

Rehabilitation Medicine and Palliative Care Collaboration for Honoring Patient-Centered Goals Following Glioblastoma Resection



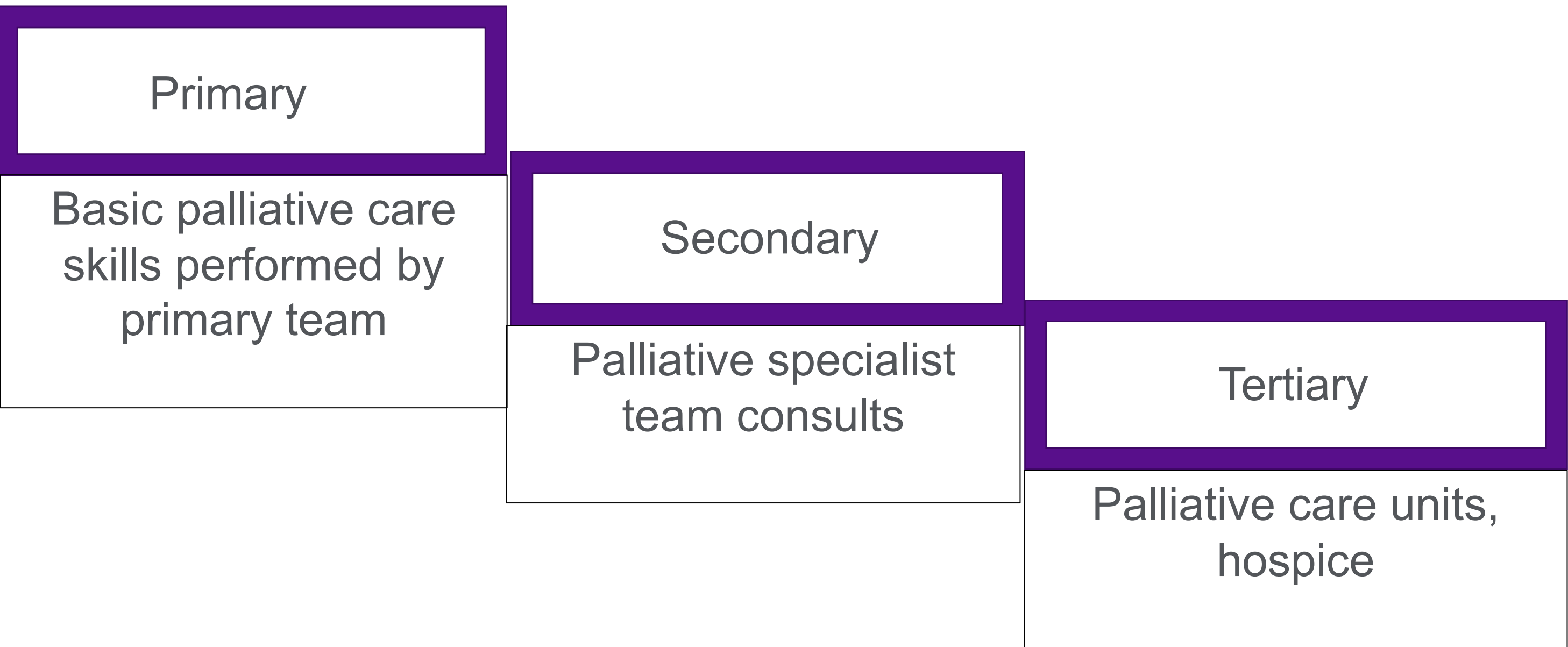
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Case Description

- 83-year old female presented after being found at home with hemiparesis and confusion
- Imaging revealed a frontal mass
- Pathology was consistent with glioblastoma multiforme
- Patient was transferred to acute inpatient rehabilitation unit
- Course was complicated by frequent refusal of care as the patient preferred more natural treatments, some of which aligned with her prior actions and statements regarding healthcare
- Palliative care facilitated a goals of care meeting with her healthcare proxy and providers
- The palliative care consultant used a REMAP type discussion (3, see center panel) in addressing goals of care with the family and the patient to address goals of care
- Prognosis was weeks to months with radiations
- Patient lacked capacity, but expressed preference to return home without treatment
- Communication between physiatry, palliative care, healthcare proxy and patient continued in order to understand her wishes while avoiding her causing immediate self harm
- After exploration of her wishes and disposition options, she was discharged to a subacute rehabilitation facility with a hospice unit to focus on safe care and quality of life

Levels of Palliative Care



Adapted from reference 2

Transitions/Goals of Care

Addressing Goals of Care: Using the REMAP tool

We designed this talking map to give you a just-in-time route through a complex conversation. Think of it as a series of signposts—you might find that not all apply to a particular patient.

Step	What you say or do
1. Reframe why the status quo isn't working.	You may need to discuss serious news (eg a scan result) first. "Given this news, it seems like a good time to talk about what to do now." "We're in a different place."
2. Expect emotion & empathize.	"It's hard to deal with all this." "I can see you are really concerned about [x]." "Tell me more about that—what are you worried about?" "Is it ok for us to talk about what this means?"
3. Map the future.	"Given this situation, what's most important for you?" "When you think about the future, are there things you want to do?" "As you think towards the future, what concerns you?"
4. Align with the patient's values.	As I listen to you, it sounds the most important things are [x,y,z].
5. Plan medical treatments that match patient values.	Here's what I can do now that will help you do those important things. What do you think about it?
EXTRA: Expect questions about more anticancer treatment.	Here are the pros and cons of what you are asking about. Overall, my experience tells me that more chemo would do more harm than good at this point. It's hard to say that though.
EXTRA: Talk about services that would help before introducing hospice	We've talked about wanting to conserve your energy for important things. One thing that can help us is having a nurse come to your house to can help us adjust your medicines so you don't have to come in to clinic so often. The best way I have to do that is to call hospice, because they can provide this service for us, and more.
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Discussion

- Glioblastoma multiforme is an aggressive primary brain neoplasm with high mortality (1)
- Given the poor prognosis and negative effects on quality of life, it is important to address the goals of care for patients with this diagnosis
- Both physiatry and palliative care seek to optimize a patient's quality of life by addressing physical, emotional, and psychosocial factors
- Given the scarcity of palliative care training amongst physiatrists and access to specialist palliative care in acute rehabilitation settings, the REMAP tool is a useful guide for physiatrists in addressing goals of care through a primary palliative care delivery lens
- This case highlights an effective collaboration between palliative care and physiatry in regards to understanding a patient's wishes for care and ultimate disposition planning that honored these wishes

Take Away Points

- Addressing goals of care is an essential component in the care of patients with serious illness, and can be accomplished in the acute inpatient rehabilitation setting using a patient/family centered team-based approach
- Early palliative care consultation for patients being admitted to an acute inpatient rehabilitation unit may be beneficial for determining goals of care and for aiding in disposition planning
- This case highlights how palliative care can be performed at multiple levels (2), in this case primary and secondary palliative care, and that multiple levels can benefit a patient through collaborative care

References

- 1. Tykocki T and Eltayeb M. Ten-year survival in glioblastoma. A systematic review. *J Clin Neurosci* 54:7-13, 2018.
- 2. Weissman D and Meier D. Identifying patients in need of a palliative care assessment in the hospital setting: a consensus report from the Center to Advance Palliative Care. *J Palliat Med* 14(1):17-23, 2011.
- 3. VitalTalk. Transitions/Goals of Care. From <https://www.vitaltalk.org/guides/transitionsgoals-of-care/>, accessed 01/26/2021