



Palliative Care in Advanced Heart Disease

- A position statement from the Danish Society of Cardiology

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Aim

To develop a position statement regarding palliative care in advanced heart disease. The aim is to generate a national position on the issue. This includes identification of patients in need of palliative care and when care should be introduced in the clinical care trajectory. Furthermore, an aim was to describe how palliative care is recommended organized and distributed through multidisciplinary and multisectorial settings in Denmark.

Introduction

Patients with advanced heart disease, mainly presented as advanced heart failure, are often hospitalized and have poorer prognosis than patients with several types of cancer. Furthermore, they have severe clinical symptoms alongside mental, social and spiritual struggles. According to the WHO and the Danish Medical Authority, palliative care must be available for all patients with life-threatening diseases. However, present focus in daily practice is on cancer patients. In 2015, encouraged by the National Board of Health, the Danish Society of Cardiology (DCS) initiated a task force to develop a position statement to facilitate and optimize management of palliative care in advanced heart failure.

Method

The task force is founded in the DCS Heart Failure working group, and the statement is prepared in collaboration with members from the following specialties: Palliative Care, Psychology, Intensive Care Units, Cardiac arrhythmia, Congenital Heart Diseases, Prevention and Rehabilitation, General Practice and Nursing. Due to major gaps in evidence¹ the statement is based on smaller studies, clinical practice statements supplemented by knowledge from the cancer area.

Results

The statement is aligned with the European Society of Cardiology recommendation with focus on the relief of suffering starting in the early stage of the disease parallel to standard care as a supplement to life-prolonging treatment. The Danish statement delivers practical hands-on guidance on clinical aspects and symptom management during the three stages of advanced heart disease (see figure 1). Further the statement focus on the importance of communication and lines out topics to be broached including deactivation of implantable cardioverter defibrillators. Regarding organizational strategies the statement recommends a targeted effort with use of assessment tools of high standard. The essence of a multidisciplinary and inter-sectoral collaboration is underlined.

Stage 1: Treatment of Chronic Heart Failure – Early Palliative Care

Active treatment with the aim of prolonging life and controlling symptoms.

Patient and caregivers are educated on the condition, etiology, treatment and prognosis with the aim of improving self-management of symptoms.

Treatment is provided in accordance with national guidelines and locale protocol including rehabilitation and physical exercise.

Stage 2: Supportive and Palliative Treatment – Late Palliative Care

The patient becomes increasingly symptomatic with multiple admissions to hospital. Active treatment is reduced, and the aim moves towards sustaining optimal symptom control and quality of life.

Identification of a key health professional is recommended to ensure optimal individualized continuity of care across multiple sectors and disciplines.

A holistic, multidisciplinary assessment of the patient and his needs should be conducted continuously in consultation with the patient and his relative. Preferably, with the same health professional and when their conditions is in a clinically stable phase.

Declaration of terminal care (LÆ165) and financial support decisions should be considered.

Stage 3: Terminal Treatment and Palliative Care

The patient is inevitably dying.

Heart failure treatment changes to symptom control only.

A waiver of resuscitation in case of cardiac arrest as well as intensive treatment needs should be discussed and documented.

An integrated care plan should be devised with a focus of the psychosocial support needs of the patient and their family or caregivers.

The desired place of final care and death should be discussed and decided upon.

Conclusion

Danish cardiologists supported by allied professions have acknowledged the importance of palliative care in advanced heart disease. The coming years will reveal how palliative care is implemented in the clinical care trajectory to the benefit of patients and their relatives in Denmark. The statement might deliver inspiration to other countries while waiting for the work of a planned renewed taskforce with Heart Failure Association (HFA) of the European Society of Cardiology (ESC) and The European Association for Palliative Care (EAPC).

1. McIlvennan, C. K. & Allen, L. A. Palliative care in patients with heart failure. Br. Med. J. 352, i1010 (2016).

