

ESMO Palliative Care Fellowship (Aug 2015 – Oct 2015)

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FINAL REPORT

Home Institute: HCG Cancer Hospital
Host Institute: Kantonsspital St. Gallen

Introduction

Palliative care at the end of life involves meeting the physical, psychological, social, and practical needs of patients and caregivers.(1).Palliative care may lead to positive outcomes by a number of mechanisms; Simple interventions in Palliative care may lead to increased social support, patient activation (self-advocacy), or more coordinated and improved medical care. These factors may in turn lead to improved clinical outcomes .(2).There has been a significant increase in the use of palliative care by oncologists. Given that almost all patients with cancer seen by the palliative care team are referred by oncologists rather than self-referred, oncologists have a critical role in deciding on the need for and the timing of referral. Although not every patient would require a supportive/palliative care consultation, all should have access to good symptom control and emotional support when the needs arise, and those with refractory physical and/or psycho-social distress should be referred promptly. it is important to help patients and families realize the concurrent goals of maximizing comfort along the cancer journey and being prepared for the challenges ahead.(3) This study examines the design and execution of research required to address the lacunae in delivery of palliative care to the Indian context using simple interventions.

Goals or aims

- To evaluate the unmet needs of palliative care patients in Indian patients by applying Key Interventions in Palliative Cancer Care evaluation strategy. The Key Interventions are :1. Illness & Prognosis understanding2. Symptom screening and management3. Decision making4. Spiritual needs5. End-of-life preparation6. Network planning7. Family support.

Description of the time spent at host institute

Under the able guidance of Dr.med. Florian Strasser, was able to learn more about streamlined and structured palliative care delivery and its integration into Mainstream oncological treatments such as Surgery, Chemotherapy and radiotherapy. To Start of the day we used to have a team meeting to discuss

about the patients in the ward with the in-charge nursing staff and then decide the next strategy of palliative care management followed by individual patient visits with detailed enquiry about the Psycho-social problems, subjective evaluation of symptoms and to finally decide on the plan to action and I was helped by an English speaking Medical student during my ward visits. Simultaneously I was made aware about the processes required to evaluate the needs of palliative care patient and thus based on the expert opinions of Dr Strasser and his research team, we decided to develop a reality map to evaluate unmet needs of cancer patients in India and to adapt and validate the already available Swiss-Romanian protocol of reality map into Indian scenario. I had an opportunity to present my research project titled "Impact of Concurrent Chemo-radiation on quality of life in locally advanced head and neck cancers" at the scientific meet organised by the hospital team and received positive feedback for improvement and furthering research oriented approach and thinking in clinical practice. I had an opportunity to attend Thoracic multidisciplinary tumor board and was a part of decision making process. Had a fruitful visit to an affiliated hospital in the nearby city where I was guided by Dr David bloom (Palliative care head at Flawil) about the processes and practice of palliative care in the center and the aim was to understand the different management practices of individual physicians and also to appreciate the difference between process involved in a smaller set-up. last but not the least I had an opportunity to visit the Radiation Oncology department at Kantonsspital and discussed about the current trends in palliative radiotherapy practices at kantonsspital, St. Gallen.

Conclusion

The job of an oncologist is not just to treat the cancer by Surgery, chemotherapy and radiotherapy but also to cater physical, psychological, social, and practical needs of patients and caregivers and since kantonsspital is a cancer center with streamlined and structured processes in place and by working with research oriented physicians like Dr Florian Strasser, I could proudly say that I am an able oncologist now with experience and knowledge of palliative care gained in symptom management to also cater to psychological and spiritual aspects and also learned about importance of involving in research during active clinical practice. On numerous discussions with the Swiss-Research team, We developed a simple and pragmatic reality map for Indian scenario by incorporating the core aspects of Swiss-Romanian study. Thanks to ESMO for helping me gain experience at such a developed and advanced center and an opportunity to visit a beautiful country like Switzerland and it was a such a wonderful cultural exchange with friendly doctors and staff at kantonsspital. The Future course of action :- To do an adaptation and validation study of the Key interventions in palliative care for India. - To carry out the needs assessment strategy in India with experiences gained by me at kantonsspital, St. Gallen.

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