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Integrated end-of-life care in advanced congestive heart failure: Where are we now? 2015 update

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Introduction: Congestive heart failure (CHF) is an increasingly prevalent terminal illness in our globally aging population. Despite optimal medical management, the reality of a poor overall prognosis for CHF is seldom communicated to patients and/or their families. There is an evolving evidence base suggestive that in patients with end-stage CHF, palliative care consultation can improve heart failure symptoms and address spiritual/emotional needs of both patients and caregivers. Despite this evidence, palliative care services remain woefully underutilized by patients with CHF.

Objective: To articulate specific challenges to accessing and implementing palliative care based on available literature and formulate recommendations for practice.

Methods: We performed an extensive literature review of all articles pertaining to end-of-life care for patients with CHF over the past 20 years. Recommendations for practice were made based on primary quantitative/qualitative research as well as expert opinion.

Results: Accessing palliative care services for patients with CHF remains a challenge for several factors including prognostic uncertainty, pervasive misconceptions in both the general public and healthcare providers around what palliative care is, and unique to CHF, difficulty recognizing when a patient is suitable for referral.

We identified key gaps in the delivery of appropriate care to patients with CHF, which included education to abolish current misconceptions, as well as addressing prognosis and goals-of-care effectively. To improve access to and benefit from palliative care, a team-based approach is essential and a movement towards concurrent palliative care delivery alongside active medical therapy needs to be established.

Conclusion: Heart failure is a terminal illness that affects a significant portion of the population that is only increasing in size. Despite growing evidence that palliative care has a role in improving symptom control and overall quality of life in patients with CHF, a multitude of challenges exist and this ultimately hinders access to appropriate palliative care services. As the evidence base continues to grow, education to abolish pre-existing misconceptions and a movement towards team-based palliative care delivery concurrent with traditional medical management will likely improve access to, and benefit from, palliative care services for patients suffering from CHF.

Biography

Helen Senderovich is a physician at Baycrest Health Science System with practice focused on Palliative Care, Pain Medicine and Geriatrics. She is an assistant professor at the Department of Family and Community Medicine, and Division of Palliative Care at the University of Toronto who actively involved teaching medical students and residents. She has a broad international experience and a solid research background. Her research was accepted nationally and internationally. She is an author of multiple manuscripts focused on geriatrics, patient's centered care, ethical and legal aspect of doctor patient relationship, palliative and end-of-life care.

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