

The Value of Multidisciplinary Teamwork in Palliative Care

by Carrie Lapham, A.P.N., and Roz Laraway, M.S., M.F.T.

As members of the Integrative Cancer Support Service at Gundersen Lutheran Cancer Center in La Crosse, Wis., we believe wholeheartedly in the value of a multidisciplinary team approach to palliative care. Our palliative care practitioners include social workers, rehabilitation specialists, child-life specialists, nutritionists, pharmacists, pastoral caregivers, physical and occupational therapists, genetic counselors, and family counselors. The team is supported by one full-time and one part-time advanced practice nurse and a part-time palliative care medical director who also oversees the hospice.

Gundersen Lutheran's Palliative Care Service was established in 1995 to meet the needs of patients and families that were not yet eligible for or receptive to hospice services. Our program focuses on quality-of-life issues, advanced care planning, and symptom management, and is offered to patients as early in their disease process as possible.

Although the Integrative Cancer Support Service focuses on oncology patients and the palliative care office is in the outpatient oncology department, the nurses see any Gundersen Lutheran patient with a progressive, incurable disease who needs palliative care services.

Currently, about 70 percent of our patients have a cancer diagnosis and the other 30 percent have renal, cardiac, pulmonary, or other problems.

We have a close connection to the hospice program and our goal is to make the transition from one program to the next as seamless as possible when patients switch from primarily curative to primarily palliative treatment.

New oncology patients at Gundersen Lutheran meet with an oncology social worker during their

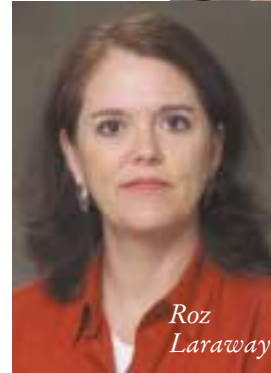
first week of treatment. The social worker conducts an initial assessment of the patient and family, which is shared with the members of the Integrative Cancer Support Service. If the service recommends referral to our palliative care practitioners, one of the advanced practice nurses discusses the recommendation with the patient's physician, who provides additional information and gives final approval for palliative care involvement.

When our interdisciplinary caregivers work as a team, they have a much greater impact than when they act separately.

For example, we remember one 57-year-old man with cancer of the right tonsil and tongue and chronic low back pain from a motor vehicle accident 20 years ago. His back pain had caused several episodes of depression in the past, which recurred when the symptoms of his cancer became acute.

A number of practitioners were necessary to help this man and his family find their balance. The palliative care team managed his pain. The mental health counseling service assessed and treated his depression and taught his loved ones how to support him. A nutritionist helped him adjust to a gastrostomy tube when radiation treatment made the discomfort of swallowing insupportable, and the medical social worker helped him obtain a hospital bed and complete his advance directive.

When another patient with metastatic ovarian cancer developed nausea and constipation early in her illness, the integrative cancer support service again stepped in. This 56-year-old woman's symptoms increased her anxiety, kept her from eating (which caused significant weight loss), and greatly diminished



her sense of well-being.

The patient was referred to palliative care to control the nausea and vomiting and manage her pain, and the nutritionist to help her find foods she could eat. She also attended our stress reduction and relaxation clinic where she learned meditation, how to take charge of her symptoms, and how to improve her emotional state. Counseling helped the patient and her family adjust to the stresses of a terminal diagnosis and end-of-life decision-making. Her husband has continued to seek counseling for bereavement now that his wife has died.

Although we, as nurses, can bring a patient's physical pain under control, the emotional, social, spiritual, nutritional, and functional issues our patients face must be handled by specialists with the training and experience these issues deserve. It takes a team to treat a whole person. Without the team, we are only treating part of a human being. Human beings are not just lungs and stomachs; they are complex miracles who must be honored as such, especially when they face the end of their lives. ☐

Carrie Lapham, A.P.N., is an advanced practice nurse in the palliative care service, and Roz Laraway, M.S., M.F.T., is a marriage and family therapist/oncology specialist at Gundersen Lutheran Cancer Center in LaCrosse, Wis.