

Palliative care a bridge to end of life care

By Susan Wood

Ask anyone who's been diagnosed with a terminal illness and they'll tell you in some ways their life stopped then.

There are things to deal with that become a full-time job for most people. This means arranging doctors' visits, dealing with insurance companies, receiving social assistance, learning the keys to transportation, getting referrals, conducting pain management and even tapping into mental health services.

All these duties and tactics require professional help because a clear head and undaunted resolve may not be the immediate reaction from a vulnerable person hearing the "c" word for the first time.

Palliative care, as it is called, is a fairly new discipline that demonstrates the evolution of health care. It's a full service realm that provides a little TLC and empowerment at the same time. The terminally ill don't have to feel like their life is over.

Instead, there's often a new character-building beginning that serves to inform the patient in ways that never before existed. And without the fear of the unknown and having an army of support, the patients' confidence is enhanced.

"It's very much a team approach to medicine," said Sherellen Gerhart, who returned to the Barton Health System to serve as the lead palliative care physician after working in the Bay Area. She had worked for Barton between 2007 and 2010 as a hospitalist.

“It’s been my favorite place to work. I should have never left. I really missed being here,” Gerhart told *Lake Tahoe News*.

Working at John Muir Medical Center in Walnut Creek comes with prestige, but job satisfaction and practicing your passion mean something to this practitioner. Gerhart may be characterized as an up-close-and-personal doctor who has leaned in her career toward wanting to work in geriatric care – not exactly the sexiest discipline of health, but rewarding nonetheless.

“The trend for medicine has focused on improving the quality of care, particularly in oncology, because it’s so complicated,” she said. “People find that when things are complicated, they don’t get their needs met.”

When palliative care does transform into hospice – which emphasizes comfort as one nears death, Barton has a long history of operating a department with that prognosis and mission in mind.

“End of life issues are difficult to talk about anyway,” Gerhart said. “And it’s time we recognize that patient suffering is not acceptable. We have to find processes to deal with that.”

Few locals may know this like Barton’s director of Home Health, Hospice and Palliative Care Barbara Kaufman.

Through the years, Kaufman has seen changes in health care moving toward more of a holistic approach in which care coordination is the general rule.

“With palliative care, we talk to the patient to find out what their goals of treatment are. This empowers the patient and family to understand the disease more,” she said. “And regardless of the need, we help guide and navigate them through the complex health care system.”

“This is the most rewarding thing I’ve ever done in life – my true passion,” Kaufman said. “It’s quite humbling to be part of the process. For me personally, every patient has touched my life.”

So there’s something to be said for gaining wisdom from the terminally ill. They know how to cherish life when they feel theirs is getting away from them.

The difference is palliative care still provides hope. Hospice, to be summoned in the last months of one’s life, provides comfort in the surrender.

Palliative care and hospice are similar in philosophy.

“What separates the two is that palliative care can be delivered concurrently with other disease-modifying treatments and interventions in what some refer to as ‘curative’ care,” said Jon Radulovic, spokesman for the National Hospice and Palliative Care Organization in Alexandria, Va. “In fact, anyone with a serious illness, regardless of life expectancy, can receive palliative care.”

It often transitions into the need for hospice.

“There has been a growth in hospital-based palliative care programs over the past decade, which represents important progress made in caring for the whole person,” Radulovic told *Lake Tahoe News*.

Both disciplines have become extremely necessary in today’s world in which the call for a more seamless continuum of care from diagnosis of death is overwhelming.

Death and the threat thereof is such a major part of life with an aging population that a movement is now in place in which seriously ill patients are using a template to write a last letter while they’re healthy.

It’s called the Stanford Friends and Family Letter Project.

The idea is for letter writers to complete seven life review tasks – acknowledging important people in their lives, remembering treasured moments, apologizing to those they may have hurt, forgiving those who have hurt them and saying thank you, I love you and goodbye.

The project featured this month in the New York Times highlighted many examples of people overcoming regret and professing true love.

Some are complex. Others are simple – including one from a man who wrote to his daughter: “I’m sorry that I wasn’t there when you were growing up.”

The project is catching on fast, according to the founder VJ Periyakoil.

“There are millions of Americans living with serious illness, and this number is expected to more than double over the next 25 years with the aging of the baby boomers. Most seriously ill people will spend some time in the hospital over the course of their illness, and a majority of their time will be spent in their communities,” Director of the Center to Advance Palliative Care Diane Meier told *Lake Tahoe News* from her New York City office.

Meier has been on the forefront of the new discipline as the founder and director of the Hertzberg Palliative Care Institute from 1997-2011. She was named one of 20 people who make health care better in the United States by HealthLeaders Media 2010. Two years later, she was awarded the American Cancer Society’s medal of honor in recognition of her pioneering spirit.

The center where Meier works is devoted to increasing the number and quality of palliative care programs in the nation.

Barton Memorial Hospital in South Lake Tahoe opened its department a few months ago and has already started to accept

patients. All patients seeking palliative care require a referral from a physician. They can be seen at the care center on Tuesday, Wednesday and Thursday from 9am to 1pm. Hospital consultations will be provided by Gerhart and Allison Steinmetz, a doctor with Barton Family Medicine.

For more information, Gerhart will make a presentation on Oct. 31 called What is Palliative Care? The classes are slated from 1-3pm at Lake Tahoe Resort Hotel.