

Identification of Patients with Palliative Care Needs in Internal Medicine Wards: A Challenge

Olimpia Martins*

Internal Medicine Department, Tâmega e Sousa Hospital Centre, S. Gonçalo Hospital, Amarante, Portugal

DESCRIPTION

In a recent study were presented the results of the Palliative Care Screening Tool (PCST) application regarding a group of patients, over 60 years, admitted to an Internal Medicine ward over a three-month period, identifying and characterizing them with palliative needs [1].

Although many individuals with chronic diseases, in advanced stages, need Palliative Care (PC), they can't easily have effective access to this type of specialized follow-up. This happens because the preferential indication for PC is for cancer patients and the late referral of individuals, mainly at the terminal phase of their lives. Furthermore, it's even harder to acknowledge palliative needs in patients with non-cancer pathologies, which limits their access to PC.

Identifying patients with palliative care needs becomes a challenge in clinical practice. The criteria for terminality in non-cancer diseases are based on the criteria of advanced disease, such as organ insufficiencies and neuro-degenerative diseases. In the elderly, functional deterioration is the most reliable predictive index of poor outcome and mortality, regardless of clinical diagnoses [2].

This can be assessed using various instruments, namely the Karnofsky index and PPS (Palliative Performance Scale) and ECOG (Eastern Cooperative Oncology Group) [3-6].

In this study, using the PCST in that period of analysis, it was concluded that from the 288 evaluated patients who had inclusion criteria, 54% patients needed PC.

This result is in line with the Portuguese Observatory of PC, according to which 50% of the patients admitted to public hospitals have palliative needs.

In a cross-sectional study carried out in a single day at a University hospital in Norway, 36.5% of patients were identified in need of CP [7]. In another study in the United Kingdom (Royal Hallamshire Hospital) 23% of patients needed CP [8].

The present study has clearly demonstrated the existence of a high number of patients eligible for palliative care admitted to

an Internal Medicine service. This is a complex population with specific assistance needs. Recognizing these patients is essential to avoid unnecessary consumption of health resources, prolonged hospitalizations, and readmissions, providing them a better quality of life or comfort [1].

It is urgent that acute hospitals ensure that the patients palliative needs are identified and ensured, and that Internists receive specialized training so that the paradigm of treatment can be changed, since so far it is focused on curing the disease instead of the intervention in suffering focused on the patient. So, besides the early identification of patients with palliative needs, the knowledge of healthcare professionals may change the care towards these patients, their hospitalization and the place of death.

Although Internists are the most suitable doctors to assume the treatment of elderly patients, with multi morbidities and greater complexity, it is essential to get specific training in Palliative Medicine.

REFERENCES

1. Martins O. Identification of patients admitted to an internal medicine service in need of palliative care. *Internal SocPortMed*. 2020; 27: 131-8.
2. Applegate WB, Blass JP, Williams TF. Instruments for the functional assessment of older patients. *N Engl J Med*. 1990; 322: 1207-14.
3. Stern R. A need for a palliative care program among hospitalized patients in the departments of internal medicine. *Arch Intern Med*. 2006; 166: 149-50.
4. Alonso BA, Gonzalez BM. Measures of functional capacity in: Clinical assessment in cancer patients. Madrid: Editorial Médica Panamericana. 2006. 1-16.
5. Maas EA, Murray SA, Engels Y, Campbell C. What tools are available to identify patients with palliative care needs in primary care: A systematic literature review and survey of European practice. *BMJ Support Palliat Care*. 2013; 3: 444-51.
6. Hight G, Crawford D, Murray SA, Boyd K. Development and evaluation of the Supportive and Palliative Care Indicators Tool (SPICe): A mixed-methods study. *BMJ Support Palliat Care*. 2014; 4: 285-90.

Correspondence to: Olimpia Martins, Internal Medicine Department, Tâmega e Sousa Hospital Centre, S. Gonçalo Hospital, Amarante, Portugal, E-mail: olimpiagmartins@hotmail.com

Received: June 09, 2021; **Accepted:** June 23, 2021; **Published:** June 30, 2021

Citation: Martins O (2021) Identification of Patients with Palliative Care Needs In Internal Medicine Wards: A Challenge. *Gen Med (Los Angeles)*. 9: 340.

Copyright: © 2021 Martins O. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

7. Sigurdardottir K, Haugen D. Prevalence of distressing symptoms in hospitalised patients on medical wards: A cross sectional study. *BMC Palliat Care*. 2008; 23: 7-16. 28.
8. Gott CM, Ahmedzal SH, Wood C . How many inpatients in an acute hospital have palliative care needs? comparing the perspectives of medical and nursing staff. *Palliat Med*. 2001; 15: 451-60.