





### Palliative Care Center

Ali John Zarrabi<sup>1</sup>, Vinita Singh<sup>2</sup>, Ashima Lal<sup>1</sup>, David Prologo<sup>3</sup>, Justine Welsh<sup>4</sup>, Wendy Baer<sup>4</sup>, and Kimberly Curseen<sup>1</sup> (1) Department of Medicine, (2) Department of Anesthesia, (3) Department of Radiology, (4) Department of Psychiatry and Behavioral Sciences Emory University School of Medicine

# Introduction

Expertly addressing and improving quality of life (QOL) in patients with serious illnesses involves a team-based approach.

Academic medical centers are increasingly promoting interdisciplinary boards to address the needs of patients with life-limiting diseases.

Emory University established a **multidisciplinary** pain board in April 2017 where patients are presented monthly by providers from a variety of medical disciplines

We present a challenging case in which various disciplines intervened as a result of this board to improve the patient's QOL.

The patient is a 43-year-old woman with metastatic breast cancer with leptomeningeal disease on chemotherapy with physical pain secondary to osseous metastases and emotional pain secondary to existential distress and the recent suicide of her mother.

Using a multidisciplinary approach to treat total pain, the palliative medicine team used opiates and anticonvulsants, the anesthesia pain team performed an epidural steroid injection, and the interventional radiology team performed cryotherapy to her hip.

The palliative chaplain addressed bereavement, the palliative nurse case-manager ensured prompt symptom management and open avenues of communication between her providers, and collectively her providers across disciplines coordinated a break from chemotherapy and managed her symptoms to the point where she was able to achieve her goal of travelling to Machu Picchu, Peru.

# A Multidisciplinary Pain Board to Improve Quality of Life



### Case





# Summary

This case illustrates how academic crosstalk between disciplines can be a source of prompt, effective, and creative strategizing to improve QOL for our palliative patient population.

Beyond directly addressing the QOL of our patients, we find our pain board to be a source of collegiality, education, and exposure to different disciplines committed to improving QOL.

This board has led to closer collaborations between our providers, from case-specific referrals to sharing patients for research collaborations.

## **Future Directions**

We are currently quantifying increases in formal consultations between our services as a result of our QOL board.

Further research is warranted to quantify direct improvements to patient care as a result of these multidisciplinary pain boards