

## **ESMO Palliative Care Fellowship (Aug 2023 – Sep 2023)**

**Aarathi Ardha**

### **FINAL REPORT**

Home Institute: MNJ Institute of Oncology and Regional Cancer Centre, India

Host Institute: The Christie NHS Foundation Trust, United Kingdom

Mentor: Richard Berman

### **Introduction**

As a part of the Radiation Oncology curriculum, I have been trained in the basic principles of palliative care during my residency and practicing them helped me effectively manage patients with palliative care needs. During my senior residency, I realised the need to refresh and review my approach and thus pursued a Certificate in Essentials of Palliative Care.

Understanding early and concurrent palliative care, communicating the goals of care, identifying psychosocial distress, and coordinating among the multidisciplinary team within the department helped me have a holistic approach. To further improve my skills in palliative care, especially end-of-life care, I felt the need for training at an esteemed Oncology Centre. This will greatly help an Oncologist to provide comprehensive cancer care. I believe in integrating tumour-directed therapy with palliative care, thereby offering integrated oncology services.

Thus, I was motivated to apply for the observership at The Christie NHS Foundation Trust and was determined to pursue my passion. In exchange, having trained in India, I could bring a different perspective promoting an exchange of views and approaches from the other side of the world.

### **Goals or aims**

- To gain additional experience and insight in palliative care which is an important facet of oncology, easing the physical and mental suffering of cancer patients.
- The evolution of an Oncologist and the home institution with the gained skills in palliative care.
- Offering integrated oncology services that contribute to improving patients' quality of life.
- Early palliative care and symptom management until survivorship.

- To understand the importance of multi-disciplinary team discussions in determining the goals of care.
- To empower all the palliative care team members to deliver appropriate patient care, especially in a cancer centre with a high patient load.
- Protocol development for screening patients with supportive and palliative care needs and triaging them for effective management.
- Strengthening the referral system to ensure all concerns of the patients and their families are addressed.

### **Description of the time spent at host institute**

#### Monday

AM - morning handover

Inpatient ward round (lead - Dr Richard Berman)

PM - Enhanced Supportive Care Clinic (lead - Dr Richard Berman)

#### Tuesday

AM - morning handover

Inpatient ward rounds (lead - Dr Ash Ahamed)

PM - private patients' clinic (lead - Dr Richard Berman)

#### Wednesday

AM - project work with supportive care pharmacist (Joanne Collins, senior supportive care pharmacist)

PM - private study

#### Thursday

AM - morning handover

Supportive oncology MDT (lead - Dr Richard Berman)

12pm - SCT MDT operational group meeting

PM- ESC clinic (lead - Dr Richard Berman)

#### Friday

AM - morning handover

ESC / survivorship clinic (Dr Richard Berman / Dr Ash Ahamed)

PM - pre-weekend ward round (lead - Dr Ash Ahamed)

#### Telephonic follow-ups:

Although this was the planned schedule, I was privileged to have access to observe and learn from chaplaincy services, physiotherapy, and complementary therapy. I could learn through interactions with patients and healthcare providers how their efforts to improve patient care are consistent and have a holistic approach.

## Conclusion

Learning during my observership:

- Integration of supportive care right from diagnosis can improve the quality of life and reduce the distress of patients - the concept of Enhanced Supportive Care where management of psychological and physical symptoms are prioritised and side effects from treatment are controlled.
- Providing palliative and supportive care services concurrently alongside cancer care can improve patient outcomes, QOL, end-of-life care, and survival.
- Downtitration of opioids is to be done when appropriate under careful monitoring.
- Basics and precautions for opioid conversion need to be reviewed frequently among the team members.
- Spiritual care and timely psychological evaluation and support are crucial.
- Complementary therapy services should be offered to alleviate symptoms and emotions related to stress, depression, anxiety, and fear.
- Discussion between supportive care and oncology teams helps determine the goals of care and adapt to the changing clinical status of the patient thus providing comprehensive cancer care.
- Cancer support groups for patients' well-being motivates patients and caregivers to imbibe a positive approach.

## Acknowledgments

Thank you to the following staff from The Christie NHS Foundation Trust:

### Physicians:

Dr. Richard Berman FRCP  
Consultant Supportive Care & Palliative  
Medicine

Dr. Ashique Ahmed  
Consultant Supportive Care & Palliative  
Medicine

### Senior nurses:

Ms. Carole Mula  
Mr. Mark Warren  
Ms. Anne Marie  
Dr. Simon Auty

### Nursing team:

Ms. Karen Anthony  
Mr. Jason Simons  
Ms. Caroline Morris  
Ms. Angela Hayes  
Ms. Robyn Taylor  
Ms. Sarah Beckett  
Ms. Amanda Squire  
Ms. Helen Regan

### Physiotherapist:

Ms. Nicola Chesman

### Administration team:

Ms. Megan Yates  
Ms. Sheila Burchell

I express my deep gratitude and thank everyone in the supportive care team for making my observership interesting and effective. I was able to learn and discuss how I can apply the same approaches to supportive and palliative care at my home institution. I felt at home due to the most welcoming environment where I was provided with lots of love and care from the team. I will be ever indebted to the team at The Christie.

