



The Palliative Heart in Pharmaceutical Care

Prita Nambbiar

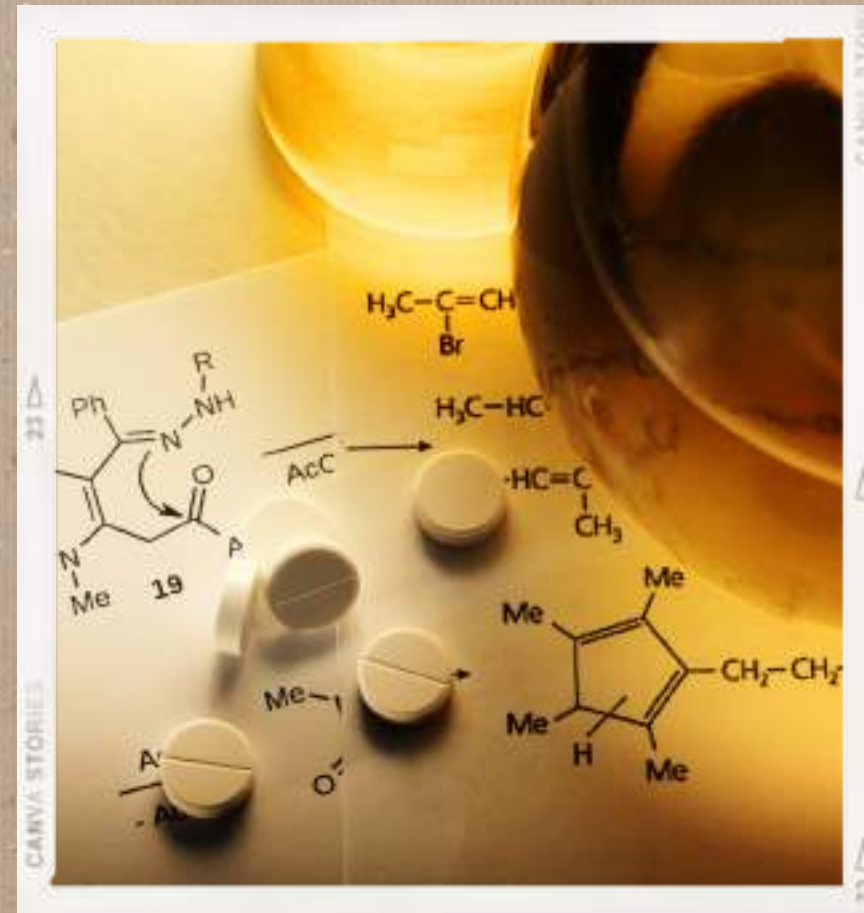
I Hope Today...

- **To share about the complexities of palliative care.**

- **To share my experiences and share inspiration**

- **To contribute to collective growth.**

Pharmacy School



B. Pharm (Hons)



Clinical Pharmacist



Traditional Focus:

- Pharmacology
- Maximum dosages
- Standard schedules and routines

~~Clinical~~

PALLIATIVE Pharmacist



- Emotional and psychological turbulence
- Disrupted routines and schedules

*** Our approach must evolve***

~~Clinical~~

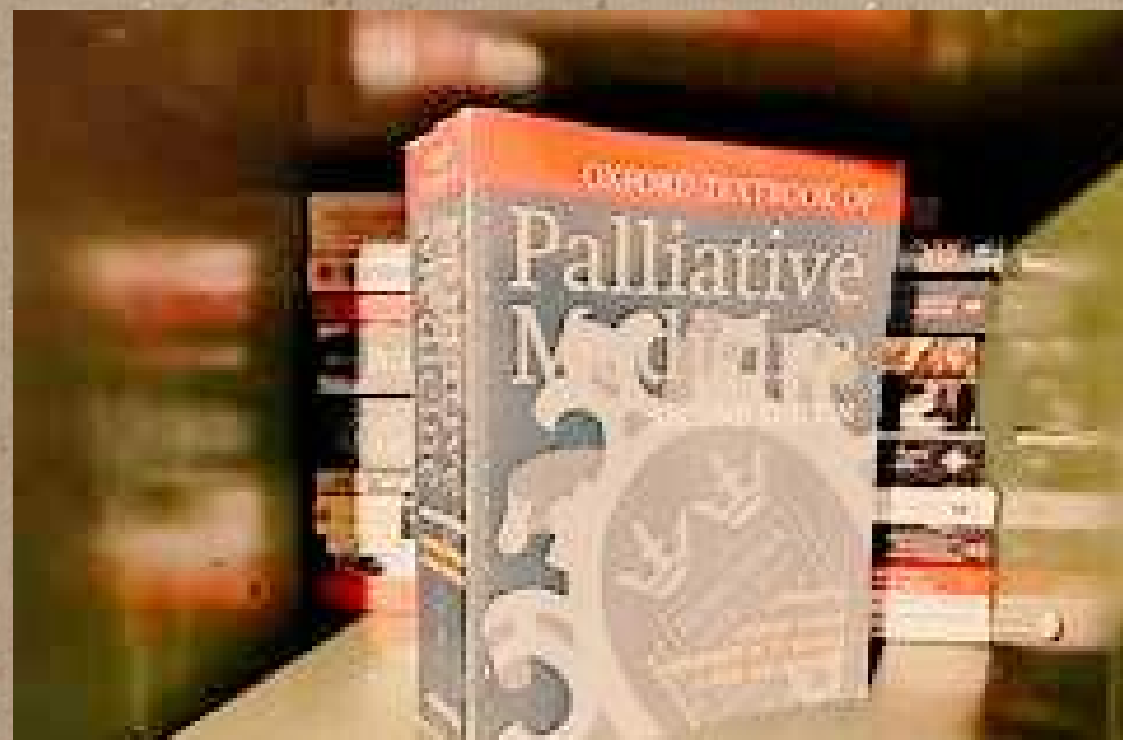
PALLIATIVE Pharmacist



- Uncharted Territory : not much evidence, and guidance

~~Clinical~~ PALLIATIVE Pharmacist

Opioid	Equivalence to 5 mg IV Morphine
PO Morphine	15 mg
PO Hydromorphone	3 mg
PO Hydrocodone	10-15 mg
PO Oxycodone	7.5-10 mg
PO Codeine	100 mg
PO Tramadol	60 mg
IV Morphine	5 mg
IV Fentanyl	0.05 mg (50 mcg)



The Pharmacist



what my friends think
I do



what my family thinks
I do



what society thinks I
do



what doctors think I
do



what I think I do



what I really do

PALLIATIVE Pharmacist

- **COMPASSION WITHIN NORMAL PRACTICES**
 - Expertise is crucial but not the sole focus.
 - About balancing clinical needs with compassion.
- **BEYOND COMFORT ZONE**
 - Unfamiliar practices
 - Not much evidence and guidance out there
- **EMBRACING UNCERTAINTY**
 - Recognising that conventional solutions sometimes aren't enough.
 - Being there even when we don't know
 - **Patient-Centered Approach (guided by their values)**
 - Listening, adapting, and honoring the patient's journey.

MY JOURNEY in Palliative Care

PALLIATIVE Pharmacist



"I saw my doctor send the prescription electronically just before I left his office **FIVE MINUTES AGO**, what do you mean it isn't ready to pick up yet?"

Evidence

Latif et al, 2021

- Key Finding: Lack of awareness of the stress and emotional burden in domiciliary medicine administration..

Tija et al, 2015

- Key Finding: Gaps in medication management skills of caregivers identified through observation.

1. Latif A, Faull C, Waring J, Wilson E, Anderson C, Avery A, Pollock K. Managing medicines at the end of life: a position paper for health policy and practice. *J Health Organ Manag.* 2021 Nov 18;35(9):368-377.

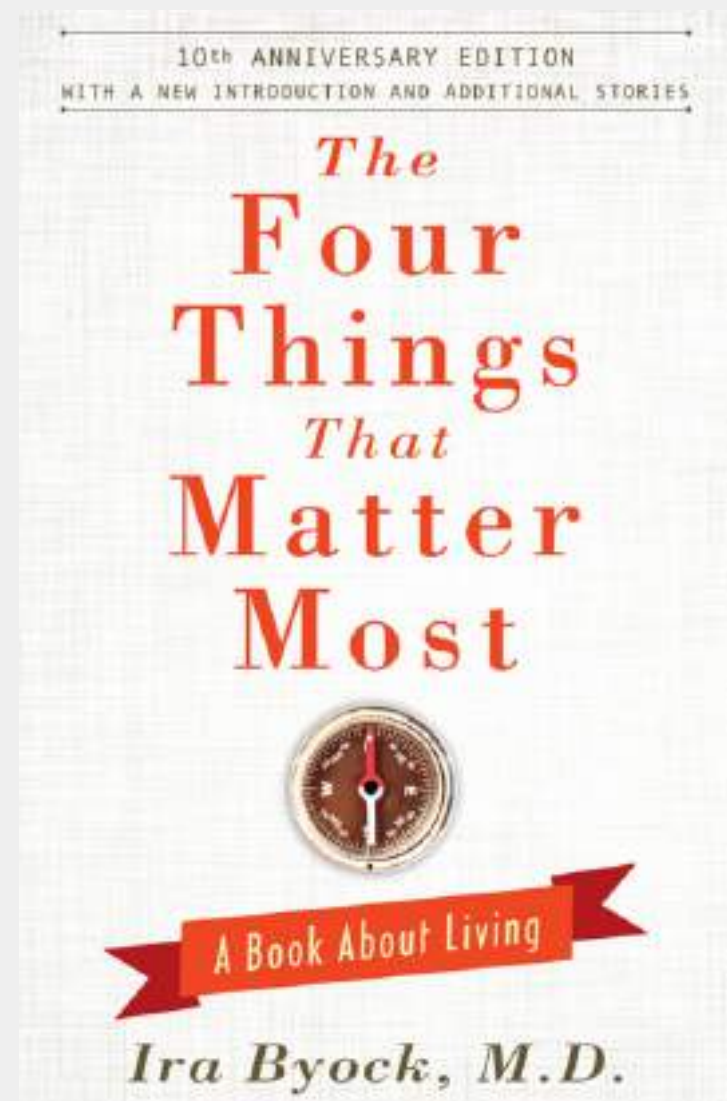
2. Tjia J, Ellington L, Clayton MF, Lemay C, Reblin M. Managing Medications During Home Hospice Cancer Care: The Needs of Family Caregivers. *J Pain Symptom Manage.* 2015 Nov;50(5):630-41. doi: 10.1016/j.jpainsymman.2015.06.005.

PALLIATIVE Pharmacist

- **Implication** : Pharmaceutical expertise crucial for easing medication burdens.
- **Opportunity** : Recognise and respond PROactively to the unmet needs
- **Requirement** : Active participation in direct patient care and defines a more specific role for us within the wider palliative care team.

○

The Four Things



- Please Forgive Me
- I Forgive You
- Thank You
- I Love You

Morning Discussions...



	Item
1	Is there an indication for the drug?
2	Is the medication effective for the condition?
3	Is the dosage correct?
4	Are the directions correct?
5)	Are the directions practical?
6	Are there clinically significant drug-drug interactions?
7	Are there clinically significant drug-disease/condition interactions?
8	Is there unnecessary duplication with other drug(s)?
9	Is the duration of therapy acceptable?
10	Is this drug the least expensive alternative compared to others of equal utility?

Deprescribing

The systematic process of **identifying and discontinuing drugs** in which **existing or potential harms/risks outweigh existing or potential benefits** **within the context of an individual patient's** care goals, current level of functioning, life expectancy, values, and preferences

Systematic

- Risk vs. benefit assessment for each medication
- Patient-centered approach
- ADEs, drug interactions, drug-disease interactions
- Use explicit tools (Beers criteria, STOPP criteria)

Reasons to Consider Deprescribing

- Actual or Potential Risk to Patient
- Lack of Indication
- No / Limited Benefit
- Poor Adherence

Common Meds to Deprescribe

- Statin
- Cholinesterase inhibitor
- Bisphosphonate
- Anticoagulation
- Diabetic medications

Pn Hajar...



- 82 year old lady, retired headmistress
- **Metastatic lung cancer that had spread to her liver and bones.**
- **Lived alone** in a single-storey terrace house in Kampung Medan
- **Used to managing her daily activities herself**, with some assistance
- Her son and daughter-in-law would check in on her via telephone
- **Follow-ups for diabetes & hypertension** at a nearby clinic

Pn Hajar...



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- **She knew she was on a “one-way” journey**
- **She wanted to continue taking each day as it comes**
- **Maintaining as much of her routine as was possible**

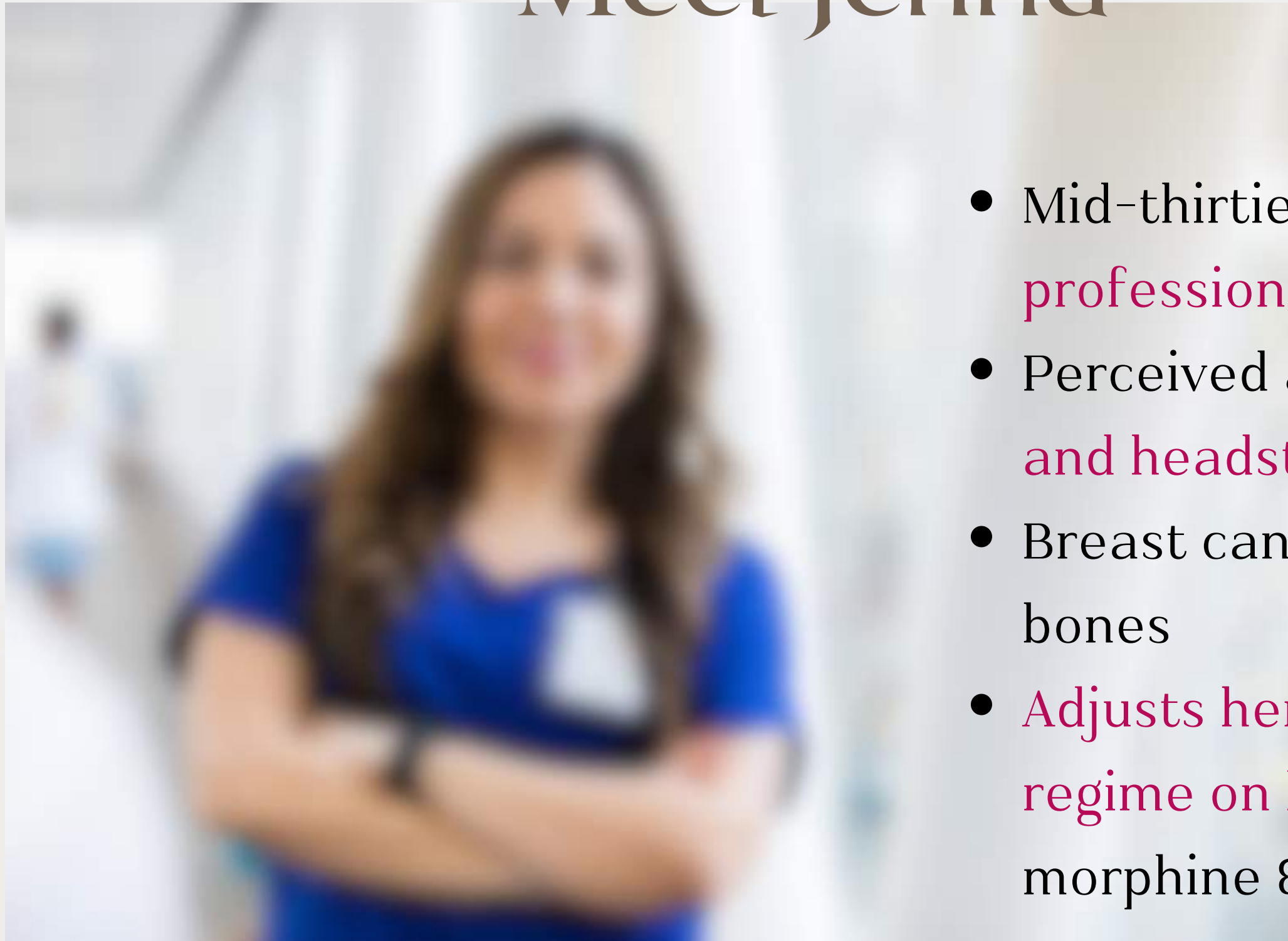
Why Can't You Just Let Me Be?

- Patient's Value and Autonomy
- "Why do you keep insisting on this? Why can't you just let me be?"
- Desire to maintain control and a sense of normalcy.
- Medications were tied to her autonomy, dignity, and hope.
- Also linked to visits from her son and daughter-in-law, and "social" time in the clinic



Forgive Me

Meet Jenna



- Mid-thirties, **healthcare professional.**
- Perceived as **assertive and headstrong**
- Breast cancer mets to her bones
- **Adjusts her medication regime on her own** – morphine & methadone

Opioid Toxicity

18th Jan 2024

Patient admitted for uncontrolled pain. Increased her previous regime by 20%

21st Jan 2024

Patient unarousable in the morning. RR = 6.

1

2

3

4

20th Jan 2024

Patient still in pain, despite dose increment. Increased further according to number of breakthroughs taken

Stopped opioids immediately. Started titration of naloxone to reverse.

What went wrong?

- Not adherent to her medications at home
- Taking as she felt, not measuring, not following schedule

I Forgive You

Pharmacist

Pharmacokinetics
Knowledge



Understanding
drug absorption,
distribution,
metabolism, and
excretion.



Ensured
proper dilution
and
administration
of naloxone



Medication
counseling and
adjustments to
the medication
regime



Medication Adherence



Why Do Some Patients Control Their Medication?

- Desire for control over their treatment.
- Fear of dependency or side effects.
- Misunderstanding of medication effects and risks.
- Personal beliefs or psychological factors.

We **sometimes** miss the deeper, more personal elements of patient care.

We **often** fail to truly understand the person behind the medications.

Medication Adherence



- *"The only way to manage my pain is by taking more medication than prescribed."*
- *"If I don't control my medication intake, no one else will SEE /understand my pain."*
- *"Adhering to the prescribed schedule won't be enough to manage my pain."*
- *"Following the prescribed schedule might cause me to overdose."*
- *"These medications take away my sanity."*

Medication Adherence

- **No one size fits all** in medication adherence
- Some need hard evidence, some are shaped by past experiences
- Our own assumptions, judgment
- Relationship based on EQUALS

The background is a light beige color with decorative elements. In the top-left corner, there is a circular brushstroke in a slightly darker beige, containing a thin, elegant line drawing of a stylized 'S' or '8' shape. To its right, a series of small, dark brown dots of varying sizes are scattered across the upper portion of the page. In the bottom-left and bottom-right corners, there are stylized leafy branches in a muted brown color. The central text 'Thank You' is rendered in a dark brown, hand-drawn, slightly irregular font.

Thank You

Transitions of Care

- Patients want to go home
 - injectables, milk bottle infusions
 - enough supply of medications
- Less-central areas, limited resources
- Think about their access to MEDICATIONS

Transitions of Care



“

"I want to be surrounded by my family at the end of my life, free from pain. I don't want to waste time in the hospital alone.

TKL, 34 yo F”

Transitions of Care

LAST MILE COLLABORATION: Bridging the Gap in Palliative Care Access to Essential Medicines

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Introduction

Ensuring that palliative care patients can spend their final days in their desired location, which is often their hometowns, is a core component of compassionate care. Discharging patients to less central, resource-limited areas, however, can give rise to significant challenges in accessing necessary medications.

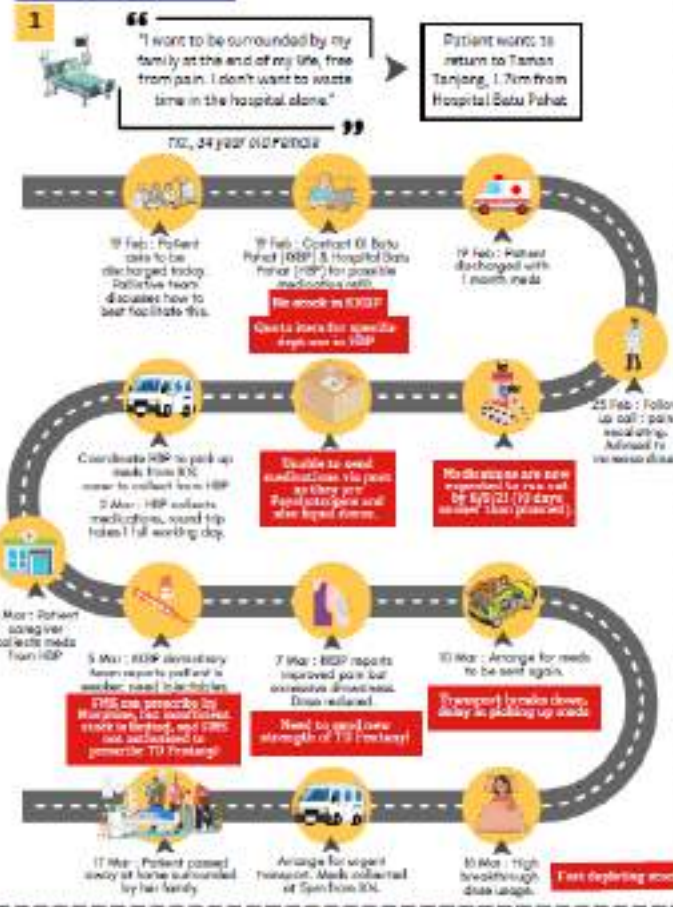
Objectives

- To demonstrate the vital role of collaboration among healthcare providers, community resources and family members in facilitating medication access for palliative care patients.
- To discuss briefly the evolving landscape of palliative care infrastructure in less central / peripheral areas.

Methodology

- Stories of our patients who wished to return to their hometowns for end-of-life care, and a "behind-the-scenes" look at ensuring their access to medications.
- Cases selected based on the complexities of the patients' needs and the logistical challenges in ensuring timely and adequate medication provision.

Findings & Experience: 3 Patient Stories



Discussion & Lessons Learnt

- Hospitals may have essential medications, but timely access requires dedicated individuals and effective communication to address both logistics as well as patient and medical personnel education.
- Geographical barriers in larger states make it challenging to get medications.
- District hospitals and health clinics often lack stock due to infrequent use.
- Patients' needs are dynamic, requiring us to continuously adapt and evolve our approaches to meet these changing demands.

The Evolving Landscape

The landscape of palliative care has progressed, with increased presence and improved patient support in these states today. However, ensuring consistent medication access still poses challenges. While processes simplify moving forward, the lessons learned from these collaborations highlight the need for ongoing efforts to bridge gaps, streamline processes, and enhance the availability of essential medications across all regions.

Acknowledgement

Thanks to all the healthcare providers and community members who supported this project.

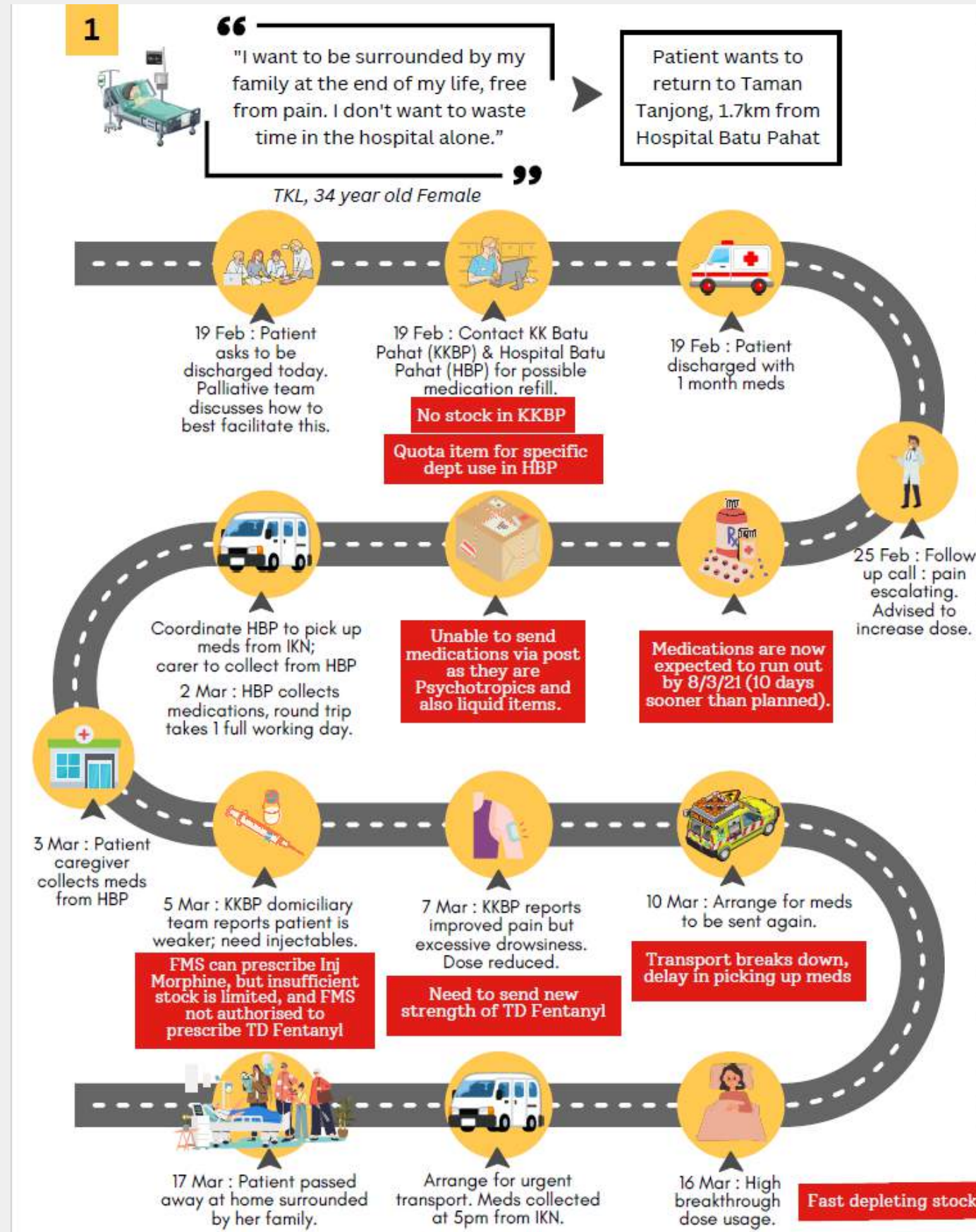
Conclusion

- Strong, cooperative networks and the adaptability of palliative care services are important to meet patient needs under challenging circumstances.
- There is a need for continued advocacy for comprehensive palliative care services in all regions.

References

- World Health Organization. (2017). *Global Strategy on Human Resources for Health: Workforce 2030*. Geneva: WHO.
- World Health Organization. (2019). *Global Strategy on Human Resources for Health: Workforce 2030*. Geneva: WHO.
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- World Health Organization. (2021). *Global Strategy on Human Resources for Health: Workforce 2030*. Geneva: WHO.
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Transitions of Care



I Love You

The Multidisciplinary Team



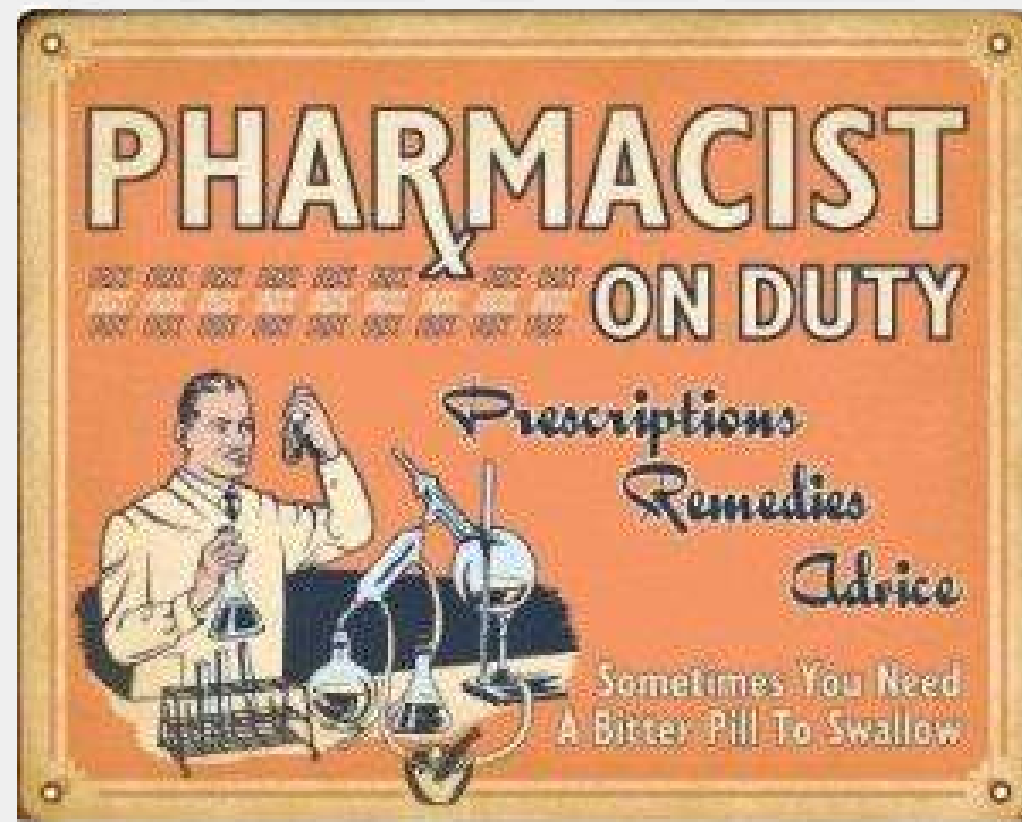
The Multidisciplinary Team



My Desk



Come sit...

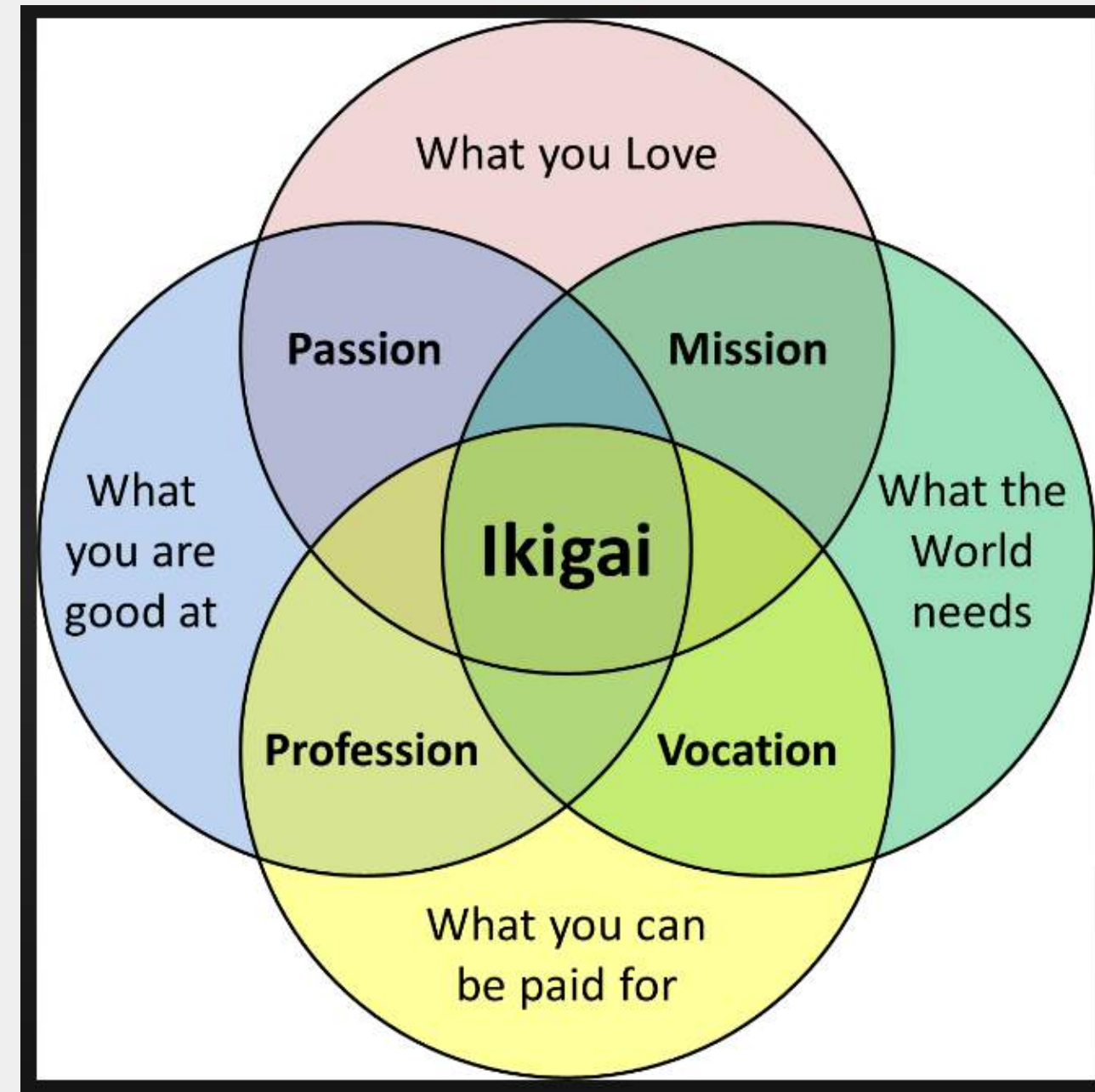
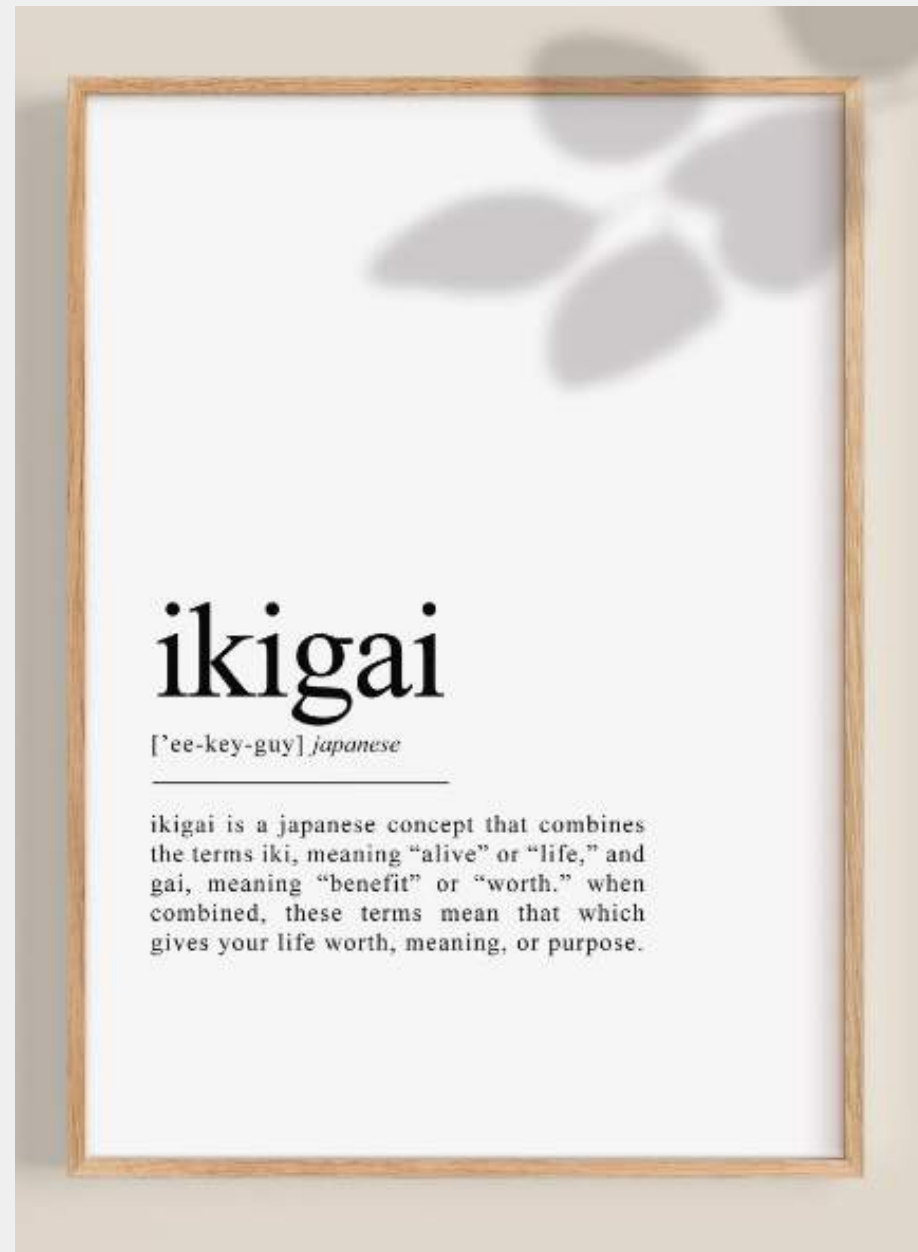


I Love You

My Journey

- CRAFTED as I went along
- No one size fits all, learnt as I went along
- Different pharmacists will have their own unique ways
- Responsible, Responsive, Accessible

My Journey



Thank you!