

ESMO Palliative Care Fellowship (Apr 2018 – May 2018)

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FINAL REPORT

Home Institute: St. Luke's Medical Center - Global City Cancer Institute
Host Institute: Royal Marsden NHS Foundation Trust

Introduction

The Philippines is home to about 105 million people and the elderly population continues to rise together with incidence of cancer. Cancer remains one of the top 5 causes of mortality and morbidity in the country. Palliative care is still at its infancy in our country. We have 125 tertiary level hospitals in the country offering cancer services. Only 12 % of these hospitals offer Palliative Service and even less have comprehensive Palliative Care. Less than 40% of hospitals are government funded. Majority of these hospitals offering Palliative Care services are private institutions. Consequently, most indigent patients die without the benefit of Palliative Care referral. Even self-funded patients often are not seen by Palliative team due to lack of awareness among the health care staff. Palliative Care physicians often see patients during the last weeks to days of life. We also lack health care staff trained to provide comprehensive care for terminally ill patients. We only have one training institution in the country for Palliative Care. It is difficult to access opioids. Physicians need to special licenses (S2) to prescribe morphine. We need to purchase special prescriptions for these prohibited drugs. Only 4% of registered physicians have this S2 license. Among physicians, there is also a strong resistance in prescribing opioids due to the regulatory constraints on its prescription. Cancer management is complex and multi-faceted requiring multi-disciplinary team approach. Seeing patients diagnosed with cancer made me realize firsthand the need for Palliative Care. Our institution is currently in the process of setting up a Palliative Care consult service. The ESMO Palliative Care Fellowship award was timely and beneficial.

Goals or aims

1. To learn the components of a comprehensive multi-disciplinary palliative care team.
2. To be able to learn screening tools for referral of patients to Palliative Care Team
3. To learn symptom management (anxiety, delirium, breathlessness) at the end of life
4. To learn how to set up a palliative care inpatient consult service
5. To learn basic pain management skills on common pain syndromes encountered by cancer patients (chemotherapy induced peripheral neuropathy, tumor pain, etc.)

6. To determine possible measurable outcomes of an inpatient Palliative Care consult service.
7. To get exposure on community palliative care service
8. To get exposure on hospice care of the terminally ill.

Description of the time spent at host institute

My stay at the Royal Marsden Hospital gave me a holistic view of patientcare. The Royal Marsden is world renowned for its care for cancer patients and most especially palliative care. Palliative care is standard of care in this institution. I learned each step of the Palliative care referral from being seen in the hospital as an admitted patient. I spent majority of my time with the Symptom Control team at the Royal Marsden. The Symptom control team was made up of the Palliative Care consultants, Palliative care fellows, clinical nurse specialists, senior house officer and the discharge nurses coordinators. The symptom management team addressed the needs of the patient holistically - pain management, psychological, nutrition and spiritual needs. Once a patient is for discharge, other members of the team will coordinate the discharge whether the patient is going home, to hospice, back to their home country, assisted living, nursing home or wherever "home" will be for the patient. The discharge is highly organized and well-coordinated - an occupational therapist evaluates the needs of the patient once she is due for home. She evaluates her place of residence to determine her needs to be able to physically cope at home. The entire team (consultant, discharge nurses, clinical nurse specialist, physical therapist, occupational therapists, discharge coordinators, psychologists, spiritual directors) meets weekly and review the patients needing their services. A very thorough and organized checklist is reviewed for each patient to make sure each team member is up to date and is involved in the care (if needed). If a patient is sent back to the community, the community palliative care team follows up the patient and coordinates with the general practitioner(GP) assigned in the specific community where the patient belongs. I had the chance to experience the meeting with the GP's. We also witnessed the utility of coordinate my care, an NHS clinical service that summarizes the preferences of patients with life limiting illness. This is an online program allowing health practitioners, emergency medical team and others who may be involved in the care of the patient to have access to patient's medical history and preferences. They arranged for me to visit the Pain clinics where I was able to get exposure on the common pain syndromes affecting cancer patients. I was impressed on how they aggressively managed chemotherapy induced peripheral neuropathy. From an administrative point of view, I learned about the "Triggers project" which is a screening tool, which allows the Palliative Consult Service team to screen symptoms of possible patients who may benefit from a referral to the team. I also learned about the Integrated Palliative Care Outcome scale, which is used to measure physical, psychological and emotional needs of the patients. It is a validated tool designed for patients with chronic illness such as cancer. It is being used at the Royal Marsden as a tool to measure outcomes for patients being referred to the Palliative care consult service.

Conclusion

At the Royal Marsden, each patient is allowed a good death. At the same time, the family is well supported and every aspect of the patient's care is well coordinated and planned. The Palliative Care consult service provides the extra layer of support the patient and the family needs.

Acknowledgements

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References

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