



European Society for Medical Oncology

Palliative Care Observation Fellowship

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Nicola Nasser – Final Report

Home Institute

Institute of Oncology
Davidoff Center
Rabin Medical Center (Beilinson Campus)
Petah Tikva, Israel



Host Institute

Section of Palliative Medicine and Supportive Oncology
Department of Solid Tumor Oncology
Cleveland Clinic Taussig Cancer Institute
9500 Euclid Avenue, M77
Cleveland, OH



ESMO palliative care fellowship in Cleveland Clinic was a one month observer fellowship. I was thinking, at my first communications with the hospital there, to join a clinical research fellowship in palliative care. But, as involvement in clinical research necessitate special insurance; beyond the coverage that the fellowship provides, we decided that clinical palliative care observer fellowship will be the best educational venue for me.

The ESMO Palliative Care Fellowship at Cleveland Clinic was one of the best experiences that I have ever had. This was a "clinical culture shock" for me, and I very much liked that shock.

When I was considering a clinical research fellowship, I thought that US hospitals such as Cleveland Clinic have unlimited resources that allow physicians with out-of-the-box thinking to explore untouched research fields. While this is true for research, but when it arrives to clinical practice things are much different. United States is the best place to train physician from countries with limited resources in palliative care.

I was trained in Israel, a country with a social health system, which provides health coverage for each individual. The health coverage in Israel, includes in- and out-patients treatments, and provides medications at very low prices. There is a "health basket", which is updated each year, and includes most of the medications proved to have benefit in randomized clinical trials. Most of the medications that a palliative care doctor needs to prescribe are provided to cancer patients at no price.

"Oxycodone is the most expensive way to control cancer pain", said one of the doctors at Cleveland Clinic. When she looked to my astonished face, she said "why to give oxycodone if you can give morphine, its wonderful medication, and it's cheaper!". We totally agree with this, but this was the first time in which, as a doctor, I thought about the medications price. My old way of thinking was: is the medication included in the "health basket" or not?

Methadone, a cheap oral medication with a long half life is widely used in Cleveland Clinic. We have had a lot of discussions about the different methods of prescribing methadone. How to start it and how to balance pain with it, I was involved in pain management of patients with methadone during this month probably more than I did during my whole career in Israel. I was thinking at that moment "probably we in Israel abused the health basket because of limited awareness to the real medications costs".

One of the areas of medicine which intrigues me is cancer and thrombosis. Again, the cost issues were of interesting discussions for me. "The hospice will have bankruptcy if it gives low molecular weight heparin for cancer patients with thrombosis", said one of my colleagues at Cleveland Clinic. Patients in hospice with cancer and thrombosis are treated with injections of subcutaneous unfractionated heparin.

The section of Palliative Medicine and Supportive Oncology at the Department of Solid Tumor Oncology in Cleveland Clinic is not only an excellent place for training. Patients in this department receive the best care that can ever be provided. The team is super humanistic, and in the same time provides frank discussions with the patients about their disease and prognosis. The senior doctors, fellows and residents provided the patients and their family all the time that they need. They were always available, and I was impressed by their willingness to help always.

During my stay in Cleveland Clinic I had the opportunity to present my research in the palliative medicine grand rounds, to join these weekly rounds, and hear about the interesting research going on there.

The fellowship was tailored to meet my interests. Part of the fellowship was in palliative radiation therapy, a field that is close to my heart. I had the honor to join Dr. Suh for part of that time. Being with him allowed me to be exposed to a wide range of patients treated with palliative radiation therapy. If I learned something from him apart from radiation therapy, it was how to efficiently utilize time in clinic.

This month I had a glimpse as well in operation rooms to observe prostate brachytherapy, ocular melanoma brachytherapy, and one case of resection of sarcoma involving kidney and blood vessels.

The fellowship was perfectly organized, and that's in large part due to the efforts of Mrs. Barbara Hullihen, who invested huge efforts in each detail of the fellowship, my arrival, and housing. The hospitality of the people at Cleveland Clinic was phenomenal. I thank very much Dr. Walsh, Dr. Davis, Dr. Goforth, Dr. Gutgsell, Dr. LeGrand and all the palliative care team for providing me with the opportunity to be in this wonderful department.



Dr. Declan Walsh (left) and Dr. Nicola J. Nasser (right)



Dr Nicola J. Nasser and Dr. Harold Goforth



Dr. Nasser with Dr. LeGrand



Discussions after the grand rounds



Dr. Davis, Dr. Nasser and Dr. Goforth

