ESMO Palliative Care Fellowship
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FINAL REPORT

Home Institute: Nanakali Hospital For Blood Diseases and Cancer
Host Institute: Hospital Arnau de Vilanova de Valencia
Mentor: Dr. Enrique Espinós

Introduction

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual (1). A balance needs to be achieved between aggressive management, with increased treatment-related toxicity, and not using treatments that could have useful symptomatic benefits. Every patient is an individual, with unique needs, wishes, hopes and circumstances. Management protocols, therefore, need to be individualized(2).Pain is one of the most common and dread symptoms associated with cancer. Its prevalence ranges from 30% to 40% in those getting active therapy to nearly 90% of those with advanced cancer. Uncontrolled pain precludes a satisfactory quality of life. However, advances in pain management techniques have made it possible to control pain in most cancer patients (3). Most cancer pain occurs as a result of tumor involvement or infiltration of organic structures also the pain can result from treatment, including chemotherapy, radiation and postsurgical changes (4).The provision of adequate relief of physical symptoms such as pain is a central aspect of medical care of all patients. In the care of patients with incurable illnesses that generate intense and prolonged patient suffering, this aspect of care assumes a critical significance. The main cause of the anorexia is the tumor itself, but they also influence: stomatitis, vomiting, autonomic dysfunction, constipation, pain and fatigue, hypercalcemia, anxiety and depression, and side effects of the treatment. Progressive weight loss is part of the biology of progressive cancer. Nutritional therapy does not prolong survival if the tumor cannot be controlled. Most patients and families, however, believe that nutritional status is essential, regardless of the underlying disease (5).

Goals or aims

- For the patient to benefit from the whole range of specialist medical, psychological, spiritual, and social interventions on offer that may improve their quality of life at every stage of cancer illness.
- To minimize any distress caused by the apparent transition from 'active' oncological input to so-called 'terminal care'.

- To try and help the patient 'live alongside their cancer 'to enable them to live as actively as possible until death.
- To offer support to the patient and carers during the patient's illness and subsequently to the family in their bereavement (6).

Description of the time spent at host institute

I started my fellowship in Hospital Arnau de Vilanova de Valencia on 30th January 2019. On the first day of the fellowship I had a meeting with my mentor Dr. Enrique Cabrera Espinós, we discussed the technical issues and the schedule of my activities. From 31th January I started my activities in the Hospital. On the first day I accompanied Dr. Cabrera to attend the palliative care weekly meeting in the palliative care department, where the palliative care specialist talked about the patient's that they visited at their home, The concept of home care was new and very interesting to me and I was lucky to accompany Dr. Paloma with their nurses to visit the patient's home they were not only oncological cases but all cases that unable to reach the hospital for any reasons. I also accompanied Dr Cabrera on the consultations he gave to the patients, clinical sessions, digestive tumors committee and Hospital General meeting. He gave me lectures on several topics of oncology and palliative care, especially the subcutaneous route for the administration of opioids (morphine) and it should be the first-choice alternative route for patients unable to receive opioids by oral or transdermal route (7).I met Monica, she and her residents and nurses were very cooperative as they showed me how to prepare and give parenteral and enteral nutrition.

Conclusion

As we are planning to open a palliative care department in our hospital. The fellowship in palliative care was beneficial for me to understand the basic formation in supportive and palliative care in order to improve my practice and provide better care for advanced cancer patients. I hope one day my center will be one of the ESMO Palliative Care Fellowship Centre.

Acknowledgements

First of all, I would like to thank ESMO for the opportunities they give to young oncologist to develop professionally. I would like to express my sincere gratefulness to Dr Cabrera, who is a great professional as well as a great person and supported me on every step of my fellowship. He even show me where to visit in Spain. Many thanks to the whole Oncology and Palliative unit team, including doctors and nurses. Special thanks to Dr. Paloma and Monica 'you are great' I appreciated everything you did for me despite bad communication due to the language. Unfortunately, I could not speak Spanish and most doctors, nurses and patients did not speak English that was the only disadvantage that I faced. Apart from those as it was my first visit to the Spain it is really worth mentioning the beauty of the city Valencia, the Spanish People are very friendly and they have very delicious food. It was really great experience. As it is our Kurdish new year 2719 'Newroztan Pîroz be' and muchas gracias.

References

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