

The ESMO Palliative Care Fellowship helped me gain an insight into the practice of palliative care in oncology. I learnt that the role of palliative care is not limited to terminally ill cancer patients for whom standard oncological care modalities have been exhausted. It has a much wider field of application, the most important of which is its integration with standard cancer treatment right from the time of diagnosis. Being a pulmonologist whose primary area of clinical expertise and research is thoracic oncology, I had very little idea about this concept of palliative care. Given the enormous scope of such an approach in relation to patient centered outcomes, it is important that more and more oncologists are made aware of and adopt this process. However, it is difficult to introduce it as such in developing countries like mine since resource constrained settings impose limitations in terms of availability of trained health care professionals as well as of infrastructure. I am indeed thankful to the ESMO for providing me with this unique opportunity that enabled me to get a first-hand exposure in an institute wherein this is actually being done.

Although my area of focus is primarily related to lung cancer, the ESMO-PC Fellowship helped me get a lot of information about practice of oncological palliative care in general. With the help of knowledge gained in the area of palliative care from this visit, I am keen to use this information for carrying out research and ultimately improving patient care at my institute and in my country. This would require assistance from other departments that deal with cancer patients in my institute as well as nursing staff and multidisciplinary professionals like social workers, psychologists, physiotherapists and nutritionists. Hopefully if we are able to

get a team dedicated to oncological palliative care in place, we may be able to introduce palliation at the appropriate time that cancer patients require during the course of their illness. Symptom management, communication about disease, support network, decision making and end-of-life preparation are the key components of such an approach.

During the course of my visit, I got an opportunity to interact freely with Dr Florian Strasser, Dr Martin Fruh and other faculty, oncology fellows, nursing staff and other team members. Such an atmosphere is very conducive for optimal exchange of information and knowledge transfer. Even after working hours, I had a lot of friendly and informal interactions with the key faculty members both within and outside the KSSG campus. The ESMO PC visit is a programme that I shall remember for a long time to come. Dr Florian Strasser and his team needs to be complemented for arranging such a well organized and meticulously planned schedule – it made me feel completely at home. Overall, the KSSG is very well equipped both in terms of standard oncology care as well as integrated multi-disciplinary palliative care. The Medical Oncology/Palliative Care department has several key disciplines available for this purpose. In addition, Dr Strasser is a dedicated faculty and researcher for getting the ideas in relation to this field ‘integrated’ into practicality. KSSG can serve as a role model for other research institutes within as well as outside Europe.

Dr Florian Strasser, Dr Martin Fruh and I had several video- & tele-conference sessions prior to my visit and during these conference calls; we planned joint research protocols related to both aspects of lung cancer care – oncological and palliative. During the course of my stay here, we worked further on these research protocols which have now reached a stage of near completion and we expect them to be finalized and implemented in the near future. Dr Andreas Hochstrasser, a member of Dr Strasser’s team is likely to play a key role in

coordinating a simultaneous multi-centric research project related to palliation in lung cancer that would also involve KSSG and my institute (PGIMER).

One recommendation that needs to be mentioned here and that ESMO should consider implementing is related to the issue of language barriers. In the KSSG, patients were speaking in their native Swiss-German language and their interaction with doctors, nurses and other health care providers was also in the native language. Dr Strasser and his team spent a considerable time translating their interactions with patients into English so that I could understand. I assume such a scenario would be applicable at other centers in Europe that host fellowship recipients like me and wherein the native language is not English. It would be really helpful if ESMO could arrange for portable pocket translators that could be sent across to the centre hosting a particular fellowship recipient prior to his/her arrival and the same could be sent back to ESMO after his/her departure. This would save both time and effort of the host institute and make it easier for visiting fellowship recipients to understand patient-physician/nurse interactions in the clinics and wards.

ESMO PC fellowship is a very good initiative that would help clinicians from geographical areas of the world wherein palliative care is under-developed to get an overview of how to implement integrated palliative care with conventional cancer treatment. I am sure that in the future also; this fellowship will continue to help in the exchange of vital knowledge related to oncological palliative care across different regions of the world - both within and outside Europe.



LEGEND TO PHOTOGRAPH

Dr. Florian Strasser (left) with Dr. Navneet Singh (right) in front of the Kantonsspital, St Gallen, Switzerland. Dr Strasser hosted Dr Singh (recipient of the ESMO Palliative Care Fellowship for the year 2012-13) when the latter visited the Kantonsspital, St Gallen in June-July 2013.