

# Interdisciplinary End of Life Symposium

## Clinician-Caregiver Perspectives: What I Learned About End of Life Care After My Mom Died of Breast Cancer

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# Disclosures

- I do not have any relevant financial relationships.

*This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.*

# Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

## STATE LAW:

The California legislature has passed Assembly Bill (AB) 1195, which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed AB 241, which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

*The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.*

## EXEMPTION:

Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component.

***The following CLC & IB components will be addressed in this presentation:***

- *Communication strategies in non-English speakers*
- *Direct open-ended questions, overcoming disparities in non-English speakers*

# When Great Trees Fall By Maya Angelou

...And when great souls die,  
after a period peace blooms,  
slowly and always  
irregularly. Spaces fill  
with a kind of  
soothing electric vibration.  
Our senses, restored, never  
to be the same, whisper to us.  
They existed. They existed.  
We can be. Be and be  
better. For they existed.





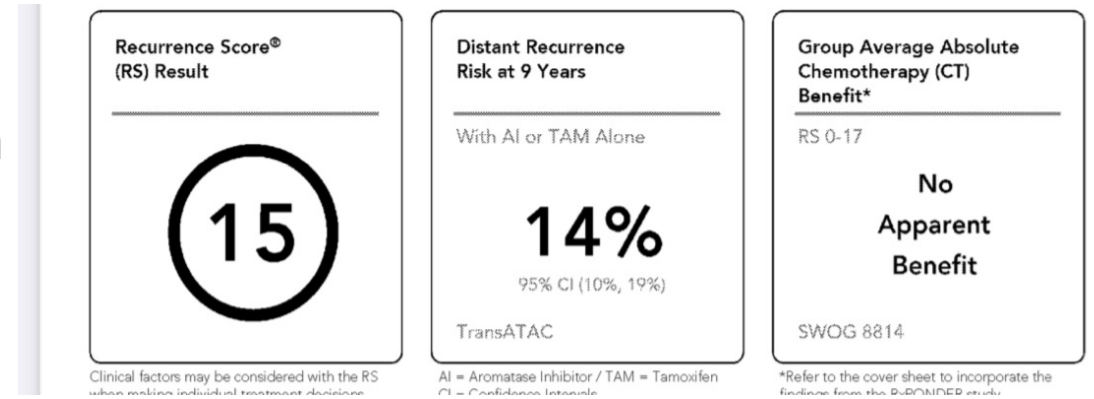
# My Observations

- It takes a Village
  - Family is key
  - External caretakers are worth their weight in gold
  - Long term care insurance can be transformational
- Patients need doctors to talk to them directly about prognosis and end of life
- Patients need families to talk to them about life (and death)
- How you experience a loved one's end of life can influence how you grieve

# Case: MT

- 60yo F with 1.7cm grade 2 ER/PR+ Her2- invasive lobular carcinoma of the left breast
  - No family history, breast fed for several years, no tobacco/etoh

- Lumpectomy -> RS 15 (no chemo) -> radiation
- Letrozole + zoledronic acid



- 5 years later: jaundice, bili 13, abdominal US shows wide-spread liver mets

# Case: MT

- What do you do next?
  - A) AC
  - B) CDK 4/6i + letrozole
  - C) CDK 4/6i + fulvestrant
  - D) capecitabine
  - E) hospice referral





# It Takes a Village



# It Takes A Village

- Family is key
  - Does not have to be who you're related to
  - Involve the little kids
- External caretakers are worth their weight in gold
  - Agencies, word of mouth, care.com
- Long term care insurance can be transformational
  - Buy early enough (~50s)
- Early financial planning for EOL/care with family members
  - Will, trust, life insurance policies
  - Long term care insurance
  - Advanced directives (especially medical decision maker)



**Patients need  
doctors to talk to  
them directly  
about prognosis  
and end of life**





# Patients Need Doctors to Talk to Them Directly About Prognosis and End of Life

- Curable or not curable
- Estimated prognosis
- What end of life will actually look like: turn yellow, become confused, sleep more, eat less, lungs weaken, slow breathing, lose pulse.
- TEAM approach is great
  - Assessment maybe difficult in reality (symptom instruments, goal setting qs)
  - Hypothetical alternatives: “if you had one year to live, what would you want to do and what is getting in the way of doing that?” “what advice do you have for your kids/grandkids?” “what are the most important things in life?”

**Patients need families to talk to them about life (and death)**



# Patients Need Families to Talk to Them About Life (and death)

- How are you feeling?
- How can we help?
- What is the most important thing to you right now?
- What makes you happy right now? What brings you satisfaction?
- Legacy questions
- Specific questions PRN



# How you experience end of life can influence how you grieve



# How you experience end of life can influence how you grieve

- Community grieving
  - Full house (until Omicron hit)
  - Split paperwork/tasks
- Nightly reflections around the table
  - Gave everyone a chance to be heard
  - Songs, poems, videos, stories, etc
  - A lot of crying
- Hikes, walks, yoga, guided meditation
- Talk about her often





# My Observations

- It takes a Village
  - Family is key
  - External caretakers are worth their weight in gold
  - Long term care insurance can be transformational
- Patients need doctors to talk to them directly about prognosis and end of life (EOL)
- Patients need families to talk to them about life (and death)
- How you experience a loved one's end of life can influence how you grieve



**Thank You**

