



European Society for Medical Oncology



ESMO

Designated Centres
of Integrated
Oncology and
Palliative Care

PALLIATIVE CARE OBSERVATION FELLOWSHIP

FELLOW:

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Introduction:

In Croatia, Health Care Act predicts that palliative care extends through all sectors but predominantly through primary health care. Health Centre led by selected family physicians in their area must ensure palliative care of patients, if these activities are not otherwise organized. But since 2004, since the law came into force, palliative care is still uprising. The number of deaths from malignant neoplasm is 24% of the total number of deaths in Croatia. It is estimated that 80% of deaths from malignant neoplasm need palliative care, which means about 9,000 people per year. 40-50% of people, who die from malignant neoplasm, are dying in hospitals, which is 4,291 people or 21% of all deaths in hospitals. Work organization in University Hospital, as well as the flow of patients does not allow adequate partition with the needs of palliative patients. Through observation I wanted to acquire new skills and strength existing ones how an oncologist assist their palliative cancer patients in order to improve and integrate advanced cancer patients management.

In my programme I focused on:

- pain management – successful pain assessment, patient monitoring, pain relief techniques, titration of opioids
- management of side effects, other tumor-related and iatrogenic complications
- how, when and in which patient we have to reduce the number of performed procedures, applied medicines, while respecting principles of medical ethics.
- find out what other professionals are involved in multidisciplinary team and they role in palliative care
- knowledge of logistics and health care economics in region of Valencia. Find out how patients, professionals and the health care sector benefits from that integrated care model.

Description of the Fellowship Experience:

My fellowship in Hospital Arnau de Vilanova had the duration of six weeks. When I came I got a warm welcome from my mentor Dr Enrique Cabrera-Espinós. We discussed about technical issues and the schedule of my activities.

Every morning I joined my mentor and other physicians in their morning visits. Patients admitted at ward are usually with severe symptoms that are not primarily treatable with chemotherapy, whose symptoms cannot be controlled, who have unmanageable psychological problems caused by the disease. I had the opportunity to monitor and treat patients with acute symptoms, including breakthrough pain, and to be familiar with titration of opioids and with other frequent medication management such as neuroleptics, antiemetics and anxiolytics. The primary goal with patients admitted at ward, is to assist them with discharge plan, developing a symptom management plan in conjunction with patients and families. Before discharge, palliative patients get acquainted with domiciliary team and they are discussed on multidisciplinary team meeting. Multidisciplinary palliative care team in HAV consist from specialized physicians, psychologist, nurses, domiciliary teams and a social worker, other members are included when needed.

Besides the work with palliative care patients, I accompanied my mentor and other physicians on the consultations since they provide care to a lot of patients. I saw a broad spectrum of oncological entities, what was especially beneficial for me. I learned about the treatment for some cancer types at different stages. I got information about the treatment protocols, chemotherapy/immunotherapy, opioids and other medications availability that is much greater than in my country. All patients that are capable for active oncology treatments visit physicians first and after that they are managed through daily hospital.

Once a week I was furthermore able to join digestive multidisciplinary tumor team and at the department there was weekly journal club which was dealing with recent oncological publications.

Conclusion:

This fellowship visit to an ESMO Palliative Designated Center is one of the most rewarding experience in my oncology career till now. I will apply acquired knowledge in my Hospital, helping our patients. I think that palliative care and symptom management in particular, is an integrated part of oncology. Oncologists and oncology trainees should know to determine when palliative care is indicated and how to precede with supportive care measures. I benefited a lot in terms of clinical palliative care and oncology knowledge but also from the intercultural exchange I experienced through the people I met there. So I encourage young oncologists to apply for fellowship and experience whole new dimension of education.

Acknowledgments:

Sincerely , I would like to thank Dr Enrique Cabrera-Espinós and his team for this wonderful experience and possibility to come to his department. Dr Enrique integrated me into his team so I felt like at home. Furthermore I would like to thank to all doctors, residents, nurses, members of multidisciplinary teams and staff in Hospital Arnau de Vilanova.

Finally, I have to thank ESMO Palliative Centre Working Group for this valuable, professional and personal, opportunity that was given to me. I hope to return this award treating our patients the best possible way and to the ESMO through my professional engagement.

