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SCHOOL OF MEDICINE  
SCHOOL OF DENTISTRY  
SCHOOL OF PHARMACY

May 1, 1985

TO: Joseph K. Indenbaum, M.D.

FROM: Sol Bernstein, M.D. *Sol*

SUBJECT: HOSPICE CARE

In response to your request that each hospital review care of the dying and the facility's approach to pain control in cancer patients, the following was done at the Medical Center:

1. The project was assigned to the Quality Assurance Committee since both topics fall within the jurisdictional responsibility of Quality Assurance.
2. A subcommittee was appointed, chaired by Dr. Thomas Boylen, staff physician in Chest Medicine, to review the current care of dying patients at the Medical Center as well as approach to pain control. Patients entered into the study had:
  - a. diagnosis of cancer
  - b. four or more days of hospitalization
  - c. documented complaint of pain on their nursing notes

The study consisted of reviewing 25 patients' medical records including patients on general medicine wards and patients on specific oncology wards. The overall management of the patients was reviewed as well as specific management of pain, both in regard to pain medication orders as well as documented relief in pain described in charts.

The preliminary findings confirmed previous assessment and impression of the Hospice Task Force in that pain control of cancer patients appears to be more appropriately managed on oncology wards where the staff is more attuned to the problems that pain presents in the chronic and dying patient. A major deficiency in the charts appears to be the lack of documentation

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Another aspect of pain management that was not reviewed by the Quality Assurance Task Force is related to the availability of other treatment programs at the Medical Center designed to deal with and to relieve severe chronic pain:

1. For years the Medical Center has had a pain clinic staffed by the Anesthesia Department.
2. There is a pain referral service in Neurosurgery where procedures such as Rhizotomy, Cordotomy, and alcohol injections are employed.
3. There is a Psychosomatic and Psychiatric Service which provides psychological assistance and bio-feedback capability.
4. We have an active Physiotherapy/Occupational Therapy Service and Rehabilitation Medicine department engaged in physiotherapy procedures designed to alleviate pain.
5. There is an active radiologic program designed to irradiate metastatic lesions causing pain that are amenable to x-ray treatment.
6. The Medical Center has an active oncology consultant service that is using both newer chemotherapeutic drugs as well as pain relief medication.
7. It has an extremely active multiple research program in which some protocols are specifically geared to addressing the problems of chronic severe pain.

At one time, the Medical Center also had an acupuncture clinic in the Emergency Department on a pilot basis, staffed by licensed trained acupuncturists (M.D.'s) and supervised by M.D.'s, and involved in active research programs in acupuncture as an adjunct to pain control. We lost this program several years ago when we were facing a major fiscal crisis.

In summary, we have confirmed that pain management may in fact be less than optimal in many patients treated as inpatients. Secondly, we have identified that numerous existing resources are not sufficiently publicized despite their availability. The Quality Assurance Division will be addressing both of these issues and including the development of a pain consultation service, educational training programs for house staff, and brochures describing the pain services available.

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Thank you for stimulating a review of our current management of dying and pain control. We will forward follow up reports.

SB:mg

cc: Peter Heseltine, M.D.

Thomas Boylen, M.D.

Paul Drozd