and management strategies for hypercalcemia.
4. Know management options for fractures in patients with advanced illnesses.
5. Describe acute management of seizures and status epilepticus.

**Readings:**

1. Ingham, J et al. The management of spinal cord compression in patients with advanced malignancy. *Journal of Pain and Symptom Management*, 1993, 8(1):1-6.
2. Markman, M. Common complications and emergencies associated with cancer and its therapy. *Cleveland Clinic Journal of Medicine*, 1994, 61(2):105-114.
3. Smith, J. Oncologic emergencies. In Patt, R., ed., *Cancer Pain*. Philadelphia, Lippincott, 1993.

**Session 17: Palliative Uses of Radiation Therapy**

**Instructor: John Flickinger, M.D.**

**Learning Objectives:**

1. To understand different radiotherapy techniques, how they are applied, and possible side effects.
2. To understand indications for radiation therapy in the setting of palliative care.

**Required Readings:**

1. Perez CA and Brady LW, eds. *Principles and Practice of Radiation Oncology*, 3<sup>rd</sup> ed., Lippincott-Raven, Philadelphia, 1997.

Kagan, AR. Palliation of visceral recurrences and metastases, pp 2219-2226.

Powers WE, Ratanatharathorn V. Palliation of bone metastase, pp 2199-2225.

**Recommended Readings:**

1. Kondziolka D, Patel A, Lunsford LD, Kassam A, Flickinger JC. Stereotactic radiosurgery plus whole brain radiotherapy versus radiotherapy alone for patients

- with multiple brain metastases. *Int J Radiat Oncol Biol Phys*. 1999 Sep 1;45(2):427-34.
2. Hasegawa T, Kondziolka D, Flickinger JC, Germanwala A, Lunsford LD.: Brain metastases treated with radiosurgery alone: an alternative to whole brain radiotherapy? *Neurosurgery*. 2003 Jun;52(6):1318-26; discussion 1326.
  3. Smeland S. Erikstein B. Aas M. Skovlund E. Hess SL. Fossa SD. Role of strontium-89 as adjuvant to palliative external beam radiotherapy is questionable: results of a double-blind randomized study. *International Journal of Radiation Oncology, Biology, Physics*. 56(5):1397-404, 2003 Aug 1.
  4. Shakespeare TP. Lu JJ. Back MF. Liang S. Mukherjee RK. Wynne CJ. Patient preference for radiotherapy fractionation schedule in the palliation of painful bone metastases. *Journal of Clinical Oncology*. 21(11):2156-62, 2003 Jun 1.
  5. Wu JS. Wong R. Johnston M. Bezjak A. Whelan T. Cancer Care Ontario Practice Guidelines Initiative Supportive Care Group. Meta-analysis of dose-fractionation radiotherapy trials for the palliation of painful bone metastases. *International Journal of Radiation Oncology, Biology, Physics*. 55(3):594-605, 2003 Mar 1.
  6. van den Hout WB. van der Linden YM. Steenland E. Wiggenraad RG. Kievit J. de Haes H. Leer JW. Single- versus multiple-fraction radiotherapy in patients with painful bone metastases: cost-utility analysis based on a randomized trial. *Journal of the National Cancer Institute*. 95(3):222-9, 2003 Feb 5.
  7. Koswig S. Budach V. Remineralization and pain relief in bone metastases after after different radiotherapy fractions (10 times 3 Gy vs. 1 time 8 Gy). A prospective study. *Strahlentherapie und Onkologie*. 175(10):500-8, 1999 Oct.
  8. Nielsen OS. Bentzen SM. Sandberg E. Gadeberg CC. Timothy AR. Randomized trial of single dose versus fractionated palliative radiotherapy of bone metastases. *Radiotherapy & Oncology*. 47(3):233-40, 1998 Jun.

**Session 18: Artificial Nutrition and Hydration**

**Instructor: Winnie Teuteberg, M.D.**

**Learning Objectives:**

1. Define the following terms.

Non-oral feeding

Artificial hydration

2. Describe the benefits and burdens of artificial hydration/feeding (ANH) at the end of life.
  - A. TPN
    - a) In cancer patients
    - b) In patients with dementia
  - B. Enteral feedings
    - a) In cancer patients
    - b) In patients with dementia
  - C. IV hydration at the end of life
    - a) In cancer patients
    - b) In patients with dementia
3. Review ethical and religious issues associated with AHN.
4. Discuss communication strategies with family and staff concerning EOL hydration/feeding.

**Readings:**

1. McCann, et al. Comfort care for terminally ill patients: The appropriate use of nutrition and hydration. *JAMA*, 1994, 272:1263-1266.
2. Billings, JA. Dehydration. In Berger, A., et al., eds. *Principles and Practice of Supportive Oncology*. Philadelphia: Lippincott, 1998.

**Session 19: Special Populations: Cardiac and Pulmonary Disease**

**Instructor: Winnie Teuteberg, M.D.**

**Learning Objectives:**

1. Know the disease trajectory in patients with advanced cardiopulmonary disease.
2. Describe prognostication in patients with advanced cardiopulmonary disease.
3. Manage physical symptoms specific to this patient population.
4. Describe role of hospice in caring for these patients.

**Readings:**

1. Stuart, et al. Standards and Accreditation Committee, Medical Guidelines Task Force of the National Hospice Organization. Medical guidelines for determining prognosis in selected non-cancer diseases. *Hospice Journal*, 1996, 11:47-63.
2. Lynn, J. An 88-year-old woman facing the end of life. *JAMA*, 1997, 277:1633-1640.

**Session 20: Managing the Actively Dying Patient**

**Instructor: Linda King, M.D.**

**Learning Objectives:**

1. Know physiologic signs that death is imminent.
2. Manage common physical symptoms in the final hours of life.
3. Know how to prepare and support patient, family, and caregivers.
4. Know how to pronounce death.

**Reading:**

1. Doyle, D, et al, eds. *The Oxford Textbook of Palliative Medicine*. 3rd ed. New York: Oxford University Press, 2005.  
  
18. Fürst, CJ, Doyle D. The terminal phase.

**Session 21: Withdrawal of Life Support**

**Instructor: David Crippen, MD**

**Learning Objectives:**

1. Know the principles for withholding and withdrawing life-sustaining therapy.
2. Apply the principles to:
  - a. artificial nutrition and hydration
  - b. ventilation
  - c. cardiopulmonary resuscitation

**Readings:**

1. Brody, H., et al. Withdrawing intensive life-sustaining treatment: Recommendations for compassionate clinical management. *New England Journal of Medicine*, 1997, 336:652-657.

2. Gianakos, D. Terminal weaning. *Chest*, 1995, 108:1405-1406.
3. Gilligan, T, Raffin, T. Rapid withdrawal of support. *Chest*, 1995, 108:1407-1408.

**Session 22: Special Populations: Neurologic Conditions**

**Instructors: David Lacomis, M.D.**

**Learning Objectives:**

1. Demonstrate basic knowledge of the physiologic and pathologic processes of ALS and related neurodegenerative diseases.
2. Describe the medical and psychological aspects of prognostication in ALS.
3. Apply the fundamentals of palliative care to patients with ALS.
4. Learn the clinical manifestations of amyotrophic lateral sclerosis.
5. Understand the basic causes of motor neuron degeneration in ALS.
6. Appreciate the importance of nutrition, ventilation, and pain management in this population.
7. Appreciate the need for palliative care in the ALS population.

**Readings:**

1. Tandan R, Bradley WG. Amyotrophic lateral sclerosis: Part I: clinical features, pathology, and ethical issues in management. *Annals of Neurology*, 1985, 18, 271-280.
2. O'Brien, T, et al. Motor neurone disease: a hospice perspective. *British Medical Journal*, 1992, 304:471-473.
3. Rowland LP, Shneider NA. Amyotrophic lateral sclerosis. *New England Journal of Medicine*. 344(22):1688-1700, 2001 May 31.

**Session 23: Special Populations: Pediatrics**

**Instructors: Carol May, R.N., M.S.N.**

**Learning Objectives:**

1. Describe common life-limiting illnesses in the pediatric population and their usual disease course.

2. Discuss developmental influences on children's understanding of death.
3. Outline the role of palliative care for a child with a potentially life-limiting condition.
4. Explain techniques for assessing pain in children of varying ages.
5. Discuss emotional, legal, and ethical factors influencing the decision making process in pediatric palliative care.

**Reading:**

1. Doyle, D, et al, eds. *The Oxford Textbook of Palliative Medicine*, 3<sup>rd</sup> ed. New York: Oxford University Press, 2005.
  - 9.1. McGrath, P, Brown, S. Pain control.
  - 9.3. Stevens, M. Psychological adaptation of the dying child.
  - 9.5. Davies, B, Sumner, L. Special consideration for children in palliative medicine.

**Session 24: Communication: Discussing Goals of Care**

**Instructor: Bob Arnold, M.D.**

**Learning Objectives:**

1. Describe a method for discussing treatment options.
2. Name the elements of informed consent.
3. Describe a values-based approach to discussing palliative care.
4. Be able to ask five key questions that help elicit patient values.
5. Understand how managing transitions is often linked to giving bad news.
6. Discuss how this conversation may differ in non-Oncological palliative care.

**Required Readings:**

1. Lo B, Quill T, Tulsky J. Discussing palliative care with patients. *Ann Int Med*, 1999;130(9):744-9.
2. Quill TE. I wish things were different: Expressing wishes in response to loss, futility, and unrealistic hopes. *Ann Intern Med*, 2001;135(7):551-5.

3. Butow P, Dowsett S, Hagerty R, Tattersall N. Communicating prognosis to patients with metastatic disease: What do they really want to know? *Support Care Cancer*, 2002;10(2):161-8.

**Recommended Readings:**

1. Harnett P, Moynihan TJ. But Doctor, what have I got to lose...? *J Clin Oncol*, 2001;19(13):3294-6.
2. The AM, Hak T, Koeter G, van der Wal G. Collusion in doctor-patient communication about imminent death: An ethnographic study. *BMJ*, 2000;321:1376-81.

**Session 25: Communication: Giving Bad News**

**Instructors: Gary Fischer, M.D. and Bob Arnold, M.D.**

**Learning Objectives:**

1. Be able to define bad news and what makes it bad.
2. Identify barriers to giving bad news to patients and family.
3. Be able to list and explain the 6 steps for giving bad news.

**Readings:**

1. Baile WF, Buckman R, Lenzi R, Glober G, Beale EA, Kudelka AP. SPIKES—A six-step protocol for delivering bad news: Application to the patient with cancer. *Oncologist*, 2000;5:302-11.
2. Back AL, Curtis JR. Communicating bad news. *West J Med*, 2002;176:1-5.
3. Anonymous. Delivering bad news. *BMJ*, 2000;321:1233.
4. Quill TE, Townsend P. Bad news: delivery, dialogue, and dilemmas. *Arch Intern Med*, 1991;151(3):463-8.

**Session 26: Religious Traditions and Spiritual Care**

**Instructor: David Barnard, Ph.D.**

**Learning Objectives:**

1. Appreciate spiritual and existential concerns of patients and families near the end of life.
2. Distinguish “spirituality” from “religion.”
3. Identify ethical aspects of the exploration of spirituality in the physician-patient relationship.

**Readings:**

1. Cassell, E. The nature of suffering and the goals of medicine. *New England Journal of Medicine*, 1982, 306:639-645.
2. Mount, B. Existential suffering and the determinants of healing. *European Journal of Palliative Care*, 2003, 10(2, Supplement):40-42
3. Lo, et al. Discussing religious and spiritual issues at the end of life: A practical guide for physicians. *JAMA*, 2002, 287:749-754.

**Session 27: Conducting a Family Conference**

**Instructor: Bob Arnold, M.D.**

**Learning Objectives:**

1. Describe three philosophical reasons for talking to surrogates about end of life care decisions.
2. Describe five purposes of a family conference.
3. Describe a five stage approach to facilitating a family meeting.
4. Describe how one might talk to a surrogate about forgoing life sustaining treatment.

**Readings:**

1. Shelp EE, Perl M. "Denial in clinical medicine. A reexamination of the concept and its significance." *Arch Intern Med*, 1985;145(4):697-9.
2. Curtis, JR. "How to Discuss Death and Dying" in: *Managing Death in the Intensive Care Unit*, Curtis JR and Rubenfeld GD, eds. 2001. Oxford University Press, New York; pp. 85-102.

3. Chaitin B, Arnold RM. Holding family conferences in the ICU. Up-to-date (Parts 1-2)

**Session 28: Cultural Issues in End of Life Care**

**Instructor: David Barnard, Ph.D.**

**Learning Objectives:**

1. Appreciate the effects of culture, socioeconomic status, ethnicity, and gender on the experience of illness and health care.
2. Identify areas of potential conflict and confusion in the delivery of end-of-life care across cultures.
3. Describe methods of inquiry to elicit expectations and preferences that reflect cultural factors.

**Required Readings:**

1. Koenig, B, Marshall, P. Death: Cultural Perspectives. In *Encyclopedia of Bioethics*, 3<sup>rd</sup> ed., 2004.
2. Barnard, et al. *Crossing Over: Narratives of Palliative Care*. Chapter 6, "Shamira Cook."

**Session 29: Providing Care in the Home**

**Instructor: Linda King, M.D.**

**Learning Objectives:**

1. Recognize role of hospice and home care services.
2. Know how to manage common physical symptoms in the home setting.
3. Know how to change medication routes and regimens in the home.
4. Recognize when care in the home is inadequate or unsafe.

**Readings:**

1. Doyle, D, et al, eds. *The Oxford Textbook of Palliative Medicine*, 3<sup>rd</sup> ed. New York: Oxford University Press, 2005.  
  
17. Palliative medicine in the home.

## **Session 30-31: Bereavement**

**Instructor: Mark Miller, M.D.**

### **Learning Objectives:**

1. Outline a general approach to evaluation of grief and bereavement in the dying patient and his or her family.
2. Summarize theories of the tasks of grief and bereavement.
3. Demonstrate a willingness and ability to refer grieving persons to other caregivers when appropriate.
4. Demonstrate understanding of differences in cultural approaches to death and dying.
5. Summarize the concepts of stages of grief.
6. List several factors which commonly complicate grief.
7. List adverse outcomes of prolonged or complicated grief.
8. Recognize the common symptoms and manifestations of grief.
9. Cite at least five symptoms of unresolved grief.

### **Required Reading:**

1. Doyle, D, et al, eds. *The Oxford Textbook of Palliative Medicine*, 3<sup>rd</sup> ed. New York: Oxford University Press, 2005.  
  
19. Kissane, DW. Bereavement.

### **Recommended Reading:**

1. Stroebe, MS, et al., eds. *Handbook of Bereavement*. Cambridge, England: Cambridge University Press, 1993.

## **Session 32: Structures, settings and financing for Palliative Care**

**Instructors: Amber Barnato, MD**

### **Learning Objectives:**

**Readings:**

**Session 33: Professional Self-care and Reflection in End of Life Care**  
**Instructors: David Barnard, Ph.D.**

**Learning Objectives:**

**Readings:**