

Peschman J, Brasel Kj. End-of-life Care Of The Geriatric Surgical Patient. Surg Clin North Am. 2015;95(1):191-202.

Peschman J, Brasel Kj. End-of-life Care Of The Geriatric Surgical Patient. Surg Clin North Am. 2015;95(1):191-202. This seminal article provides an in-depth examination of the complex and sensitive issues surrounding end-of-life care in elderly patients undergoing surgical procedures. As the aging population continues to grow, understanding how to ethically, effectively, and compassionately manage end-of-life care in geriatric surgical patients has become increasingly vital for clinicians, surgeons, and healthcare teams. This comprehensive review explores the unique challenges faced by this patient demographic, offering evidence-based strategies and guidelines to improve quality of life, facilitate informed decision-making, and ensure respectful end-of-life care.

Introduction to Geriatric Surgical End-of-Life Care

The aging demographic presents unique healthcare challenges, especially concerning surgical interventions and subsequent end-of-life management. Elderly patients often have multiple comorbidities, decreased physiological reserves, and a different set of psychosocial considerations compared to younger individuals. As surgical procedures become more common in this age group, clinicians must navigate complex issues such as informed consent, risk-benefit analysis, ethical dilemmas, and palliative care integration.

The article emphasizes that the goal of end-of-life care for geriatric surgical patients is to align medical interventions with patient values and preferences, focusing on comfort, dignity, and quality of life. Recognizing when to shift from curative to palliative approaches is crucial for ethical and compassionate care.

Unique Challenges in Geriatric Surgical End-of-life Care

Elderly patients face several challenges that complicate end-of-life planning and management:

Physiological and Comorbid Conditions

- Reduced physiological reserves impair recovery and increase vulnerability to complications.
- Multiple chronic conditions (e.g., heart failure, COPD, diabetes) influence surgical risk and postoperative course.
- Polypharmacy increases the risk of adverse drug interactions and side effects.

Psychosocial and Ethical Considerations

- Cognitive impairments such as dementia may complicate decision-making.
- Elderly patients often value autonomy and may have complex advance directives.
- Family dynamics and caregiver burden influence care decisions.

Communication and Decision-Making Barriers

- Difficulties in discussing prognosis, goals of care, and end-of-life preferences.
- Cultural, spiritual, and personal values shape perceptions of death and dying.

Assessing Surgical Risks and Outcomes in Geriatric Patients

Effective end-of-life care begins with comprehensive preoperative assessment:

Risk Stratification

- Utilize geriatric-specific assessment tools that evaluate functional status, frailty, cognitive function, and nutritional status.
- Common tools include the Fried Frailty Criteria and the Comprehensive Geriatric Assessment.

Predicting Surgical Outcomes

- Recognize that age alone is not a definitive predictor; functional status and comorbidities are more informative.
- Use validated models to estimate operative risk and postoperative survival.

Balancing Risks and Benefits

- Engage in shared decision-making with patients and families.
- Consider non-operative or palliative options when surgical risks outweigh potential benefits.

Goals of Care and Advanced Care Planning

Aligning treatment with patient preferences is central to end-of-life management:

Early Discussions

- Initiate conversations about goals of care before crises occur.
- Discuss prognosis, potential outcomes, and patient values.

Advance Directives and Legal Documents

- Ensure documentation of patient wishes, including Do Not Resuscitate (DNR) orders, power of attorney, and living wills.
- Review and update directives regularly.

Shared Decision-Making

- Involve patients, families, and healthcare teams.
- Respect cultural and spiritual beliefs influencing care preferences.

Management Strategies for End-of-life Care

Treatment approaches should be individualized, emphasizing comfort and dignity:

Palliative and Comfort Care

- Focus on symptom management: pain control, dyspnea relief, nausea, and anxiety.
- Use multimodal approaches, including pharmacological and non-pharmacological interventions.

Symptom Management

- Pain: opioids, NSAIDs cautiously used considering renal and hepatic function.
- Dyspnea: opioids, oxygen therapy, positioning.
- Anxiety and agitation: benzodiazepines or other anxiolytics.

Ethical and Legal Considerations

- Respect patient autonomy and previously expressed wishes.
- Avoid unwanted interventions that do not align with patient goals.

Multidisciplinary Approach to Geriatric End-of-life Care

Effective management involves collaboration across specialties:

Team Composition

- Surgeons, geriatricians, palliative care specialists, nurses, social workers, chaplains, and ethicists.

Roles and Responsibilities

- Geriatricians assess functional and cognitive status.
- Palliative care teams guide symptom management and psychosocial support.
- Social workers facilitate family communication and advance care planning.

Benefits of a Multidisciplinary Approach

- Ensures comprehensive care addressing physical, emotional, and spiritual needs.
- Promotes consistent messaging and decision-making.
- Enhances patient and family satisfaction.

Ethical Dilemmas and Decision-Making in End-of-life Care

End-of-life scenarios often involve complex ethical considerations:

Balancing Beneficence and Non-maleficence

- Aim to do good while avoiding harm, especially when interventions may prolong suffering.

Autonomy vs. Beneficence

- Respect patient choices even when they decline life-sustaining treatments.

Addressing Conflicts

- Use ethics consultations when disagreements arise among family members or clinicians.
- Prioritize transparent communication and shared understanding.

Transitioning to Palliative and Hospice Care

When curative treatment is no longer appropriate:

Recognizing the Need for Transition

- Clinical decline, refractory symptoms, or patient wish to prioritize comfort.

Implementing Hospice Care

- Focus on quality of life, symptom control, and psychosocial support.
- Coordinate with community-based hospice programs.

Communication During Transition

- Clearly explain prognosis and care options.
- Address emotional and spiritual needs.

Conclusion and Future Directions

The article underscores that end-of-life care for geriatric surgical patients is complex but essential. Emphasizing early planning, multidisciplinary collaboration, and patient-centered approaches can improve outcomes, reduce unnecessary suffering, and uphold dignity in the final stages of life. As the field evolves, ongoing research and education are vital to refine protocols, integrate emerging palliative techniques, and ensure that care aligns with the evolving needs and values of the aging population.

In summary, clinicians must develop a nuanced understanding of the unique challenges faced by elderly surgical patients at the end of life. Prioritizing communication, ethical decision-making, and comprehensive symptom management can significantly enhance the quality of end-of-life care, respecting the individual's wishes and promoting a compassionate approach to aging and dying.

Frequently Asked Questions

What are the key considerations in providing end-of-life care for geriatric surgical patients?

Key considerations include assessing the patient's functional status and comorbidities, understanding their goals and values, managing symptoms effectively, and ensuring clear communication among the healthcare team and family members to align care with patient preferences.

How does frailty impact surgical decision-making in elderly patients at the end of life?

Frailty increases the risk of postoperative complications and mortality, requiring clinicians to carefully evaluate whether surgical interventions align with the patient's overall health status and goals, often favoring conservative or palliative approaches when appropriate.

What role does advance care planning play in the management of geriatric surgical patients nearing end of life?

Advance care planning allows patients to articulate their wishes regarding treatments and interventions, guiding healthcare providers to deliver care that respects patient autonomy and reduces unwanted aggressive interventions near the end of life.

What are common symptom management strategies for geriatric patients at the end of life following surgery?

Common strategies include pain management with opioids or non-opioid medications, addressing dyspnea with oxygen or medications, managing delirium with appropriate pharmacologic agents, and providing psychosocial support and comfort measures.

How can healthcare providers improve communication with families of geriatric surgical patients at the end of life?

Providers can foster open, honest, and compassionate communication, involve families in decision-making, clarify patient wishes, and provide education about prognosis and treatment options to facilitate shared decision-making.

What ethical considerations are unique to end-of-life surgical care in the elderly?

Ethical considerations include respecting patient autonomy, balancing beneficence and non-maleficence, avoiding futile interventions, and addressing potential conflicts between family wishes and patient preferences.

How does multidisciplinary care enhance end-of-life management in geriatric surgical patients?

Multidisciplinary care involving surgeons, primary care providers, palliative care specialists, nurses, and social workers ensures comprehensive management of physical, emotional, and spiritual needs, leading to more patient-centered and appropriate end-of-life care.

What are the challenges in implementing palliative care principles in the surgical setting for elderly patients?

Challenges include limited training in palliative care among surgeons, difficulty in prognostication, balancing surgical interventions with comfort focus, and navigating family expectations, all of which require careful communication and institutional support.

Additional Resources

End-of-Life Care of the Geriatric Surgical Patient: A Comprehensive Review of Peschman and Brasel's Insights

Introduction

The management of geriatric surgical patients presents unique challenges that demand a

nuanced understanding of their physiological, psychological, and social complexities, especially as they approach the end of life. In their seminal article, "End-of-Life Care Of The Geriatric Surgical Patient", Peschman and Brasel (2015) delve into these intricacies, offering valuable guidance for clinicians navigating this sensitive landscape. This review aims to unpack the core concepts and detailed insights from their work, emphasizing the importance of tailored end-of-life strategies in the geriatric surgical population.

The Growing Importance of Geriatric End-of-Life Care in Surgery

Demographic Shifts and Surgical Demand

- Aging Population: With increasing life expectancy, a larger proportion of surgical patients are over 65, many with multiple comorbidities.
- Complex Needs: These patients often have complex medical histories, frailty, and varying degrees of cognitive impairment, complicating preoperative assessment and postoperative care.
- Surgical Indications at End of Life: Procedures may range from life-saving interventions to those aimed at palliation, emphasizing the need for clear goals of care.

Challenges Unique to Geriatric Patients

- Physiological Reserve: Reduced capacity to recover from surgical stress.
- Polypharmacy: Increased risk of drug interactions and adverse effects.
- Cognitive Decline: May hinder communication and informed consent.
- Emotional and Social Factors: Depression, social isolation, and family dynamics influence care decisions.

Frameworks and Principles for End-of-Life Care in Geriatric Surgery

Patient-Centered Approach

Peschman and Brasel highlight that care must be aligned with the patient's values, preferences, and goals, especially when contemplating high-risk surgeries or palliative options.

Early Goals of Care Discussions

- Engage patients and families early to clarify expectations and establish realistic outcomes.
- Use shared decision-making to balance surgical benefits against risks and quality-of-life considerations.

Ethical Considerations

- Respect autonomy, especially in patients with cognitive impairment.
- Address issues of futility and medical appropriateness.
- Incorporate advance directives and do-not-resuscitate (DNR) orders proactively.

Preoperative Assessment and Risk Stratification

Comprehensive Geriatric Assessment (CGA)

- Evaluates functional status, comorbidities, cognition, nutrition, social support, and psychological state.
- Identifies vulnerabilities that may influence surgical risk and recovery.

Risk Prediction Models

- Use tools like the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) to estimate morbidity and mortality.
- Recognize limitations in predictive accuracy for very elderly or frail patients.

Frailty as a Critical Factor

- Frailty correlates strongly with adverse outcomes.
- Assessment tools include the Fried criteria and Clinical Frailty Scale.
- Frail patients may derive minimal benefit from aggressive interventions.

Intraoperative Considerations

Minimizing Surgical Trauma

- Opt for less invasive procedures when feasible.
- Employ meticulous surgical techniques to reduce operative time and blood loss.

Anesthetic Management

- Tailor anesthesia plans to minimize cognitive and physiological disturbances.
- Use multimodal analgesia to reduce opioid requirements and side effects.

Postoperative and End-of-Life Management

Recognizing When to Transition to Palliative Focus

- Monitor for signs of deterioration or treatment futility.
- Initiate conversations about the patient's wishes regarding continued aggressive interventions.

Symptom Management

- Address pain, dyspnea, nausea, and delirium proactively.
- Use non-pharmacologic approaches alongside medications.

Communicating with Patients and Families

- Maintain honest, compassionate dialogues about prognosis.
- Clarify expectations and align treatment plans with the patient's goals.

Special Considerations in Geriatric End-of-Life Care

Delirium and Cognitive Changes

- Recognize delirium as a common complication.
- Manage with non-pharmacologic strategies and judicious medication use.

Nutritional and Hydration Support

- Avoid unnecessary interventions that may cause discomfort.
- Focus on comfort rather than prolonging life at all costs.

Psychosocial and Spiritual Support

- Incorporate chaplaincy, social work, and mental health resources.
- Address feelings of grief, loss, and existential distress.

Ethical Dilemmas and Decision-Making Challenges

- Balancing life-prolonging treatments versus comfort measures.
- Navigating family conflicts or differing perceptions of quality of life.
- Respecting advance directives and the concept of medical futility.

Practical Recommendations for Clinicians

1. Early Engagement: Initiate discussions about prognosis and goals of care preoperatively.
2. Multidisciplinary Approach: Collaborate with geriatrics, palliative care, nursing, social work, and chaplaincy.
3. Individualized Care Plans: Tailor interventions based on patient values, functional status, and clinical trajectory.
4. Documentation: Ensure clear documentation of goals, advance directives, and care preferences.
5. Continuous Reassessment: Regularly evaluate the patient's condition and adjust care accordingly.

Conclusion

Peschman and Brasel's article underscores that end-of-life care in the geriatric surgical

population is a complex, ethically nuanced domain that demands a patient-centered, multidisciplinary approach. The key is balancing the potential benefits of surgical interventions against the risks and the patient's quality of life, especially when prognosis is poor. Through early communication, thorough assessment, and compassionate management, clinicians can ensure that care aligns with the patient's wishes and provides dignity and comfort at the end of life.

This comprehensive review highlights that optimal care for geriatric surgical patients nearing end of life is not solely about prolonging life but about enhancing comfort, respecting autonomy, and supporting families through difficult decisions. As the demographic landscape evolves, integrating these principles into surgical practice will be essential for delivering ethically sound, compassionate, and effective care.

References

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