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.

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:

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<th>Supportive</th>
<th>Affirmative</th>
<th>Integrative</th>
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<td>Team-Based</td>
<td>Quality</td>
<td>Applicable</td>
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Principles of Palliative Psychiatry
- 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, cure, rehabilitation, and recovery.

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 active life until death.

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 setting. 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

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