

ESMO Palliative Care Fellowship (17 Oct 2016 – 29 Nov 2016)

Renata Mazzeo Salhab

FINAL REPORT

Home Institute: Hospital Sírio Libanês São Paulo

Host Institute: Princess Margaret Cancer Centre

Introduction

In 2016, as a Clinical Oncology fellow with Geriatric Medicine background, I strongly believed that deepening knowledge in Palliative Care would be crucial in building my career.

Promoting interaction between Oncology and ICU teams is a challenge in every institution and can contribute to better-shared decision-making accuracy and consequently improve cancer patients' global care.

Goals or aims

- Visit Princess Margaret Cancer Centre to get in touch with the standards of patient care and the best medical practices from a developed country and meet health professionals to build an international network.
- Visit a service that is a reference in Palliative Care in the world and refine skills in the management of major symptoms such as pain, nausea and vomiting, anxiety, depression, fatigue and dyspnea.
- Interact with an ultra-specialized multidisciplinary team in Palliative Care and learn more about non-medical strategies for suffering relief.
- Develop my original project with Oncology x UCI teams. Unfortunately, there was no availability of time until the Ethics Committee's approval.
- Learn more about Canada's culture and way of life.

Description of the time spent at host institute

Palliative Care Inpatient Unit (Harold and Shirley Lederman Palliative Care

Centre).

- Multidisciplinary team: art therapy and music therapy.
- Outpatient clinic.
- Older Adults with Cancer Clinic (Geriatric Oncology).
- Palliative Psychiatry Clinic.
- Toronto General Hospital - inpatient rounds.
- Toronto Western Hospital - inpatient and outpatient clinic.
- Kesington Hospice.
- Seminars and lectures at Mount Sinai Hospital.

Conclusion

Needless to say that my ESMO fellowship in Palliative Care was absolutely amazing! Even though I would like to mention some particular Canadian issues that were an interesting bonus because they were totally unexpected for me:

1) MAID (Medical Assistance in Dying) - was approved in Canada in June, 2016. I could experience the negative acceptance and the polemic among the physicians. In my point of view, MAID concept is exactly the opposite meaning of Palliative Care values.

2) Cannabis for medical purposes - synthetic cannabinoids prescription was effective for adjuvant symptom control, mainly inappetence and insomnia.

3) Healthcare in Canada is public and very impressive because of its organization, quality and efficiency, and offers a myriad of patient support programs.

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