

Geropalliative Care Series

Why learn about Geropalliative care?

In less than ten years, for the first time in history, it is expected that persons aged 65 and older will outnumber persons aged 18 and younger. The fastest growing segments of the US population are over the age of 75. Yet, the advanced elderly has historically been excluded from research, and many current guidelines lack sufficient evidence-based recommendations for diagnosis and treatment of older adults, typical of those encountered in routine clinical practice.

So, moving forward, what can providers do now until those randomized trials are performed? We can understand basic Geropalliative care. Gero – applying to the elderly, Palliative – being sure the care is defined by patient-centered goals which minimize pain and suffering. Geropalliative care defines outcomes by traditional metrics as well as by patient-centered outcomes, such as avoiding functional decline, cognitive decline, and institutionalization.

Three basic syndromes should be known by all providers to qualify and quantify risk: Delirium, Frailty, and Sarcopenia. The physiology of these syndromes suggests that outcomes in persons at risk for or with these diagnoses are defined by the principle of double effect. You cannot fix the organ system problem without making the geriatric syndrome and its associated features worse. The knowledge creates a new balance of risk and benefit, prognostic data-base, and potential medical treatments.

About the series

The purpose of this course is to provide some basic knowledge in Geropalliative practice, bringing light to the fact that traditional metrics of a good outcome are not enough for this rapidly growing demographic. The course features six modules, between 38 and 56 minutes each.

- Geriatric frailty: No one dies of old age (55:26)
- “What happened to Grandma?”: Understanding geriatric cognitive and functional decline in delirium (37:39)
- Delirium prevention: Keep Grandma the way she was! (40:35)
- Evidence-based medical prognostication: Prognostication made easy (sometimes) (44:26)
- “If only someone had warned us”: How to recognize pre-terminal patients and the potential harms cause by continuing traditional care (52:48)
- Why Geropalliative medicine must become mainstream for all specialties (54:58)

The series is approved for up to 6.0 AAFP Prescribed Credits. Visit [Geropalliative Care Series](#) to learn more and register.

About the expert

Dr. Daniel Hoefler is the Chief Medical Officer for Sharp HealthCare’s outpatient palliative care program, Transitions and Associate Medical Director for Sharp Hospice Care. He is a board-certified family practice physician, certified in Palliative Medicine and is part of Sharp Rees Stealy Medical Group in San Diego.

Dr. Hoefler has been the visionary for the development of an evidence-based disease management care model for late-stage illness. He presents educational conferences to physicians and healthcare providers on issues surrounding the timely provision of end-of-life care and innovative care models.

He received his medical degree from Eastern Virginia Medical School. He completed his residency at Northridge Family Practice.