

Palliative Care for Patients with Severe Persistent Mental Illness (SPMI)

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Closing Symposium on SAMS Funding Program “Research in Palliative Care”

Kursaal Bern, 21. November 2019

Funders

SAMS  Swiss Academy
of Medical Sciences

Gottfried & Julia
Bangerter-Rhyner
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Relation of psychiatry and palliative care

Three situations:

- 1) The «somatic» palliative patient develops psychiatric symptoms
- 2) The mentally ill patient gets «somatically» palliative
- 3) **The mentally ill patient gets «psychiatrically» palliative**

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THE LANCET Psychiatry

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ReH THELANCETPSYCH-D-15-00801
S2215-0366(16)00005-5
LINKED TO:

Palliative psychiatry for severe and persistent mental illness

Despite all of psychiatry's efforts to prevent mental illness and to promote recovery, some patients will develop severe and persistent mental illness (SMI). These patients represent a particularly vulnerable population, at risk of either therapeutic neglect or overly aggressive care. We propose a complementary approach in the treatment of SMI; palliative psychiatry, as a means to improve quality of care, person-centeredness, and autonomy for SMI patients.

are controversial on a much more fundamental level: can we agree that there is fatal mental illness in those disorders for which our current treatment attempts are burdensome and ultimately futile?

In our experience, cases of mental illness where futility is discussed inevitably divide the involved health care professionals, patients, and families. Psychiatry has no specific offer for these patients. There is no consensus on best practice, nor are there specialised services. Eventually, some of these patients receive palliative care and die in a medical setting.⁵ In the worst case scenario, care is determined by insurance

System, University of California, San Diego CA, USA (SAI); Psychiatric University Hospital Zurich, Zurich, Switzerland (PH); University Research Priority Program: Dynamics of Healthy Aging, University of Zurich, Zurich, Switzerland (FR)

- 1 Billings JA, Block SD. Integrating psychiatry and palliative medicine: the challenges and opportunities. In: Chochinov HM, Breitbart W, eds. *Handbook of psychiatry in palliative care*. New York, New York: Oxford University Press, 2009: 13-19.
- 2 Fairman N, Irwin SA. Palliative care psychiatry: update on an emerging dimension of psychiatric practice. *Curr Psychiatry Rep* 2013; 15: 374.
- 3 Strang J, Groshkova T, Uchtenhagen A, et al. Heroin on trial: systematic review and meta-analysis of randomised trials of diamorphine-prescribing as treatment for refractory heroin addiction. *Br J Psychiatry* 2015; 207: 5-14.
- 4 Trachsel M, Wild V, Krones T, Biller-Andorno N. Compulsory treatment in chronic anorexia nervosa by all means? Searching for a middle

Manuel Trachsel, Scott A. Irwin, Nikola Biller-Andorno,
Paul Hoff, & Florian Riese (2016)

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DEBATE

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Palliative psychiatry for severe persistent mental illness as a new approach to psychiatry? Definition, scope, benefits, and risks

Manuel Trachsel^{1,3*} , Scott A. Irwin^{2,3}, Nikola Biller-Andorno¹, Paul Hoff⁴ and Florian Riese^{4,5}

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Relation of psychiatry and palliative care

Starting point

- Widespread lack of interest for end-of-life issues in psychiatry
- Widespread lack of interest for somatic illnesses in psychiatry
- Not many palliative care psychiatrists worldwide

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Lacking end-of-life discussion in psychiatry?

- The issue of **suicide** is **often** discussed in psychiatry.
- **Suicide prevention** is a traditional main goal of psychiatry.
- **Death and dying** in a wider sense are **rarely** discussed in psychiatry and there is not much literature.
- There exist to date only **marginal inclusion of palliative approaches** in psychiatry.

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Why is palliative care in psychiatry important?

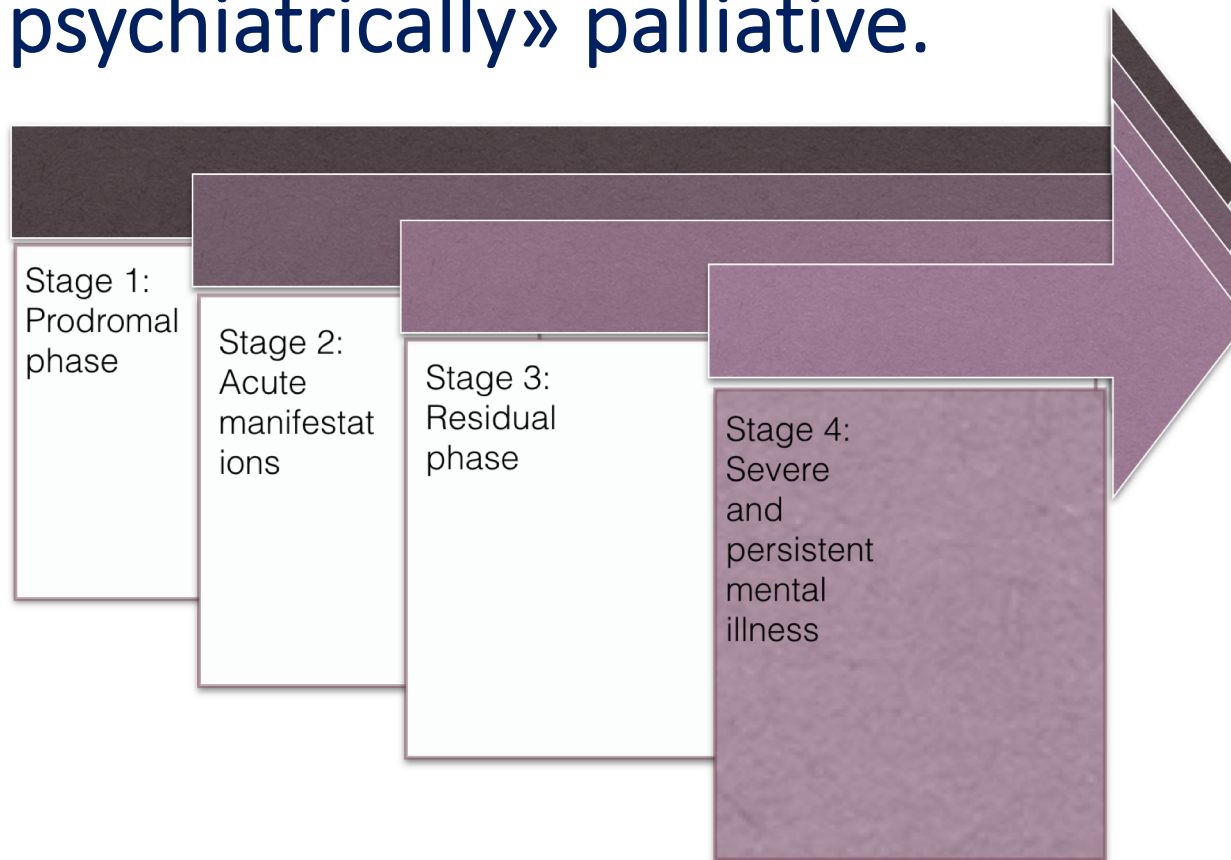
- one fifth of all patients with **major depressive disorder** fail to respond to several steps of adequate treatment trials ([Rush, et al. 2006](#))
- 10-30 percent of patients diagnosed with a **schizophrenia** show little or no response to antipsychotic treatment ([Hasan, et al. 2012](#))
- High mortality rates for some mental illnesses (e.g., 5-6 percent for **anorexia nervosa** patients) ([Arcelus et al. 2011](#))
- Mental disorders are among the most substantial causes of death worldwide (14.3% attributable to mental disorders) ([Walker et al. 2015](#))

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The mentally ill patient gets «psychiatrically» palliative.



see, for example, Cosci & Fava (2013)

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Target group for palliative approaches in psychiatry

Severe and Persistent Mental Illness (SPMI)

Examples:

- Maintenance heroine substitution
(Strang et. al., 2015)
- Clozapine-resistant schizophrenia
(Miyamoto, Jarskog, & Fleischhacker, 2015)
- Severe and persistent anorexia nervosa
(Touyz, & Hay, 2015)

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Criterion for palliative approaches in psychiatry: medical futility

CASE REPORT

Medical Futility and Psychiatry: Palliative Care and Hospice Care as a Last Resort in the Treatment of Refractory Anorexia Nervosa

Amy Lopez, LCSW*
Joel Yager, MD
Robert E. Feinstein, MD

ABSTRACT

Objective: The concept of medical futility is accepted in general medicine, yet little attention has been paid to its application in psychiatry. We explore how medical futility and principles of palliation may contribute to the management of treatment refractory anorexia nervosa.

Method: We review the case of a 30-year-old woman with chronic anorexia nervosa, treated unsuccessfully for several years.

Results: Ongoing assessment, including ethical consultation, determined that further active treatment was unlikely to resolve her condition. The patient was referred for palliative care and hospice care, and ultimately died.

Discussion: Although circumstances requiring its use are rare, palliative care may play a role in the treatment of long suffering, treatment refractory patients. For poor prognosis patients who are unresponsive to competent treatment, continue to decline physiologically and psychologically, and appear to face an inexorably terminal course, palliative care and hospice may be a humane alternative. © 2009 by Wiley Periodicals, Inc.

Keywords: anorexia nervosa; palliative care; hospice; medical futility; eating disorders

(Int J Eat Disord 2010; 43:372–377)

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Criterion for palliative approaches in psychiatry: medical futility

- 1) poor **prognosis**
- 2) **unresponsive** to competent treatment
- 3) continue to **decline** physiologically and psychologically
- 4) appear to face an inexorably **terminal course**

(Lopez, Yager & Feinstein, 2010)

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RESEARCH ARTICLE

Open Access

Acceptability of palliative care approaches for patients with severe and persistent mental illness: a survey of psychiatrists in Switzerland



Manuel Trachsel^{1*†} , Martina A. Hodel^{1†}, Scott A. Irwin², Paul Hoff⁴, Nikola Biller-Andorno¹ and Florian Riese³

- Survey among 1311 German speaking psychiatrists in Switzerland
- Response rate: 34.9% (457/1311)
- 37% female, 4.2% did not indicate gender
- Mean age: 57.8 years (ranging from 35 to 88)
- Mean work experience: 27.7 years

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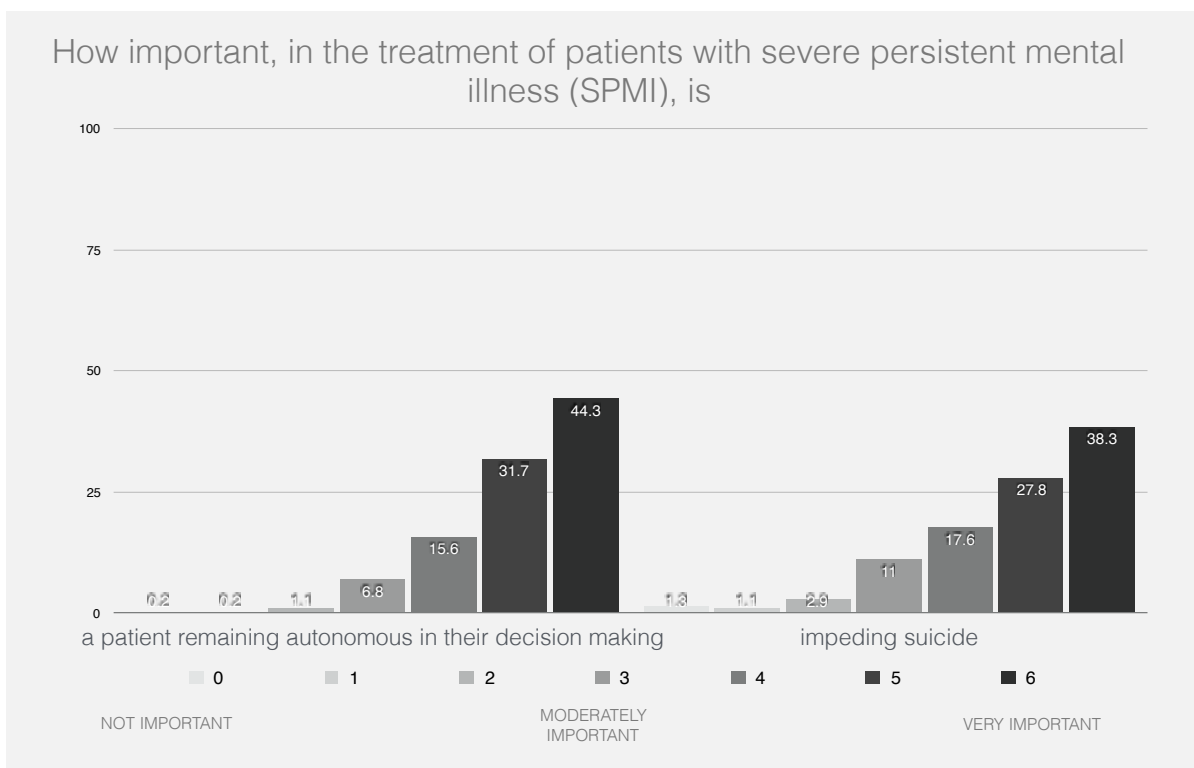
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Goals of care



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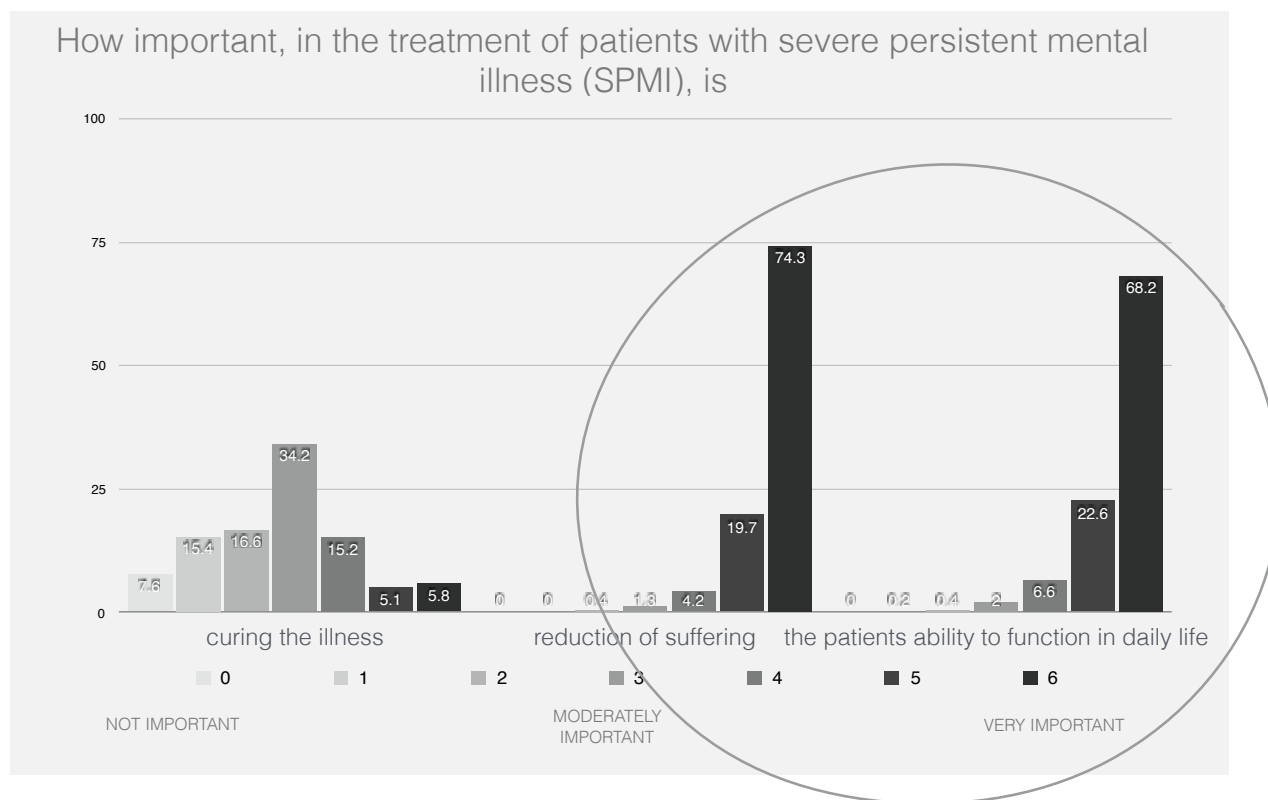
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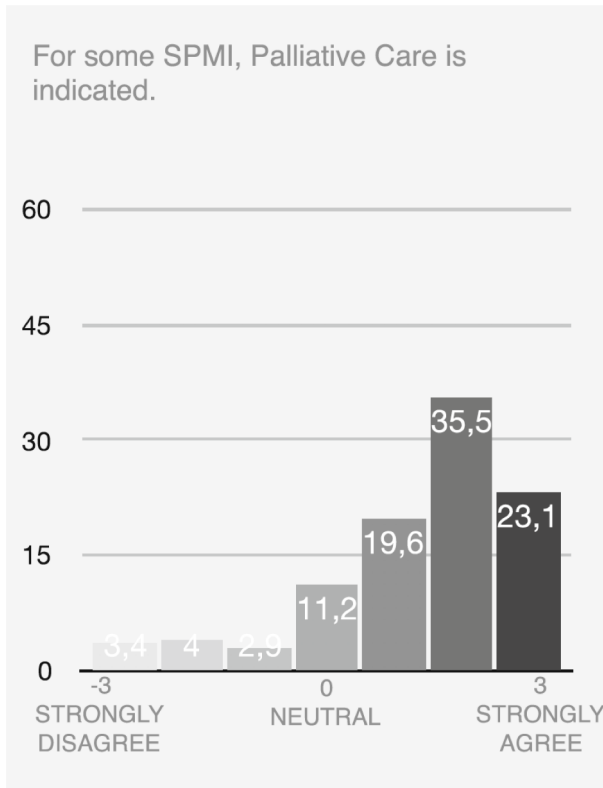
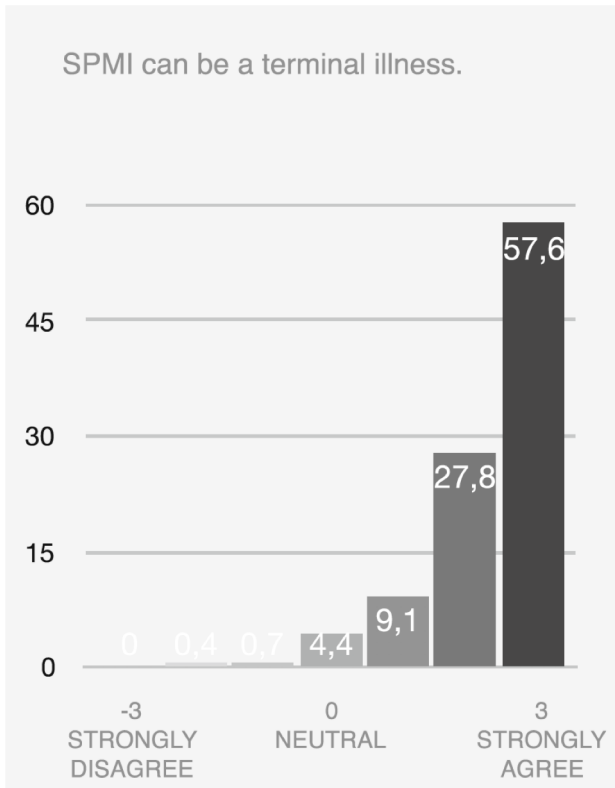
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Palliative Approach



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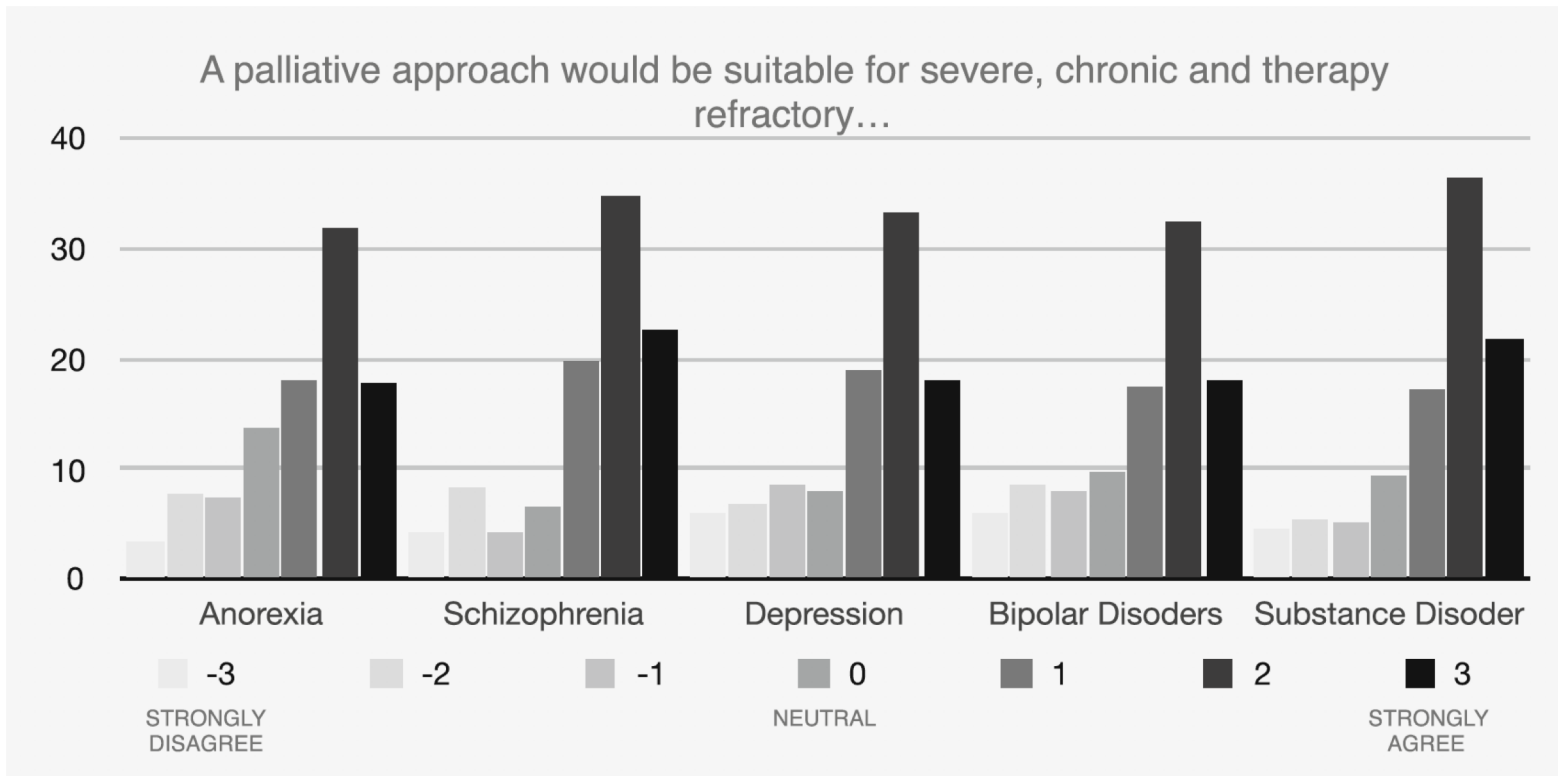
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Palliative Approach



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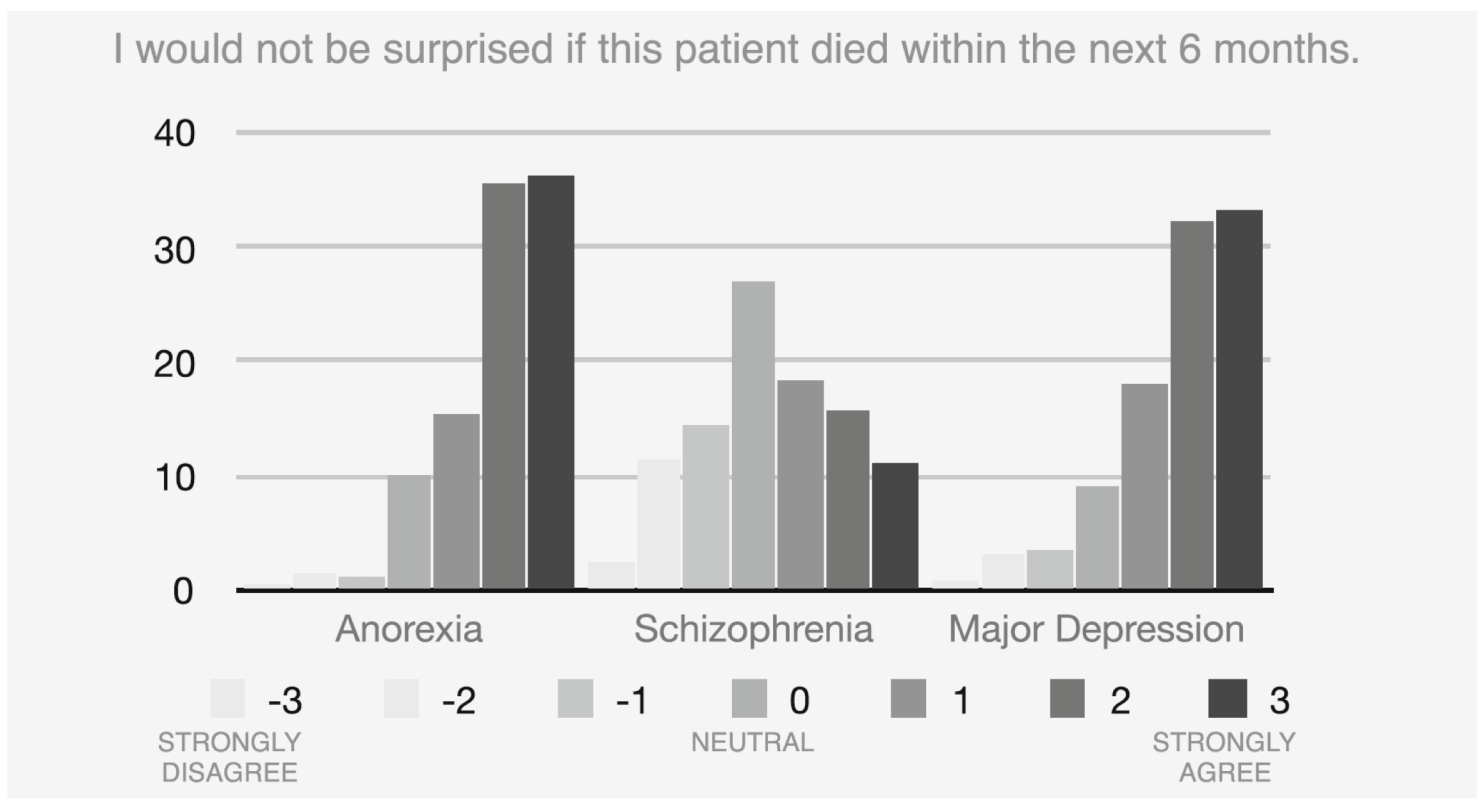
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Case vignettes



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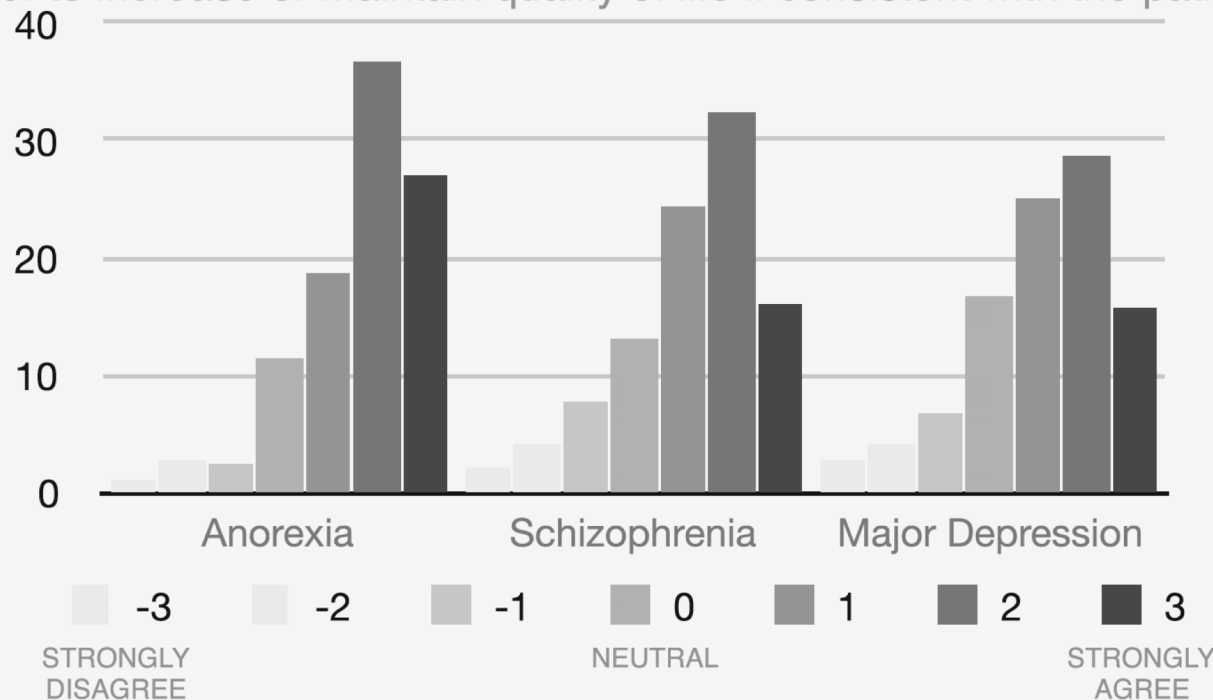
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Case vignettes

In this case, I would be comfortable with a reduction of life expectancy in order to increase or maintain quality of life if consistent with the patient goals.



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Original Article

Cite this article: Hodel MA, Hoff P, Irwin SA, Biller-Andorno N, Riese F, Trachsel M (2019). Attitudes toward assisted suicide requests in the context of severe and persistent mental illness: A survey of psychiatrists in Switzerland. *Palliative and Supportive Care*, 1–7. <https://doi.org/10.1017/S1478951519000233>

Received: 19 November 2018

Revised: 7 March 2019

Accepted: 19 March 2019

Keywords:

Assisted suicide; Medical aid in dying; Rational

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Abstract

Objective. Switzerland is among the few countries worldwide where a request for assisted suicide (AS) can be granted on the basis of a primary psychiatric diagnosis. Psychiatrists play an increasingly important role in this regard, especially when the request for AS arises in the context of suffering caused by severe and persistent mental illness (SPMI). The objective of the survey was to assess general attitudes among psychiatrists in Switzerland regarding AS requests from patients with SPMI.

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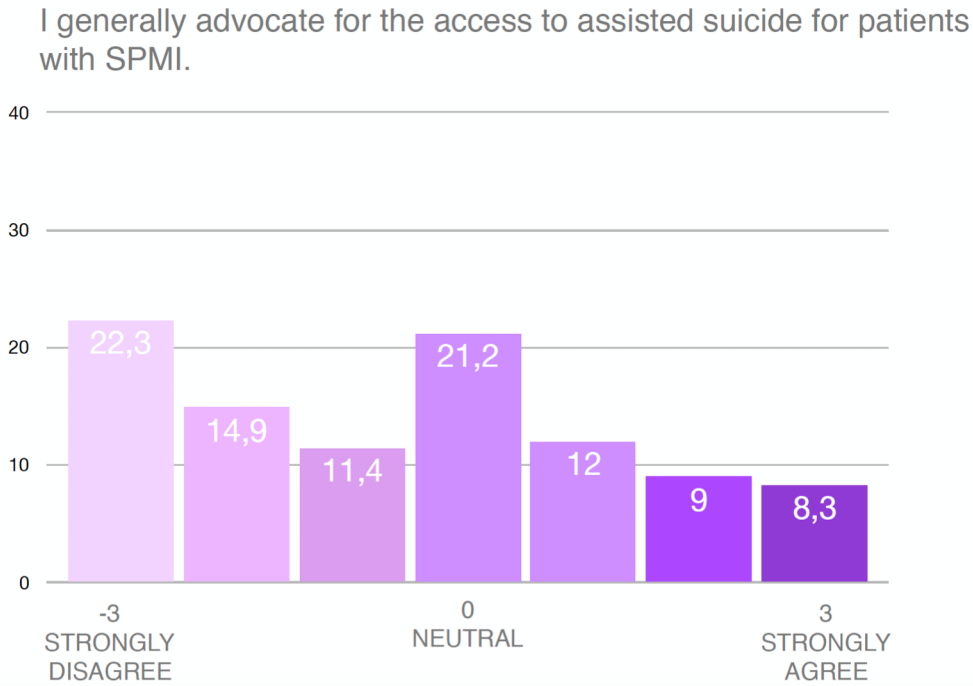
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Conclusions / Outlook

- 1) Consensus that for some patients with **therapy-refractory SPMI**, curative treatment is **futile**.
 - 2) Consensus on **higher risk of death** in certain cases of SPMI.
 - 3) Majority of study participants welcome **palliative care approaches** for certain patients with SPMI.
 - 4) Shift in goals of care: **quality of life prioritized** over higher life expectancy
 - 5) However, **no clear majority** of participants for or against the **access to physician assisted dying** in patients with SPMI.
- A large part of **psychiatry already works palliative** without declaring it as such (e.g., in the recovery model)
- Further **palliative care approaches for SPMI have to be developed**.

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Many thanks to the SAMS, the Gottfried und Julia Bangerter- Rhyner Stiftung, and the Stanley Thomas Johnson Foundation

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