

Dr. Lynn McPher...: Hello, this is Dr. Lynn McPherson and welcome to Palliative Care Chat, the podcast brought to you by the Online Master of Science and Graduate Certificate Program at the University of Maryland. I am so excited about our guest today is Dr. Phyllis Chappell, who is a supportive and palliative care physician at Houston Methodist hospital. Welcome Dr. Chappell. Thank you for joining us.

Dr. Phyllis Cha...: Oh, thank you. I'm excited to be here.

Dr. Lynn McPher...: Wonderful. So have you spent your entire career as a physician, as a palliative care physician?

Dr. Phyllis Cha...: No, I actually was a neuroradiologist for a couple of decades actually before switching into palliative medicine.

Dr. Lynn McPher...: That's wonderful. What made you decide to make the switch?

Dr. Phyllis Cha...: I had actually missed direct patient care and I sometimes tell the medical students that I was actually asked to facilitate a small group at church, small group they wanted multiple small groups of women to discuss the topic of the sermon over a five-week series. And I'm not really comfortable facilitating small groups, but I somehow agreed to.

Dr. Phyllis Cha...: And then every week my group was never on the subject of the sermon. It would always turn into a discussion of grief and loss. Because I had several women who were widows. I had some who had lost children. I had one who had so many losses and felt so unsupported that she actually went back into training and became a grief counselor.

Dr. Lynn McPher...: Oh my goodness.

Dr. Phyllis Cha...: But one woman in particular struck me because she kept expressing amazement. I just didn't know he was that sick. I didn't know he was going to die. And it probably was the third or fourth week into the series that I asked her when he died and she said it had been 12 years ago.

Dr. Lynn McPher...: Oh my.

Dr. Phyllis Cha...: I was so struck by that, that on the way home I just kept thinking, "Is there something we could do in medicine that would help people not get trapped in this kind of grief?" And I actually did a Google search on physicians and death and came up with this field, which actually being in neuroradiology and not in academics, I had actually never heard of and I came up with the field of hospice and palliative medicine.

Dr. Lynn McPher...: Wow. And you know when you think about it, when you think about the field of internal medicine, which is about 3000 years old, seriously, palliative medicine

only came to the US in the mid to latter in 1980s. So it is a relatively new field and when you consider our growth, it's spectacular.

Dr. Lynn McPher...: I talked to so many physicians who are like you who this is a second career for them. And it strikes me that back when you think to your interview for medical school, why do you want to do this young lady you probably said, "I want to help people" and where else can you do that better than in palliative medicine?

Dr. Phyllis Cha...: Ah, so true. I have not infrequently have doctors who asked me to see somebody say, "Oh my gosh, I don't know how you do this work." And many times I think the opposite. "Gosh, how blessed I am to be able to do this work."

Dr. Lynn McPher...: It is a sacred mission, that's for sure.

Dr. Phyllis Cha...: Yeah.

Dr. Lynn McPher...: For our listeners, Dr. Chapell also is a student in our online master of science program and I'm always sending out appeals for anything exciting and cool that our students and faculty and alumni have been doing for our monthly newsletter. And Dr. Chapell said, "You won't believe what I just did." So why don't you tell our listeners what you've been up to, you troublemaker you.

Dr. Phyllis Cha...: The most recent case I think I shared with you is a relatively young man with a malignant glioblastoma multiforme, a brain tumor and actually only diagnosed in November and already in January was told we have nothing further to offer you. He is paralyzed on one side. His speech is impaired. And when I saw him, I think that the intention of the physician who counseled to me was perhaps that I would be able to convince him not to continue, not to complete this trial of radiation therapy, but he really wanted to do the last few courses.

Dr. Phyllis Cha...: And as I was talking to him to find out who would be his surrogate decision maker, as I often do, I asked him if you were so sick that you couldn't make decisions for yourself, who would you want to make decisions for you? And he said, "My fiancée Teisha." And so I asked him if he still hope to get married and he said, "Yes." And I said, "Would you want to get married here in the hospital?" And he said, "No."

Dr. Phyllis Cha...: And I said, "What if it was the hospital chapel?" Because I thought he might think that I meant in a room with IVs and poles and things beeping. And when I said, "Would you want to get married in the hospital chapel?" He said, "Yes." And so I thought that this might not be something that his fiancée wanted. So I said, "Will you ask Teisha or should I?" And he asked me if I would ask her.

Dr. Lynn McPher...: Oh my goodness.

Dr. Phyllis Cha...: And yeah, so I called and asked her and she was excited. She said, "Yes, I would want it to." And I really credit the palliative care social worker and the people

she contacted, because she said she'd never done it before, but she would make it happen. So you reached out to all sorts of people, mobilize all sorts of people, including the officiant who did it at no charge.

Dr. Phyllis Cha...: And then we found out he was going to be discharged and we were a little worried that they discharged him on Friday and an ambulance company volunteered to pick him up and bring him in and take him home for the wedding. So the wedding happened in the hospital chapel and public relations or somebody reached out to a news channel and three news channels and the Houston Chronicle all appeared and it was just beautiful. It was heartbreakingly beautiful.

Dr. Phyllis Cha...: You could hear her weeping from the bride weeping from the back of the chapel before she even entered. It was just amazing.

Dr. Lynn McPher...: Wow. And I've watched the videos that you sent me and I'll post the link also with this podcast. He was crying, she was crying. Everybody in the audience was crying. You were crying.

Dr. Phyllis Cha...: Oh my gosh, yes. The CBS, their national correspondent or something came out to interview us and he asked me, "How did it happen that you proposed for him?" And I didn't realize that I had until I saw the news clip where she said that he had asked her several times to marry him and she said "No," because he always seemed to be comparing a concern just about money. But she said that since this brain tumor, he had changed and he was more concerned about her and she could feel that she really loved him and she said that, "But he was afraid to pop the question. So Dr. Chapell popped it for him."

Dr. Phyllis Cha...: I thought I was asking her, I thought, will you marry me? Yes. Had already been asked and answered. I thought I was asking her if the chapel was an okay place for the marriage to take place. But apparently I proposed for him.

Dr. Lynn McPher...: You did the whole deed, girl. That's amazing. So amazing. They had a bunch of little children there. I saw the video.

Dr. Phyllis Cha...: Yeah. Yeah. The three boys at the front were hers.

Dr. Lynn McPher...: Mm-hmm (affirmative).

Dr. Phyllis Cha...: Yeah.

Dr. Lynn McPher...: Wow. So touching and I see that really your whole team pulled together to make this happen. There was a beautiful cake I saw as well.

Dr. Phyllis Cha...: Yeah. The shirt he was wearing, the chaplain bought for him. She asked him his favorite color and he said, "Blue." I hadn't realized that. I thought it was all blue

and white because those are kind of a Methodist hospital colors. But apparently that was his requests for blue.

Dr. Lynn McPher...: Wow. How is Mr. Corey doing today?

Dr. Phyllis Cha...: The amazing thing is to me, so amazing. I mean, because this is a man that sort of struck down you would say in the prime of his life over just a few months. It was like a Lou Gehrig moment. Corey said that, "He thinks he is the luckiest man in the world."

Dr. Lynn McPher...: Wow.

Dr. Phyllis Cha...: It just-

Dr. Lynn McPher...: So he's still with us?

Dr. Phyllis Cha...: Yes. Yes ma'am.

Dr. Lynn McPher...: Oh, that's good. Good. Well, I hope they know have some time together before his disease progresses.

Dr. Phyllis Cha...: Oh, me too. Me too.

Dr. Lynn McPher...: But I guess medical school did not prepare you for proposing for patients and planning weddings and receptionists did it?

Dr. Phyllis Cha...: No, not exactly.

Dr. Lynn McPher...: This falls under that other duties as described category. Don't you think?

Dr. Phyllis Cha...: My social worker says that, "It's because we're so careful about goals of care." So this was a goal of his beyond what we normally offer.

Dr. Lynn McPher...: Yeah. You know, it strikes me, you should be careful what you ask for because I'm a pharmacist by training, so I'm always thinking about the drugs and how can we change the drugs and add drugs and take some away. But even I've learned the hard way that one of the first questions I ask is, what's one thing I can do for you? And apparently he had an agenda that was different from things you would normally ask your doctor to do, much to his benefit because you sure came through. That's amazing.

Dr. Phyllis Cha...: I have to say when they speak of your knowledge of the drugs is such a gift. And especially for somebody like me, after spending all that time in neuroradiology, my chief of palliative sent me to geriatrics [inaudible 00:09:53] for a week and one of the assignments was two drugs that you use frequently and how they might be used differently in the elderly. And the only thing I knew to think of was I had [inaudible 00:10:04] and gadolinium, because that's about the only

- two drugs I use. So the whole pharmacy piece has been really intimidating for me. And that's one of the places where the master's program has been such a gift.
- Dr. Lynn McPher...: Oh, thank you.
- Dr. Phyllis Cha...: Really such a gift.
- Dr. Lynn McPher...: I'm glad to hear it.
- Dr. Phyllis Cha...: Yeah, it has really increased my confidence and I really feel more like I could help people. I know a lot of my consults have goals of care. I'm like the queen of goals of care. But to be able to do this other piece better is just huge for me.
- Dr. Lynn McPher...: Wonderful. I know you told me, I believe in one of your assignments about a woman whose pain was so poorly controlled, she had requested euthanasia and you altered her analgesic regimen. Tell us about that.
- Dr. Phyllis Cha...: Oh, this was a family who came to this country just for treatment. So they didn't live here and they were far from home, a very close family. And when I walked onto the unit I had been consulted, the nurse approached me and the nurse was just distraught. She said, "It's been horrible. She's been crying out. She asked for euthanasia."
- Dr. Phyllis Cha...: The son and the husband were weeping and said the same thing and then were careful to ask, "You don't do that in Texas, right?" I said, "No sir, we don't." So they were a little just a tiny bit concerned. So I did get her started, figured out that MEDD. The problem was that she was getting kind of large IV boluses, hydromorphone, and then she would just fall asleep, be unable to communicate with her family. And then she would wake up again in pain and she said she was just being tortured. She didn't want to go on like this.
- Dr. Phyllis Cha...: So I just had her on a small IV and also the patient controlled analgesia and also added a little steroid. She had bone and liver meds and so possibly capsular pain. And she was just so much better. She was so much better. So grateful and the family, it was wonderful. It was wonderful to be able to do that.
- Dr. Lynn McPher...: Nobody should die without Decadron, don't you think?
- Dr. Phyllis Cha...: I agree.
- Dr. Lynn McPher...: Put it in public water. Good grief. [crosstalk 00:12:30].
- Dr. Phyllis Cha...: Her appetite was better.
- Dr. Lynn McPher...: She was smiling probably too. It helps her appetite and her mood and everything. Right?

- Dr. Phyllis Cha...: Oh, oh and she's so hopeful now that she might live to see her grandchild, which is expected probably in 10 days or so.
- Dr. Lynn McPher...: Oh my gosh.
- Dr. Phyllis Cha...: Her daughter is very near and so she's going to deliver here and she accepts that she may not be able to go home to her home country, but she's so much better.
- Dr. Lynn McPher...: Wow. Well, my daughter just had a baby two months ago, so I know what that's like. Ooh, that's pretty powerful stuff there.
- Dr. Phyllis Cha...: That's my goal. That is my next goal to have grandchildren.
- Dr. Lynn McPher...: There you go. Let me tell you, I know I love my daughter, but I think I like this little baby 15 times more because he's so adorable.
- Dr. Phyllis Cha...: I noticed that with my mother when it came to my children too.
- Dr. Lynn McPher...: She likes them better than you?
- Dr. Phyllis Cha...: Yeah. When I stopped going to church for a while, it wasn't a big deal, but she said, "You better take my grandbabies to church. If I don't make it into heaven. It's kind of okay, but."
- Dr. Lynn McPher...: It's funny. So I think you would agree with me that all healthcare providers, all disciplines should possess basic palliative care skills. Would you agree with me on that?
- Dr. Phyllis Cha...: Absolutely. Absolutely. Especially when we consider there's not enough. When I think of how busy we are and also think of all the patients who aren't seeking consultation from our service, then I think, "Yeah, everybody should have some basic knowledge of this that they can provide to patients."
- Dr. Lynn McPher...: Mm-hmm (affirmative). I like the model Dr. [inaudible 00:14:08] Which is all providers should have primary palliative skills. So it's the basics of communication, the basics of having the goals of care conversation, the basics of pain and symptom management. Which is why in our program I get the question over and over again. Why are you making the chaplain learn about constipation and anxiety?
- Dr. Lynn McPher...: Because I think that's important. If the chaplain comes to be with the patient and notice that the patient is physically uncomfortable or seems anxious, he or she needs to tell the nurse because there are things that we can do about that. And similarly even though I am a pharmacist, I recognize that there are many causes to pain. It's not just physical discomfort. I like Dame Cicely Saunders picture of the total picture of pain. It could be psychological, spiritual, social, so many things going on.

Dr. Lynn McPher...: So I do believe that we have to be cross-trained to a good degree and have these primary skills. Then he talks about secondary palliative care providers, which is going to be what you do for a living. You work on a specialty floor in a specialized team environment and then tertiary would be practitioners who do research and so forth along with their practice in.

Dr. Lynn McPher...: palliative care. So how can we do this do you think? I wish that schools of medicine, nursing, pharmacy, social work, chaplaincy, everybody would teach the basics. Don't you think that would be a good start?

Dr. Phyllis Cha...: Oh, that would be huge. I was thinking of a patient who at the county hospital that I had was on isolation for some infection, but he had advanced HIV and he had pain and the MEDD just kept going up and up and up. And I asked the chaplain, we did not have our own chaplain at that time to see him and the chaplain spent about an hour with him, found out that he was a strange from his brother. Reached out to the brother. The brother came in and were practically no PRNs of opioids needed after that. I mean the pain was more spiritual and existential than it was physical. And it was the chaplain who picked that up and made that work.

Dr. Lynn McPher...: It's so important. It's so important. That's why it takes a village to get this done. I'm always surprised by, I think veterinarians get more training in advanced illness, total person training than we do. So there actually there's a national and an international Hospice and Palliative Care Veterinarian Association.

Dr. Lynn McPher...: We actually had a vet graduate from our program last year. She's amazing. So I would love to see this movement continue where we increasingly add this to our professional curricula. And people who are already out in practice, whether it's just, continued self-development, reading and so forth or all the way up to something formalized like our program for example. But it's such an important skill set to have.

Dr. Phyllis Cha...: Yeah. There is an elective called the healers art that was started by Rachel Naomi Remen and I went to the faculty training program with Dr. Remen. But I would say that probably over half of the people there were veterinarians.

Dr. Lynn McPher...: Oh really?

Dr. Phyllis Cha...: Yeah. Wanting to teach their students about compassion, the whole person and yeah, because you know if you're a dog person you kind of freak out if something happens to your dog.

Dr. Lynn McPher...: Oh my gosh, yes. As a matter of fact, we've always had dogs, but we had a 17-year-old miniature poodle and he was blind and deaf and he had dementia and he had type one diabetes. He was a red hot mess, he was a happy camper walking around, bumping into walls, living the dream, eating like a cat, big

horse. He was really not doing well. And we had taken him to the vet. It's a large vet practice and it was a vet I'd never seen before.

Dr. Lynn McPher...: So it was funny because out of the blue she said, "Have you ever heard of the expression palliative care?" My husband was like, "Oh my God, here we go." But he actually did, they said "He'll probably go, go, go, go, go. And then something will minor will happen and he'll crash quickly." And that did happen last year at the academy meeting. So they had to put him down while I was at that meeting and I'm crying like a lunatic at my exhibit. Oh goodness.

Dr. Phyllis Cha...: Aww, aww. I didn't know dogs got dementia.

Dr. Lynn McPher...: Well, he sure did. As a matter of fact, Dr. Marcelli who graduated in our program used my dog Gucci as one of her patients when we did the neurodegenerative module. And apparently the data is quite a bit stronger in dogs than it is humans for the use of selegiline.

Dr. Phyllis Cha...: Wow.

Dr. Lynn McPher...: Yeah. I learned quite a bit from her on that. Yes, there you go. But all the people skills and having the conversations and the goals of care, it applies across the board. So I think we should teach the whole world to sing and look what important things we do. We help people get married and fulfill their wildest dream. Oh my gosh, that's amazing you were able to do that. Anything else you want to share with our listeners? I wish we lived closer, we could be besties, but I'm up here in Maryland and you're down there in Texas.

Dr. Phyllis Cha...: Aww, because I do know when I met you when you were at UT Health Houston for the geriatrics and palliative session and I met you and I think you hadn't started the master's program, but it was about to be started and I told you I would do it. So I was going through the exhibit hall I guess last year. And you were sitting at that table and I didn't know you lost your dog, but you asked me, "When are you going to do my master's program?" So I signed up, but I was all excited because you called me by name. You probably read it off my badge, but I imagined that you actually remembered me. So that was pretty cool.

Dr. Lynn McPher...: Oh wow. Well, you never get away from me. I mean once you're in my orbit, I will pester you the rest of your life.

Dr. Phyllis Cha...: That is wonderful. And I want to say too, the discussion posts can be so rich in the masters' course. I mean I have had conversations with people that have been amazing. And especially for me because I'm actually, although I'm running my mouth a lot, I'm actually very introverted. So to be able to interact with people in that way where you can think about what you want to say and reflect on what they said, and then respond is really powerful for me. I just love that.

Dr. Lynn McPher...: I think that's one of the hallmarks of the program, the interprofessional nature. And my other favorite, favorite thing about the program is when people say in their reflection post, "I learned this Monday night and Tuesday I used it at work." I love, love, love practical learning. I don't like read these 200 pages and write a paper. I wouldn't do that. So I would never do that to a student.

Dr. Lynn McPher...: I think our assignments and our activities have to be. Adults are pretty impatient learners. Adults live and die by what's in it for me. So we have to make sure that we are meeting our learners' needs and no shilly-shalling about with silly assignments. So we really worked hard to make sure everything is pertinent and applied and practical, and you can use it tomorrow. So I hope we set our goals.`

Dr. Phyllis Cha...: The way it's taught is so engaging.

Dr. Lynn McPher...: Well, thanks.

Dr. Phyllis Cha...: Like the inhaler videos that we watched this time, I just love those. And when you act in the videos, oh I just love that. The one where the second, the ex, the other woman was planning to be at the family meeting with you and you said something about, "Oh, that'll be dead man walking." I was just rolling on the floor. That was hysterical.

Dr. Lynn McPher...: She was my resident. She's my best friend today. She was the floozy girlfriend and I was the estranged spouse. In the last course you'll take [crosstalk 00:21:48].

Dr. Phyllis Cha...: Yeah, like, "What is she doing at the family meeting?"

Dr. Lynn McPher...: I know. The last course that you'll take, we have a case of a dementia. We have three cases that progress each week that get sicker and sicker and we have one man who has Alzheimer's dementia and I play the role of the wife and I hate him. He's been mean to me. All of our married life, he beat me, and was verbally abusive and I was saying, "I can't wait for him to die." And students would be like, "I don't think Lynn was really like that." And I was like, "I'm not really like that." I was playing a role. My husband's alive and and well, and I love him.

Dr. Phyllis Cha...: Oh my gosh.

Dr. Lynn McPher...: But it's so much fun.

Dr. Phyllis Cha...: It's because you're so convincing.

Dr. Lynn McPher...: Well, there you go. If I didn't do this pharmacy education thing I'd be an actress, huh?

Dr. Phyllis Cha...: Yeah. In the one where you're Ms. Johnson pancreatic and I think you're trying to have a little bit flattened aspect, but the you, the dynamic you just comes through.

Dr. Lynn McPher...: Oh, well, thank you.

Dr. Phyllis Cha...: Yeah. It's very cool.

Dr. Lynn McPher...: Well, thank you. Thank you very much. Well, Dr. Chappell, I have really enjoyed speaking with you and I know I'm going to post the link to a couple of the videos and the stories that you shared with me and good show, good show. I mean I'm lucky I made it through this without crying myself and I did cry over the video, especially watching the bride and groom cry and you filled up. Oh my gosh. Nobody cries alone when I'm in the room, that's for darn sure. Well, you keep up your awesome work and thank you for taking time to speak with us today. I really appreciate it.

Dr. Phyllis Cha...: Aww. Thank you. Thank you.

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