Empowering Faith Communities through Palliative Care Education

Diane McCarthy, MA, BCC
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Palliative Care
End-of-Life Care
Hospice Care

Our Purpose

• Prepare for one of the most profound events of life,
• Define Palliative Care and Advance Care Planning and how Church teaching supports both,
• Recognize the commonality between the profession of medicine and the ministry of healing,
• Discuss the Boston Initiative and the Whole Person Care Initiative of California.
What do all of us share in common?

How Americans Die:
A Century of Change

| Age at death | 46 years |
| Top Causes | 78 years |
| Disability | 46 years |
| Heart Disease | 78 years |
| Cancer | 78 years |
| Stroke/Dementia | 78 years |
The Expectation

Trained to Fix

Unfixable problems: Chronic illness, frailty and mobility of aging, and terminal illness.

Sudden Death
If time is short, what do you want to accomplish?

Hope is not a plan

• When the plan is unclear, the default is to treat aggressively

• Family may be left with
  • Uncertainty and stress
  • Guilt and depression
  • Financial concerns
ILL-Preparation

https://youtu.be/-39QcDfatXM

“I was ill and you cared for me”
Mt 25:36

CATHOLIC SOCIAL TEACHING
The Care of the Vulnerable
The Initiative for Palliative Care and Advance Care Planning

Diane McCarthy, MA, BCC
Archdiocese of Boston
Parish Education Coordinator

Why do we have this Palliative Care/Advance Care Planning initiative?

- Dignity of the human person made in the image and likeness of God
- Catholic social justice teaching – preference for the poor and marginalized
- Health care decision-making for Catholics includes knowing relevant Church teaching
- Desire to establish parish-based resource teams
Why do we have this Palliative Care/Advance Care Planning initiative?

- Massachusetts 2012 ballot referendum on physician-assisted suicide - narrowly defeated 51% to 49%
- Current possible routes of legalization in MA:
  - Legislature – End of Life Options Act
  - Court case – physicians could not be tried for murder or manslaughter
  - Possible 2020 ballot referendum

Palliative care suffers from an identity problem. Seventy percent of Americans describe themselves as “not at all knowledgeable” about palliative care, and most health care professionals believe it is synonymous with end-of-life care.
Presentation Outline
Part I – Palliative Care

- CAPC case study
- Why we have the initiative
- Define/describe palliative care – not identical to hospice
  - Physical, psychosocial, emotional and spiritual symptoms = Whole Person Care
  - Death is a normal process – countercultural thought
- Who is a candidate, when and how is it started
- Possible topics discussed in a palliative care planning meeting

Presentation Outline
Part II – Advance Care Planning and Church Teaching

- Define advance care planning
- Tools for use in advance care planning
- Sources of Church teaching on palliative care and advance care planning
- Review of specific ERDs
- Provide resources
"But we're Catholic, we have to do everything."

ERD 57:

A person may forgo extraordinary or disproportionate means of preserving life. Disproportionate means are those that in the patient’s judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community.

"Use of pain medication is incompatible with my Catholic faith."

United States Conference of Catholic Bishops

Killing the Pain Not the Patient: Palliative Care vs Assisted Suicide

by Richard M. Doerflinger and Carlos F. Gomez, M.D., Ph.D.

CHA End-of-life guides
Parish Presentation Statistics

- June 2017 - April 2019
- 23 months
- Presentations in 56 out of 284 parishes (19.7%)
- Attendance: 1,187 out of 1.9 M Catholics, 218,600 of whom attend Mass (2018 statistics) (<1%)
- Average attendance = 21
- Range of 2 – 60 people per presentation

Other presentations

- Theological Institute - 2
- Diaconate post-ordination formation
- Fall River Diocese – 2 parishes
- Springfield Diocese Clergy Day (in conjunction with St. John Paul II Foundation)
- Long-term care facilities - 4
Blessings

- Call re: hospice going against Catholic faith
- Widow’s relief
- Sister’s relief

Challenges

- How many people want to go to heaven?
- How many people want to go today?

Opportunity

“We prepare for everything we consider important in life. Preparation makes a wonderful experience possible.”

Matthew Kelly, Rediscover Lent
Whole Person Care Initiative
The OC Diocese Experience

Dr. Vincent Nguyen, DO
Program Director
HOAG CARES

Whole Person Care Initiative
- Purpose -

1. Strengthen and improve the availability of WPC and palliative care in Catholic health systems and hospitals;
2. Develop and implement WPC programs in dioceses and parishes.

*Whole Person Care Video*
Program Recap

- 6/6/18 St. Timothy 30
- 6/10/18 St. Joachim 26
- 6/13/18 OLQA 50
- 6/20/18 Blessed Sacrament 60
- 6/27/18 St. Irenaeus 98
- 7/10/18 St. Cecilia 100
- 7/17/18 St. Cecilia 160

Total attendance at 7 events: 524
Surveys completed: 95

How did you hear about this program?

- Parish Announcement 64
- Friend/Relative 11
- OC Catholic Newspaper 9
- Facebook 7
- Website 1
Why did you attend?

- Want to be prepared 42
- Understand options for loved ones 18
- Understand Church's teachings 15
- Social/Community Engagement 6
- Work related 2

Palliative Care

- Relief from symptoms and stress of a serious illness
- Prognosis ≤ 6 months and curative treatments are exhausted

End-of-Life Care

Palliative Care Visit

- Understanding
- Fears & Worries
- Coping & Support
- Symptom management
- Advance care planning
- Dying
Advance Care Planning Removes **DISTRESS**

<table>
<thead>
<tr>
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Less aggressive care with better quality of life (QOL) (6.4 vs 6.6)

Longer hospice with better QOL (6.9 vs 5.6)

Decrease rate of CPR (0.8% vs. 6.7%) Reduce ICU admission (4.1% vs. 12.4%)

Better QOL with improved caregiver outcomes

Palliative care is associated with **DEATH**


Palliative care is an expression of the proper human attitude of taking care of one another, especially those who suffer.

It **bears witness** that the human person is always precious, even if marked by age and sickness.

— **POPE FRANCIS** —

Palliative care is associated with **BETTER QUALITY OF LIFE and OVERALL SURVIVAL**

*Early Palliative Care for Patients with Metastatic Non-Small-Cell Lung Cancer*  

Standard oncology treatment + early palliative care

- Happier, more functional and less pain.
- Median survival 8.9 vs. 11.6 months

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Living Life as Well and as Fully as Possible...

The Gift of Palliative and Hospice Care

Preservation of Life and Health (Ordinary and Proportionate)

Cardio Pulmonary Resuscitation (CPR)
Artificial Nutrition