

## HotPick July 2005

### Illness trajectories and palliative care

*Murray SA, Kendall M, Boyd K, Sheikh A.*

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This Clinical Review addresses thinking in terms of illness trajectories as useful in helping clinical staff, patients and carers understand prognosis and consequent care needs at the end of life.

The authors describe three distinct illness trajectories based on a search of the literature and approaching experts in the discipline. They are illustrated with several vignettes, which aid understanding.

1. A trajectory with steady progression and clear terminal phase such as cancer which fits well with the design of most palliative care services and hospices that focus on care provision in the very last phases of dying.
2. A trajectory with a steady decline with intermittent acute exacerbations and recovery with more sudden and unexpected death such as heart failure and is associated with considerable uncertainty of outcome; and
3. A trajectory characterized by progressive disability with prolonged steady decline such as dementia.

Understanding which one of these a particular patient might fit into helps staff to plan the type of care that best suits the patient and carer as well as helps them to plan for death.

Clearly a patient may change trajectories due to supervening illness or even have a number of illnesses with different trajectories at the same time, one of, which eventually becomes dominant. However understanding this in an individual patient as these concepts apply to physical, psychological, social and spiritual well being has potential to improve patient care and outcomes.

## Reviewer

### Professor Paddy Phillips

*Professor and Head Department of Medicine, Flinders University*

Professor Paddy Phillips has held previous academic appointments at the University of Melbourne and University of Oxford. He has expertise in basic, clinical and health services research and is responsible for internal medicine services at Flinders Medical Centre and the Repatriation General Hospital, Daw Park, Adelaide (total budget ~\$65million). He is a foundation member of the recently established Australian Council for Safety and Quality in Health Care and in 2003 joined its Executive. He has been a member (1993-96) and is Chair of the Casemix Clinical Committee of Australia (1998-2000 and 2001-3). The Casemix Clinical Committee of Australia is the peak ministerial committee of the

Commonwealth government responsible for casemix issues in health. He has been a member of the Strategic Research Development Committee (SRDC, one of the four peak committees of the NHMRC) and chair of the SRDC Evidence Based Clinical Practice Research Committee (1998-2000), and is foundation chairman of the Australian Centre for Evidence Based Clinical Practice. He has been a member or chaired various Royal Australasian College of Physicians committees and been a RACP Councillor, and has been a member of the Heart Foundation of Australia Cardiovascular Health Advisory Committee (the peak clinical committee of the Heart Foundation). He was a member of the South Australian Generational Health Review. He has authored over 130 academic publications and has held over \$10million in competitive research grants.