

Melvyn Sterling, M.D., FACP, FAAHPM

Co-Medical Director of Palliative Care at
St. Joseph Hospital

In 1995 Melvyn Sterling, MD, took a call from the dean of UCI's medical school about the formation of a task force to develop a palliative care curriculum. He recalls, "To my knowledge that curriculum did not exist in the U.S. What we initially developed addressed end-of-life care in a pragmatic way. It was originally called the Death and Dying Task Force, but we quickly changed the name as it created the wrong image and restricted the scope of palliative care." Thirteen years later, about 30 percent of leading U.S. hospitals offer palliative care, with more on the way.

"Palliative care has broadened to include advanced symptom control; end-of-life care as well as difficult pain management problems," states Sterling, who helped establish a Palliative Care Program at St. Joseph Hospital in 2004.

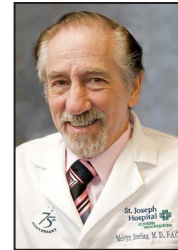
Since then the program's multidisciplinary specialists, one and a half full-time nurse practitioners and a part-time social worker and non-denominational chaplain, have seen more than 1,100 patients. "No other hospital in

Orange County has this level of palliative care," claims Sterling. "You'd have to go to the City of Hope or further to find a program this robust. Sending the patient elsewhere creates a burden on families and there's no reason for it, given our palliative care resources. The hospital leadership has been fully supportive and understands that this is an essential element in our state-of-the-art care. Extraordinary diagnostic and therapeutic services, aimed at making the patient comfortable during treatment and beyond, are up to the minute. We are constantly surveying new literature and attending conferences to do a better job. St. Joseph Hospital's formalized program for advanced symptom control has been studied and emulated by hospitals throughout California and beyond."

A majority of the Palliative Care patients seen by Sterling, Co-Medical Director Brian Boyd, M.D., and the team have a cancer diagnosis, but not all. "Whether we're talking about a patient coming for tumor removal surgery, or one who has severe arthritis and is here for a joint replacement, ideally we're on board prior to admission," says Sterling. "Frequently these patients have been on high-dose opiates. If they've developed a high tolerance, the meds they might receive in the hospital could be inadequate, and

the patients and families could be unhappy. We can do a better job of pain control and symptom management through early intervention.

"The Palliative Care Service is often called in to help patients and their families deal with the agonizing problems that can occur at the end of life. An example might be a stroke patient who is severely and irreversibly brain damaged and on a ventilator. We can help the family as they deal with the difficulty of the situation," he said.



In 2008 Dr. Sterling marked 30 years of practicing medicine. He has served as medical director for the Visiting Nurses Association Hospice Program, chaired the AMA Council on Scientific Affairs and for five years represented the AMA on the American Hospital Association's Circle of Life Committee. He continues to serve as an AMA delegate for the Orange County Medical Association. Dr. Sterling's palliative care expertise has been shared nationally through numerous CME programs, courses and lectures. In addition to serving as co-medical director of our Palliative Care Program, Dr. Sterling chairs St. Joseph Hospital's Department of Internal Medicine.



A PUBLICATION FROM THE ST. JOSEPH HOSPITAL MEDICAL STAFF OFFICE

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