

Melinda McMinn, MD
Medical Director – Palliative Care/
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Dr. McMinn is board certified in both family medicine and hospice and palliative medicine. She completed her medical school training at SUNY Upstate Medical University and her residency training at St. Joseph's Hospital Health Center. For the last 10 years, Dr. McMinn has worked as a family doctor, providing outpatient primary care services and spending time teaching residents and medical students.

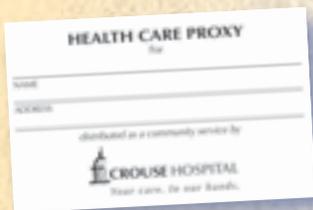
What is palliative care and how is it different from hospice care?

Palliative care refers to the care provided within the subspecialty of palliative medicine. Hospice and palliative medicine is a growing medical subspecialty in the U.S., recognized by the American Board of Medical Specialties as an important addition to the healthcare landscape.

While both palliative and hospice care focus on the relief of pain, stress and other debilitating symptoms that accompany serious illness, palliative care is not dependent on prognosis and can be delivered at the same time as curative treatment. The goal is to relieve suffering from a myriad of symptoms

Request a Healthcare Proxy Card

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Q & A with Melinda McMinn, MD

WHAT IS PALLIATIVE CARE?

and to provide the best possible quality of life for patients and families. Hospice care always provides palliative care, but is focused on those who are terminally ill with a life expectancy of less than six months and who are no longer seeking treatment for cure.

Who benefits from this kind of care?

Any patient diagnosed with a debilitating or potentially life-limiting illness may benefit from palliative care, from chronic lung, heart, liver, or kidney disease, to blood disorders like sickle cell anemia, various cancers, dementias and other neurologic disorders like multiple sclerosis, Parkinson's disease, Lou Gehrig's disease and many other conditions that can create troublesome symptoms and psychosocial distress. Palliative care can also be useful for conditions associated with advancing age and can help to promote an improved quality of life.

How important is the family in providing palliative care?

Family, as identified by the patient, is very important. Family members — not always biological relatives — are frequently the primary caregivers for the patient and need to feel empowered to ask questions and seek information so they can better understand the course of illness and its effect on their loved one.

What unique needs do family members have?

In palliative medicine, patients and family come to us as a unit with unique dynamics. Family cannot function as caregivers in isolation of the disease process. There can be many stressors, from the physical demands of caregiving to the emotional strain that often accompanies watching a loved one's illness experience. It can create a sense of helplessness if their needs and concerns are not recognized.

A family member is often the healthcare proxy, a very important responsibility if at any time a patient is unable to speak for him or herself. Even when families know they are making a decision based on their loved one's prior advance directives, it can still be a difficult moment that can create self-doubt. We respect the family's role as patient advocate and work with them, sometimes through education and sometimes just by listening.

Does insurance cover palliative care?

Yes. Insurances will reimburse a palliative medicine consultant just as they would reimburse any other medical specialist who is asked to consult and collaborate in providing the best patient care.

At Crouse, who provides palliative care?

The Palliative Medicine/Advanced Illness service at Crouse takes a multidisciplinary approach to patient care. And we have access to religious and spiritual care if requested. The medical or surgical service that admits a patient to the hospital may request a palliative medicine/advanced illness consult to help with symptom management, psychosocial support, or to help with patient and family education regarding an illness.

What do you find most rewarding about your role?

Everything I do in my role at Crouse is rewarding. I get to be part of a team that has as its primary goal the relief of suffering and the promotion of improved quality of life. I consider it a privilege to do what I do — to help patients and families at a pivotal time in their lives and to help them work through difficult issues and decisions.