

Final Report

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Fellowship commencement 1 September 2014

Topic:

'Development of a clinical model for integrating palliative care into standard oncological care for cancer patient population in the Northern Area, Republic of Moldova in MCH Balti.'

Home Institute:

Municipal Clinic Hospital Balti,
Decebal 101
3100, Balti
Republic of Moldova



Host Institute:

Charité Comprehensive Cancer Center
Charité - Universitätsmedizin Berlin
Charitéplatz 1
10117 Berlin
Germany



Introduction:

Today, in Moldova 10% of all deaths are attributed to cancer. An important factor in increasing cancer mortality is late detection of tumours, because approx. 49% of patients are diagnosed at stage III or IV. Currently, there are approximately 42,000 people diagnosed with cancer in the country. Chisinau Oncology Institute is the main institution for outpatient treatment and hospitalization. The centralization of oncologic treatment generates unfair opportunities for patients, who live long distances away from Chisinau Oncology Institute. This is considered to be one of the reasons, why patients are diagnosed at an advance stage of the disease.

It is recommended that a plan of action is devised, which would contribute to developing Palliative Care in our country. We found out that the majority of people died at home (91%), with only 9% dying in a hospital. According to the results of our study, women (83%) cared for the vast majority of all people. Taking into account the overall number of carers, about half of these were daughters (30%), wives (20%), or daughters-in-law (10%). Men accounted for only 18% of all carers and these were mainly sons (13%), husbands (4%) or fathers (1%).

Why I have applied for this scholarship?

As of 1 January 2014, the population of the northern region of the country amounted to 994,800 of which, 2,413 were primarily diagnosed with cancer-in 2013. The development of PMSI MCH Balti into a Regional Hospital providing treatment and palliative care will bring the patient closer and promises to be more efficient.

I am grateful for having been granted an oncological research fellowship within the field of Palliative Care because this is an excellent opportunity to develop new programs that seek to speed the uptake of specialized palliative care at the National Palliative Care with MCH Balti and NHIC (National Health Insurance Company).

Nowadays, internet progress allows transferring strategic data such as imaging, hospitalization information and even "personal files of the patient".

We would like to mention that in MCH Balti, there are currently-10 beds dedicated to palliative care. All people suffering from a serious disease, like cancer, will know that they will need comprehensive palliative care, will know what it is, and how to ask for it.



Fellowship Report -



**Charité- Universitätsmedizin Berlin,
Campus Virchow-Klinikum
Medizinische Klinik m.S. Hämatologie,
Onkologie und Tumorummunologie
Augustenburger Platz 1, Palliativstation 55
D-13353 Berlin, Germany**

The Charité is one of the oldest hospitals in Germany and has just celebrated its 300th anniversary.

The palliative-care unit is integrated into the Department of Haematology and Oncology, which is located at the Charité Campus Virchow-Klinikum. The palliative care unit was founded in 1998 and serves as the central palliative care unit for the Charité Comprehensive Cancer Centre.

Profile

The Palliative Care ward is located in a separate building on the campus with access to its own garden:

- 10 beds in single rooms
- 14 nurses, specialised in palliative care
- 2 physicians
- 1 consultants, board qualified in internal medicine, haematology, oncology and palliative care
- Physiotherapist
- Social worker
- Priest
- Psycho-oncologist

- The centre provides a palliative-care outpatient clinic and a palliative care consultant service for patients undergoing clinical inpatient treatment
- The centre offers board-certified training in palliative care for physicians and nurses as well palliative care-courses for medical students.

The centre conducts regular workshops and palliative-care seminars.

The palliative care unit is integrated in to the department of haematology and oncology. The unit is linked to a network of home-care physicians.

Palliative care research projects are in progress and focus on pain control, the management of terminally ill patients and instruments for assessing quality of dying.

Specialities

The center covers all specialities of a big university clinic: Personalized treatment by physicians specialized in haemato-oncology and palliative care, 24 hour radiologic imaging and specialized palliative radiology guided interventions, nuclear medicine, radiotherapy, anaesthesia, specialized pain control by anaesthetic interventions, neurosurgery, visceral surgery, traumatology, 24 hour endoscopy service, intensive care medicine. The center offers spiritual support for Christian, Muslim and Jewish confessions, psycho-oncology, psychiatry and 24 hour support by specialized members of the palliative care team.

Patients and their families also have access to a common kitchen as well as a large lounge and breakfast room. Family members may spend the night in the patient's room. The palliative care unit has an own garden.

The palliative department is certified by the ESMO as an ESMO Designated Center of Integrated Oncology and Palliative Care (2008).

All patients are treated in this department are suffering from incurable advanced tumour disease and are, cared for by a multidisciplinary team. The focus of the treatment, the mission of the department is to ameliorate the patient's symptoms such as pain, nausea and shortness of breath. So the main aim is to improve quality of life so that they can be released back into the familiar environment in a stabilized state. About 50 % of all patients can return home. A stable network of social centers, home-care physicians and practice-based oncologists ensure outpatient care after the stay at the palliative care unit. About 30% of patients deteriorate and die on the ward.

Direction of the Palliative Department

- Prof. Dr. med. B. Dörken, Medical director of the Charité Centrum 14 for Tumour Medicine
- PD. Dr.med. P. Thuss-Patience, Specialist in Internal medicine, haematology and internal oncology, palliative medicine, director of the palliative station
- Janett Markwordt, palliative care qualified, Nursing director

Criteria for Admission of Patients to the Palliative Care Unit

The primary aim of the palliative care ward is to reduce the severity of symptoms related to tumours and to return patients to their homes as soon as possible. Patients will be admitted:

- who are in the final phase of an incurable cancer
- with severe symptoms that are not primarily treatable with chemotherapy (not for cases of chemotherapy toxicity)
- whose symptoms cannot be controlled (pain, respiratory problems, unmanageable nausea, obstipation, ileus)
- who have unmanageable problems related to care or social problems that stem from their disease
- who have unmanageable psychological problems caused by the disease
- who lack another place to die in peace

PD. Dr. med Peter Thuss-Patience, head of the Palliative Department, treats all problems with the utmost care.

I have spent three months in the department. During this time, I had the opportunity to participate in the morning meetings, the professorial visits, daily ward rounds, the social discussions and ethical case discussions.

The multidisciplinary group discusses the fate of each patient on a weekly basis in a social discussion.

This discussion gives a very good opportunity to everyone to report the problems with the patient according to his own profession, therefore, things may be revealed that are not indicated by the patient on the ward rounds.

The department is designed to improve the patients' quality of life and to maintain the current state if possible.

The motto of the department could be that in these patients, the task is not primarily to add days to the rest of their life, but rather to add life to the remaining days.

I have learned a lot from Dr Peter Thuss-Patience and his colleagues. I can say that I received the answers to the questions listed in my application during these three months.

In the near future, we will also share a work project entitled:

“Development of a clinical model for integrating palliative care into standard oncological care for cancer-patient population in the Northern Area, Republic of Moldova in MCH Balti.”

I think this topic is most important to be addressed as it decisively will contribute to easing the burden of cancer through palliative care and therefore should be introduced into the Medical Oncology Department at Municipal Clinic Hospital Balti, Republic of Moldova.

I will dedicate my work to improving and increasing the availability of palliative care and to enhance this type of cancer-patient care with MCH Balti and NHIC (National Health Insurance Company).

This should include:

- Removing the barriers to prescribing painkillers-the restrictions applied to those who prescribe opioids and the way paperwork completed, the availability of oral morphine, the diversification of opioids on offer.
- The collaboration between Moldovan specialists in the field of palliative care and looking after terminally ill patients and specialists from other countries.
- The involvement of mass media, medical staff and the wider public must be consolidated in creating an adequate image of palliative care in society.
- Protocols and guides for looking after patients during stages of illness should be devised first of all.

To sum up, I can say that these three months have been very useful to me, and I am confident that I will be able to make use of the gained experiences at the Municipal Clinic Hospital Balti, Republic of Moldova.

I am convinced that the ESMO Fellowship Programme will decisively contribute to my further career development.

I hereby would like to thank ESMO and the Acting Director of the Charité Comprehensive Cancer Centre (CCCC) , Professor Dr. med. Ulrich Keilholz as well as PD Dr. med. Peter Thuss for having been granted the opportunity to perform comprehensive research as well as clinical training at the CCCC,Berlin. I look very much forward to our further successful, joint research.

