Geriatric Medicine
What should we be doing?

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Overview

1. Fictional cases
2. Communication
3. Ethics
4. Aged Residential Care
5. Dementia
6. What should we be doing in NZ?

Case 1

- 54 years – male
- Progressive dementia
- Mental Test Score 1/10
- Lives with wife
- Supervision with activities of daily living – appears happy
- Admitted with acute myocardial infarction

Case 2

- 86 years – male
- Progressive dementia
- Mental Test Score 1/10
- Lives with wife
- Supervision with activities of daily living – appears happy
- Admitted with acute myocardial infarction

Case 3

- 94 years, woman, previous strokes
- Bed bound and incontinent
- Admitted drowsy – Chest X-ray – widespread pneumonia
- Lives with daughter (health care worker)
- Daughter wants mum resuscitated

Geriatric medicine

It is not knowing what to do...

It is knowing whether to do it

Saunders J –Who's for CPR?

J R Coll Physicians 1992

"If the expected outcome is death, a procedure less dignified and peaceful could hardly be devised"

Age alone is not a Factor

- POOR OUTCOME
  - Hypotension
  - Renal failure
  - Pneumonia
  - Stroke
  - Underlying cancer
  - Functionally dependent
  - Respiratory failure
  - Nursing home resident

  SURVIVAL 0-2%

- GOOD OUTCOME
  - Witnessed cardiac arrest
  - Ventricular fibrillation
  - Ischaemic heart disease
  - Early defibrillation

  SURVIVAL 10-20%

Medical Students

Geriatric Trainee

“Modern” Tool

Communication Training

- Elderly welcome discussions
- Goals of therapy (vs procedures)
- Never say “nothing I can do”
- Provide alternatives
- Avoid sense of abandonment
- Listen to your patients for clues

Discussion about Resuscitation 1

- > 50% of patients comfortable discussing resuscitation decisions with doctors
- Younger patients find discussion more distressing
- 30% of doctors uncomfortable discussing with patients (9% with relatives)

Discussion about Resuscitation 2

- Wish for resuscitation declines after discussion
- Many “for resuscitation” patients do not want prolonged life support
- Patients who request “do not resuscitate” are better informed

Ethics

- Autonomy
- Justice
- Beneficence
- Non maleficence (first do no harm)
- Futility (difficult)
- Add –Truthfulness (honesty)

Qualitative Research Themes

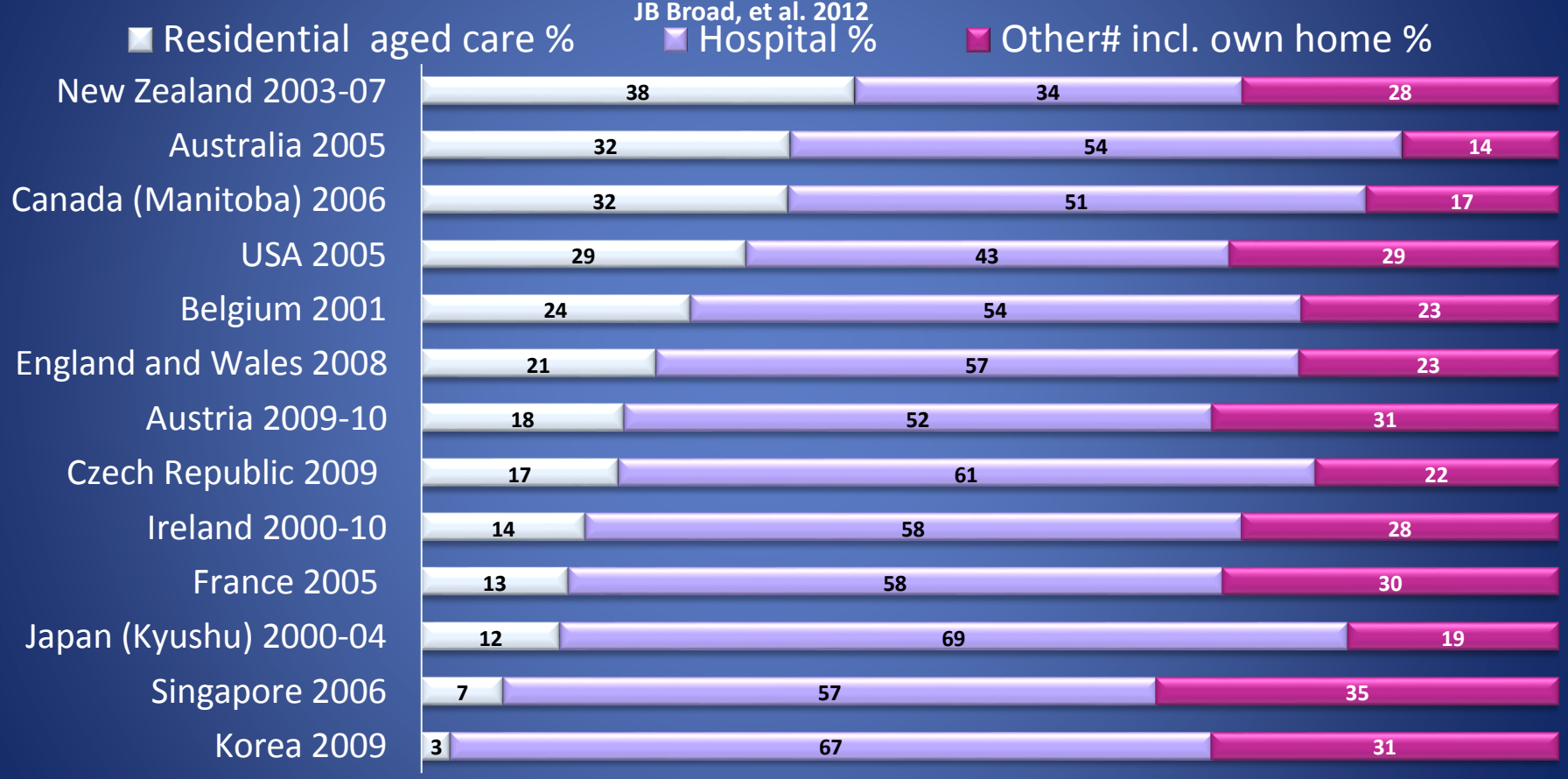
- Outcomes, not treatments, guide therapy preferences
- Advanced age is relevant in patients' treatment considerations
- Assigned authority to physicians and family members
- Importance of caring during serious illness

Aged Residential Care (ARC)

- 38% of people in NZ die in ARC
- Role of primary care provider in ARC
  - Do they have palliative care training?
  - Do they have geriatric medicine training?

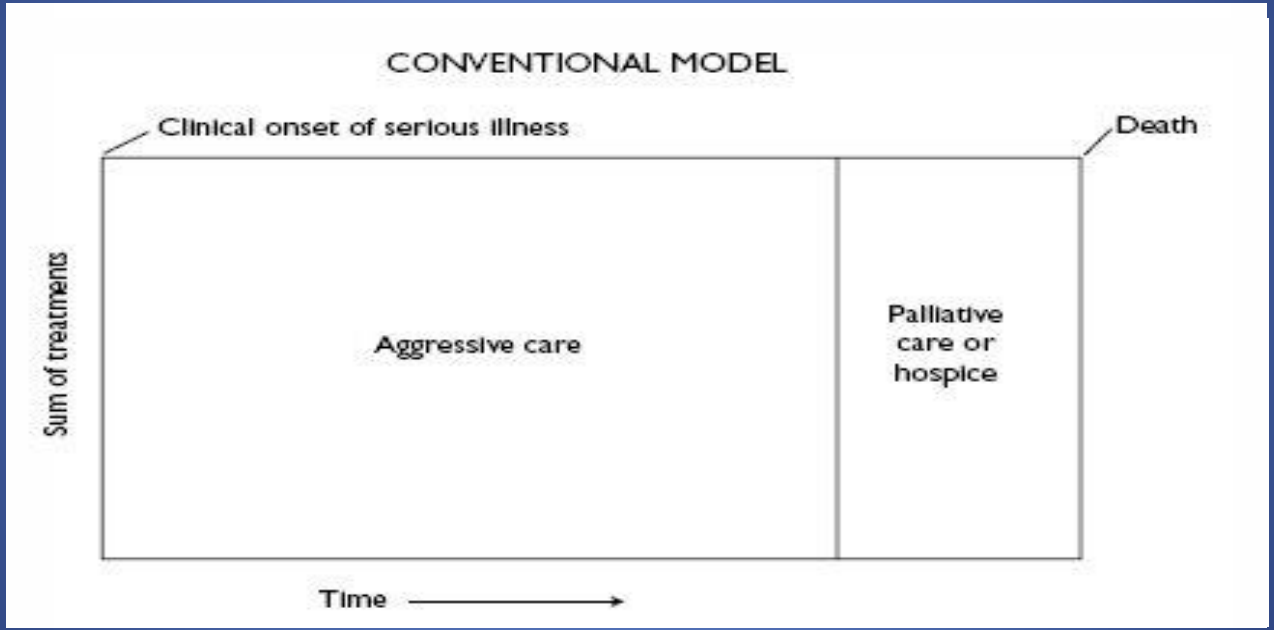
International Comparison of Place of Death for those >65

JB Broad, et al. 2012



Palliative Approach to Care

Lynn and Adamson, 2003



Dementia

- Severity varies
- Pre-expressed wishes
- Role of Enduring Power of Attorney
- Some treatments useless in advanced dementia
- Risk of value judgements

What should we be doing?

- Family meeting is powerful tool for planning care
- Physicians can:
  - provide prognostic information
  - goals of care
  - judicious recommendations re investigations
  - recommendations to use/withhold “curative” treatments
- Patients (and families) can define agreed goals

What else should we be doing?

- Improve palliative care training in ARC
- Improve links between palliative care and geriatric medicine
- Continue to encourage advanced directives
- Acute care hospitals may not be the best place for some elderly