

The Role of the Family Physician in Providing End-of –Life Care to Elderly Patients

ESSAY

Submitted for Partial Fulfillment of the Requirement for
M.Sc. Degree in Family Medicine

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2008

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

(وَمَا أُوتِيتُمْ مِّنَ الْعِلْمِ إِلَّا قَلِيلًا)

صدق الله العظيم

(سورة الإسراء آية ٨٥)

ACKNOWLEDGEMENT

First of all, I would like to thank God for his grace and mercy and for being surrounded by a loving, supporting family.

I would like to express my deepest gratitude to *Dr. Mohammed Ibrahim Sheta*, professor of Internal Medicine and Head of Family Medicine Department; Cairo University, for his support and encouragement.

I would like to express my sincere gratitude to *Dr. Mohammed Yousri Abd Elmohsen*, professor of Psychiatry; Cairo University, for his encouragement and kindness.

I would like to express my deepest gratitude and respect to *Dr. Eman Ahmed Rushdy*, assistant professor of Internal Medicine; Cairo University, for her supervision and great effort during the preparation of this work.

ABSTRACT

We are entering the era of the “graying of populations”. This means an increase in the magnitude of the elderly group and terminal illness. Death is an inevitable event, but the physical, psychological and social burdens accompanying death can be prevented. Family physicians, being an integral part of the family, will come in close contact with dying patients. Their unique knowledge, attitudes and skills will enable them to provide comprehensive compassionate care to the whole family.

Key words: elderly- care at the end of life- terminal illness- palliative care- family physician.

LIST OF ABBREVIATIONS

| | |
|---------------------------|---|
| • AIDS: | Acquired Immune Deficiency Syndrome |
| • A/D: | antihistamine decongestants |
| • AAFP : | American Academy of Family Physicians |
| • Ach_m: | Muscarinic cholinergic receptor |
| • ACS: | anorexia/cachexia syndrome |
| • ADL: | Activities of daily living |
| • ALS: | Amyotrophic Lateral Sclerosis |
| • b.i.d: | <u>twice a day</u> |
| • BIA: | Bioelectric impedance analysis |
| • BIPAP: | Biphasic Positive Airway Pressure |
| • BPI: | Brief Pain Inventory |
| • CAD: | Coronary artery disease |
| • CAPMAS: | Central Agency for Public Mobilization and Statistics |
| • Caps.: | Capsule |
| • CBT: | cognitive-behavioral therapy |
| • CHF: | Congestive heart failure |
| • CINV: | chemotherapy-induced nausea and vomiting |
| • COPD: | chronic obstructive pulmonary disease |
| • COX: | Cyclooxygenase |
| • CSCI: | Continuous subcutaneous infusion |
| • CT scans: | computed tomography scans |
| • CTZ: | Chemoreceptor trigger zone |
| • CWV: | chest wall vibration |
| • D2 receptor: | Dopamine type 2 receptor |
| • DM: | Diabetes mellitus |
| • DSM-IV: | Diagnostic and Statistical Manual for Mental Disorders, 4th Edition |
| • ECT: | Electroconvulsive therapy |
| • EMR: | Eastern Mediterranean Region |
| • EMRO: | Eastern Mediterranean Regional Office |

| | |
|---------------------------|---|
| • ESRD: | End-stage renal disease |
| • FDA: | U.S. Food and Drug Administration |
| • FEV₁: | Forced expiratory volume in one second |
| • FVC: | Forced vital capacity |
| • GI: | Gastrointestinal |
| • GP: | General practitioners |
| • GPM: | Geriatric Pain Measure |
| • H1 receptor: | Histamine type 1 receptor |
| • HIV: | Human Immunodeficiency Virus |
| • I.M: | Intramuscular |
| • I.V: | Intravenous |
| • i/r: | immediate release |
| • IASP: | International Association for the Study of Pain |
| • ICU: | Intensive care unit |
| • IPPV: | Intermittent Positive Pressure Ventilation |
| • kPa: | kilopascal |
| • LTOT: | Long term oxygen therapy |
| • m/r: | modified release |
| • MA: | megestrol acetate |
| • MIO: | Malignant intestinal obstruction |
| • MIP: | Maximal inspiratory pressure |
| • MAOIs: | Monoamine oxidase inhibitors |
| • MPQ: | McGill Pain Questionnaire |
| • MS: | Multiple sclerosis |
| • MSRMC: | Organic Mood Syndromes or Mood Syndromes Related to Medical Condition |
| • NA: | Not available |
| • NCCN: | National Comprehensive Cancer Network |
| • NCI: | National Cancer Institute |
| • NICE: | National Institute for Clinical Excellence |
| • NICHP: | National Information Center for Ministry of Health and Population |
| • NIV: | Noninvasive ventilation |

| | |
|-------------------------------|--|
| • NK-1 RAs: | Neurokinin-1 Receptor Antagonists |
| • NMDA antagonists: | N-methyl d-aspartate receptor antagonists |
| • NMES: | neuro-electrical muscle stimulation |
| • Nocte: | Omne Nocte = every night |
| • NPO: | Nil per os (nothing through the mouth) |
| • NSAIDs: | Nonsteroidal anti-inflammatory drugs |
| • NYHA classification: | New York Heart Association classification |
| • OTFC: | Oral transmucosal fentanyl citrate |
| • PMP: | Per Million People |
| • p.o: | Per oral |
| • p.r.n.: | Pro re nata= as needed |
| • PD: | Parkinson's Disease |
| • PEG : | Percutaneous Endoscopic Gastrostomy |
| • PEJs: | Percutaneous endoscopic jejunostomy tubes |
| • PHT: | Pulmonary hypertension |
| • q.d.s (or qid): | 4 times a day. |
| • QOL: | Quality of life |
| • RCT: | Randomized controlled trial |
| • RT: | Radiotherapy |
| • S.C.: | Subcutaneous |
| • SGA questionnaire: | Subjective global assessment questionnaire |
| • SSRIs: | selective serotonin reuptake inhibitors |
| • SUPPORT: | Study to Understand Prognoses and Preference for Outcomes and Risks of Treatment |
| • SVC: | Superior vena cava |
| • SVCO: | Superior vena cava obstruction |
| • t.i.d: | Three times a day |
| • TCAs : | Tricyclic antidepressants |
| • TENS: | Transcutaneous electrical nerve stimulation |
| • UNICEF: | United Nations Children's Fund |
| • VC: | Vomiting center |

LIST OF IMPORTANT DEFINITIONS

Elderly

Conventionally, “elderly” has been defined as a chronological age of 65 years old or older, while those from 65 through 74 years old are referred to as “early elderly” and those over 75 years old as “late elderly.” (Orimo et al., 2006)

Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patient’s illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

(WHO, 2002)

Hospice

Hospice is a philosophy of care that recognizes that the disease is not curable, that time is limited to months at best and that symptom control and quality of life are preeminent goals. In this paradigm, all interventions and therapies must have immediate, tangible benefit to the patient and family, consistent with their personally defined goals. Hospice views death as an expected outcome within a discrete time frame. It offers a support system to patients, families, and professionals that affirms the outcome of death not as failure, but its heralded approach as opportunity to maximize quality so that the patient might live well until death. **(Twaddle, 2007)**

Terminal Illness

An individual is considered to be terminally ill if the medical prognosis is that the individual's life expectancy is six months or less if the illness runs its normal course. **(Medicare Benefit Policy Manual, 2004)**

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