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Questions and Answers

1. A caregiver of an elderly patient actively dying of a terminal GI condition may request an evaluation for hospice care from their attending gastroenterologist only when:
 - a. A palliative care consultant approves such care
 - b. A licensed physician can provide an estimated prognosis of 6 months or less
 - c. The patient's Medicare insurance approves a waiver to allow such treatment
 - d. The patient is moved from the home into an acute care hospital

Answer: b

Discussion: Palliative care can be provided alongside hospice care but is independent of such hospice service. Medicare provides an explicit hospice care benefit under Part A for all Medicare recipients, without any prior authorization but requires a 6-month prognosis determination be established. Both palliative and hospice care services can be provided in all settings, including in-home care.

2. An elderly patient diagnosed with advanced chronic hepatitis and Alzheimer's dementia has remained independent in all his instrumental activities of daily living (ADL) such as shopping, cooking, and finances but has recently become incontinent of urine. This new urinary incontinence:
 - a. Is likely due to his advanced dementia and probably incurable
 - b. Warrants an evaluation for potential correctable causes since dementia-related urinary incontinence would be unlikely given his prior high level of function
 - c. Maybe a transient event unrelated to his identified major chronic illnesses
 - d. b & c

Answer: d

Discussion: ADLs are generally lost in a specific hierarchy if related to progression of chronic illnesses. An ADL such as urinary continence is seldom impaired on a chronic basis before higher level IADLs are also impaired and so may represent a recent transient event like a urinary tract infection, overflow from a bladder outlet obstruction, or adverse effect of a medication. Any medications added or discontinued would need consideration in the etiology of a new manifestation.

3. Appropriate end-of-life responses to a decline of oral intake during the terminal phase of a chronic illness include:
 - a. Assessing for remediable causes such as oral infections or colonic fecal impaction and eliminating unnecessary medications that contribute towards the anorexia
 - b. Inquiring about advance treatment wishes from the patient and with involved caregivers
 - c. Carefully reviewing the limited evidence supporting the use of percutaneous enteral gastrostomy (PEG) tubes in such situations
 - d. All of the above

Answer: d

Discussion: All of the items presented are appropriate in addressing end-of-life anorexia; PEG should not be first step solution. Every possible means to improve oral intake should be attempted, including the avoidance of restrictive diets.

