

ACADEMY OF SPINAL CORD INJURY PROFESSIONALS



The Challenges of Palliative Care Discussions in the Setting of Acute Inpatient Rehabilitation

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Background

- Goals of care and end of life discussions are uncommon within an acute inpatient rehabilitation facility (IRF) setting.
- Average life expectancy for patients with spinal cord injury (SCI) remains significantly below individuals without SCI. ^{1,2}
- In the last three decades, there has been no statistically significant change in life span, ³ which is not matching the rate of increase for those without SCI. ⁴
- There are few studies focusing on goals of care discussions and advance care directives for patients with long-standing physical disability, like SCI. ⁵

Case Study

- 69-year-old female with chronic C3 AIS B tetraplegia
- Hospitalized for pneumonia leading to new ventilator-dependence, admitted to an acute IRF for ventilator liberation.
- Prolonged need for tracheostomy prevented her from returning to prior living situation. 8 month stay included:
 - Diagnoses of heart failure, liver cirrhosis, and hepatocellular carcinoma
 - Requirement of thoracenteses, paracenteses, and diuretics for volume overload
 - A heel wound, osteomyelitis requiring a lower extremity amputation
- Rehabilitation team began goals of care (GOC) discussions

Reaction and Concerns

An ethics consult and team debrief took place about issues discussed below.

General Team Distress

Emotionally attached to patient, upset about decline

Conflict between spending time with her vs other patients

Continuing treatments that could be considered "futile"

Limited Knowledge of Palliative Care and/or Hospice

"What's my responsibility?"

"I'm not trained to do this."

"Is she dying?"

Context of Rehabilitation Hospital Stay

Limited rehab goals

Long stay without end in sight

Billing/documentation

Discussion

- Acute rehabilitation often caters to younger, healthier individuals and patients that are not "typical" can be challenging.
- The entire hospital is affected by an unexpectedly long length of stay (emotionally, logistically, systematically)
- More education/training may be helpful in defining palliative care, hospice, advance care planning.
- Team debriefs or getting an outside perspective (ex. ethics consult) is helpful in processing complex cases.

Conclusions

- Palliative care discussions can be difficult within an acute inpatient rehabilitation stay. A team debrief and an ethics consult was an effective way to create rehabilitation team cohesion and address concerns.

References

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