

# Why might we want to prognosticate?

Chris Todd

Prof of Primary Care and Community Health

Director of Research

School of Nursing, Midwifery & Social Work

# Welcome to the Cancer

# *experiences*

# Collaborative

## Research Themes

- innovative approaches to complex symptoms
- caring for older people towards the end of life
- methodology
- capacity building



# Prognosis

- A prediction, a forecast, esp. of the future course of events based on present observation; the probable outcome of a process or event
- The probable course and outcome of a disease or of an individual case of disease; a prediction of this. Also: the action or art of making such a prediction
  - The patient is not reassured by a statistical prognosis; the individual fears that he may be 100% dead, and seeking diagnosis, treatment and above all reassurance, he turns to his family physician. *Canad. Med. Assoc. Jrnl.* **1967** 15 July 136/1



Prognostication: prediction of a future event or outcome; a forecast, a prophecy.

- Predicting
  - Foreseeing
  - Fore-saying
  - Estimating future events
- 
- Expected course outcome of an illness (for individuals)
  - Tends to be taken to mean prediction of survival
    - But could be other outcomes - disability



- Personal
  - Set affairs in order

- Personal
  - Set affairs in order
- Clinical
  - Decide treatments
    - Aggressive vs palliative
  - Gold Standards Framework
    - GSF is a systematic evidence based approach to optimising the care for patients nearing the end of life delivered by generalist providers.
  - Liverpool Care Pathway
    - *We believe that recognition of dying is a complex decision making process which should be undertaken by the multidisciplinary team*
    - *Recognition of dying is not in itself a decision that automatically leads to withdrawal or withholding of care, treatment or interventions* Ellershaw & Murphy 13/10/09.

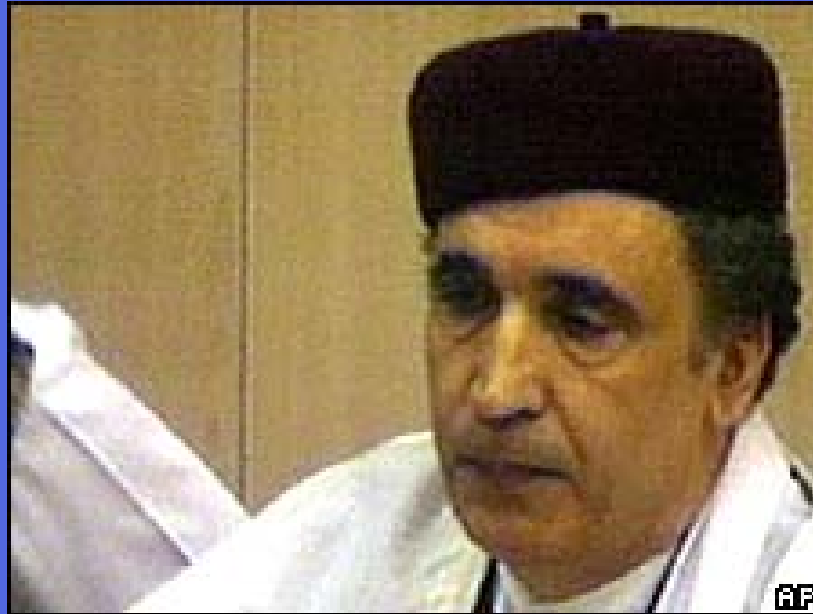
- Personal
  - Set affairs in order
- Clinical
  - Decide treatments
    - Aggressive vs palliative
  - Gold Standards Framework
    - GSF is a systematic evidence based approach to optimising the care for patients nearing the end of life delivered by generalist providers.
  - Liverpool Care Pathway
    - *We believe that recognition of dying is a complex decision making process which should be undertaken by the multidisciplinary team*
    - *Recognition of dying is not in itself a decision that automatically leads to withdrawal or withholding of care, treatment or interventions* Ellershaw & Murphy 13/10/09.
- Policy
  - Access to resources
    - USA Medicare/Medicaid hospice benefits
    - UK Disability Living allowance

- Personal
  - Set affairs in order
- Clinical
  - Decide treatments
    - Aggressive vs palliative
  - Gold Standards Framework
    - GSF is a systematic evidence based approach to optimising the care for patients nearing the end of life delivered by generalist providers.
  - Liverpool Care Pathway
    - *We believe that recognition of dying is a complex decision making process which should be undertaken by the multidisciplinary team*
    - *Recognition of dying is not in itself a decision that automatically leads to withdrawal or withholding of care, treatment or interventions* Ellershaw & Murphy 13/10/09.
- Policy
  - Access to resources
    - USA Medicare/Medicaid hospice benefits
    - UK Disability Living allowance
- Research
  - Entry criterion

## Prognosis

It is my impression from speaking with several doctors about the progression of my illness that the prediction of life expectancy is not a precise science. Part of this, I am certain, is because of medical professionals being unwilling to be blunt about my longevity. Much of what is said about this subject is a matter of impression informed with reference to published research on the subject, but also the particular professional's experience on a day to day basis with people in similar situations. What I can deduce from the medical personnel I have consulted, is that my disease has not responded well to the treatment administered. I understand that the hormone injections I received would ordinarily keep the disease at bay for a period of around 12 months. In my case, the disease appears to have become relatively immune to the administration of hormone treatment (hormone refractory) as quickly as 3 months from its initial administration. The poor response to hormone treatment, coupled with my initial Gleason score (9 out of a possible 10), is suggestive of the disease burgeoning and spreading rapidly. I have tried to summarise my medical position as fairly and candidly as possible. I understand that your officials may have received detailed reports upon my deteriorating health. The most up to date independent report that I have obtained is from XXXXXX Consultant Urologist, and dated 25<sup>th</sup> June 2009. This is attached. He is pessimistic regarding my life expectancy, and, as can be seen from the second paragraph on page 4, estimates my demise before the end of the year.

# Lockerbie bomber: Abdelbaset Ali al-Megrahi



3 months to live; application for release 25th July 2009

[http://news.bbc.co.uk/1/shared/bsp/hi/pdfs/01\\_09\\_09\\_medical\\_report.pdf](http://news.bbc.co.uk/1/shared/bsp/hi/pdfs/01_09_09_medical_report.pdf)

**Coventry P, Grande G, Richards D, Todd C. Prediction of appropriate timing of palliative care for older adults with non-malignant life-threatening disease: a systematic review** *Age and Ageing* 2005; **34**: 218–227

Objective referral criteria based on accurate estimation of survival may facilitate more timely referral of non-cancer patients appropriate for specialist palliative care.

**Objective:** to identify tools and predictor variables to estimate survival and assess palliative status in non-cancer patients aged 65+ years.

**Results:** 11 studies identified

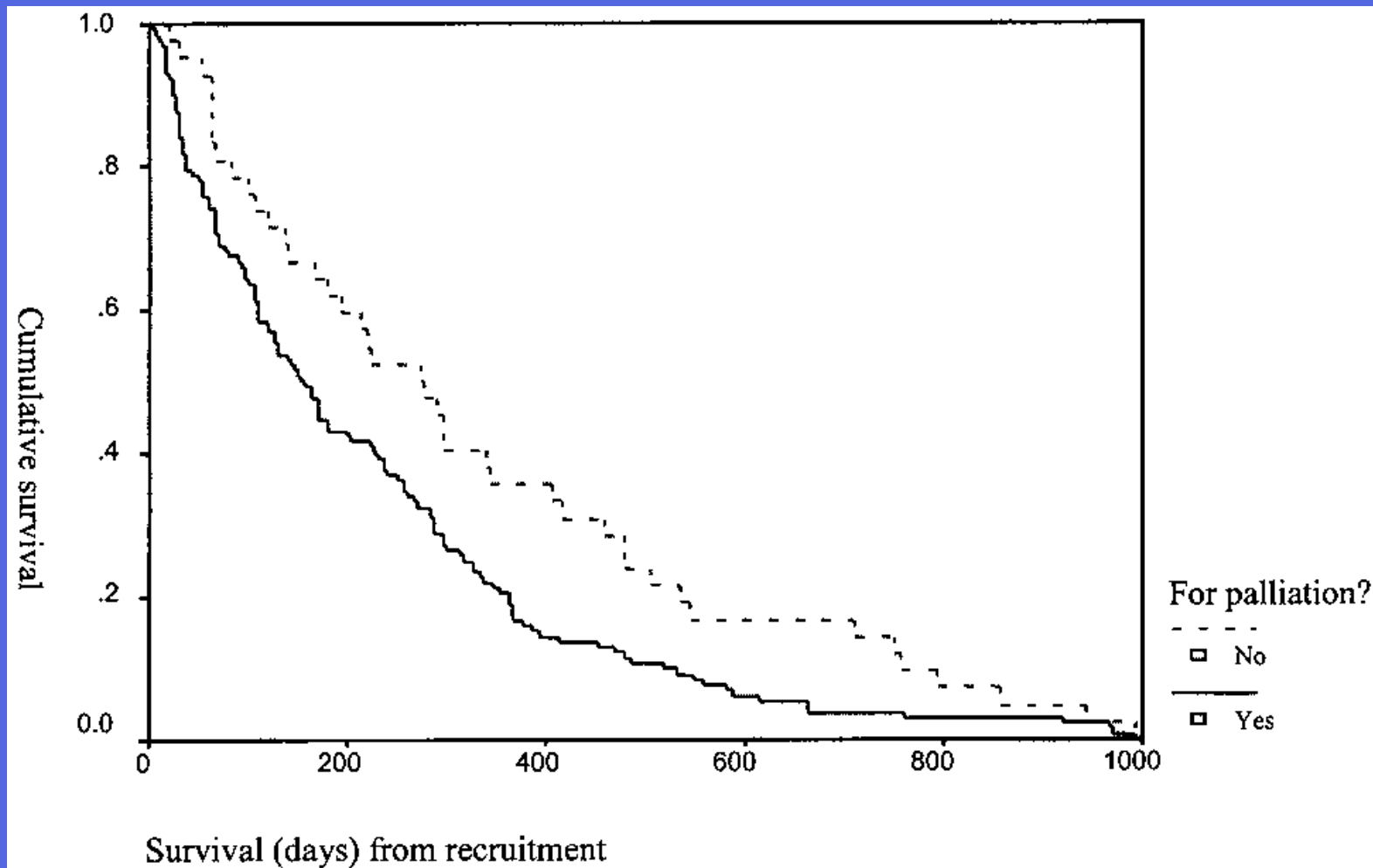
**Conclusion:** prognostic models that attempt to estimate survival of  $\leq 6$  months in non-cancer patients have generally poor discrimination, reflecting the unpredictable nature of most non-malignant disease. However, a number of generic and disease-specific predictor variables were identified that may help ..... Simple, well-validated prognostic models that provide clinicians with objective measures of palliative status in non-cancer patients are needed.

# Prognostication

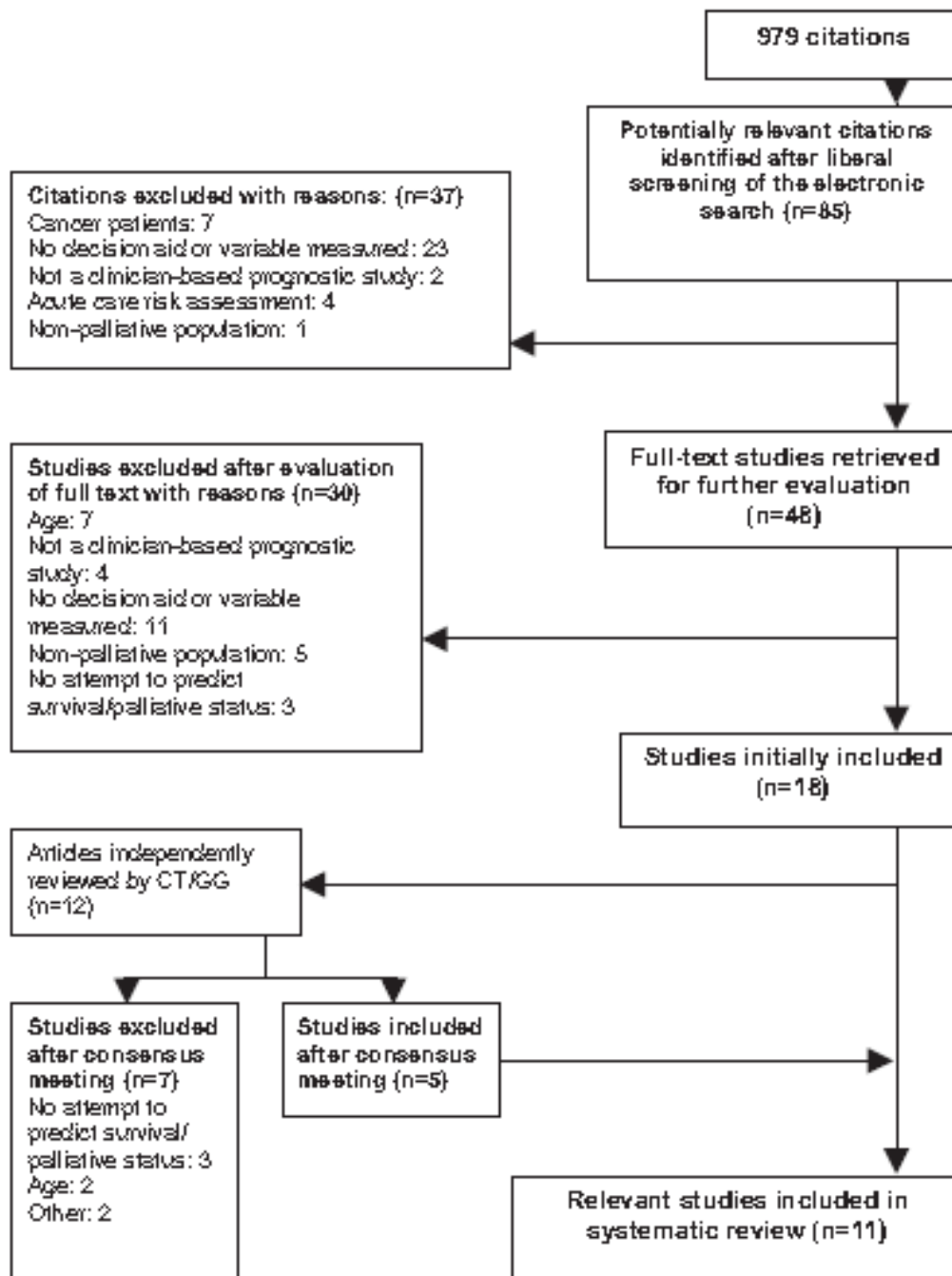
- Personal
- Clinical
- Policy
- Research
  
- Not exact
  - Need for well validated tools to improve on clinician judgment.



Farquhar MC, Grande GE, Todd CJ, Barclay SIG. Defining patients as palliative: Hospital doctors' versus general practitioners' perceptions. *Palliative Medicine*. 2002. 16 247-250.



HR= 1.55:1 (95% CI: 1.07–2.25)



Coventry et al  
*Age and Ageing*  
2005; 34: 218–227