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

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Collaborators: Martina A. Hodel, Scott A. Irwin, Paul Hoff, Daniel Bielinski, Roland Kunz

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Funders
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
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. In the worst case scenario, care is determined by insurance

Manuel Trachsel, Scott A. Irwin, Nikola Biller-Andorno,
Paul Hoff, & Florian Riese (2016)
Palliative psychiatry for severe persistent mental illness as a new approach to psychiatry? Definition, scope, benefits, and risks

Manuel Trachsel¹,²,³*, Scott A. Irwin²,³, Nikola Biller-Andorno¹, Paul Hoff⁴ and Florian Riese⁴,⁵
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
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.
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)
The mentally ill patient gets «psychiatrically» palliative.

Stage 1: Prodromal phase
Stage 2: Acute manifestations
Stage 3: Residual phase
Stage 4: Severe and persistent mental illness

see, for example, Cosci & Fava (2013)
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)
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)
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)_
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
Acceptability of palliative care approaches for patients with severe and persistent mental illness: a survey of psychiatrists in Switzerland

How important, in the treatment of patients with severe persistent mental illness (SPMI), is a patient remaining autonomous in their decision making and impeding suicide.

Goals of care
Goals of care

How important, in the treatment of patients with severe persistent mental illness (SPMI), is

- curing the illness
- reduction of suffering
- the patients ability to function in daily life

<table>
<thead>
<tr>
<th>Goal</th>
<th>Not Important</th>
<th>Moderately Important</th>
<th>Very Important</th>
</tr>
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<tbody>
<tr>
<td>Curing the illness</td>
<td>15.9%</td>
<td>5.1%</td>
<td>22.6%</td>
</tr>
<tr>
<td>Reduction of suffering</td>
<td>16.3%</td>
<td>5.8%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Ability to function in daily life</td>
<td>74.3%</td>
<td>42%</td>
<td>68.2%</td>
</tr>
</tbody>
</table>
Acceptability of palliative care approaches for patients with severe and persistent mental illness: a survey of psychiatrists in Switzerland

Manuel Trachsel, Martina A. Hodel, Scott A. Irwin, Paul Hoff, Nikola Biller-Andorno and Florian Riese

BMC Psychiatry

RESEARCH ARTICLE
Open Access

Palliative Approach

SPMI can be a terminal illness.

For some SPMI, Palliative Care is indicated.
A palliative approach would be suitable for severe, chronic and therapy refractory…
Case vignettes

I would not be surprised if this patient died within the next 6 months.
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.
Attitudes toward assisted suicide requests in the context of severe and persistent mental illness: A survey of psychiatrists in Switzerland

Martina A. Hodel, MSC¹, Paul Hoff, MD, PHD², Scott A. Irwin, MD, PHD³, Nikola Biller-Andorno, MD, PHD¹, Florian Riese, MD² and Manuel Trachsel, MD, PHD¹

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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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Abstract

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I generally advocate for the access to assisted suicide for patients with SPMI.
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.
Many thanks to the SAMS, the Gottfried und Julia Bangerter-Rhyner Stiftung, and the Stanley Thomas Johnson Foundation

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