GOOD SCIENCE
BETTER MEDICINE
BEST PRACTICE

European Society for Medical Oncology

ESMO
Designated Centres
of Integrated
Oncology and
Palliative Care

ESMO 2014 PALIATIVE CARE RESEARCH FELLOWSHIP

1 February 2015 – 30 March 2015

Fellowship topic:

The observation programme will be to gain new insight in different styles and techniques of palliative care, the management of difficult palliative care problems, as well as the implementation of ambulant palliative care services in the home institution.

Fellow: *Sophie Schur*

Home Institute: Clinical Division of Palliative Care Department of Internal Medicine I, Medical University of Vienna, Vienna, Austria

MEDICAL
UNIVERSITY
OF VIENNA

Host Institute: Department of Oncology and Palliative Medicine Shaare Zedek Medical Center, Jerusalem, Israel

Mentor: *Dr Nathan Cherny*

Shaare Zedek Medical Center in Jerusalem
Affiliated with the Hebrew University School of Medicine

Introduction

Cancer is one of the leading causes of death worldwide and incidence rates are predicted to rise further (1-2). Constantly advancing therapeutic options are leading to a continuous increase in life expectancy, but in a large proportion of cases, cure is still unachievable and the burden of illness and mortality is high. Adequate symptom relief is a central aspect of medical care of all patients especially in those with an incurable disease. However, in addition to pain and physical symptoms patients suffering from cancer experience significant psychological, social and spiritual concerns, which are rising as the patient's illness progresses (3-6). Addressing the needs of both patients and their caregivers throughout the illness and at the end of life is a central task of palliative care (7).

However, this task can be particularly complex and challenging, especially when it comes to patients and families with a migration background (8), as the meaning of illness and quality of life are culture bound. Nevertheless, definitions of culture vary depending on discipline, approach and research tradition and culture is a construct shaped by individual attitudes as well as by the country of origin, religious confessions and traditions inside the family or wider social structure (9).

Migration between countries and continents has been increasing considerably in the last decades, with currently over 170 million people worldwide living outside of their country of origin (10). As a result, culture in end-of-life care has recently been proposed as research priority in Europe (11, 12).

Communication has a major impact on diagnosis, appropriate treatment, patient and family satisfaction, quality of care and even on overall survival time in cancer care (13-15). However, not only language, but further ethnic and cultural factors have been increasingly recognized to have a major impact on communication (16). Religion or spirituality has been shown to be associated with quality of life, the acceptance of life prolonging measures, reluctance to withdraw life support and disapproval of assisted suicide and euthanasia (17-19). Other reported culture-related differences relevant for palliative care are expression of pain and other symptoms, preferences for end-of-life discussions, family structure and traditions regarding food and dying rituals (20).

Considering the wide range of individuals needs depending on cultural background, patient-centred care in oncology and palliative care requires culture-sensitive approaches in order to ensure the wellbeing of our patients. Therefore physicians as well as nurses and other professional caregivers need to develop cultural competence to be able to deliver appropriate culture sensitive care.

Goals and Aims

Throughout my time in medical school I have always been attracted by the field of oncology and foremost palliative care. Since I did a clinical traineeship at the Division of Palliative Care in 2009 I wanted to take my residency in this field. In Austria Palliative Care nowadays is still an evolving field and by that time the Palliative Care Department at the Medical University of Vienna had just been founded and was integrated with only five beds into the Department of Oncology. In 2010 the Palliative Care unit was moved to another floor and received a completely new ward and enough space to take care for 12 patients in the phase of advanced illnesses. Luckily, just a year later I was able to start my residency there. Being confronted daily with oncological patients at an advanced stage of their illness I always felt a strong wish to complete a fellowship abroad to get to know different ways of multi-professional work, patient care and symptom management in the fields of palliative care and supportive oncology.

When I was considering applying for a palliative care fellowship, Nathan Cherny from the Department of Oncology and Palliative Medicine of Shaare Zedek Medical Center was the first person who came to my mind since he is one of the leading figures in the clinical as well as scientific world of palliative care. Furthermore I have always been interested in Israel and its history as well as its fascinatingly diverse and contrasting culture.

Besides my clinical work, I am currently completing my PhD at the Medical University of Vienna. My research project is dealing with the prevalence and practice of Palliative Sedation in Austria- a topic Nathan Cherny has significantly contributed to. He was among the first palliative care physicians who developed a clinical, practical guideline for palliative sedation and I was really looking forward to further seek expertise from him in this field of symptom management.

With this fellowship I aimed to:

- Enlarge my palliative care knowledge in the context of suffering and symptom management
- Extend my insight into the principles of assessment and treatment in palliative medicine with a focus on management of pain, dyspnea, gastrointestinal problems, delirium, anxiety, depression as well as sedation practice
- Deepen my practice in communication skills with patients, family members and caregivers especially with those with migration background and to further study ethnic and cultural aspects of palliative care
- Broaden my practice in the core-tasks and cooperation of a multidisciplinary- and professional team
- Travel and get to know Israel, its people, culture, history and daily life.

GOOD SCIENCE
BETTER MEDICINE
BEST PRACTICE

European Society for Medical Oncology

ESMO
Designated Centres
of Integrated
Oncology and
Palliative Care

Description of the time spent in the Host Institute

I started my fellowship on February first 2015 in the Department of Oncology and Palliative Medicine of Shaare Zedek Medical Center in Jerusalem, Israel. From the very first day I was integrated into the daily routine of Nathan Cherny and his team. Mostly we started the day with a clinical round at the ward and saw all patients who were admitted to the department. In Shaare Zedek Medical Patients oncological, haematological and palliative care patients are not separated from each other in different, specialised wards, a circumstance which is very different from my own home institution. Another unexpected fact for me was that patients were admitted to the ward together with at least one or more family member who took care of food, linens and the patient's personal hygiene. As a consequence the rooms were mostly crowded with people, communication was done in the presence of caregivers and the relationship and interaction with the patients and their families was always familial and comforting.

I really enjoyed these daily clinical rounds because they provided a very special opportunity to learn about oncological care as well as different kinds of symptom management. Furthermore Nathan Cherny and his team put a strong focus on communication and education of the patients and their caregivers.

In the late mornings I was able to accompany Nathan Cherny and his team for the daily counselling were we visited and saw palliative care patients on different wards in the hospital. Nathan Cherny's team consists of two very skilled and devoted nurse practitioners who did most of the outward counselling and I was very happy to follow them and benefit from their immense palliative care knowledge. Every Tuesday Nathan did a separate palliative care clinical round where I could learn a lot about palliative care symptom management and especially the principles of pain and opioid therapy and subscription thereof. Nathan Cherny also serves as a reference centre for difficult pain problems and therefore I could see a lot of different and special patients and their analgesic treatment. Once a week I was furthermore able to join the department's weekly journal club which was dealing with recent oncological publications. I was also able to join a few lessons of a palliative care course which was organised by Nathan Cherny and his team and could meet Israeli palliative care nurse professionals and exchange personal thoughts and experiences with them.

What I foremost experienced as very fascinating condition at the oncology and palliative medicine department of Shaare Zedek Medical Center was that there were a lot different occupational professionals such as social workers, psychologists, physiotherapists, masseuses, dieticians, cosmeticians and art therapists who closely worked together to improve patients quality of life through the time of ambulant chemotherapy, follow-up care and the duration of hospital admission.

One of the topics I am clinically as well as scientifically especially interested in is the care of patients and their caregivers with migration background. Since Israel's society is very diverse and people with different social, religious and spiritual backgrounds and beliefs immigrate to Israel from all over the world, I really enjoyed the daily multi-nationality at the clinic and in my free-time.

Besides the work with palliative care patients, I was also able to join Nathan Cherny in his daily oncological ambulance. Since he provides care to a lot of patients I saw a broad spectrum of oncological entities and furthermore had enough time to read and study guidelines about clinical and supportive oncology.

Compared to the work at my home institution there were a lot of differences in the care and treatment of oncological patients. Naturally some were influenced and driven by the patients other were due to structural and organisational preconditions. Israel like Austria is a country with a social health system, which provides health coverage for each individual. The health coverage in Israel includes in- and out-patients treatments, and provides medications at very low prices. There is a 'health basket', which is updated each year covering most of the medications proved to have benefit in randomized clinical trials. Most of the medications that a palliative care doctor needs to prescribe are provided to cancer patients at no price. Another new and interesting thing to me was the voluntary work system which is highly developed in Israel.

Apart from my time at the hospital I was able to travel and get to know Israel. Israel is a fascinating country with a rich history and culture and a very diverse population and society. I stayed with an amazing caring family who rented a little apartment to me just a few kilometres away from the hospital. Through my landlord and his warm and welcoming family I was furthermore able to gain a deep insight into the Jewish culture, customs and daily life. Despite the tense political situation in Israel I never felt unsafe and travelled around with public transport without any problems. All the Israeli people I met were very open, kind and helpful making my stay even more enjoyable.

Conclusion

The ESMO Palliative Care Fellowship Programme was the most rewarding experience I have made throughout my whole residency. I benefited a lot in terms of clinical palliative care and oncology knowledge but also from the intercultural exchange I experienced through the people I met there. I am also very grateful that I received the opportunity to go Israel- a country that despite its demanding political and societal situation is a fascinating and inspiring place.

Acknowledgments

I sincerely want to thank Nathan Cherny for the possibility to come to his department. Not only could I profit from his immense palliative care and oncology knowledge but also from his very special communication skills and the way he treats his patients. Seeing how he and his team take care for their patients was very inspiring and motivating for me and my future work. Furthermore Nathan integrated me in such a special way into his team I could have never could wished for. I also sincerely want to thank Chops, Prof Cherny's secretary- her overwhelming friendliness and care offered me the opportunity to get another glimpse into Israeli live and voluntary community service. Another very special thanks goes out to Yorun and Annett the palliative care nurse practitioners who shared their immense practical knowledge with me. Furthermore I want to thank all other doctors, residents, nurses and members of the multidisciplinary team on the ward, day clinic and ambulance for their friendly- and openness who made me feel very welcome. Another huge gratitude goes out to all the patients, their family members and caregivers who were all so friendly, open and curios and allowed me to get short but deep insight into Israel's diverse and fascinating society.

Finally I want to thank the ESMO Palliative Care Working Group for this invaluable medical as well as personal opportunity I received through this clinical observership.

LR: Anat Romen, Jurenn Opstadt, Nathan Cherny

GOOD SCIENCE
BETTER MEDICINE
BEST PRACTICE

European Society for Medical Oncology

ESMO
Designated Centres
of Integrated
Oncology and
Palliative Care

References:

1.	Boyle P, Levin B. World Cancer Report 2008.
2.	World Health Organization. Fact sheet N 297, 2006.
3.	Ferrell B, Paice J, Koczywas M. New standards and implications for improving the quality of supportive oncology practice. Journal of Clinical Oncology 2008; 26: 3824-3831.
4.	Ramirez A, Addington-Hall J, Richards M. ABC of palliative care. The carers. BMJ 1998; 316: 208-211.
5.	Harding R, Higginson IJ. What is the best way to help caregivers in cancer and palliative care? A systematic literature review of interventions and their effectiveness. Palliative Medicine 2003; 17: 63-74.
6.	Giarelli E, Pisano R, McCorkle R. Stable & able. A standardized nursing intervention protocol for patients with cancer redefines the relationship among patients, caretakers, and nurses. American Journal of Nursing 2000; 100: 26-32.
7.	Hudson PL, Remedios C, Thomas K. A systematic review of psychosocial interventions for family carers of palliative care patients. BMC Palliative Care 2010; 9: 1-6.
8.	Brown EA. Ethnic and cultural challenges at the end of life: Setting the scene. Journal of Renal Care 2014; 40(Suppl. 1): 2-5.
9.	Fernando S. Mental Health, Race and Culture. 2nd edition. New York: Palgrave; 2002.
10.	Bhugra D, Minas IH. Mental health and global movement of people. Lancet 2007; 370: 1109-1111
11.	Kai J, Beavan J, Faull C. Challenges of mediated communication, disclosure and patient autonomy in cross-cultural cancer care. British Journal of Cancer 2011; 105: 918-1924.
12.	Gysels M, Evans N, Meñaca A, Andrew EVW, Bausewein C, Gastmans C, et al. Culture is a priority for research in end-of-life care in Europe: A research agenda. Journal of Pain and Symptom Management 2012; 44: 285-294.
13.	Butow PN, Bell ML, Aldridge LJ, Sze M, Eisenbruch M, Jefford M, et al. Unmet needs in immigrant cancer survivors: A cross-sectional population-based study. Supportive Care in Cancer 2013; 21: 2509-2520.
14.	Palmer NR a, Kent EE, Forsythe LP, Arora NK, Rowland JH, Aziz NM, et al. Racial and Ethnic Disparities in Patient Provider Communication, Quality of Care Ratings, and Patient Activation Among Long-Term Cancer Survivors. Journal of Clinical Oncology 2014; 32: 4087-4094.
15.	Flores G. The impact of medical interpreter services on the quality of health care: A systematic review. Medical Care Research and Review 2005; 62: 255-299.
16.	Johnson RL, Roter D, Powe NR, Cooper L a. Patient Race/ Ethnicity and Quality of Patient-Physician Communication During Medical Visits. American Journal of Public Health 2004; 94: 2084-2090.
17.	Vallurupalli M, Lauderdale K, Balboni M, Phelps A, Block S, Ng A, et al. The role of spirituality and religious coping in the quality of life of patients with advanced cancer receiving palliative radiation therapy. Journal of Supportive Oncology 2012; 10: 81-23
18.	Zaide GB, Pekmezaris R, Nouryan CN, Mir TP, Sison CP, Liberman T, et al. Ethnicity, race, and advance directives inpatient palliative care consultation service. Palliative & Supportive Care 2013; 11: 5-11.
19.	Bullock K. The influence of culture on end-of-life decision making. Journal of Social Work in End-of-Life & Palliative Care 2011; 7: 83-98.
20	Hanssen I, Pedersen G. Pain relief, spiritual needs, and family support: Three central areas in intercultural palliative care. Palliative & Supportive Care 2013; 11: 523-530.