“But the Family Is Asking for a Blood Transfusion”: Managing the Hematologic Malignancy Patient in Hospice (SA503)

Rebecca Yamarik, MD, Providence Trinity Care Hospice, Cerritos, CA
Eric Prommer, MD FAAHPM, Mayo Clinic Hospital, Phoenix, AZ
Devora Green, MA, Providence Trinity Care Hospice, Cerritos, CA
Martina Meier, MD, Providence Trinity Care Hospice, Cerritos, CA

Objectives

- Identify certification/recertification issues in hematologic malignancies.
- Recognize when blood-product transfusion is consistent with hospice goals and how it can be achieved in a cost-efficient manner.
- Discuss how to enhance communication about continuing or discontinuing transfusion therapies.
- Discuss the identification and support of psychosocial and spiritual needs and concerns in the hematologic patient.

Hospice physicians are increasingly receiving referrals from hematologists. Hematologic malignancies are a challenging group of diseases because they are a heterogeneous group of cancers comprising more than 50 subtypes. Disease trajectories can be erratic. Patients with indolent diseases, such as primary myelofibrosis or chronic lymphocytic leukemia, often stabilize in hospice care and are challenging to reorient, while patients with acute leukemia are frequently admitted later in their clinical course and often live only hours to days in hospice. Patients with acute leukemias have often received frequent transfusions of blood products to control symptoms and prevent bleeding. Hospice physicians are often confronted with a patient who is deemed likely to die within 6 months yet requires costly, labor-intensive transfusions to benefit poorly categorized symptoms or ones requiring true interventions. Sorting out when to have the conversation about withholding blood products and recognizing when they are appropriate can be challenging for the hospice team. There are instances in which transfusions of blood products can be consistent with hospice goals of care. However, cost issues can make transfusions prohibitive without special relationships with transfusion providers. Decisions about transfusions require both knowledge of goals of care and specific knowledge about prognosis and cost-effective ways to handle blood product support. This session will, through the use of didactics, case presentations, and audience participation, enable attendees to walk away with (a) improved understanding of the prognosis of hematologic malignancies and certification/recertification issues associated with them, (b) enhanced understanding of blood product support needs for hematologic malignancies and how to provide them in a cost-efficient manner, (c) improved communication techniques when discussing discontinuation of transfusions, and (d) enhanced identification and support of psychosocial and spiritual distress needs and concerns in the hematology patient.