Welcome & Overview
Welcome to the inaugural issue of YaleCares! This monthly newsletter will be distributed by email, and is printable for posting or distribution in hard copy. In the near future we hope to announce the online “home” for YaleCares archives.

YaleCares is one of multiple new initiatives in Connecticut designed to promote and advocate for palliative care. We hope that YaleCares will contribute to and support a community of interest among clinicians at Yale, throughout the state, and beyond. The newsletter will provide news, links to relevant sites, alerts about pain-related journal articles, clinical features and other information that you can use in your clinical practice and in patient and clinical education.

YaleCares is a project of the Yale Cancer Center. We welcome feedback, suggestions and contributions of articles and announcements. Address comments and inquiries to Tom Quinn, APRN, AOCN [tquinn1@partners.org] or Ken Miller, MD [kenneth.d.miller@yale.edu].

Palliative Care: What it is and isn’t
Definitions and descriptions of palliative care have been offered by a variety of entities, including the World Health Organization (WHO) and professional groups in multiple countries. Yet there remains uncertainty and confusion among both the public and health care professionals. Let’s start with some misconceptions. Palliative care isn’t:

- Just about cancer or HIV
- Just about end-of-life care
- Just about pain management
- Just about advanced disease
- Another name for hospice

Palliative care as concept and philosophy (as opposed to Palliative Care as a department or service) can potentially be delivered in any setting by any clinician who embraces it. The target populations of patients are those with potentially life-limiting conditions; palliative care can be appropriate anywhere along the disease trajectory (see diagram on page 2 of this link). The hallmark of palliative care is symptom management, whether of the underlying disease, or as the result of disease-directed treatment. The focus is not just the disease, but the person and family. Palliative care is comprehensive—necessarily and inherently an interdisciplinary endeavor, especially with complex or advanced diseases. Alleviating symptoms, (whether physical, emotional, or spiritual) that adversely affects quality of life, is the primary goal. Specialist palliative clinicians provide services through a variety of structures for patients with acute or complex needs and help to assure continuity across settings. Hospice provides palliative care to patients with limited life expectancy in a formalized delivery model.

Improving Care for Cancer Survivors
The Yale Cancer Center opened its Cancer Survivorship Clinic in November 2006, with major funding provided by the Connecticut Challenge cycling fund-raiser. Early in 2006 the Institute of Medicine (IOM) published an important report, Cancer Patient to Cancer Survivor: Lost in Transition. The report highlights the lack of defined services and infrastructure in the health care system for people who survive cancer. An increasing percentage of patients do survive, but frequently with health and emotional needs that the system has not been designed to address.

The Connecticut Challenge Survivorship Clinic provides comprehensive, multidisciplinary care to people who have completed active cancer treatment and who have physical, emotional, or social needs related to their disease or its treatment. For more information, contact Ken Miller, MD at kenneth.d.miller@yale.edu.

National Consensus Project
The National Consensus Project for Quality Palliative Care released its Guidelines two years ago to help clinicians and organizations develop or improve palliative services for all patient populations. The Guidelines address the structure and processes of care; care of the imminently dying patient; and six domains of the experience of patients with serious illness: physical, psychological, social, spiritual, cultural, and ethicolegal. The Guidelines have been endorsed or adopted by many professional organizations. They will be reviewed and revised later this year, and then presented to...
the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

**Appropriate use of opioids in EOL care**

A common fear of clinicians caring for patients with pain at the end of life is that they will unintentionally hasten death by prescribing or administering opioids for pain. Several reports have now shown that there is no evidence to support this concern. The latest—and largest—was published in the December 2006 issue of *Journal of Pain and Symptom Management*. A press release from the National Hospice and Palliative Care Organization (NHPCO) contains a link to the full-text article. The cumulative lesson from these reports is that opioid therapy, appropriately titrated to the full needs of the patient, does not hasten death.

**Also in the literature . . .**

There is a growing interest in applying palliative care principles to people with Parkinson’s disease.


**The unexpected**

Sometimes palliative care gems come at unexpected times. NPR has a recent series called Hospice Chronicles—short stories about people and their caregivers. Enter ‘Hospice chronicles’ in the search window, top of the NPR web page.

**Networking**

Both specialists and non-specialists can network and consult on thorny clinical, ethical, or philosophical issues with colleagues nation wide and world wide. Web-based and e-mail discussion boards are modern variations on the venerable “curbside consult.” For learning clinical pearls, getting help with a specific patient, or sharing resources, check these excellent sites that don’t require society membership (the first two require free registration)

- [http://www.growthhouse.org/](http://www.growthhouse.org/) (see ‘Professional Forums’)
- Also check out the blog, Pallimed [http://pallimed.blogspot.com/index.html](http://pallimed.blogspot.com/index.html)

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**Education for Palliative Care**

- **ACE Project: Advocating for Clinical Excellence - Transdisciplinary Palliative Care Education**
  This NCI-funded study seeks to enhance the advocacy and leadership skills of competitively-selected psychologists, social workers and spiritual care professionals through an innovative transdisciplinary educational experience. Course 1- June 12-15, 2007 (App. deadline Jan 31, 2007); Course 2- Oct 23-26, 2007 (App deadline Mar 15, 2007). Contact Maren Spolum at (626) 256-4673 Ext. 63941 or ACEproject@coh.org.
- The **EPEC** (Education in Palliative and End-of-Life Care) curriculum has been revised and is available online. There are 17 modules available for $30 each and awarding 1 CME for each. [http://epec.net/EPEC/webpages/index.cfm](http://epec.net/EPEC/webpages/index.cfm)
- **Coordinating Care at the End of Life: The Role of Hospice**
  The American Hospice Foundation announces a new electronic (CD-ROM) CE course with contact hours for nurses, social workers and case managers. Contact Marsha Nelson, at 202-223-0204, Ext. 206 or mnelson@americanhospice.org. ([http://www.americanhospice.org/news/SelfStudy.htm](http://www.americanhospice.org/news/SelfStudy.htm))

**Palliative Care Calendar**

**Visiting Professorship and Palliative Care Conference:**

Michael Levy, MD, Director of the Palliative Care Service at Fox Chase Cancer Center will be the first Palliative Care Visiting Professor at Yale Cancer Center on January 9-11, 2007. During his visit he will provide the keynote address and additional presentations at a 2-day conference to be held at YNHH, Demanding Excellence in Hospice/ Palliative Care.

CME and CNE are available. The conference brochure is an attachment to the e-mail that brought you *YaleCares*. For more information on the palliative Care Visiting Professorship, contact Ken Miller, MD at kenneth.d.miller@yale.edu.

**Supportive Care Rounds**

Keep alert to announcements of Supportive Care Rounds, to be schedule periodically during 2007. For more information, contact Ken Miller, MD at kenneth.d.miller@yale.edu.

**“Health Care Representative”**

A new Connecticut law regulating advance directives went into effect on October 1, 2006. The new law consolidates previous statutes. For example, a single “Health Care Representative” now combines ‘health care agent’ and ‘durable power of attorney for health care decisions.’ Advance directives in place prior to Oct 1 are still valid. Individuals & health care institutions will need to follow the new statute effective Oct 1. A workshop on the new law will be held Jan 10 at 5:30pm at the Yankee Silversmith Inn in Wallingford. To register, contact Marlo Bish at 860-365-0220.

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**The Yale Cancer Center is a National Cancer Institute designated Comprehensive Cancer Center.**

To subscribe to YaleCares, send an e-mail to tquinn1@partners.org.