B. WIEBE IT OR NOT!

Medical Director's Newsletter Second Quarter 2011

COMFORT MEASURES

The scenario is not uncommon: A patient, usually elderly, burdened with multiple chronic conditions, acutely ill in hospital, things are not going well, discussions take place with loved ones and the order is written or a note is placed in the chart, "Comfort Measures".

What does it mean? How does an order of "Comfort Measures" in a patient chart change the nature of care, and how do "Comfort Measures" translate onto actual orders for care?

These are pertinent questions for us all – for all us physicians trained and conditioned in the diagnostic process, and well-tooled to formulate and order treatments for "cure" – orders geared to bring about recovery. Curative care orders come to us intuitively, almost like subconscious, automatic algorithms. It's what we've been trained to do and we're very practiced in it. **Comfort Care measures on the other hand, take a bit more thought, as their assumptions and goals are qualitatively different.** How do we go about modifying the patient's order set when comfort measures are intended?

For me, it is helpful to think in this way: Firstly, in regards to assumptions: When the goal of care becomes comfort measures, it is a given that the end of life is expected and will now be allowed. Life-prolonging measures are no longer required or desired. So we can put aside our intuitive ways of thinking about life preservation and prolongation, and rather focus on how we can facilitate maximal comfort while the patient declines towards death. Secondly I look at each order already in place and consider whether or not it should be continued or modified using the simple guiding question: Will this order help the patient to be more comfortable? Does it enhance comfort or make no difference, or might it, in fact, possibly worsen suffering? Then each order considered is either continued, modified or discontinued, and perhaps new ones are added, always around the central question: Will this order contribute to enhanced comfort? In this way patients are most likely to benefit from helpful interventions and won't need to continue measures which do not help, which might harm or be unduly burdensome, or which simply don't matter anymore. **Usually, this translates into a simpler, quieter, less intrusive, and more compassionate plan of care.**

But it doesn't mean there is a simple check list in which all situations will determine whether a particular order is in or out, as the role of a particular intervention may sometimes be helpful and sometimes not. Vitamin supplements and statins to give obvious examples, are never helpful when a person is actively dying. Oxygen on the other hand may well help dyspnea associated with hypoxia, but if the patient feels dyspneic but is not hypoxic, it may give psychological benefit only, and then again if oxygen is poorly tolerated patient comfort may be better served by keeping it off. When the dying process has brought the patient beyond any level of awareness, oxygen is unlikely to be helpful in any way. IV fluids, then again, may help relieve dehydration-related delirium, but most persons in advanced stages of dying will suffer less respiratory distress if allowed to dehydrate. What about antibiotics? They might qualify as comfort measures if combating infection relieves a troubling symptom, but otherwise they have no role in comfort measures.

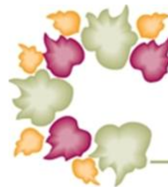
These are but a few examples, but they demonstrate that certain measures may contribute to comfort in some circumstances but not in others. There is no simple black and white formula, so it may seem complicated, but still, if we simply consider each potential order around the question of symptomatic benefit or not, in the particular time and place of consideration, helpful orders will be written, suffering will be relieved, and we will have facilitated an easier dying.

What constitutes "Comfort Measures?"

1.) Eliminate non-helpful orders
2.) Treat troublesome symptoms aggressively
3.) Review each order daily as the patient's status evolves
4.) Keep it simple
5.) Deliver it all with care and empathy

Whatever helps truly relieve suffering – that's "Comfort Measures."

BWiebe it or not.



Bernie Wiebe, MD
Medical Director