



### Palliative Care Observation Fellowship

‘Integration of complementary palliative treatment modalities into the daily practice of an active in-bed department’

**Motto:**

Alaine Polcz: Time of death should neither be hastened nor postponed.

**Home Institute**

National Institute of Oncology  
Budapest  
Hungary



**Host Institute**

Medical University of Vienna  
Unit of Palliative Care  
Department of Internal Medicine  
Austria, Vienna



**Introduction:**

Cancer is the second leading cause of death in Hungary after cardiovascular diseases. In 2008, 70,527 new cancer patients were registered and 32,776 patients died of cancer. The incidence of cancer disease does not differ by gender; however, mortality is higher in men. Death as a consequence of cancer has gradually increased in the last forty years following some fluctuations and unfortunately cancer mortality in Hungary is among the highest in Europe in case of almost all types of cancers.

According to 2009 data, only 14% of patients who died of cancer disease received hospice care. On the contrary, approximately 50–90% of cancer patients receive hospice care in the USA.

These dramatic data support the fact that there is an obvious need for extensive information about palliative care, practical training, and development of infrastructure in Hungary.

### **Why I have applied for this scholarship?**

The National Institute of Oncology is the only comprehensive internationally accredited cancer institution in Hungary. The Institute operates on a high technological and professional level on the 7 research and 10 clinical departments. Yearly we treat 16 thousand new in-bed patients, 20 thousand receive chemotherapeutic treatment and we see nearly 500 thousand subjects in our out-patient clinic.

To treat patients who require palliative care, we do not have an extra department yet, so each active department needs to host as few terminal cases. The number of palliative patients is fluctuating and is determined by the ability of the treating doctor to refer the patient to a county hospital or in the luckiest cases into a hospice. Due to the grave economic situation in Hungary, the hospice care at home or in hospital is far away from the western standard.

On my home department the "C" Internal care unit for Uro-oncology we have 25 active beds. Even though we have to secure the chemotherapeutic care on those beds, we always have patients, who require palliative care. Usually this represents a big challenge, not only for the doctors, but also for the nursing staff. The necessary complimentary disciplines such as dietician, psychologists and therapeutic physical education are all present in our Institution. The potential is given, we could work with highly educated professionals, but we lack the experience, how to integrate their work into our daily practice. Usually we ask their help on severe cases when all our resources are used.

I am interested especially in the following topics:

- How to integrate other disciplines into our daily practice?
- Psychological care: should there be a daily visit or are there special tests or questionnaires upon which we can decide about the involvement of the professional
- Alternative treatment methods in treating pain and other side effect of the disease (meditation, yoga, music, speech therapy, sports therapy etc.)
- How to integrate family into the care? How to handle their expectations?
- I consider humane, honest, individual communication especially important.

When oncologists are no longer able to treat the patient, there are several questions: What should the oncologist tell the patient? Who will tell this to the patient? How will the patient and the family react? How can the family be involved in the care? If the patient goes home, does he/she want hospice care (if it is available) or does he/she stay in the hospital? Who will help the family members, specifically those who are under the age of 15 and are always severely affected by the death of a close relative? How can a patient be prepared to say goodbye to the former physician? What will be the role of the new physician?

- How can the emotional burnout of professionals be prevented, recognized, and treated?
- Who should be included in the multidisciplinary team?
- Who may supervise the team and how can the team members be motivated to this work?

**Fellowship Report - Medical University of Vienna, Unit of Palliative Care, Department of Internal Medicine, Austria, Vienna**

The Palliative Department of the Allgemeine Krankenhaus was founded in 2006 in Vienna.

In 2010, a whole new wing was added to the department. As a result, a friendly environment and the most advanced equipment are available for providing medical care to end-stage patients.

The department has four single-bed and four double-bed rooms, and three to four nurses are constantly taking care of the patients.

Prof. Herbert Watzke, head of the Palliative Department, treats all problems with the utmost care.

The treatment of patients is provided by a multidisciplinary team. In addition to the ward sister, there is a physiotherapist, a nutrition specialist, a social worker, and if needed, a psychologist and a pastor coming every day.

I have spent two months at the department. During this time, I had the opportunity to participate in the morning department meetings, the professorial visits, the social discussions, and in the Bálint group as an observer.

The multidisciplinary group discusses the fate of each patient on a weekly basis in a social discussion. This discussion gives a very good opportunity to everyone to report the problems with the patient according to his own profession, therefore, things may be revealed that are not indicated by the patient on the ward rounds.

The department is designed to improve the patients' quality of life and to maintain the actual state if possible.

The motto of the department could be that in these patients, the task is not primarily to add days to the rest of their life, but rather to add life to the remaining days.

I have learned a lot from Professor Watzke and his colleagues. I can say that I got the answers to the questions listed in my application during these two months.

In the near future, we will also share a work project entitled **"Assessment of anxiety in end-stage cancer patients treated in active or palliative oncology departments"**.

I think this topic is important because in the Hungarian practice, anxiety disorders of end-stage cancer patients have not received sufficient attention yet.

The aim of our study is to assess the occurrence of anxiety in the two groups. We presume that the level of anxiety in end-stage patients will be lower in the palliative department than in the active department. We may also get results on whether the level of anxiety in end-stage patients treated in

the departments is influenced by cultural differences (Austrian or Hungarian) and whether social support can be regarded as a protective environmental factor.

To sum up, I can say that these two months have been very useful to me, and I am confident that I will be able to make use of the gained experiences in the Institute of Oncology. I hereby would like to thank ESMO and Professor Watzke for the opportunity, and I hope our joint research will be successful.

