



It Takes a Team

Complexity of palliative care demands interprofessional collaboration

By Stuart Foxman

Last year, the College hosted a forum of experts in the end-of-life care field. We asked them what needed to change to meaningfully improve the last months, weeks and days of patients' lives.

The experts describe a current environment where assumptions and misunderstandings – between physician and patient, among specialists and within families – replace informed discussion.

Given that lack of communication appears to be one of the biggest barriers to optimal end-of-life care, we have launched a conversation. What is optimal care and what can be done to achieve it?

This is the third of a five part series that brings you the views of experts in palliative and end-of-life care, as well as lessons learned from patients' experiences.

We have also taken the conversation online. Please visit us at www.cpso.on.ca/endoflife and share your thoughts and experiences.



Every week at Mackenzie Richmond Hill Hospital, the rounds at the palliative care unit reveal how patients are faring – and how health care works in total collaboration.

For 90 minutes, physicians who provide palliative care, nurses, a social worker, chaplaincy support, a pharmacist and a complementary therapist (aromatherapy and massage therapy) review cases together.

“We look at each patient from everybody's perspective, to see what they can add to a dimension of care, from treatment to how the family is coping,” says Dr. Brian Berger, the hospital's Physician Practice Leader, Department of Palliative Care, Complex Continuing Care and Rehabilitation.

While Dr. Berger is typically in charge of the rounds, this is a true group exercise. “If an issue is very nursing-focused or social work-focused, that person takes the lead,” he says. Why do the rounds work so well? Dr. Berger points to the type of people who he feels are drawn to palliative care: “They have a tremendous respect for the dying process, and recognize the value that various caregivers can provide.”

The importance of such interprofessional collaboration, and ways to facilitate it, is the focus of this third in a five-part *Dialogue* series on end-of-life care.



Dr. Brian Berger with a team of health-care professionals at Mackenzie Richmond Hill Hospital

“No one professional can do it all”

Collaboration between various disciplines is desirable in every area of health care. In palliative care, the nature of patient and family requirements makes that teamwork absolutely essential.

“There are so many complex needs in the medical, psychosocial and spiritual domains that no one professional can do it all,” says Dr. Pippa Hall, Director, Program for Core Competencies, Faculty of Medicine, University of Ottawa. ►►

Join the conversation

We want to hear from you about your opinions, your experiences.

- How has interprofessional collaboration helped you provide care to patients?
- Are there any benefits or obstacles to interprofessional collaboration not discussed in the article that you have encountered?
- Have you had the opportunity to work on an interprofessional care team? Was this in a palliative care setting?

Join the conversation and let us know what you think:

www.cpsso.on.ca/endoflife



Dr. Hall, who has researched both interprofessional practice and palliative care, points to pain as just one example of how professionals from various specialties can bring their particular knowledge, skills and experiences.

When a patient is in pain, the appropriate response might be an increase in medication. But what if, as Dr. Hall poses, the pain is related to anxiety or fear? What if the patient is suffering from existential distress, around the meaning of life and death? What if a young mother is in pain about the idea of her children growing up without her? Only through collaboration can professionals meet these multifaceted needs.

Yet collaboration doesn't happen automatically. It starts with an un-

derstanding of different roles, and recognition that each has its own importance.

Shared decision-making is key

Dr. Hall has written about the ingrained culture and values of different professions, and how these can create communication barriers between health-care providers. For instance, do you focus more on actions and outcomes or on relationships? How do you weigh the patient's story vs. objective data? Is the goal saving a patient's life or quality of life?

Successful collaboration depends on more than each professional playing his or her role, filling in their piece of the care puzzle. "You also have to have shared decision-making," says Dr. Hall.

While doctors have become much better at sharing decisions with patients and their families, they still could be better at sharing those decisions with other professionals. The key is not only to value other perspectives, but to make decisions collectively. Both need to happen for genuine collaboration.

Dr. Mike Harlos, Medical Director, Adult and Pediatric Palliative Care Program at the Winnipeg Regional Health Authority, is also clinical lead at the Canadian Virtual Hospice. With multidisciplinary contributors, www.virtualhospice.ca provides support and personalized information about end-of-life

care to patients, family members, health-care providers, researchers and educators. To Dr. Harlos, collaboration in palliative care means that doctors and other professionals step away from the spotlight.

"We're like the stagehands of a play," he says. "The family and patients are the actors. The outcome is written. We're there to make sure, as a team, that everything happens with attention to the whole cast."

Patients want holistic care

Palliative care has its own dynamics. Members of the interprofessional team recognize that this is, for patients and their families, the most intense, raw and vulnerable experience of their lives.

"In palliative care, the *raison d'être* is providing holistic care," says Fred Nelson, a social worker and the psychosocial consultant to Canadian Virtual Hospice. The presence of different professionals means that patients and their families have choices of who to relate to – at different times, in different ways, for different reasons. "People want to feel surrounded by care," Nelson says.

Bill Kugler did. Last year, his 48-year-old wife Helen, with end-stage cancer, spent six weeks in palliative care at Credit Valley Hospital in Mississauga. "We didn't really have hope, but there was still such positive energy there," says Kugler. Time and again, he was struck by the compassion he felt, and by the

ability to rely on anyone for support. “There was a community,” he says. No matter who he dealt with, the team provided what Kugler valued most: “A sense of peace and dignity.”

Beyond sharing their expertise, every member of the team can share information that paints a picture of a patient’s or family’s concerns. By working together, different professionals can glean the meaning and the implications.

Dr. Berger, for example, recalls stopping by to see a patient with end-stage breast cancer. Before he made his visit, a nurse relayed that the patient’s sister was having a hard time understanding all of the medications being used. With that snippet of information, Dr. Berger approached the patient, held her hand and lightly touched her brow. She clearly didn’t have much time

“We’re like the stagehands of a play. The family and patients are the actors.”

left. He explained to the sister what the medications were for, and asked if she wanted him to elaborate. She didn’t.

“All she said was, ‘The way you sat on the bed and comforted my sister, I know she’s being well-cared for.’ What the sister was really having difficulty with was making sure



Dr. Brian Berger discusses a case with Irene Hon, palliative care nurse and Stewart Sable, pharmacist.

we knew that we were treating a special person,” says Dr. Berger.

Corsita Garraway, RN and Nurse Practitioner, agrees that palliative care is for the living as well as the dying. “If it doesn’t go well, [the family] always remembers it as a negative. If it does go well, they remember it as a positive experience and can deal with their own coping and healing much better. To do that, you need an effective team,” says Garraway who works at the Stronach Regional Cancer Centre at Southlake in Newmarket.

Team members need to support each other too

Interprofessional collaboration is vital for another reason. Aside from the benefits to patients and their families, teamwork also supports the well-being of the health-care providers themselves.

Palliative care takes a toll on every-

one. “When things are tough, when you face hard ethical decisions, or when the patient has made a choice that’s difficult for some of the team to live with, that’s when we need each other,” says Dr. Hall.

Without collaboration, people who deliver palliative care face several risks. There’s the risk of failing to provide the full dimensions of necessary care. The risk of taking on too many roles yourself, beyond the boundaries of your skill set. And the risk of burning yourself out, or going the other way by becoming detached as a way to cope.

“The intensity of the multifaceted problems we see in palliative care is relentless,” says Dr. Harlos. “I don’t think you can survive as a practitioner unless you’re part of a team.”

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