ST. CROIX HOSPICE



Dr. Andrew Mayo:

The River of Life. A personal story.





Objectives

- The importance of a person's story
- Build awareness of the basic concept of hospice and the interdisciplinary team concept
- Awareness of the multiple roles as a hospice physician
- Understand the concept of the dichotomy of love and grief
- The moth effect: importance of mindfulness



Hospice

"You matter because of who you are. You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but also to live until you die."

- Dame Cicely Saunders



The Story

A patient's story provides meaning, context, and an understanding of the patient's experience of illness. In other words, the narrative builds the bridge connecting the evidence of large clinical trials to the individual patient.



The Story

How I came to Hospice Part 1



How I came to Hospice

I was born





Dr. Charles H. Mayo II





Dr. Charles W. Mayo





Dr. Charles H. Mayo





Dr. William W. Mayo





W. W. Mayo House



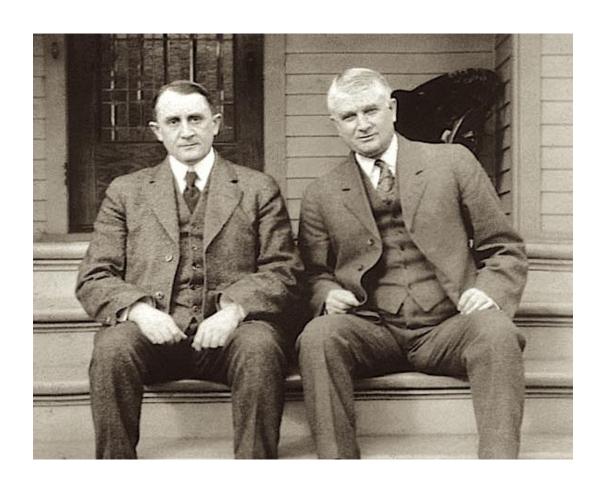


Dr. W.W. Mayo The Original Hipster





The Mayo Brothers



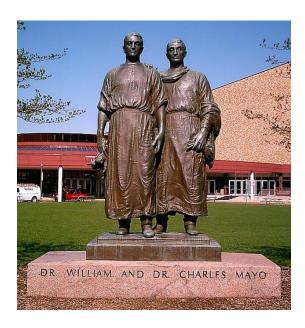
Mayo Clinic





Multidisciplinary Approach to Care

Mayo Clinic
First Multispecialty Group Practice





Medical Tradition

- Family tradition
- Family practice
- The importance of connection with who you are treating
- The importance of their story



Life as a Family Doctor

- Father's influence
- Rural practice
- Called to help in hospice



The Hospice Team

- Medical Director/Attending Physician
- RN Case Manager/LPN
- Hospice Aide
- Social Worker
- Spiritual Care Coordinator/Bereavement Coordinator
- Therapists PT/OT/ST/Music/Massage/Pet
- Dietary Counselors



History of Hospice

- The term "hospice" (from the same linguistic root as "hospitality") can be traced back to medieval times when it referred to a place of shelter and rest for weary or ill travelers on a long journey.
- The name was first applied to specialized care for dying patients in 1967 by physician Dame Cicely Saunders, who founded the first modern hospice in a residential suburb of London.



Services Provided by Hospice

- Education on the dying process
- Family decision making
- Quality of life and hope
- Bereavement
- Promote collaboration and customization with families and facilities



My Hospice Story

- Hospice, like the Mayo Clinic, has achieved excellence in caring for people based on a multi-disciplinary approach to the care of a person.
- The team approach to care is exemplified in hospice.



My Hospice Story

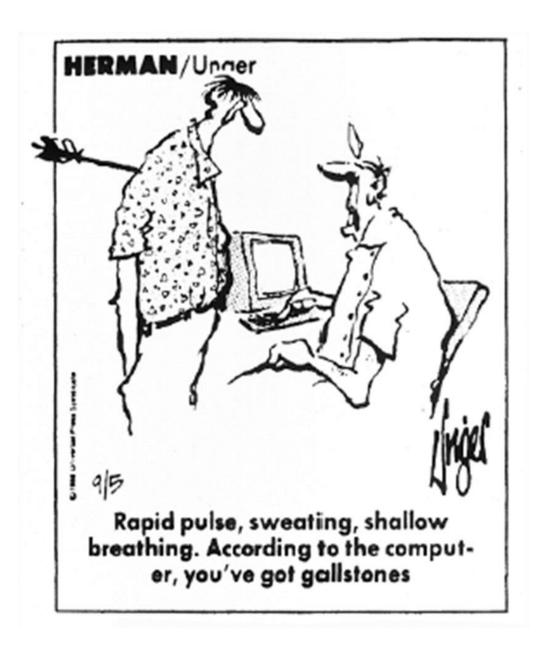
- What is the story? What is important?
- Strive for cure
- Recognition when to take a step back
- Goals for time remaining
- Are we doing a good enough job in informing patients?



William James Mayo

"The best interest of the patient is the only interest to be considered"

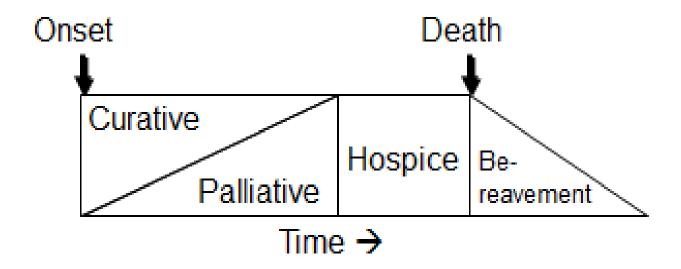
- What does this mean in light of our technological abilities?
- When is more not necessarily in the best interest of the patient?





Definitions

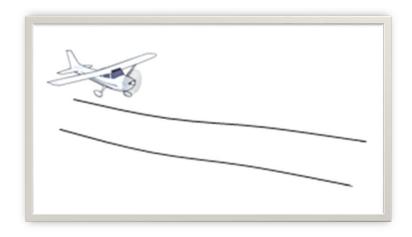
- Palliative care: "Care that does not cure."
- Hospice care:
 - Less than 6 months
 - Focus on comfort

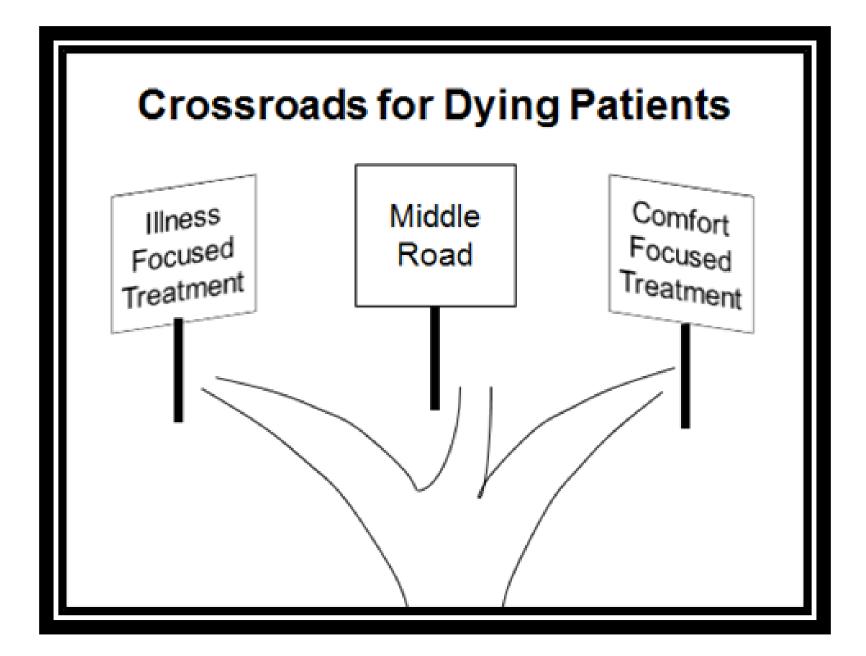




Serious Illness as an Airplane

- Palliative care and hospice can help
- Sometimes hospice helps people live longer
- Comfort medicines do not hasten death







Aggressive Care at End of Life

Possible Side Effects:

For patients

- Greater physical and psychological distress
- Lower reported quality of life

For caregivers

- More major depression
- Lower satisfaction

Hospice at the End of Life

1. Association Between the Medicare Hospice Benefit and Health Care Utilization and Costs for Patients With Poor-Prognosis Cancer

<u>Ziad Obermeyer, MD, MPhil^{1,2,3}</u>; <u>Maggie Makar, BS²</u>; <u>Samer Abujaber, MBBCh²</u>; <u>et al Francesca Dominici, PhD⁴</u>; <u>Susan Block, MD^{3,5,6,7}</u>; <u>David M. Cutler, PhD^{8,9}</u>

JAMA. 2014;312(18):1888-1896. doi:10.1001/jama.2014.14950

- Savings of \$12,823 for patients choosing hospice vs non-hospice
- Median 11 days on hospice
- 14% died in hospital vs 74% of non-hospice
- 2. What length of hospice use maximizes reduction in medical expenditures near death in the US Medicare program?

Donald H. Taylor Jra,, Jan Ostermanna, Courtney H. Van Houtvenb, James A. Tulskyc, Karen Steinhauserc, Social Science & Medicine 65 (2007) 1466–1478

- Hospice reduced Medicare costs by an average of \$2,309 per hospice patient.
- Increasing length of hospice use by just three days would increase savings due to hospice by nearly 10 percent, from around \$2,300 to \$2,500 per hospice user.
- Medicare costs would be reduced for seven out of ten hospice recipients if hospice has been used for a longer period of time



Comparing Hospice and Nonhospice Patient Survival Among Patients Who Die within a Three-Year Window

The benefits are straightforward...better care, and people who use hospice for even one day live longer.

	dy: hospice use or not. ents, 2095 (47%) received least one day, 1999
Disease	Added survival
CHF	+ 81 days, P = 0.0540
Lung cancer	+ 39 days, P < 0.0001
Pancreatic cancer	+ 21 days, P = 0.0102
Colon cancer	+ 33 days, P = 0.0792
Breast	+ 12 days, P = 0.6136
Prostate	+ 4 days, P = 0.8266

Connor SR, et al. J Pain Symptom Manage. 2007 Mar;33(3):238-46.





The Cost of Aggressive Care at the End of Life



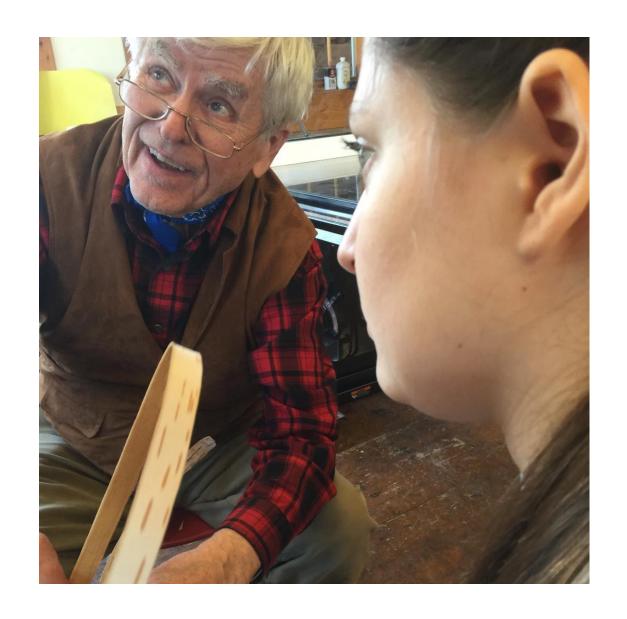
"It's just a simple little operation, but we want you to pay now."



March 2, 2016













March 2, 2016

- AML
- Mayo Clinic Rochester Methodist
- Physician, Husband, Father, Hospice doctor
- Cure Wife
- Comfort Family
- Maintain Hope
- Do No Harm
- Understanding the Reality of the Prognosis



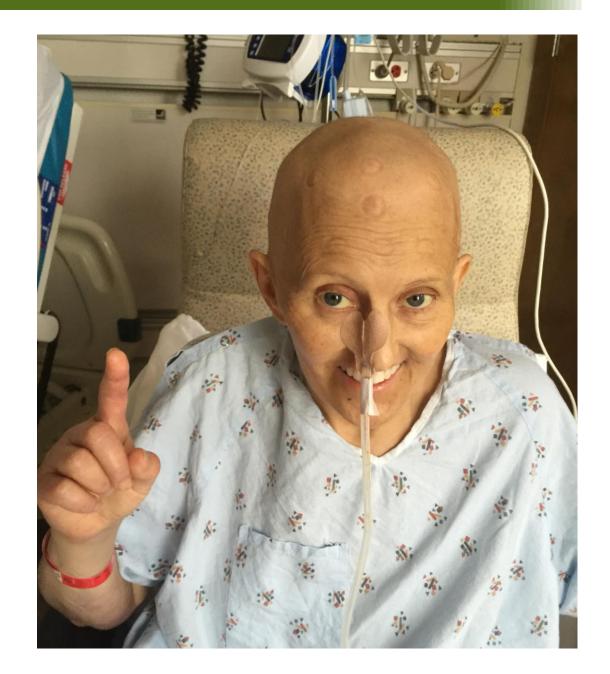
- 1st round of chemo
- Tolerated well.
- Remission(Almost)





- 2nd round of chemo
- Heart, liver, lungs
- 3 ICU and intubations
- Remission

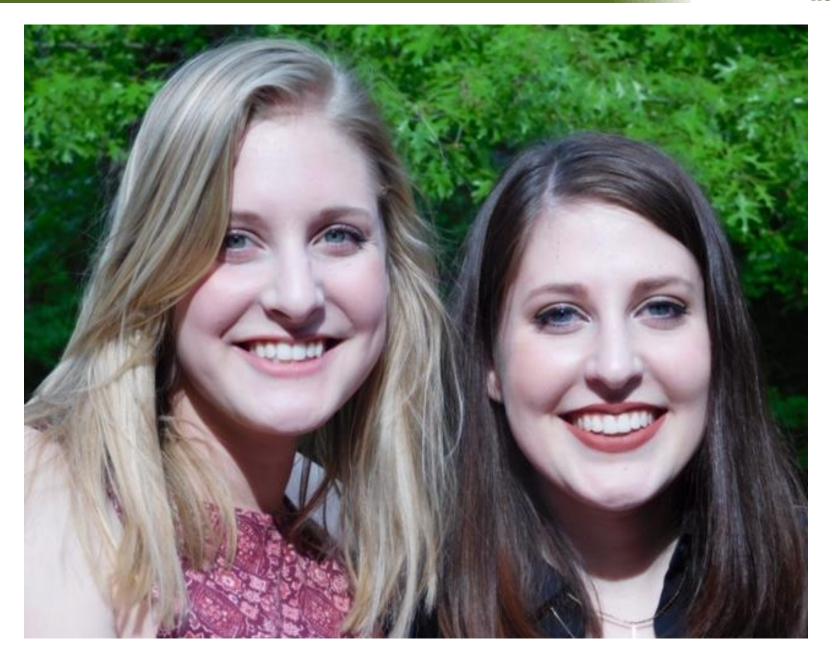


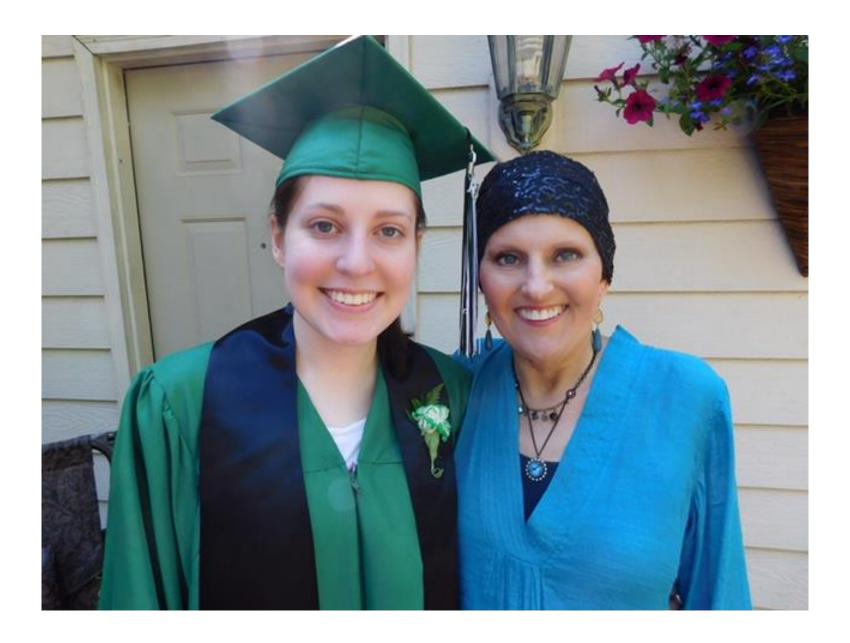






- Recurrence
- 15 Minutes







In loving Memory of Maren M. Mayo



Oct. 23, 1968 - June 7, 2016



- Hospice allowed
- Be a Husband and Father
- Be at home with my wife where she was most comfortable
- My wife to be surrounded by those she loved to the end
- Bereavement



Considerations

- How do we approach end of life issues in a medicalized society? Quantity vs Quality
- How is hospice is part of the continuum of care?
- What are some misconceptions regarding hospice care?
- What are some benefits of hospice care for patients and caregivers?
- In retrospect what are the missed opportunities for hospice?
- What if hospice was a pill?



"I'm not sure what these are, but take them for a couple of weeks and let me know how you feel."



Wellness

Little things can impact others without you knowing

Being open to the acceptance of the gift of help.

The gift of counseling

Happiness vs Joy



What
matters in
life often are
not the
things
planned out
for months
but the
experiences
we live
breath by
breath

https://www.ted.com/talks/drew_dudley_ever
yday_leadership?language=en



Grief



- Grief and love are two sides of the same coin
- They are a symbiotic dichotomy
- Without one the other does not exist



"They both listened silently to the water, which to them was not just water, but the voice of life, the voice of Being, the voice of perpetual Becoming."

— Hermann Hesse, <u>Siddhartha</u>



How we approach death is one of the most important factors in the line of human endeavor.



