

**Maxims of Hospice and Palliative Medicine:  
A novel teaching tool**

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**Disclosure**

- No financial relationships to disclose

**Objectives**

1. Describe the Maxims of Hospice and Palliative Medicine
2. Discuss how the Maxims of Hospice and Palliative Medicine can be used to teach the conceptual framework of Hospice and Palliative Medicine to learners
3. Reflect on the applicability of the Hospice and Palliative Medicine Maxims to modeling positive relationships within organizations

**Introduction**

- Much of Hospice and Palliative Medicine (HPM) is service and education.
- Education is key to prepare clinicians for work in this demanding field
- Philosophy and approach to care is crucial but many times difficult to describe.

**Introduction continued**

- Contextual practice and mentoring is key
- Conceptual frameworks:
  1. Provide scaffolding for learners
  2. An underlying “schema”
- Use of heuristics to help with complex tasks

**Origins of HPM Maxims**

- Fellowship Experience 2005-6
- HPM Literature
- Clinical experience; Inpatient Hospice and Inpatient Palliative Medicine Consultations
- Fellowship program director
- Need for teaching tool, fellows and residents

### Review of Maxims

- To alleviate suffering you must first identify it.
- To identify suffering you must know the story, as told by the sufferer.

### Review of Maxims

- When you do not know what to say, stay silent and bear witness.
- Most people are reasonable people put in difficult circumstances.

### Review of Maxims

- Meet people where they are and then walk with them.
- When in doubt, get everyone together and talk about it.

### Review of Maxims

- Time spent building rapport is essential.
- This is not about you, if it starts to be, ask for help and take a step back.

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### Review of Maxims

- Not everything can or even should be accomplished on an initial visit.
- When you do not know what to do, ask more questions.

### Review of Maxims

- Hold the truth gently; it is not something you truly possess.
- Discuss prognosis, by invitation.

### Review of Maxims

- Form and communicate a coherent opinion with recommendations driven by prognosis and goals.
- Do not pile drive a specific plan of care.

### Review of Maxims

- Focus on process, not outcomes.
- Bring an authentic but compassionate presence to all your interactions.

### Review of Maxims

- Do not throw the referring clinician under the bus.

### Case Presentation

- 60 year old morbidly obese woman
- Bed bound
- End stage renal disease on hemodialysis
- Committed spouse and 2 daughters

### Case 1 Continued

- Large non-healing wounds requiring wound vacuum treatment
- Recently in Long term acute care setting
- Family refusing return to Long term acute care
- Insist on return home

## Case 2

- 75 year old man
- End stage congestive heart failure and cardio-renal syndrome.
- Difficult to engage about his preferences to treatment
- Awaiting right heart catheterization procedure
- Did not want to discuss goals until after procedure

## Case 2 continued

- Physician performs an initial palliative medicine evaluation and asks about change in code status.
- Patient and family very upset and ask palliative medicine to no longer be involved

Questions or comments?

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Thank you!

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& COMMUNITY CARE  
founded as Hospice of Lancaster County