Palliative Care Referral in the Chronic Obstructive Pulmonary Disease Population

Connie Bradley, BSN, RN1 Rebekah Martin, BSN, RN1 Channa Porter, BSN, RN1 Kimberly Richardson, MSN, APRN, FNP-C1 Andrea Stress, BSN, RN1 Jenna L. Tobin, MSN, RN, FNP-C1

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Address correspondence to:
Jenna Tobin, MSN, RN, FNP-C
Phone: 610-761-7768
Email: jlee213@msn.com

According to the American Lung Association1 palliative care improves quality of life through symptom control and improving communication with health care providers. Palliative care is a resource available to anyone, regardless of age or stage of disease.2 Similarly, the Global initiative for chronic Obstructive Lung Disease (GOLD)3 supports the use of palliative care in patients with COPD regardless of disease stage. Despite substantial research supporting the benefits of palliative care,4 the utilization of palliative care for individuals diagnosed with COPD is limited.5 Moreover, research has indicated that patients with COPD would benefit from the initiation of palliative care at the beginning of the moderate stage (GOLD stage 2)3 to address worsening dyspnea, emotional distress, inadequate coping mechanisms, and prognostic uncertainty.6 The GOLD guidelines3 recommend the integration of palliative care for symptom relief in advanced COPD stages. Traditional triggers, identified by providers, for palliative care referral in the COPD population include frequent hospitalizations, emotional symptoms, severe airflow obstruction, poor nutritional status, declining functional status, severe dyspnea, need for supplemental oxygen, and poor prognosis.6 Most of these symptoms are not an issue until late stage 3 and stage 4 when the patient and their caregivers have already been dealing with the disease for an extended time frame.6 However, several recent studies have shown that early intervention with palliative care improves quality of life and symptom control, decreases caregiver burden, and reduces aggressive and/or inappropriate end-of-life interventions, thereby decreasing health care costs.7,8 It has been shown that coping styles directly correlate with depressive and anxiety symptoms, which in turn negatively affect lung function and quality of life.9 Those who possess poor coping skills suffer from severe emotional distress and higher mortality rates.9 Initiating early palliative care by stage 2 could improve coping strategies for both the patient and caregiver, as well as decrease distressing respiratory and emotional symptoms.

Palliative care, in conjunction with curative treatments, promotes and supports quality of life, offers relief from pain and stress, assists in matching treatment options with patient goals,
and creates a positive perception for patients with COPD. Misconceptions of palliative care persist, and many people associate it with end-of-life care and death. Misconceptions can be avoided through education of patients and caregivers. By utilizing the evidence-based definition of palliative care provided by the World Health Organization during conversations with patients and their caregivers, providers can help improve understanding (combat misunderstandings) of palliative care and facilitate a more open-minded approach when consulting palliative care services. A great educational resource for both providers and patients is Getpalliativecare.org. Here, you can find handouts for patients and families as well as access to a palliative care provider directory.

Palliative care promotes quality of life while concurrently meeting the patient’s treatment goals. Therefore, it is the opinion of this group that the benefits of palliative care should be discussed at the time of diagnosis with a referral initiated at the beginning of GOLD stage 2. When clinicians use palliative care for the management of COPD, patients’ treatments are more comprehensive by addressing physical and emotional concerns, decreasing the number of hospitalizations and emergency department visits, and providing the patient with optimal symptom control.

Sincerely,
Connie Bradley
Rebekah Martin
Channa Porter
Kimberly Richardson
Andrea Stress
Jenna Tobin

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