

WEBVTT

1 00:00:00.000 --> 00:00:04.679 Support for Yale Cancer Answers comes from AstraZeneca introducing Your Cancer,
2 00:00:04.679 --> 00:00:07.599 a program to spotlight the cancer community.
3 00:00:07.599 --> 00:00:11.369 and recognize those at the forefront of cancer care.
4 00:00:11.369 --> 00:00:13.980 Learn more at yourcancer.org.
5 00:00:13.980 --> 00:00:19.289 Welcome to Yale Cancer Answers with Dr. Anees Chagpar.
6 00:00:19.289 --> 00:00:29.199 Yale Cancer Answers features the latest information on cancer care by welcoming oncologists and specialists who are on the forefront of the battle to fight cancer. This week
7 00:00:29.199 --> 00:00:36.990 it's a conversation about the role of social work in palliative care for cancer patients with licensed clinical social worker Edward Schwartz.
8 00:00:36.990 --> 00:00:43.619 Dr. Chagpar is a professor of surgery and oncology at Yale School of Medicine.
9 00:00:43.619 --> 00:00:43.920 Maybe we can start
10 00:00:43.920 --> 00:00:49.039 off by you telling us a little bit about yourself and what
11 00:00:49.039 --> 00:00:53.280 exactly you do.
12 00:00:53.280 --> 00:00:57.600 This is maybe a second or third career for me.
13 00:00:57.600 --> 00:01:01.140 I was in the art community, and
14 00:01:01.140 --> 00:01:04.280 worked for many years as a graphic designer.
15 00:01:04.280 --> 00:01:14.900 I still paint and actually work through a lot of what I see and do in the palliative care community and end of life through my work.
16 00:01:14.900 --> 00:01:20.599 And I was in Hospice prior to this.
17 00:01:20.599 --> 00:01:22.409 I worked in inpatient Hospice.
18 00:01:22.409 --> 00:01:33.269 I worked in the community and I worked in pediatric Hospice and then this great opportunity to come and work with this really unbelievably great team here at Smilow afforded
19 00:01:33.269 --> 00:01:36.530 itself to me and I've just loved it.
20 00:01:36.530 --> 00:01:39.790 I love what I do.
21 00:01:39.790 --> 00:01:41.230 I'm often fascinated by

22 00:01:41.230 --> 00:01:51.609 people's career trajectory. So you're going to have to go a little bit deeper for me and tell me how you go from being a graphic designer

23 00:01:51.609 --> 00:01:55.819 to being involved in palliative care and

24 00:01:55.819 --> 00:02:04.230 social work. Social work is something I'd wanted to do for a long,

25 00:02:04.230 --> 00:02:07.719 long time. My wife is a social worker.

26 00:02:07.719 --> 00:02:13.949 But at the time we were getting together and settling down,

27 00:02:13.949 --> 00:02:21.829 she told me that this house isn't big enough for two social workers.

28 00:02:21.895 --> 00:02:24.870 We weren't going to be making a lot of money,

29 00:02:24.870 --> 00:02:32.039 so that was part of it and the fact that I think a lot of people who end up in palliative care have histories

30 00:02:32.039 --> 00:02:35.659 with people who are facing

31 00:02:35.659 --> 00:02:44.270 serious illness and or end of life and I have that history and so because of various

32 00:02:44.270 --> 00:02:51.069 life events, you decided to leave graphic design as a profession and enter social work.

33 00:02:51.069 --> 00:03:00.450 Yes I did and it's the best move I ever made and in particular into palliative care.

34 00:03:00.522 --> 00:03:03.319 Tell us a little bit more

35 00:03:03.319 --> 00:03:08.360 about palliative care. I think that many people understand what palliative care is,

36 00:03:08.360 --> 00:03:12.240 but I think that there still may be some misperceptions.

37 00:03:12.240 --> 00:03:14.180 I mean, certainly, you know,

38 00:03:14.180 --> 00:03:20.389 we've had politicians who have had the view that palliative care is equivalent to death panels.

39 00:03:20.389 --> 00:03:24.659 People may not know the difference between palliative care and Hospice.

40 00:03:24.659 --> 00:03:27.759 You mentioned that you were involved in Hospice,

41 00:03:27.759 --> 00:03:32.810 so can you clarify for us what exactly is palliative care?

42 00:03:32.810 --> 00:03:34.750 What exactly is it that you do?

43 00:03:34.750 --> 00:03:46.469 Palliative Care is really working with people with serious illness and who are experiencing, in my case,

44 00:03:46.469 --> 00:03:58.580 working through the outpatient clinic, the palliative care clinic, we deal with people who are experiencing a great deal of cancer related pain,

45 00:03:58.580 --> 00:04:02.389 so our objective is to comfort them,

46 00:04:02.389 --> 00:04:06.669 alleviate that pain as much as possible.

47 00:04:06.669 --> 00:04:16.339 and see them through the trajectory whether it's going up or down through this process of cancer.

48 00:04:16.339 --> 00:04:17.480 Tell us

49 00:04:17.480 --> 00:04:22.600 then the difference between palliative care and

50 00:04:22.600 --> 00:04:27.389 pain management.

51 00:04:27.389 --> 00:04:34.790 Good question. At this point, I would say that a good deal of what we do in palliative care is we treat people with

52 00:04:34.790 --> 00:04:40.199 pain medication such as opioids and some really intensive pain medication,

53 00:04:40.199 --> 00:04:45.610 whereas pain management less so they're more likely maybe to do more procedures.

54 00:04:45.610 --> 00:04:48.100 I mean, I'm not a doctor,

55 00:04:48.100 --> 00:04:57.250 but they're more likely to do procedures like pain blocks and that sort of thing at this point.

58 00:05:01.000 --> 00:05:04.829 Ed, you're a social worker

59 00:05:04.901 --> 00:05:07.459 you're not a doctor,

60 00:05:07.593 --> 00:05:10.120 so how would

61 00:05:10.120 --> 00:05:12.250 you prescribe opioids? Help

62 00:05:12.250 --> 00:05:15.970 us to understand what exactly

63 00:05:15.970 --> 00:05:25.029 you do.

64 00:05:25.029 --> 00:05:31.750 I am there for emotional and psychosocial support. I try to be as close to where the patient is as possible.

65 00:05:31.750 --> 00:05:34.889 I don't go in with an agenda,

66 00:05:34.889 --> 00:05:38.470 I go in, find out where they are,

67 00:05:38.470 --> 00:05:40.720 what their emotional state is

68 00:05:40.720 --> 00:05:46.050 and try to again see where they are.

69 00:05:46.050 --> 00:05:53.839 If they want to go to the place of talking about
end of life,
70 00:05:53.839 --> 00:05:57.939 I will go there. If they don't, then I won't.
71 00:05:57.939 --> 00:06:02.870 I'm not going to push them this is their path.
72 00:06:02.870 --> 00:06:05.740 And their their life. And
73 00:06:05.740 --> 00:06:09.079 so palliative care, it seems to me,
74 00:06:09.079 --> 00:06:14.819 is really where patients who have extreme dif-
ficulty with a particular illness,
75 00:06:14.819 --> 00:06:17.209 in this case cancer,
76 00:06:17.209 --> 00:06:20.079 are assessed by a multidisciplinary team,
77 00:06:20.079 --> 00:06:27.250 part of which includes a physician who could
manage their pain and their other symptoms
78 00:06:27.250 --> 00:06:35.389 because I would anticipate that some of these
patients might have terrible nausea or terrible difficulty in
79 00:06:35.389 --> 00:06:38.610 eating or breathing,
80 00:06:38.610 --> 00:06:40.720 but also have other issues,
81 00:06:40.720 --> 00:06:47.029 because one can imagine that when you're
facing such a tremendous illness as cancer,
82 00:06:47.029 --> 00:06:52.079 that there are a number of things that go
through your head,
83 00:06:52.079 --> 00:06:55.870 your body, there's the physical issues,
84 00:06:55.870 --> 00:06:58.399 but there's also the mental issues,
85 00:06:58.399 --> 00:07:00.920 the emotional issues, the family issues,
86 00:07:00.920 --> 00:07:05.980 the social issues, all of which is an extra burden
on you, but they all are a piece
89 00:07:09.939 --> 00:07:13.899 towards caring for these patients.
90 00:07:13.899 --> 00:07:24.970 I like to think and someone actually once told
me that coming into peoples lives at this time is almost like coming into a play
91 00:07:24.970 --> 00:07:31.990 and you're sort of dropped from the top of the
play into that particular scene or act that
92 00:07:31.990 --> 00:07:35.649 the patient is in at that particular time.
93 00:07:35.649 --> 00:07:40.410 If you didn't have anything to do with them
prior to their illness,

94 00:07:40.410 --> 00:07:44.800 and more than likely are going to have much to do with,

95 00:07:44.800 --> 00:07:49.560 certainly not the patient going forward but the family for that matter,

96 00:07:49.560 --> 00:07:53.579 though there are times when things carry through a little bit,

97 00:07:53.579 --> 00:07:55.779 so you're there in that moment,

98 00:07:55.779 --> 00:07:57.980 and that's what you're dealing with.

99 00:07:57.980 --> 00:08:03.100 So whatever baggage they've come with and everybody has prior to

100 00:08:03.100 --> 00:08:11.910 their illness, they have their history and that carries into the illness stage and carries into the stressors.

101 00:08:11.910 --> 00:08:16.620 But again, you're not trying to fix what happened before,

102 00:08:16.620 --> 00:08:23.689 you just trying to keep things as focused as possible on the patient,

103 00:08:23.689 --> 00:08:27.920 the patient's care, and everybody's emotional well being as

104 00:08:27.920 --> 00:08:36.870 much as possible. Tell us about some of the issues that patients discuss with you in those palliative care

105 00:08:36.870 --> 00:08:39.980 talks.

106 00:08:39.980 --> 00:08:43.529 It could be a myriad of things.

107 00:08:43.529 --> 00:08:52.590 We will possibly talk about again some of their history,

108 00:08:52.590 --> 00:08:58.039 how they are within their family unit.

109 00:08:58.039 --> 00:09:03.509 Possibly what they experience,

110 00:09:03.509 --> 00:09:05.429 estrangement from certain family members.

111 00:09:05.429 --> 00:09:13.129 Are they looking to be at that point now that things are getting to a different stage in their life?

112 00:09:13.129 --> 00:09:16.210 Are they looking for reconciliation of some kind?

113 00:09:16.210 --> 00:09:21.600 Do they know where the family is that they're reaching out to?

114 00:09:21.600 --> 00:09:25.879 Do they know where they are or how to contact them?

115 00:09:25.879 --> 00:09:35.559 Or do they have an idea and we've even done things where we've called

116 00:09:35.559 --> 00:09:40.840 through Google and other areas just to try and locate

117 00:09:40.840 --> 00:09:44.360 family members and try to re invite people.

118 00:09:44.360 --> 00:09:56.250 I think that is such a critical piece because sometimes cancer is that stressor that really kind of gives people a crystallized view of relationships.

119 00:09:56.250 --> 00:10:05.220 Either relationships that they're in a bad relationship and it's falling apart and they just need that emotional support to say you're OK.

120 00:10:05.220 --> 00:10:09.120 Maybe this was not a great relationship

121 00:10:09.120 --> 00:10:19.960 and now it's just come to the forefront that this wasn't healthy for you and we're here to help you as you move on.

122 00:10:19.960 --> 00:10:23.620 Or contrary to that point,

123 00:10:23.620 --> 00:10:29.559 which was the desire to really work through relationships and strengthen those relationships.

124 00:10:29.559 --> 00:10:34.580 Because you now have this event which is pulling people together.

125 00:10:34.580 --> 00:10:38.240 Different patients come with different kinds of stressors.

126 00:10:38.240 --> 00:10:41.440 Different family dynamics that really play in.

127 00:10:41.440 --> 00:10:52.470 I guess the other thing Ed is that I can think of in terms of the family dynamic is with regards to children when

128 00:10:52.470 --> 00:11:02.409 cancer effects the parent or grandparent and how they have that conversation with their child or their grandchild.

129 00:11:02.409 --> 00:11:12.090 And the other side to that coin is what do you do when the patient is the child and children going through cancer?

130 00:11:12.090 --> 00:11:17.570 I can imagine that puts tremendous stress on the family. Let's

131 00:11:17.570 --> 00:11:19.669 talk a little bit about that.

132 00:11:19.669 --> 00:11:21.809 In my

133 00:11:21.809 --> 00:11:28.409 work as a

134 00:11:28.409 --> 00:11:39.409 social worker, I don't really deal with children in the sense of children who are are dealing with cancer.

135 00:11:39.409 --> 00:11:43.080 I did when I was in Hospice,

136 00:11:43.080 --> 00:11:46.759 I dealt with Pediatrics quite a bit.

137 00:11:46.759 --> 00:11:50.799 It depends. It depends on the age of the

138 00:11:50.799 --> 00:11:58.139 child because at certain points if the child is very young,

139 00:11:58.139 --> 00:12:02.909 obviously you're doing most of your work with the parents at that point.

140 00:12:02.909 --> 00:12:06.210 If the child is more towards pre adolescence,

141 00:12:06.210 --> 00:12:10.620 you're dealing with them and the parents and then up to 21

142 00:12:10.620 --> 00:12:16.120 is really what's considered pediatric Hospice.

143 00:12:16.120 --> 00:12:28.909 You're dealing a little bit more with that young adult patient and some with family of the parents, the dynamics obviously are different according to

144 00:12:28.909 --> 00:12:40.500 the age, right? So a 21 year old who's dealing with end of life issues or cancer,

145 00:12:40.500 --> 00:12:48.649 they've already had a history with their parents and there may be things that were going on

146 00:12:48.649 --> 00:12:54.269 prior to their cancer diagnosis,

147 00:12:54.269 --> 00:13:02.139 so that comes into play and how that intermingles and how they sort of

148 00:13:02.139 --> 00:13:11.620 deal with how parents and children deal with the issues that they've dealt with before and how that sort of fits in with trying

149 00:13:11.620 --> 00:13:15.409 to come to terms with their illness and what they want to

150 00:13:15.409 --> 00:13:17.620 do with the rest of their lives.

151 00:13:17.620 --> 00:13:27.100 Yeah, and I can imagine that it's a whole other dynamic when you have parents who are going through a cancer diagnosis and have young children and have to explain

152 00:13:27.100 --> 00:13:29.000 to their child what's going on,

153 00:13:29.000 --> 00:13:34.789 we're going to pick up on that conversation right after we take a short break for medical minute.

154 00:13:34.789 --> 00:13:42.070 Please stay tuned to learn more about the role of social work in palliative care with my guest Ed Schwartz.

155 00:13:42.070 --> 00:13:52.629 Support for Yale Cancer Answers comes from AstraZeneca proud partner of the many individuals and organizations who are working together to end cancer as a cause of death.

156 00:13:52.629 --> 00:13:57.549 Learn more about the Your Cancer movement at yourcancer.org.

157 00:13:57.549 --> 00:14:00.889 This is a medical minute about smoking cessation.

158 00:14:00.889 --> 00:14:04.659 There are many obstacles to face when quitting smoking,

159 00:14:04.659 --> 00:14:07.580 as smoking involves the potent drug nicotine.

160 00:14:07.580 --> 00:14:10.509 But it's a very important lifestyle change,

161 00:14:10.509 --> 00:14:13.019 especially for patients undergoing cancer treatment.

162 00:14:13.019 --> 00:14:23.470 Quitting smoking has been shown to positively impact response to treatments, decrease the likelihood that patients will develop second malignancies, and increase rates of survival.

163 00:14:23.470 --> 00:14:29.000 Tobacco treatment programs are currently being offered at federally designated comprehensive cancer centers

164 00:14:29.000 --> 00:14:34.870 and operate on the principles of the US Public Health Service clinical practice guidelines.

165 00:14:34.870 --> 00:14:46.179 All treatment components are evidence based and therefore all patients are treated with FDA approved first line medications for smoking cessation as well as smoking cessation counseling.

167 00:14:48.690 --> 00:14:55.259 More information is available at yalecancer-center.org, you're listening to Connecticut public radio.

168 00:14:55.259 --> 00:14:55.620 Welcome

169 00:14:55.620 --> 00:14:57.399 back to Yale Cancer Answers.

170 00:14:57.399 --> 00:15:07.759 This is doctor Anees Chagpar and I'm joined tonight by my guest Edward Schwartz and we're talking about his role in palliative care and right before the break

171 00:15:07.759 --> 00:15:15.610 Ed we were talking about some of the things that you as a social worker do as part of that interdisciplinary team,

172 00:15:15.610 --> 00:15:25.309 in palliative care and one of the things we mentioned was the idea of meeting patients where they were and kind of being dropped into their life

173 00:15:25.309 --> 00:15:29.990 when they've just been faced with this massive diagnosis of cancer,

174 00:15:29.990 --> 00:15:33.389 tell us a little bit about your role.

175 00:15:33.389 --> 00:15:39.340 I can imagine that when an individual is faced with a diagnosis of cancer,

176 00:15:39.340 --> 00:15:44.440 let alone all of the physical pain that they have to face,

177 00:15:44.440 --> 00:15:50.389 the issues with regards to relationships in spouses and so on and so forth,

178 00:15:50.389 --> 00:15:53.360 which we talked a little bit about,

179 00:15:53.360 --> 00:15:56.360 but how do they convey that information?

180 00:15:56.360 --> 00:16:07.009 To a young child. I can imagine that they're torn on the one hand you have to take care of yourself and you've got all of these medical

181 00:16:07.009 --> 00:16:15.919 appointments and you're in pain and on the other hand you want to protect your child from this terrible diagnosis and the thought that

182 00:16:15.919 --> 00:16:18.370 one day they might not have a parent.

183 00:16:18.370 --> 00:16:23.279 But on the other hand you have to tell them and I'm sure that that can

184 00:16:23.279 --> 00:16:26.350 be really frightening and harrowing for a lot of people.

185 00:16:26.350 --> 00:16:31.019 It is and we we tend to give them either some literature to possibly read,

186 00:16:31.019 --> 00:16:34.669 coach them through it a little bit.

187 00:16:34.669 --> 00:16:43.269 And try to tell them to be as truthful as possible within the framework of the child's age,

188 00:16:43.269 --> 00:16:48.049 right? So age appropriate explanation as to what's going on,

189 00:16:48.049 --> 00:16:50.440 but again, to be honest,

190 00:16:50.440 --> 00:16:53.860 to be somewhat realistic, not to

191 00:16:53.860 --> 00:17:03.009 fantasize about what this is,

192 00:17:03.009 --> 00:17:05.250 or where mom or dad are going,

193 00:17:05.250 --> 00:17:10.892 that sort of thing. But just to be in the moment and be as realistic as possible.

194 00:17:10.963 --> 00:17:13.057 I'm sure that must be difficult.

195 00:17:13.119 --> 00:17:20.660 It's difficult and I'll ask the parents if they like for me to be sitting in on the meeting with them if that

196 00:17:20.660 --> 00:17:22.240 would that make it easier?

197 00:17:22.240 --> 00:17:26.339 And is it a situation where mom or dad has the illness?

199 00:17:28.869 --> 00:17:36.140 At that point I don't know how realistic they've been with the children.

200 00:17:36.140 --> 00:17:37.720 Some people are very realistic.

201 00:17:37.720 --> 00:17:40.559 Some people have held it off till the end,

202 00:17:40.559 --> 00:17:43.910 and so where do we go from there?

204 00:17:46.609 --> 00:17:50.730 What I try to do is

205 00:17:50.730 --> 00:17:56.839 if I can't speak to that patient who's ill and can't be in the room,

206 00:17:56.839 --> 00:18:07.420 then I'm helping the surviving parent talk to their child as much as possible and not be afraid of that process.

207 00:18:07.420 --> 00:18:11.890 And to be open about any questions they have.

208 00:18:11.890 --> 00:18:15.559 Any questions those children might have because they do,

209 00:18:15.559 --> 00:18:19.279 children have questions and children pick up on things

210 00:18:19.279 --> 00:18:21.579 rather quickly, they hear things.

211 00:18:21.579 --> 00:18:28.460 Obviously, we all know that they they hear things that we think they don't,

212 00:18:28.460 --> 00:18:31.039 and if they have those

213 00:18:31.039 --> 00:18:35.420 ideas in their head without explanation, it happens to adults too,

214 00:18:35.420 --> 00:18:38.599 if you're given partial part of an explanation,

215 00:18:38.599 --> 00:18:40.589 where does your mind go?

216 00:18:40.589 --> 00:18:44.569 It doesn't go necessarily to the best places.

217 00:18:44.569 --> 00:18:46.960 Most of the time, it doesn't.

218 00:18:46.960 --> 00:18:50.940 It's going out to those really frightening areas,

219 00:18:50.940 --> 00:18:53.730 and that's where honesty comes in,

220 00:18:53.730 --> 00:18:56.109 but the compassion of the parent,

221 00:18:56.109 --> 00:19:01.289 and if there's a professional involved to help them through that process,

222 00:19:01.329 --> 00:19:13.779 I would imagine that another area of conversation that you as a social worker have with patients is with regards to their own sense of mortality

223 00:19:13.779 --> 00:19:20.009 because I can imagine that when you're faced with a diagnosis of cancer,

224 00:19:20.009 --> 00:19:27.710 that you become acutely aware of your own mortality and what that means and what happens.

225 00:19:27.710 --> 00:19:31.730 And that's really scary. Talk a little bit

226 00:19:31.730 --> 00:19:39.339 about that.

227 00:19:39.339 --> 00:19:44.359 When I meet patients on the hospital side, I would do this and I do this on the palliative care side.

228 00:19:44.359 --> 00:19:47.460 Also depending on where they are in

229 00:19:47.460 --> 00:19:52.430 either disease progression or their treatment progression,

230 00:19:52.430 --> 00:19:55.740 and depending on obviously as I said before,

231 00:19:55.740 --> 00:19:57.950 I'm sort of taking their lead.

232 00:19:57.950 --> 00:20:06.779 If I see that they are feeling very anxious about where they are in the process or if they're feeling somewhat depressed about it,

233 00:20:06.779 --> 00:20:08.990 I will ask about

234 00:20:08.990 --> 00:20:13.519 do they have fears or concerns about what is about to happen?

235 00:20:13.519 --> 00:20:17.880 And have they thought about end of life?

236 00:20:17.880 --> 00:20:21.640 I'm not necessarily that in their face about it,

237 00:20:21.640 --> 00:20:23.490 but after conversing for awhile,

238 00:20:23.490 --> 00:20:25.339 we sort of work through it.

239 00:20:25.339 --> 00:20:27.509 And then if they are comfortable enough,

240 00:20:27.509 --> 00:20:29.049 we start talking about it.

241 00:20:29.049 --> 00:20:34.920 And many times they will talk about where they are and a lot of times they'll start by saying,

242 00:20:34.920 --> 00:20:37.299 well, I'm not afraid of death.

243 00:20:37.299 --> 00:20:42.750 What they are afraid of is the process getting there and many times that,

244 00:20:42.750 --> 00:20:46.640 involves the pain that they're going to experience,

245 00:20:46.640 --> 00:20:48.579 and then some other aspects.

246 00:20:48.579 --> 00:20:52.470 What is it going to be like as I approach?

247 00:20:52.470 --> 00:20:57.920 What can I expect? Am I going to be awake through this whole process,

248 00:20:57.920 --> 00:21:07.460 or is there going to be a place where I'm not going to be awake and not going to be able to communicate?

249 00:21:07.460 --> 00:21:12.470 It's a variety and depends on who the patient is,

250 00:21:12.470 --> 00:21:18.240 if they know people that have had experience with situations in end of life.

251 00:21:18.240 --> 00:21:22.859 Some people have had no experience with end of life at all.

252 00:21:22.859 --> 00:21:29.019 So again, you're sort of playing with where they are at that particular moment in their lives.

253 00:21:29.019 --> 00:21:34.410 A few times now you've mentioned Hospice and you've mentioned palliative care.

254 00:21:34.410 --> 00:21:37.880 Can you put a finer point on the differences

255 00:21:37.880 --> 00:21:39.799 between the two?

256 00:21:39.799 --> 00:21:43.240 Yes, so

257 00:21:43.240 --> 00:21:56.799 from a concrete place, hospice has to have a six month or or less diagnosis given by a physician.

258 00:21:56.799 --> 00:22:02.000 Palliative care does not have that barrier.

259 00:22:02.000 --> 00:22:09.579 The other thing is people who are undergoing palliative care are usually people who start off with a serious illness.

260 00:22:09.579 --> 00:22:19.809 You do not have to be facing end of life and there's sort of the great myth that as soon as people here palliation or palliative that,

261 00:22:19.809 --> 00:22:27.009 that means they're being referred for palliative care that somehow the doctor is telling him that this is it,

262 00:22:27.009 --> 00:22:30.799 you're about to die. And that's far from the truth.

263 00:22:30.799 --> 00:22:33.099 Yes, there is a place for

264 00:22:33.099 --> 00:22:41.140 palliative care at end of life and taking people through to the Hospice place,

265 00:22:41.140 --> 00:22:44.099 yes. Very much so. And

266 00:22:44.099 --> 00:22:50.019 I would say we are comfortable with that and were trained well for that.

267 00:22:50.019 --> 00:22:53.829 But again, palliative care does not have that.

268 00:22:53.829 --> 00:23:01.089 That conversation that connotation of having to mean that you're facing the end of your life.

269 00:23:01.089 --> 00:23:07.450 It is really to palliate symptoms as

270 00:23:07.450 --> 00:23:11.539 you started with, let me say also around Hospice.

271 00:23:11.539 --> 00:23:14.460 we use the word that people use

272 00:23:14.460 --> 00:23:16.539 the word palliative care also,

273 00:23:16.539 --> 00:23:19.049 and palliative means,

274 00:23:19.049 --> 00:23:24.470 comfort calming, that's what the definition of the word is,

275 00:23:24.470 --> 00:23:27.390 so it slips into Hospice,

276 00:23:27.390 --> 00:23:29.920 but more as an

277 00:23:29.920 --> 00:23:36.119 adjective as to what the treatment is going to be as opposed to

278 00:23:36.119 --> 00:23:39.750 a practice which is what

279 00:23:39.750 --> 00:23:49.630 palliative care is right. When you talk about some management in terms of palliative care and you started off by talking about,

280 00:23:49.630 --> 00:23:53.789 you know controlling peoples pain often with opioids or strong painkillers,

281 00:23:53.789 --> 00:23:57.569 which is the difference between palliative care and pain management?

282 00:23:57.569 --> 00:24:00.720 For example, which can be more procedural.

283 00:24:00.720 --> 00:24:07.680 I would imagine that yet another fear that people have when they hear opioids is

284 00:24:07.680 --> 00:24:09.769 am I going to get addicted?

285 00:24:09.769 --> 00:24:18.470 I mean we hear about the opioid crisis all the time and now here you are giving me opioids and you know what does this

286 00:24:18.470 --> 00:24:20.900 mean? How do you deal with that?

287 00:24:20.900 --> 00:24:26.119 I deal with it by saying doctors aren't here to create an addiction for you.

288 00:24:26.119 --> 00:24:31.069 They're here to treat your pain and this is the best way they know

289 00:24:31.069 --> 00:24:38.009 how to do it. You're under a doctors care, they're monitoring what's going on so it's,

290 00:24:38.009 --> 00:24:40.180 from that standpoint,

291 00:24:40.180 --> 00:24:46.700 you're in good hands. Is that to say that you can't develop some sort of

292 00:24:46.700 --> 00:24:51.000 psychiatric dependence at some point?

293 00:24:51.000 --> 00:24:54.910 Yeah, it's possible people are living longer with their illnesses,

294 00:24:54.910 --> 00:24:59.210 and doing so are experiencing pain for longer periods of time.

295 00:24:59.210 --> 00:25:01.559 And they do need that help.

296 00:25:01.559 --> 00:25:06.640 But I would say not to be afraid of taking your pain medication.

297 00:25:06.640 --> 00:25:08.599 It's there to help you,

298 00:25:08.599 --> 00:25:11.720 and it's going to help your emotional state.

299 00:25:11.720 --> 00:25:16.829 There's literature that shows that there's a real connection between people's emotional state

300 00:25:16.829 --> 00:25:20.000 and their level of pain that they're experiencing,

301 00:25:20.000 --> 00:25:24.750 so it's important to be as comfortable as possible if you can,

302 00:25:24.750 --> 00:25:30.690 and two, we try to help people through that anxiety of becoming either addicts,

303 00:25:30.690 --> 00:25:32.670 or drug dependent.

304 00:25:32.670 --> 00:25:35.049 And so you've mentioned

305 00:25:35.049 --> 00:25:37.029 how palliative care is really

306 00:25:37.029 --> 00:25:39.009 a team approach,

307 00:25:39.009 --> 00:25:42.970 you've got doctors who are prescribing opioids

308 00:25:42.970 --> 00:25:46.930 to manage the medical symptoms,

309 00:25:46.930 --> 00:25:48.940 whether it's pain or nausea,

310 00:25:48.940 --> 00:25:53.019 constipation, or difficulty swallowing. I imagine that there are many,

311 00:25:53.019 --> 00:25:58.329 many symptoms on the physical side that the medical professionals are dealing with,

312 00:25:58.329 --> 00:26:07.730 and then you come in and you're really trying to deal with more emotional side and relationships with families with children.

313 00:26:07.730 --> 00:26:10.720 And working through the fears that they may have at end of life,

314 00:26:10.720 --> 00:26:13.710 I imagine that you would also help them when they're stressed about

315 00:26:13.710 --> 00:26:16.450 what am I going to do in terms of my employment?

316 00:26:16.450 --> 00:26:19.430 What am I going to do in terms of making ends meet?

317 00:26:19.430 --> 00:26:21.670 How am I going to meet the financial bills,

318 00:26:21.670 --> 00:26:25.579 right? Talk a little bit about that aspect of it as well.

319 00:26:25.579 --> 00:26:34.900 All of those things play into what the patients and the families that we see and we all have

320 00:26:34.900 --> 00:26:37.220 to play our part,

321 00:26:37.220 --> 00:26:43.039 so we have a very holistic sense of how we treat people and there's overlap,

322 00:26:43.039 --> 00:26:47.309 right? So doctors may be treating the pain through medication,

323 00:26:47.309 --> 00:26:54.309 but they are also there to help them through the emotional aspects of what's going on in there.

324 00:26:54.309 --> 00:26:57.970 Trained to listen and talk about those aspects.

325 00:26:57.970 --> 00:27:02.400 APRNs, the same thing, nurses the same thing.

328 00:27:13.309 --> 00:27:17.750 I like to tell people that probably 85 to 90%

329 00:27:17.750 --> 00:27:23.410 of what I feel that I do is around their emotional and psychosocial needs.

330 00:27:23.410 --> 00:27:28.660 But then there's the concrete areas and the concrete areas are very important

331 00:27:28.660 --> 00:27:30.740 also because they can help

332 00:27:30.740 --> 00:27:43.930 deviate anxiety, so helping someone get a grant for money to help them pay a bill for that month.

333 00:27:43.930 --> 00:27:48.640 Those things, or transportation to and from the hospital.

334 00:27:48.640 --> 00:27:57.119 All very important things. So it's anything that's really going to make the patient comfortable living.

335 00:27:57.119 --> 00:28:00.069 Whether it's their pain or

336 00:28:00.069 --> 00:28:11.470 their quality of life how they're dealing with their lives through this crisis.

337 00:28:11.470 --> 00:28:19.609 I wonder, are there other members of the team who may deal with kind of the more spiritual aspects?

339 00:28:23.269 --> 00:28:26.509 Yeah,

340 00:28:26.509 --> 00:28:30.279 she's incredible.

341 00:28:30.279 --> 00:28:43.730 She listens, and at times when people have more spiritual aspects of concern and those aren't things that I'm necessarily trained to do,

342 00:28:43.730 --> 00:28:50.210 the chaplain comes in and is able to help quite a bit.

343 00:28:50.210 --> 00:28:53.069 And not just through classic religious practice.

345 00:28:55.109 --> 00:29:04.490 I think that's why we use the word spiritual now to take that connotation out that it's just around traditional religion.

346 00:29:04.490 --> 00:29:09.789 You know, the chaplains are there to help you through any sort of existential

347 00:29:09.789 --> 00:29:14.279 sort of crisis.

348 00:29:14.279 --> 00:29:23.789 Edward Schwartz is a licensed clinical social worker. If you have questions, the address is canceranswers@yale.edu and past editions of the program are available in audio and written form at Yalecancer-center.org.

349 00:29:23.789 --> 00:29:28.940 We hope you'll join us next week to learn more about the fight against cancer here on Connecticut

350 00:29:28.940 --> 00:29:29.519 public radio.