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What is the evidence for early integration of palliative care into the management of serious illness?

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Palliative care has emerged as an approach that specifically addresses gaps inherent in a disease-centered approach to care. Early palliative care has been promoted as the optimal approach to care for individuals with advanced illnesses. A systematic review of trials found 15 RCTs (Randomized Controlled Trials) of early outpatient, 13 RCTs of home palliative care and 7 systematic reviews. A subset of RCTs have demonstrated improved symptoms, quality of life, reduced aggressive care at the end of life, increased advanced directives, reduced hospital stays, improved caregiver burden and quality of life, reduced costs and improved family satisfaction. Yet RCTs have also demonstrated no benefits to palliative care in the same outcomes. Why the difference? The term “early” and “standard of care” are poorly defined and subject to regional practices. Imbalances and attrition between groups contributed to differences in outcomes. Many RCTs lacked power calculations or were underpowered for outcome measures. Outcomes were skewed yet parametric statistics were done giving weight to outliers in the results. Timing of assessment for outcomes in some trials was too early or late to see full benefits. Intention to treat analysis was often not done; outcomes were based on treatment analysis. Financial assessment was based exclusively on costs or charges centered on medical resource utilization rather than family expenditures. Multiple models of palliative care were used in these RCTs. This workshop/concurrent session will review the evidence for early palliative care and the differences and weaknesses in trials which may have contributed to divergent outcomes.

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