

ESMO Palliative Care Fellowship (Feb 2017 – Mar 2017)

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FINAL REPORT

Home Institute: Alhada Armed Forces Hospital
Host Institute: U Mass Memorial Cancer Center

Introduction

Cancer is a major public health problem worldwide and is the second leading cause of death in the United States. The annual report provides the estimated numbers of new cancer cases and deaths in 2017, as well as current cancer incidence, mortality, and survival statistics and information on cancer symptoms, risk factors, early detection, and treatment. In 2017, there will be an estimated 1,688,780 new cancer cases diagnosed and 600,920 cancer deaths in the US. Palliative Care Standards. The World Health Organization (WHO) describes palliative care as services designed to prevent and relieve suffering for patients and families facing life-threatening illness, through early management of pain and other physical, psychosocial, and spiritual problems. Growing recognition of palliative care as an integral aspect of cancer treatment, with the ability to improve quality of life and prevent unnecessary hospital admissions and the use of health services, especially when instituted early in the course of disease, has prompted the development of a range of guidelines concerning palliative cancer care. Cancer patients that receive palliative care earlier in their treatment demonstrate higher satisfaction, better symptom management and an increased survival rate, the American Journal of Managed Care (AJMC). 2016. The study, published in December, 2016, looked to discover if any benefits were realized by oncology patients who received palliative care in an outpatient setting. Researchers also looked at how patients and their families reacted to the care plan by having a team speak with them throughout treatment. The American Society for Clinical Oncology (ASCO) recommends considering the combination of palliative care with standard oncology care early in the course of treatment for patients with metastatic cancer and/or a high symptom burden. Specific recommendations are as follows:

- The time to start palliative care is as soon as a patient's cancer becomes advanced
- For newly diagnosed patients with advanced cancer, the Expert Panel suggests early palliative care involvement within 8 weeks after diagnosis
- Inpatients and outpatients with advanced cancer should receive dedicated palliative care services early in the disease course concurrent with active treatment.

ASCO recommendations on delivery of palliative care are as follows [3]:

- For patients with cancer who have high symptom burden and/or unmet physical or psychosocial needs, outpatient cancer care programs should provide and use dedicated resources (palliative care clinicians) to deliver palliative care services to complement existing program tools.
- For patients with early or advanced cancer who will be receiving care from family caregivers in the outpatient setting, providers (e.g., nurses, social workers) may initiate

caregiver-tailored palliative care support, which could include telephone coaching, education, referrals, and face-to-face

meetings. • Telephone support may be offered for family caregivers who may live in rural areas or are unable to travel to the clinic. The National Comprehensive Cancer Network (NCCN) concurs and includes the following additional recommendations [4] : • All cancer patients should be repeatedly screened for palliative care needs, beginning with their initial diagnosis and thereafter at intervals as clinically indicated • Palliative care should be initiated by the primary oncology team and then augmented by collaboration with palliative care experts • All health care professionals should receive education and training to develop palliative care knowledge, skills, and attitudes • An interdisciplinary team of palliative care specialists should be available to provide consultation or direct care to patients and/or families as requested or needed • Quality of palliative care should be monitored by institutional quality improvement programs

Goals or aims

I have started palliative care fellowship program at UMASS MEMORIAL University hospital it's a good Centre with 800 bed and 7 ICU units with oncology Centre palliative care unit is contain 4 consultant of palliative care and 2 nurse practioners, one social worker, one clinical pharmacist, social worker, physiotherapy service, spiritual care, case manager, with facility of hospice, rehab Centre referral, home health care referral .plan of work: the plan of fellowship is to follow ASCO recommendations for cancer patients. For patients with cancer who have high symptom burden and/or unmet physical or psychosocial needs, outpatient cancer care programs should provide and use dedicated resources (palliative care clinicians) to deliver palliative care services to complement existing program tools. For patients with early or advanced cancer who will be receiving care from family caregivers in the outpatient setting, providers (e.g., nurses, social workers) may initiate caregiver-tailored palliative care support, which could include telephone coaching, education, referrals, and face-to-face meetings. Telephone support may be offered for family caregivers who may live in rural areas or are unable to travel to the clinic. Also palliative care service for terminal ill non cancer patients like HIV, Dementia, cardiac- pulmonary illness, ..etc.

Description of the time spent at host institute

1st of all I'm very grateful and I was lucky to work with UMASS staff , they are very helpful and allow me to go smoothly through my training program agenda which they have accepted and approved it that has made everything easy and 5 weeks of training has become sufficient to complete all categories of the training program.

Conclusion

Work flow and time management:1st thing that I have to go through some essential articles for palliative care that was given to me through Dr. Christina Fitch.2nd I have to attend the outpatient clinics 2 days per

week with one of the palliative care consultant. 3rd I have to attend the inpatient ward round see how to manage palliative care consultation, pain management, and other symptoms management. 4th I have attended tumor board twice weekly with oncology multidisciplinary team. Through all of these I have learned the essentials of palliative care art and in the end of program I was able to assess the patient, conduct family meeting, assess the prognosis, how to share the difficult news, discuss the code status, discuss the hospice care, discuss goals of care, perform pain assessment, convert opioids, prescribe PCA, assess and treat delirium, assess and treat dyspnea, assess and treat anxiety and depression, assess and treat the nausea, assess and treat constipation, assess decision-making capacity, complete MOLST form, evaluate family for complicated grief, assess family system's impact on care and decision making, assess and manage spiritual needs, assess and manage psychosocial needs, care of activity of dying patient, share of multidisciplinary team, and attend the hospice. Logbook and assessment: Finally I have completed the logbook and have filled the form of self-assessment

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References

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