

# A GOLDEN LIFE: HOSPICE PALLIATIVE CARE FOR SENIORS

National Hospice Palliative Care Week  
Webinar Presentation May 8/13

Presented by Deborah Randall Wood



**Canadian Hospice Palliative Care Association**

**Association canadienne de soins palliatifs**

# Have you seen the posters?

Seniors are  
IMPORTANT!

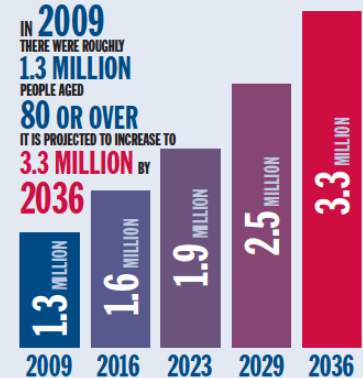
They make up  
Canada's Fastest  
Growing Age Group.  
It is estimated that  
seniors aged  
65+ could account for  
UP TO 25% of the  
total population by  
2036.

## CANADIANS ARE AGING

WE'VE DONE THE MATH. HAVE YOU?

### SENIORS

MAKE UP CANADA'S  
**FASTEST GROWING  
AGE GROUP**  
IT IS ESTIMATED THAT SENIORS  
AGED 65+ COULD ACCOUNT FOR  
**UP TO 25%**  
OF THE TOTAL POPULATION  
**BY 2036**



ONLY **16% TO 30%**  
OF CANADIANS WHO DIE CURRENTLY  
HAVE ACCESS TO OR RECEIVE  
**HOSPICE PALLIATIVE AND  
END-OF-LIFE CARE SERVICES**



**EVEN FEWER  
RECEIVE  
GRIEF AND  
BEREAVEMENT  
SERVICES**

IN 2010  
MORE THAN  
**252,000**  
CANADIANS  
DIED  
AND...



**90%**  
OF THOSE  
CANADIANS  
COULD HAVE  
BENEFITED FROM  
**HOSPICE  
PALLIATIVE CARE**

References available on the Canadian Hospice Palliative Care Association "Fact Sheet" [www.chpca.net](http://www.chpca.net)

## NATIONAL HOSPICE PALLIATIVE CARE WEEK

**MAY 5-11, 2013** GET INVOLVED!  
[www.chpca.net/week](http://www.chpca.net/week)



# Seniors . . . .



# Exceptional Care for Seniors

Starts with a true and deep understanding of the uniqueness of the senior experience.

Living is different for people  
in their *golden years*.

Dying is different, too.



# Uniqueness of the Senior Experience

- Qualities of advanced age

- Life in the 1930s and 1940s

- In 1930 the average house cost \$7,145, and in 1939 it was \$3,800
- In 1930 the average yearly income was \$1,970, and in 1939 it was \$1,730

*Why had the price of the house and the yearly income gone down?*



# Uniqueness of the Senior Experience

- Life was different then . . . . .
  - Dozen eggs cost .18 cents, loaf of bread .5 cents
  - Big Band music (1930s) and Rhythm & Blues (1940s)
  - Wizard of Oz, Gone with the Wind
  - First time Superman appeared in comics
  - Ball Point Pen (1938), Sticky tape (1930)
  - Toronto Maple Leafs won the Stanley Cup
  - 1939 – WWII started, ended in 1945
  - First nuclear bomb



We Can Do It!



# LIFE IN THE 30s and 40s



To keep a slender figure  
No one can deny...



Canadian

Association Canadienne de soins palmaux

# Uniqueness of the Senior Experience

For our seniors, their formative years were in the 1930s and 1940s

- Life was different then . . . . .
- Created traits and formed personalities that lasted a lifetime
- “Habits of a Lifetime” take on special meaning and importance when they have been in place for most of a century.

***What does this mean for care planning, delivery and evaluation?***





# Uniqueness of the Senior Experience

*What does this mean for care planning, delivery and evaluation?*

- Previously established care routines are very important
- Ensure care matches lifestyle, habits, and preferences
- Recognize bias in learned response to care providers
- Adjust expectations and approaches

- Wendy Wilson (psychotherapist who hosts a blog for seniors [www.vibrantseniors.wordpress.com](http://www.vibrantseniors.wordpress.com)) notes that:

People in their 70's and 80's weren't raised to believe that talking could relieve symptoms, enhance vitality and improve health. They were conditioned early on to obey societal definitions about proper behavior. A stigma was attached to talking about serious subjects with friends, family and outsiders.



# Uniqueness of the Senior Experience

- Presence of two or more chronic diseases
  - Cardiac Disease
  - Lung Disease
  - Renal Disease
  - Neurological Disease
    - Often had been living quite successfully for some time, *however* now their previously successful treatments, therapies, and approaches are no longer as effective



# Uniqueness of the Senior Experience

- Previously successful treatments, therapies, and approaches are no longer as effective . . .
  - Sense of betrayal
  - Sense of guilt
  - Fear of abandonment, of others “giving up”
  - Fear of being a burden



# Uniqueness of the Senior Experience

- Degree of frailty worsens.
  - If able to cope with previous limitations, now may become unable to cope as symptoms of chronic disease worsen
  - Ability to recover from an untoward event (such as a fall) lessens with greater degree of pre-incident frailty.

***What does this mean for care planning, delivery and evaluation?***



# Uniqueness of the Senior Experience

*What does this mean for care planning, delivery, and evaluation?*

- Does *not* mean that treatments for these chronic diseases should stop (but may need to modify)
- In areas of disagreement, look for the place where there be a “meeting of the minds”
- Keep specialists involved in person’s care, including decisions relating to stopping or changing treatment
  - Specialists are recognized as experts, and can speak to questions of clinical certainty/uncertainty with authority
- Use objective measure of frailty (such as the Clinical Frailty Scale, *K. Rockwood et al. A global measure of fitness and frailty in elderly people. CMAJ 2005;173:489-497*) to determine what extent of recover is realistic to expect after an untoward event.



# Uniqueness of the Senior Experience

- Case Study #1

- 86 year old female
- Living alone in own home that she has owned for 50+ years (no debt, good income)
- Driving, doing own shopping, hair appointments, medical appointments
- Enjoys gardening, reading, watching TV
- Excellent health (bit of arthritis)
- Smokes 2-3 packs of cigarettes a day
- Drinks 2-3 “G&Ts” every evening
- August 2011 finds a lump in her right breast



# Uniqueness of the Senior Experience

- Case study #1 con't . . .
  - Tests reveal malignant tumour (large in right breast, smaller sites in left), and confirm extensive metastatic disease in bones
  - Surgery recommended (total radical mastectomy of right breast)
  - No radiation or chemo considered (due to advanced nature of disease)
  - Patient states that she does not want any treatment (due to previous experience with husband's cancer related death in hospital ICU)



# Uniqueness of the Senior Experience

## ● Poll

○ Would you support the recommendation of the surgery?

- Yes
- No
- Not Sure





# Uniqueness of the Senior Experience

- Case Study #1 NEW Information:

At an office visit, the surgeon states that the tumour is likely going to erupt through to the surface of the skin, causing pain, foul odour, and disability.



# Uniqueness of the Senior Experience

- Repeat Poll

- In light of this new information, would you support the recommendation of surgery?

- Yes
    - No
    - Not sure



# Uniqueness of the Senior Experience

- Case Study #2

- 86 year old male
- Living in long-term care home x 7 years
- Ambulates with some difficulty
- Requires assistance with some activities of daily living (ADLs) as he tires very easily
- Has long history of arthritis and congestive heart failure
- Very short of breath at rest



# Uniqueness of the Senior Experience

- Case Study #2 con't . . .
  - In summer of 2012 started to feel unwell (more SOB, less energy, frequent stomach upset, insomnia, increased bone pain)
  - Symptoms not resolved with numerous interventions; continues to worsen over next few months
  - Unable to enjoy or participate in usual activities
  - Admitted to acute care for further investigations
  - Diagnosed with renal failure



# Uniqueness of the Senior Experience

## ● Poll

- Would you recommend starting renal dialysis for this patient?
  - Yes
  - No
  - Not Sure



# Uniqueness of the Senior Experience

- Case Study #2: NEW Information . . .

The resident is looking forward to the positive resolution of a long-standing family matter . . .

Resolution is expected soon.



# Uniqueness of the Senior Experience

- General Interest Poll

- What is the average age that dialysis treatment is initiated in Canada?

- 25-35 years?
- 36-50 years?
- 51-79 years?
- 80- 85 years?



# Uniqueness of the Senior Experience

- Case Study #2
  - Repeat Poll

With the new information relating to the family matter - and the average age of onset for dialysis treatment - would you recommend dialysis?

Yes

No

Not sure





# Uniqueness of the Senior Experience

- Abundance of experience with illness, dying, and death
  - Likely experienced the death of a spouse or significant other
  - Many have experienced the death of a child (or all of their children)
  - Loss of peers, neighbours, family members
  - If living in Long Term Care (or other residences), loss of co-residents
    - Example: Lakeland Long Term Care has 120 residents, and we have 30-40 deaths per year



# Uniqueness of the Senior Experience

*What does this mean for care planning, delivery, and evaluation?*

- Usually is a “presence” in the person’s life
  - Retain an active part of the senior’s life
- Can bring comfort . . . or fear
  - Don’t assume the meaning to a passing (either recent or long past)
- Grief experiences may be unresolved as usual comfort measures and support systems may be gone or unavailable



# Uniqueness of the Senior Experience

- Prejudice and misconceptions
  - Myths about the aged
    - “they have had a good life”
    - “they are ready to go” . . . . “wouldn’t want active treatment”
    - Not competent or capable
    - Can’t contribute (waste of resources)
  - Not given opportunity to participate
    - Decisions made for them
    - “Protected” from information that may upset them
  - Accessibility issues
    - Technology can be confusing (automated responses)
    - Mobility issues, energy issues
  - Vulnerability
    - Tend to trust authority figures
    - Covert abuses



# Uniqueness of the Senior Experience

*What does this mean for care planning, delivery, and evaluation?*

- Be aware of and guard against the myths
- Validate information received from others, or from the resident (private) if information was given in the presence of others
- Ensure issues of competency is settled objectively and well documented
- Be clear about the role of family, POA, executor, advanced directives, etc.
- Reinforce and enable resident rights



# Uniqueness of the Senior Experience

- So far . . . . .53 year old's perspective

Me!



- Value will be added if we can bring in the perspectives of some seniors, and some of their family members and care providers.



# Uniqueness of the Senior Experience

- What we measure:
- **Home Name:**  
LAKELAND LONG  
TERM CARE

Year % of residents who had a recent fall	%of residents with worsening bladder control	% of residents who had a pressure ulcer that recently got worse	% of residents who were physically restrained
Prov. Av. 2011 – 2012 13.9	Prov. Av. 2011-2012 19.4	Prov. Av. 2011-2012 2.8	Prov. Av. 2011-2012 13.9
LLTC 10.0	LLTC 8.7	LLTC 1.2	LLTC 12.0

# Uniqueness of the Senior Experience

- Wouldn't it be nice if we measured . . . .

% of time that I felt that my symptoms were taken seriously and treated competently	% of staff who knew my likes and dislikes	% of time I was consulted and participated in decisions r/t my health and care	% of confidence I have that my EOL wishes will be upheld
LLTC STRIVE FOR 100% →	→	→	→

# Uniqueness of the Senior Experience

- Exceptional EOL Care for Seniors:
  - Recognizes their beliefs and values . . . .  
and is guided by these,
  - Provides competent clinical management of end-stage chronic diseases and EOL symptoms  
and doesn't give up,
  - Makes spaces and time for voices and memories . . .  
to show that you understand,
  - Protects rights and freedoms . . .  
Because it is so easy for these to be lost.





# Uniqueness of the Senior Experience

## ● Case Study #1

- The patient had the mastectomy in Feb. 2012
- Recovered very quickly (full ROM almost immediately)
- Gave up home and went to live with her daughter in the country
- Palliative care from a retired community physician; pain and other symptoms well controlled
- Had a wonderful 9 months enjoying the pets, her books, and her cigarettes
- Died in her own bed, in her daughter's home, Nov.24, 2012



# Uniqueness of the Senior Experience

## ● Case Study #2

- Resident, family, and care team decided against dialysis
- Palliative approach initiated to address symptoms; well managed
- Resident deceased in hospital shortly after decision was made
- Family matter remains unresolved



# Uniqueness of the Senior Experience

**AWARENESS**

**ADVOCACY**

**CLINICAL EXCELLENCE**



**Canadian Hospice Palliative Care Association**

**Association canadienne de soins palliatifs**

# ACKNOWLEDGEMENTS

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- *Residents (both past and present), families, volunteers, staff, leadership team, and Board of Directors* of Lakeland Long Term Care, Parry Sound, Ontario (especially those who participated in the video)
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- *Northern Ontario School of Medicine* – for an exceptional course: *A New Paradigm: Introducing Palliative Care into Chronic-Disease Management and Long Term Care* (April, 2013)





# About the author . . .

Deborah Randall-Wood is a Registered Nurse (RN) with specialty certification in Hospice Palliative Care Nursing (CHPCN) from the Canadian Nurses Association.

Deborah has 25+ years experience in providing hospice palliative care for adults through the life span. This includes work in the community, residential hospice, in-patient palliative care, and rehabilitation settings.

She is currently the Director of Nursing and Personal Care at Lakeland Long Term Care in Parry Sound, Ontario and would love to hear from you at:

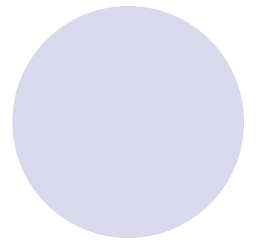
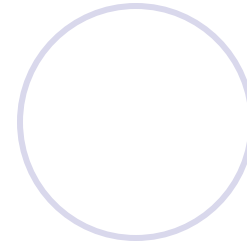
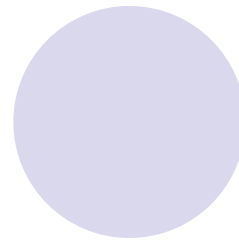
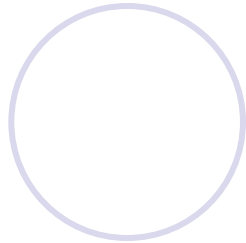
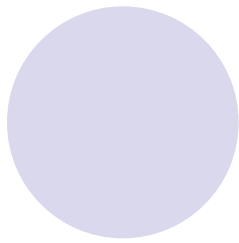
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