

ESMO Palliative Care Fellowship (Aug 2023 – Sept 2023)

Concord Wongkraisri

FINAL REPORT

Home Institute: Faculty of Medicine Siriraj Hospital, Mahidol University

Host Institute: Thoraxklinik Universitätsklinikum Heidelberg

Mentor: Matthias Villalobos

Introduction

Cancer is one of the leading causes of death in Thailand. Although there have been significant advancements in cancer diagnosis and treatment, many patients are still diagnosed at an advanced stage or cannot receive curative treatment. Therefore, the aim for treating these patients is palliative. In addition to specific cancer treatments that some patients may receive, ensuring a good quality of life, such as symptom control for pain and dyspnoea, as well as end-of-life planning, is crucial. This care extends not only to patients but also to providing support for their families.

It is now recognised that integrated care, combining palliative care with other treatments, can improve both the physical and emotional well-being of patients, reduce unnecessary treatments and has been shown to improve survival rates, especially when initiated early. Therefore, knowledge of palliative care is essential for oncologists to provide comprehensive care to their patients.

The ESMO Palliative Care Fellowship is a programme that provides oncologists with additional experience in palliative care training. This programme offers oncologists the opportunity to visit certified palliative care centres in various countries across Europe and the globe. Oncologists can use the experience and knowledge gained from this programme to improve their skills and the palliative care system in their own country.

I have had the opportunity to participate in the ESMO Palliative Care Fellowship programme, visiting Thoraxklinik Universitätsklinikum Heidelberg, Germany, for one month. I would like to share my experiences during my time in the programme.

Goals or aims

1. To have experience of the palliative care system in Germany.

2. To have experience of multidisciplinary and inter-professional teams for multimodal management.
3. To observe the Heidelberg Milestones Communication (HeiMeKOM) interprofessional research team.
4. To learn how to integrate early palliative care into daily oncology practice.
5. To learn the medical and interventional management of common cancer related symptoms such as cancer pain and dyspnoea.

Description of the time spent at host institute

The Department of Thoracic Oncology (Thoraxklinik) at Heidelberg University Hospital is a founding member of the first German Comprehensive Cancer Centre, known as the National Centre of Tumour Diseases (NCT), and is also a part of the German Centre for Lung Research. This department is recognised as the leading healthcare institution for lung cancer in Germany, handling approximately 1000 newly diagnosed cases annually.

The hospital's palliative care services are an integral part of the Department of Thoracic Oncology, housing two dedicated palliative care wards. They specialise in providing comprehensive support to patients and their families facing life-threatening disease and the associated symptoms. This is achieved through a diverse team of professionals, including certified palliative medicine physicians, nurses (including a palliative coordinator), as well as experts like psychologists, music therapists, physical therapists, pharmacologists, social workers, and nutritionists. Moreover, the clinic collaborates closely with a palliative home care team called SAPHIR and maintains an interdisciplinary research team with a focus on effective communication in serious illness situations, timely integration of palliative care, and fostering collaboration among healthcare professionals. During my stay, my mentor organised a schedule that allowed me to participate in various activities. I had the opportunity to observe the following:

- Palliative care ward: within the palliative ward, our daily routine begins with an 8:30am handover meeting. Following that, I accompany the ward staff and nurses on their patient visits. During these visits, we carefully assess the patients' symptoms and make necessary adjustments to their medications, particularly for managing issues like dyspnoea and pain. Additionally, we arrange family meetings to assist with future care planning, which may involve options such as returning home, transitioning to a nursing home, or admission to a hospice centre. For some patients, this ward serves as a place for end-of-life care. Throughout the day, if we receive consultation requests from other wards, we promptly evaluate the patients, and when deemed appropriate, admit them to our ward. Every Tuesday at 12:30pm, we convene for a multi-professional team meeting involving doctors, nurses, psychologists, music therapists, physical therapists, social workers, and a pastor. During these meetings, we engage in comprehensive discussions about each patient, collaboratively finding solutions to meet their diverse needs. Additionally, a pharmacologist meeting takes place every Wednesday at 3:30pm, where we review all medications to determine the necessity for our patients.

- Palliative home care team of the university hospital (SAPHIR): I had the opportunity to work with the team and visit patients in their homes. The palliative home care team in Heidelberg is known as SAPHIR, is an abbreviation derived from "Spezialisierte Ambulante Palliativeversorgung Heidelberg und im Rhein-Neckar-Kreis." This team comprises of doctors, including oncologists and non-oncologists, as well as nurses. Our daily routine in the home care team begins with a handover meeting at 8:00am. During the morning session, we discuss each case and their specific issues, subsequently arranging a visitation schedule. With four available cars, there are four visiting teams each day, and I had the privilege of being part of one of these teams. On any given day, we visit between 2 to 3 patients. For a new case, these visits typically span 2 to 3 hours, while revisiting established patients this takes approximately 1 to 2 hours. Each team member is equipped with a personal laptop which proves convenient for recording patient data, managing drug prescriptions, and updating the database efficiently. Furthermore, we maintain close coordination with the hospital, especially for patients who may require hospitalisation.
- The research work in palliative care with a focus on early integration in metastatic lung cancer (HeiMeKom): I had the opportunity to shadow a nurse on the HeiMeKom team. This team primarily operates within the outpatient department. HeiMeKom, or Heidelberg Milestones Communication, is an interprofessional intervention designed to enhance communication for patients with limited prognosis, primarily those with advanced lung cancer. The programme focuses on four significant milestones in a patient's journey; diagnosis, disease stabilisation, disease progression, and the end of treatment. The nurses in the HeiMeKom team proactively reach out to patients and their families. Their role involves assessing the patients' comprehension of their condition and offering support in coordinating care, promoting a better understanding of the prognosis and helping manage symptoms effectively.
- Annual palliative care symposium (Heidelberger Palliativsymposium): I also had the opportunity to participate in the symposium held on September 16, 2023. The theme for this year's event was "Young and Old: The Future of Palliative Care in the Era of Demographic Shift." It was a valuable experience to listen to the various lectures and presentations at the symposium.

Conclusion

The period of one month may not seem long, but for me, the experience I gained during this time was invaluable. I had the opportunity to explore new experiences and see a patient care system different from my own country. The experience I gained during this time will inspire me to further develop my work in palliative care.

Acknowledgments

A special thanks to OA Dr. med. Matthias Villalobos, my mentor, for providing assistance from the application process to taking care of me throughout my fellowship.

I would like to express my gratitude to Univ. Prof. med. Dr. Michael Thomas, Priv. Doz. Dr. med. Martin Steins, Dr. med. Nadine Payer, Dr. med. Teresa Romero Cruz, Dr. med. Nino Iashvili, and all the staff of the palliative care team at Thoraxklinik for their warm welcome and excellent care.

A sincere thank you to Prof. Dr. med. Berndt Alt-Epping, Dr. med. Christina Gerlach, Dr. med. Dipl. Theol. Thomas Gelbrich, and all the staff of the SAPHIR team for allowing me to gain experience with your team.

I also want to express my gratitude to Assist. Prof. Charuwan Akewanlop, the head of the Department of Medical Oncology at Siriraj Hospital and my chief, for granting me the opportunity to participate in this programme. Thank you to all my colleagues who took care of the patients while I was away.

Lastly, I would like to extend my thanks to ESMO for providing me with the opportunity to take part in this programme.

