UCSF Department of Medicine
ZUCKERBERG SAN FRANCISCO GENERAL

TRUSTED COMPANIONS ON THE JOURNEY: ZSFG PALLIATIVE CARE

The Palliative Care Service at ZSFG started in 2009 on the inpatient units as a pilot program and subsequently entered the outpatient arena in 2017. Today, it provides essential whole person care that relieves suffering and promotes wellbeing for persons with serious illness and teaches healthcare providers to integrate palliative care approaches in the daily care of people living with serious illness, regardless of medical specialty or discipline. In this issue, members of the multi-disciplinary team reflect on the work they were called to do.

ZSFG Palliative Care (from left to right): Keisuke Lee-Miyaki (Chaplain), Claire Bohman (Chaplain), Sandra Moody (Medical Director), Monica Moore (Chaplain), Shelby Lovecchio (Social Worker), Diane Tam (Social Worker), Lauren Elterman (Nurse Liaison)

"When people have a serious illness, it may trigger a whole array of emotional, psychosocial or spiritual issues," said Sandra Moody, MD, medical director of the ZSFG Palliative Care Service and Professor in the Division of Hospital Medicine and Division of Geriatrics. "Disease-focused specialties such as oncology, cardiology or nephrology focus on treatments to actively cure disease or extend the patient's life. We work in partnership with those specialties to provide another layer of care which focuses on patients' symptoms and the whole person."

Sandra Moody, MD

Most people are familiar with hospice care, which provides support for patients with a life expectancy of six months or less. However, hospice is just one form of palliative care, which can help anyone living with serious illness. The interdisciplinary ZSFG Palliative Care Service includes doctors, a nurse practitioner, nurses, social workers, and chaplains who as trusted companions help patients and their families navigate this challenging terrain.

The team may address a patient's pain, connect them with housing, food or transportation, or offer a safe place for patients to talk about their illness, mortality and emotions.

The ZSFG Palliative Care Service includes both an inpatient and outpatient team, as well as a network of nurse liaisons embedded in the medical-surgical units and the Intensive Care Unit (ICU). They recently established a pharmacy liaison, and are piloting a psychiatry liaison.

The Palliative Care Service's support is tailored to the needs of each patient and their family. "The core of palliative care is communication," said Dr. Moody. "When I meet with a patient, I prepare by talking with the experts taking care of the patient, reading their chart, and bringing my medical expertise. But when I come into the room, I sit and listen. I start by asking, 'What did the other doctors tell you about your condition?' It's important to understand the patient's awareness level."

These conversations require a high degree of finesse, as well as enough time to let them unfold organically. The Palliative Care Service helps patients wrestle with difficult existential questions, often involving a high degree of uncertainty. For example, one patient had successfully undergone cancer treatment many years ago, but was recently diagnosed with another form of cancer that had already spread throughout her body. Dr. Moody and the rest of the palliative care team met with the patient, her husband, and their two teenaged sons. The patient was deciding whether to pursue treatment that might ease her symptoms and had some chance of cure, but involved significant side effects.

"Sometimes there are no other curative treatments, so we have to shift our focus to supportive care and symptom management," said Dr. Moody. "In this case, we were in a gray zone. I don't like 'Either/or.' I like 'And.' I told her, 'There are two paths. You could decide you're going to go for it – you're going to pursue the treatment, and hope and pray that it works. And while you're doing this, you are also preparing for the possibility that it might not be curative, and that you might have to leave your teenaged kids behind with your husband.'

She and her colleagues supported the family as they held out hope; they also suggested that the patient consider certain decisions and plan for conversations to prepare herself and her family in case the cancer treatment was unsuccessful. "Things can be complicated, but we try to clarify the situation and help people move forward in alignment with their goals, values and beliefs, whatever those are," said Dr. Moody.

Reading the Air

After beginning her career as a nurse, Dr. Moody earned her medical degree and completed a fellowship in geriatric medicine. She served on the faculty at the University of North Carolina at Chapel Hill, and was then recruited to the San Francisco Veterans Affairs Medical Center (SFVAMC), where she served as medical director of the Palliative Care Service, Home-Based Primary Care, and the Community Living Center.

She also spent a decade on faculty at Kameda Medical Center in Japan. There she learned about the Japanese cultural practice of kuki o yomu – "reading the air," or discerning underlying messages in a conversation, even if they are not explicitly stated. "In Japan, people don't usually say 'No,'" said Dr. Moody. "Coming into my new position I had a lot of ideas, and people would say, "Hai, hai, hai" ("Yes, yes, yes.") But then nothing happened. My assistant finally said, 'Sandra, they didn't think that was a good idea.' I had to pay attention to the level of enthusiasm of the 'Hai.' If it wasn't very enthusiastic, I would make it explicit: 'So doing this doesn't sound like a good idea?' Then they would say, 'Hai!'"

Although this dynamic presented a learning curve, it was also familiar. "As an African American, I've always had to read the air when I walk into a room," said Dr. Moody. This attention to nuance and the unspoken is invaluable to her work in palliative care. For example, she and her colleagues often facilitate family discussions about difficult topics, such as whether to withdraw life support from a dying patient who is unable to communicate.

"Even when there are advance care directives, the burden of making decisions for a loved one can be challenging and filled with emotion," said Dr. Moody. "I ask family members, 'Imagine your loved one standing at their own bedside, observing all they've been through and where they are now. What would they say they want done?' Often family members say, 'They wouldn't want to be connected to all these tubes.' We explicitly say, 'Making the decision to let them go doesn't negate your love for them. Actually, this is evidence of your love, that you are able to honor your loved one's wishes."

Dr. Moody also guides residents and fellows in how to more skillfully navigate these challenging conversations. "Instead of saying, 'We're stopping treatment,' I like to say, 'We've been working so hard and using all the latest treatments, but the disease just isn't responding to them. If we keep doing this, it will just prolong suffering. So we recommend shifting our focus to aggressively treating the symptoms,'" she said. "Don't ever say, 'There's nothing else we can do.' There is always something that can be done. Even if we can't cure their cancer or renal failure, we can intensively treat their symptoms. It's important for people know that we are there with them, and we're not going anywhere."

As a leader, Dr. Moody enjoys helping people do their best work. "I like bringing people together, building teams, and helping everyone operate at their highest level," she said. "With our interdisciplinary team, each member brings their core expertise. We're able to share our overlapping perspectives and work together in caring for patients and their families."

Dr. Moody is honored by the profound nature of this work. "Humanity is about suffering," she said. "How do we address that suffering? With palliative care, we are privileged to get to know patients and their needs, and to support them so they feel like they have agency in their lives in the context of serious illness."

Honoring Patients' Wishes

"A good death can look really different to different people," said Diane Tam, LCSW, APHSW-C, inpatient social worker with the ZSFG Palliative Care Service. "Our role is to find out what that looks like for each person, and how we can try to provide that."

Diane Tam, LCSW, APHSW-C

In her previous positions at Kaiser Permanente West Los Angeles, the Institute on Aging, and the SFVAMC, Ms. Tam has worked with a wide range of patients, including youth, monolingual immigrants, elders, veterans, and people with dementia and cognitive impairment. "I've always worked with patients who have chronic disease and are quite seriously ill, helping them navigate the challenges of health complications as well as psychosocial and emotional distress," she said. "Our motto as social workers is always being an advocate for patients, and honoring their right to self-determination."

She brings firsthand experience to her job. "I've had multiple family members pass because of medical complications," said Ms. Tam. "Knowing how hard it is for lay individuals to navigate the system without advocates motivates me to do what I do."

She embraces a holistic approach. "As a palliative care team, we treat people as a whole person, not just their disease," said Ms. Tam. "And as social workers, we look at the whole system, including their support systems, what difficulties they may have accessing resources, and what services patients may be eligible for."

Ms. Tam spends much of her time on discharge planning for hospitalized patients with serious illness. "If patients want to go home, we want to

make that as safe and respectful as possible so they can live out the rest of their lives with the support they need, in a way that honors their autonomy," she said.

Many patients at ZSFG lack access to the basics, such as a safe place to sleep, access to electricity and cooking facilities, and a strong network of friends and family. She partners with community organizations to help ensure that patients have access to medications, groceries, meal delivery, transportation, In-Home Supportive Services, and other needed resources. Ms. Tam can also help them obtain equipment such as a walker, cane or wheelchair, as well as an oxygen machine if they have trouble breathing.

Even with all her connections and skills, it is not always possible to fulfill all of a patient's wishes. For example, one person with advanced cancer lived in a mobile home and was fiercely independent. "He wanted to find an apartment with running water so he could take a shower, and elevator access so he could live on his own," said Ms. Tam. "But the housing situation in San Francisco is so dire. A lot of people expect social workers to perform miracles, but we just do the best we can to be creative and help patients navigate very complex situations. In this patient's case, it wasn't possible to secure housing for him, but I was able to assure him that wherever he went, it would be safe, dignified, and have access to a shower and electricity. First and foremost, we try to honor what the patient wants, then figure out what is doable."

Caring for the Whole Family

Ms. Tam provides support and comfort not only to patients, but to their families. "When someone has a serious illness, there is a lot of worry and anticipatory grief," she said. "Part of my role is to be a sounding board to help them process their feelings. I talk with families about how difficult it is to have a loved one in the hospital, and help prepare them for the possible death of their family member."

For example, one patient was nearing the end of her life, and her son returned from graduate study abroad to be by her bedside. "The son hadn't realized how sick his mother was, and felt guilty that he hadn't visited her more," said Ms. Tam. She

reminded him of how difficult international travel had been during the pandemic. "When someone is overwhelmed with grief, supportive counseling and crisis management are essential," she said.

Ms. Tam also walked him through practicalities associated with an impending loss. "He was only in his 20s, and didn't know how to navigate the logistics of final expenses and funeral arrangements," she said. When his mother passed away, she and her colleagues stayed with him throughout the day. "We have the privilege of more time to sit with patients and their families in their distress, their joy, their moments of tears and fears," she said. "We made sure the son could do some of his cultural practices to honor his mother going into the afterlife, such as helping dress the deceased. We gave him spiritual support. A big part of what we do is letting the family know they are not alone. We walk alongside them through this very difficult journey."

Caring for the diverse patient populations at ZSFG requires listening deeply to the wishes of patients and their families, and understanding how their cultural beliefs shape their choices. "Our [American] society is very individualistic, but a lot of cultures aren't so individualistic," said Ms. Tam. "Depending on their culture and religion, some families really want to hold out hope for a miracle. As the medical team, we may question why families want their loved one attached to tubes for the rest of their life. We can share our knowledge about the patient's anticipated trajectory, but ultimately the decision is theirs to make. Perhaps the family needs to know that they did everything they possibly could for their dying family member. Working with patients and families from so many different cultures, we have to continuously learn to be culturally competent and culturally curious. That's something we try to navigate, and remind the medical teams of as well."

While the dying process can be tragic and heartwrenching, in Ms. Tam's experience it can also include moments of deep meaning and even peace when there is adequate support. "Palliative care is all about doing simple things, like making sure patients have the medications they need to be comfortable, or sitting with the family in their most intimate and intense time of need," she said. "If we can take even a little bit of suffering away from patients and their families and hold that for them, that really refills my cup."
If there was one thing she wished more people knew about palliative care, it would be to consider involving her team sooner. "Part of what we do is end-of-life care, but there's so much benefit in getting palliative care involved earlier for patients with serious illness," said Ms. Tam. "We can provide an extra layer of support throughout the entire timeline of their disease process. We can help address physical symptoms as well as psychosocial or existential distress. Whether we're identifying who can make medical decisions, helping with arrangements, or documenting patients' wishes, the outcomes are better and it alleviates suffering later when we get involved earlier on."

Holding Patients' Stories

Natasha Curry, MS, ANP, MA

"The bridge between the outpatient and inpatient environment is really important," said Natasha Curry, MS, ANP, MA, who leads the outpatient team of the ZSFG Palliative Care Service. In addition to caring for hospitalized palliative care patients, she spends two days a week in the clinic talking with patients who have cancer, end-stage kidney disease, COPD, and other forms of serious illness. An outpatient palliative care social worker and chaplain recently joined her team to broaden the support they can offer to clinic

patients.
"We usually start by talking about symptom management, but conversations often segue into topics like what brings them joy, or what is getting them through this difficult time," said Ms. Curry. "Having the luxury of time for patients to be able to open up allows us to build close relationships."

She usually meets with patients once a month. "There's a high likelihood that these patients will be hospitalized at some point," said Ms. Curry. "When they are, I always get consulted. The look on patients' faces when a familiar face walks into the room is priceless. I know their story, and can help their primary team understand their goals of care, what medical treatments they might want, and background information which can be very helpful when putting together a treatment plan, especially with patients facing end of life."

She recalled one patient with cancer who taught in Japan for many years. He shared stories about his students, his wonderful experiences abroad, and a beautiful rainbow kimono from that time that he still loved to wear.

After a few years he was admitted to the hospital for shortness of breath, and transitioned to comfort care. Ms. Curry was part of the team caring for him during his hospitalization, when the severity of his condition made it difficult for him to communicate. "One day his phone kept ringing, but he was too ill to answer it," she said. "I knew him well enough that I didn't think he'd object to me answering it. It turned out that some of his students from Japan had come to San Francisco and were trying to reach him. They came to the hospital, and I knew these people because he'd told me their stories for two years! I think he thought he had gone to heaven, surrounded by all these Japanese students that he hadn't seen for 15 or 20 years."

One of the students said, "He would hate this to be a quiet room. We should play some music." Ms. Curry knew that Janis Joplin was his favorite musician, so they played her music in his room. Then a nurse opened a bag of the patient's personal belongings. "They brought out this rainbow kimono that I'd heard all these stories about," she said. "We draped that kimono over him as he passed away, surrounded by his Japanese students holding his

hands, with Janis Joplin playing. It was so beautiful – it still gives me goosebumps."

That experience changed how she approached her work. "Earlier I didn't understand why he shared all these stories about people I didn't know," said Ms. Curry. "Later I realized he'd been telling me for two years how he wanted to die. Because I'd heard all these details in clinic, we were able to honor his wishes."

Bearing Witness and Letting People Talk

Ms. Curry brings a rich blend of experiences to her work. For many years she worked as a journalist in London and Istanbul. She then moved to the U.S., earned a master's degree in clinical psychology, and became a psychotherapist. As part of that work, she provided drop-in counseling at Ward 86 for the Stonewall Project, a harm reduction program serving men who use methamphetamine and have sex with men. "I just loved the hospital environment, and got a frisson of excitement being here," she said. "I met my first nurse practitioner at Ward 86, and decided that was what I wanted to do. I went through the accelerated [nurse practitioner] program at UCSF and haven't looked back."

She sees a through line that connects all her careers. "What I've done as a journalist and psychotherapist is witness other people's stories," said Ms. Curry. "Palliative care is about symptom management and pain control, but it's also about bearing witness and letting people talk. For some patients at San Francisco General, cancer may be the least of their worries. They're living in a car and worried about how to get their kids to school. They've endured lots of trauma that they haven't had a chance to talk about, and now here is another trauma – a life-threatening illness."

As a breast cancer survivor herself, Ms. Curry brings personal knowledge of serious illness to her work. "It's made me a much more empathic provider," she said. "I'm fine now, but I went through chemo, radiation and surgery. I can really understand what patients are talking about when they ask, 'When will I die? How do I want to die?'"

Before coming to ZSFG, Ms. Curry worked at several hospitals, including Alta Bates Summit Medical Center and UCSF Medical Center. Part of her duties at UCSF included working with hospice patients in the comfort care suites, which provide a more homelike setting for patients receiving end-of-life care. She has also worked with Doctors Without Borders, providing palliative care in Jordan and Malawi.

Although working in the outpatient setting is rewarding, it can also be difficult. Patients' lives are busy and sometimes chaotic, and some miss their in-person clinic appointments. Others may not have the tools or technical abilities to participate in video visits, so they have their appointments over the phone. "It can definitely be challenging to have a goals of care conversation if I don't know a patient and can't see their face," said Ms. Curry. "Some patients may still be at work, or they're on

the bus. I try to ask open-ended questions and show curiosity. I also encourage patients to come in person for the first two or three visits, so we can get to know each other before switching to telehealth."

Ms. Curry and her colleagues dream about establishing a small inpatient hospice unit at ZSFG, similar to the comfort care suites at Parnassus. "A lot of our patients are unbefriended, and there is really nobody to take care of them at home," she said – if patients even have a home. Having a dedicated unit would provide a safe, dignified environment for these patients to experience the end of life, cared for by nurses and others with expertise in symptom management. It would also free up acute care beds for other patients who currently spend many hours or even a few days in the Emergency Department.

She wishes Grey's Anatomy or another television series would do an episode about palliative care to help people understand that this field is much broader than hospice. "When patients tell us, 'I'm not ready for palliative care – I'm not dying!' I'll often turn the question back and ask, 'Which bit of care do you feel you are not ready for? Before you make that decision, let me explain what we are and what we can do for you,'" said Ms. Curry. "Giving patients a space to be heard is a gift I can give, and I hope it feels like a gift to the patients we serve."

Elizabeth Chur
Editors: Neil Powe, Laurae Pearson

SPOTLIGHT

Congratulations Resident Award Recipients

Patricia Cornett Subspecialty Faculty Teaching Award: **Mary Gray, MD,** Cardiology

Floyd C. Rector Award for Excellence in Teaching: **Jaya Mallidi, MD,** Cardiology

Longitudinal Subspecialty Clinic Preceptor Award: **Jonathan Davis, MD,** Cardiology

Residency Advising & Development (RAD) Advisor of the Year Award: **Kate Lupton, MD,** General Internal Medicine, **Scott Steiger, MD,** General Internal Medicine

Congratulations to our ZSFG SPIRIT of DOM winner, Kristina Bello, Cardiology, pictured here with nominator Peyton Jacob, PhD, Cardiology, and Neil Powe, MD, Chief of Medicine. Awards were presented via Zoom on June 21, 2024.

SPOTLIGHT

Congratulations to the ZSFG Recipient of the Spring 2024 SPIRIT of DOM Award

Kristina "Tina" Bello's journey at UCSF began in 1990 when she joined as a Lab Assistant. Her dedication and exceptional skills led to her promotion to Staff Research Associate (SRA) in 1995, and she has since advanced to the role of SRA 4. Over the years, Tina has developed extensive knowledge and experience in sophisticated analytical methods using chromatography and mass spectrometry techniques.

Tina plays a critical role in the Clinical Pharmacology Research Laboratory within the Division of Cardiology at Zuckerberg San Francisco General Hospital (ZSFG).

This core laboratory provides essential analytical chemistry support for various research programs, including the UCSF Tobacco Center of Regulatory Science (TCORS), the California Consortium on Thirdhand Smoke, and the Tobacco Biomarkers Core for the UCSF Helen Diller Comprehensive Cancer Center. Tina's expertise and leadership have been instrumental in managing complex lab activities, quality control, and collaboration with investigators nationwide.

Tina's exceptional performance and leadership were particularly evident during the challenging past year, marked by extensive preparations for the move to the new Research and Academic Building at ZSFG, Pride Hall. She coordinated communications and plans, oversaw the move, supervised staff, and ensured the lab's functionality despite numerous obstacles. Her hard work, organizational skills, and ability to delegate responsibilities effectively were crucial to the successful transition.

Tina's dedication to her work is unparalleled. She often works long hours, including evenings and weekends, without complaint. Her friendly and courteous demeanor makes her a delight to work with, and she is highly respected by her colleagues. Tina manages the activities of five Staff Research Associates and a Lab Assistant, providing guidance and support to ensure high-quality work.

Tina's involvement extends beyond her primary responsibilities. She played a significant role in the renewal of a P30 Center grant in 2019, managed additional duties during the lab manager's medical leave, and contributed to the ZRAB Biospecimen Working Group. Her extensive experience with biosample storage and her active participation in the workgroup's discussions were invaluable.

SPOTLIGHT

Congratulations to our our Faculty

Monica Gandhi, MD, HIV, ID, and Global Medicine, received the 2024 Lifetime Achievement in Mentoring Award at UCSF.

Elise Riley, PhD, HIV, ID, and Global Medicine, received the 2024 Jeanne Kreek Award for Research in Underserved Populations from the College on Problems of Drug Dependence.

Neil Powe, MD, Chief of Medicine, was elected to the American Academy of Arts & Sciences.