



Palliative Care Consultation Service in Psychiatric Inpatient Units, a Pilot Program and Case Report



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Learning Objectives

- Understand the importance of providing palliative care services for psychiatric patients, especially those on inpatient units.
- Identify psychiatric patients that may benefit from palliative care.
- Define palliative psychiatry and understand how it may differ from traditional palliative care.

Background

- Psychiatrists often encounter patients at the end of life or with complicated medical comorbidities, yet palliative care has traditionally played a limited role in psychiatric treatment.¹
- The field of psychiatry often operates with curative goals in mind and may benefit from a shift toward alleviation of suffering and improvement in quality of life.²
- A case series in Switzerland identified the need for palliative care consultation within a large psychiatric hospital.¹
- Patients with severe, persistent mental illness (SPMI) may particularly benefit from palliative treatment.³
- Palliative Psychiatry is a field growing in interest, raising the question of whether we need a new definition for palliative care in the context of mental illness.²

Our Veteran

The palliative care consult service met with a 60 year old man with advanced stage 4 liver carcinoma for which he did not wish to receive any curative treatment. He was experiencing severe and chronic pain while he was admitted psychiatrically for alcohol detoxification. Prior to admission, he was homeless with chronic, heavy, daily alcohol consumption and difficulty managing in the community. He was initially hesitant to stop drinking because he used alcohol to treat his pain. In the outpatient setting his PCP, gastroenterologist, and oncologist were unwilling to prescribe opiate medications due to his alcohol consumption and unstable living situation. His initial end of life goals were to “be happy and drink until I die from cancer.” This individual became amenable to considering alcohol cessation after discussing pain management, for which the palliative care service was consulted. Their recommendations were implemented with good effect; optimized pain control subsequently improved his mood, sleep, and appetite, and he ultimately continued on with substance use treatment.

Defining Palliative Psychiatry

- Approach to care that emphasizes improving quality of life for patients dealing with problems related to “life-threatening” SPMI.
- Focus deviates from the curative approach typical for today’s psychiatry practice, instead concentrating on prevention and relief of suffering.
- Palliative psychiatry also emphasizes harm reduction and aims to minimize the burden of interventions with uncertain impact. Trachsel et al. (2016) further delineate the features of palliative psychiatry, summarized below:



Principles of Palliative Psychiatry³

Supportive – Supports patients to cope with and accept distressing psychiatric symptoms, offers support systems to patients and families to help them cope with SPMI and to live an active life until death

Affirmative – Affirms life while acknowledging possibility of no cure, neither hastens nor postpones death

Integrative – Incorporates aspects of physical, psychological, social, and spiritual wellness into treatment plan

Team-Based – Emphasizes the importance of a multi-disciplinary approach to addressing patient needs

Quality – Aims to enhance quality of life and also to positively affect the course of illness in SPMI

Applicable – Utilized in context with other treatment modalities for the purpose of prevention, curation, rehabilitation, and recovery

Pilot Palliative Care Consultation Service

- Similar to many psychiatric hospitals, no specific palliative care services existed within the current model.
- The palliative care consultations were considered by the attending physician for patients who suffered from life-limiting illness.
 - The problems focused upon, but were not limited to, severe or distressing physical symptoms; disease processing; or difficult personal, social, family or professional situations for a patient related to a terminal or life-limiting illness.
- The consultation requests were promptly processed, and if appropriate, the patients were evaluated.
- Treatment plans were discussed directly with the patient and the respective inpatient psychiatrist prior to implementation.
- As the program expands, we plan to provide inpatient psychiatrists with a brief introduction to the palliative care consultation service as well as the goals of care.

Discussion

This case report begins to elucidate the potential benefits of a palliative care consultation service offered to patients being treated on an inpatient psychiatric unit. These findings are consistent with findings by Etgan (2020), which established the need for palliative care in the psychiatric hospital setting. Etgan (2020) highlighted that, initially when implementing the palliative care consultation service, there were only two consultations placed. However, in the second year of the palliative care consultation service, there were eighteen consultations placed, which highlights the importance of educating providers on the role of a palliative care consultation service within the psychiatric hospitalization setting. Given the observed utility and positive response, the pilot palliative care consultation service has continued to expand. Nonetheless, further education and interdisciplinary communication will be essential in the growth of the service in the inpatient psychiatric service. This consultation service may also serve to facilitate the establishment and expansion of a palliative psychiatry service for patients with severe mental illness.

Conclusion

This case report provides initial insight into the utility and role of a palliative care consultation service in the psychiatric hospitalization setting. Further research is needed to fully elucidate the benefits and challenges of a palliative care consultation service offered to inpatient psychiatric patients.

References

1. Etgan, T. Case series of introducing palliative care consultation in psychiatry. *Palliative Medicine* 2020;34(5):680-683. DOI: 10.1177/0269216319901241
2. Lindblad, A, Helgesson, G, Sjostrand, M. Towards a palliative care approach in psychiatry: do we need a new definition?. *Journal of Medical Ethics* 2019;45:26-30. DOI: 10.1136/medethics-2018-104944
3. Trachsel, M, Irwin, SA, Biller-Andorno, N, Hoff, P, Riese, F. Palliative psychiatry for severe persistent mental illness as a new approach to psychiatry? Definition, scope, benefits, and risks. *BMC Psychiatry* 2016;16:260. DOI: 10.1186/s12888-016-0970-y