

■ CNE Article

Bowel Obstruction and Delirium: Managing Difficult Symptoms at the End of Life

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Palliative care has become an essential component of oncology care, with a focus on maximizing quality of life and optimizing function, as well as promoting pain and symptom management. This article focuses on the care of a patient experiencing bowel obstruction and delirium, two common issues in patients with advanced cancer, and demonstrates the integration of palliative care and oncology care to achieve an individualized care plan. Management focuses on identifying and treating reversible causes and improving quality of life while respecting the patient's values and goals. Sometimes the causes are not easily identified or treatment of the cause may impair quality of life, at least temporarily. At other times, the causes may be irreversible and the focus is exclusively on quality of life. Determination of best care for individual patients requires synthesis of data from holistic assessment, including the patient's goals of care and values, as well as knowledge of the patient's disease state with evidence-based approaches to management.

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Symptoms may be difficult to manage in patients with advanced cancer because of multifaceted etiologies; complex psychosocial patient and family dynamics; conflicting goals of care and treatment; and limited management options related to patient factors (e.g., medication allergies, comorbidities), high cost, and lack of access to care. Managing difficult symptoms often is a catalyst for palliative care consultation. Although palliative care often is believed to be synonymous with end-of-life care, its primary focus is on improving quality of life, maintaining optimal function, and offering the presence of hope, regardless of the stage of disease. Palliative care has become an essential element of oncology care as endorsed by the National Cancer Institute (2008), National Comprehensive Cancer Network (2012), and American Society of Clinical Oncology (Smith et al., 2012). This article presents a case study as an example of integrating palliative care and oncology care around management of bowel obstruction and delirium, two common symptoms seen in patients with advanced disease.

Palliative care is defined as an approach that seeks to improve quality of life and relieve suffering for patients and families who are living with life-threatening illness (National Consensus Project for Quality Palliative Care, 2009; National Quality Forum,

2006; World Health Organization, 1990, 2012). Palliative care focuses on addressing physical, psychosocial, intellectual, and spiritual needs of patients and families throughout the continuum of illness. In particular, care centers on the relief of physical symptoms, support in psychosocial and emotional concerns, discussion of spiritual and existential distress, and advanced care planning. Unlike hospice care, which is limited by a six-month prognosis, palliative care is not restricted to a particular diagnosis or treatment type and may begin at diagnosis. Studies have demonstrated that early integration of palliative care with oncology care benefited patients and families by improving patient-reported quality of life and mood (Bakitas et al., 2009; Temel et al., 2010). Early integration of palliative care also has led to increased documentation of resuscitation preferences, less aggressive care at end of life, and higher survival rate (Bakitas et al., 2009; Connor, Pyenson, Fitch, Spence, & Iwasaki, 2007; Temel et al., 2010). Palliative care acknowledges that symptoms disrupt function and create distress and suffering on many levels for both patients and their families. Comprehensive assessment of symptoms and suffering includes ascertaining relevant information about a patient's background, values, family relationships, understanding of illness, goals of care, preferences for life-sustaining measures, and