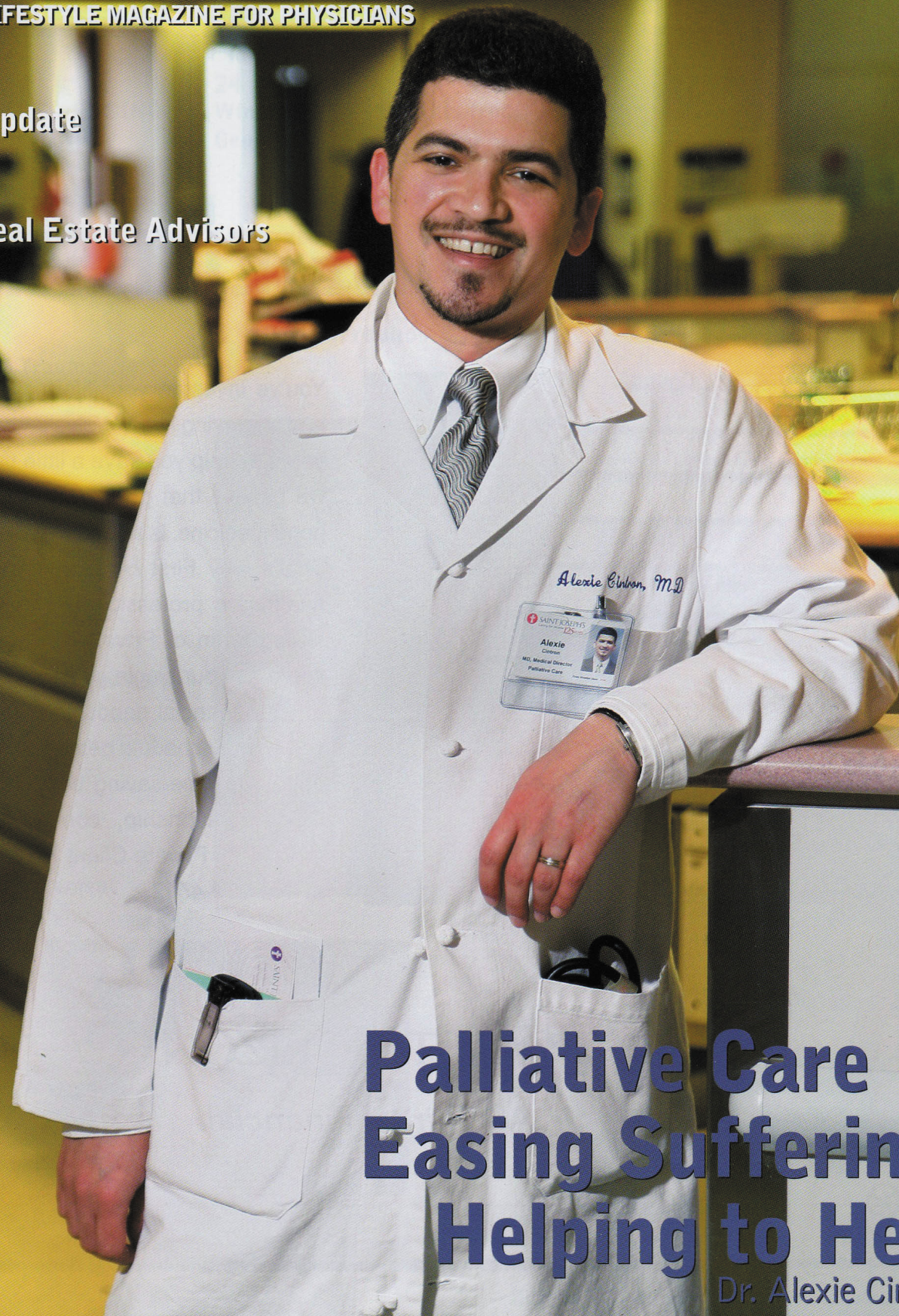


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**Palliative Care —
Easing Suffering,
Helping to Heal**

Dr. Alexie Cintron

Palliative Care — Easing Suffering, Helping to Heal

Dr. Alexie Cintron

By Christy White

Dr. Alexie Cintron faces death every day. As the new Medical Director of Saint Joseph's Palliative Care program, Dr. Cintron not only helps make people as comfortable as possible as they face life-threatening illnesses, but is also helping to expand the definition of palliative care as it moves out of hospices and into hospital-based programs.

Saint Joseph's was the first hospital in metro Atlanta to launch a

hospital-based palliative care program in 2002, and Dr. Cintron is the newest part of the team (see sidebar). Called in by the primary physician to speak with the patient and family, the team makes assessments and recommendations for the best course of action given the current condition and prognosis.

"Palliative care is supposed to be care that is provided to patients who have a life-threatening illness, but given in conjunction with potentially

curative treatment," he says. "There's no reason why a patient who has lung cancer who's receiving chemotherapy can't also receive expert symptom management as well as help with ongoing discussions about goals of care and advanced care planning, and receive psychosocial, emotional and spiritual support."

Dr. Cintron first became interested in palliative care during his internal medicine residency at Emory. A graduate of the University of Pennsylvania School of Medicine, he began to research advanced care planning and patient access to end-of-life care and hospice services. What he found was a lack of communication early on, hindering the patient and the family's ability to cope with a potentially life-threatening illness and what that entails.

"There were too many call nights in which I was asked to speak to a family about issues such as resuscitation when I had never met the patient or the family before," he says. "I felt those conversations were very awkward, both for myself and for the family, and it tended to be distressing to them."

As a result, he continued studying the field through a research fellowship at Harvard, from which he also received a master's from the School of Public Health, followed by a one-year clinical fellowship program at the Dana-Farber Cancer Institute in Boston.

He then spent two years at Mount Sinai School of Medicine as a clinician investigator in palliative care and an instructor in the Department of Geriatrics. It was there that he also worked with Diane Meyer and Sean Morrison, considered by many to be pioneers of palliative care.

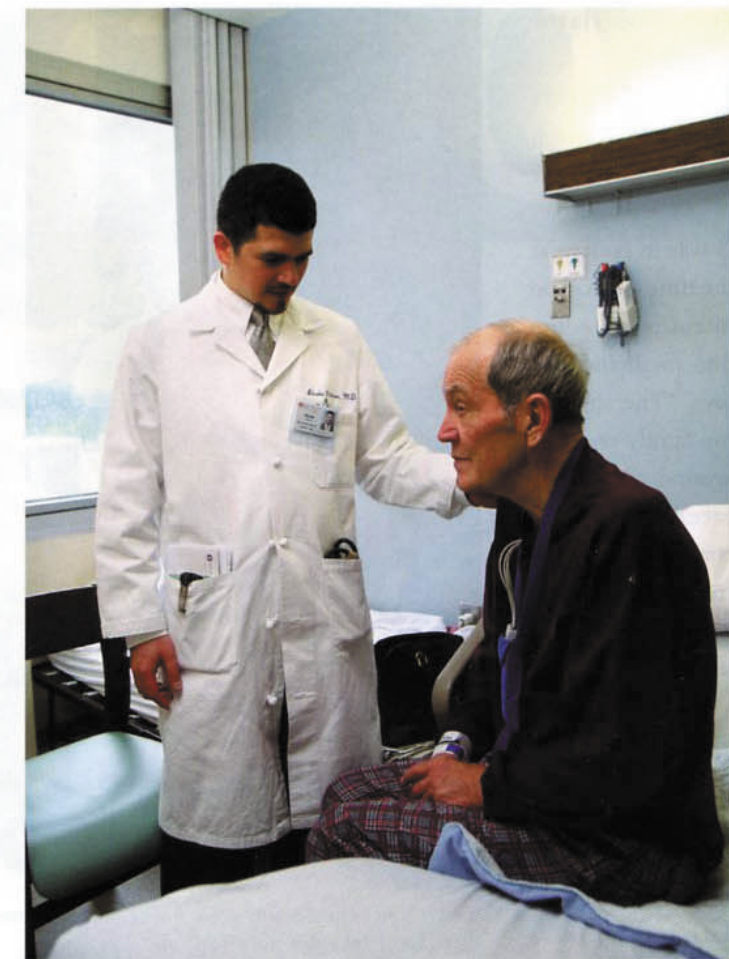
Dr. Cintron returned to Atlanta in October to join Saint Joseph's, where he will continue his research of improving palliative care services for elderly and minority patients.

But his interest in the field runs much deeper than just a desire to help others. Losing his sister while in college redirected his future course and steered him into medical school.

"I had a younger sister who had severe cerebral palsy and mental retardation," says Dr. Cintron. "At 16, she developed pneumonia that was very severe."

A week after her hospitalization, she went into respiratory failure. Over the next several weeks, the care team tried to treat her infection and help her come off the ventilator. At the same time, his family had to decide what would be the next best course of treatment for her.

"My mother never wanted my sister to be living off of life support indefinitely,"



Dr. Cintron not only helps make people as comfortable as possible as they face life-threatening illnesses, but is also helping to expand the definition of palliative care as it moves out of hospices and into hospital-based programs.

remembers Dr. Cintron. "We had a lot of conversations with the team, amongst ourselves and with other family members and friends. On President's Day, we finally decided to with-

Palliative Care — A New, Growing Field in Atlanta

Modern palliative care came about in 1967, and only in the past seven or eight years have hospitals begun to implement palliative care programs. Just this year, the American Board of Medical Specialties recognized palliative care as a specialty field in medicine.

Still, lingering identification with hospices lead many to believe that palliative care is only for those with no hope of living. But according to Dr. Alexie Cintron, that's one of the biggest fallacies about his field.

"The general misconception that palliative care should only be involved when there is no more potentially curative treatment available or when the patient is actively dying, that's one of the more difficult ones to deal with within the medical system," he says.

Saint Joseph's Hospital launched its palliative care program in 2002 through a grant from the hospital's Mercy Foundation. It's the first hospital-based palliative care program in Atlanta and continues to expand.

"We saw the need to grow the program and have it be interdisciplinary, to focus not only on the physical needs of the patient, but the psycho, social and spiritual needs of the patient," says Laura Williams, Manager of the palliative care program at Saint Joseph's.

The hospital hired a part-time nurse and social worker in 2005, and just received yet another grant for a chaplain.



Alexie Cintron, M.D., Medical Director, palliative care, Saint Joseph's Hospital

PHOTO BY HAIGWOOD STUDIOS

draw ventilator support.”

Losing his sister steered Dr. Cintron toward his career in palliative care. “I was in college at the time and had no intention of going into medicine,” he says. “The support my family received around my sister’s care was phenomenal, and it’s what inspired me to go into medical school.”

Having once been on the other side of a scary and difficult situation, Dr. Cintron can empathize with his patients and their families. The memory drives him to stay in a field where there is no cure for the patients he treats.

“I think it helps me coming in with this perspective to be able to

Benefits of a Hospital-Based Palliative Care Program

Not only does having a hospital-based program in place help patients cope with life-threatening illnesses, it also helps the hospital.

By instituting a palliative care program, “it improves communication around the goals of care and helps patients go through what’s really a difficult decision-making process,” says Dr. Alexie Cintron.

As a byproduct of helping the patient, the hospital benefits from reduced unnecessary treatments and a potentially shortened stay.

“We help make decisions about treatment earlier in the course of treatment,” he says. “Patients who are severely ill would normally spend weeks or months in a hospital undergoing several treatments that may not meet their goals of care.”

It’s no secret that America’s population is aging, and as more people begin to face cancer, heart disease and other life-threatening illnesses, it can put a huge financial burden on the patient, the family and the hospital.

“Palliative care is needed in the hospital because we know that the aging population is growing,” he says. “We’re living longer. Instead of dying from infectious diseases as people did several decades ago, now people are dying of more chronic illnesses and are spending more time in the hospital.”

“In the last six months of life, patients tend to spend a lot of time in the hospital, and at a great cost to the medical system,” says Dr. Cintron. “Twenty-five percent of Medicare costs come from care in the last year of life.”



Dr. Cintron consults with Paul Boyce, M.D., pulmonologist, and Laura D. Williams, R.N., MBA, CHPN, Manager, palliative care, Saint Joseph’s Hospital.

PHOTO BY HAIGWOOD STUDIOS

communicate with patients and families about what to expect in these kinds of situations and how difficult the decisions are that they have to make,” he notes.

“What’s most rewarding is when I feel like I have in some way helped relieve suffering,” he adds. “I think that those of us who get into palliative care are people who do not want to see people suffer, and we work very hard making sure that we help eliminate suffering in the context of severe and complicated illnesses.”

Ultimately, it’s the patient’s decision about what he or she wants the goals of care to be, and it doesn’t always mesh with what the family or physicians recommend.

“We tell people that we’re all hoping for the best and working toward the best, but we should prepare for the possibility that what we’re hoping for and working for will not happen,” says Dr. Cintron. “So even though they may have a life-threatening illness, we’re still working toward giving them some more time if that’s what their goal is, or increasing the number of days that are good quality of life.”

As a result, it’s often a challenge to balance the needs and wants of all involved, but Dr. Cintron continues to assist patients and their families with such tough decisions.

“What keeps me going is knowing that maybe I’m not helping people as a physician who ‘stamps out disease’ and cures illnesses, but as someone who works toward healing patients and families who are going through a very difficult time in their lives,” he says. “And that’s what helps me get through the day.” ■