



Palliative Care Observation Fellowship

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Introduction

The primary goal of palliation is to help people live as well as they can for the duration of their illness, maintaining the best physical and emotional well-being possible despite complex problems [1]. Part of this goal is achieved by controlling symptoms, which in advanced cancer are multiple, chronic and can independently predict changes in patient function, treatment failures, and reflect prognostic [2,3]. In order to fulfill these goals, oncologists and oncology trainees should know what supportive therapy during anticancer therapy is, should be able to use it and to determine when palliative care is indicated. They should also know that palliative care is an integrated part of medical oncology, and it has a multidisciplinary dimension [4].

During my training in medical oncology at Hospital Santo António dos Capuchos (HSAC), Lisbon, Portugal, I have been working for almost three years in the oncology department where we have patients not only receiving chemo and radiotherapy treatment but also palliative care patients. Taking this into account, the observership visit to an Esmo Palliative Designated Center is one of the most important activities to do in order to achieve integration of many aspects of oncology with palliative medicine. I wish to go to hospital La Paz because this hospital aims to achieve integration of different therapeutic strategies in order to provide appropriate anticancer treatment including symptom control, psychosocial support, and to maintain continuity of care and family support during all phases of care. Moreover, it provides two types of Palliative Care services: Palliative Care Unit (PCU) and Palliative Home Care Teams (PHCTs), which can be a great opportunity to learn the specificities in these two different settings.

With this visit I aim to:

- Develop my skills in the comprehensive assessment of pain and other symptoms from cancer and its treatment, monitoring patients for adequacy of pain relief and titration of opioids;
- Integrate the different multidisciplinary therapeutic strategies in palliative care
- Learn more about clinical research in palliative care and if possible, to participate in clinical studies
- Improve the quality of palliative care services offers to patients at my Institution

Fellowship Report - Hospital La Paz, Madrid

My fellowship had the duration of two months. During the first 30 days, I have followed Prof. Dr. Alberto Alonso in his daily activities at the Inpatient Palliative Care Unit. This Unit is located at General Hospital, and consists of a multidisciplinary palliative care team, including three specialized physicians, one psychologist, nurses and assistant nurses, a social worker, and a music therapist. The primary goal with patients admitted at UCP, is to assist them with discharge planning. Several times, developing a symptom management plan in conjunction with patients and families is necessary. Patients are referred to the community palliative care services (such as Centro Cuidados Laguna) or patients/families' home with the support of Palliative Home Care Teams. I had the opportunity to monitor and treat patients with acute symptoms, including breakthrough pain, and to be familiar with titration of opioids and with other frequent medication management such as neuroleptics, antiemetics and anxiolytics.

I spent another 3 weeks with Dra. Yolanda Vilches integrated into Hospital Support Team. This team acts as an internal consultant between the different hospital services and the Inpatient Unit. It was possible to manage complex symptoms and to coordinate symptom management and discharge planning not only with inpatient Unit but also with community palliative care services and domiciliary teams.

I also had the opportunity to spend two days with Dr. Antonio Noguera Tejador at Hospital Centro Cuidados Laguna. This kind of facility provides a continuum of care for patients with advanced disease who do need vigilance and symptom control. I participated on clinical visits and sessions where all multidisciplinary team discuss different patients' issues. Furthermore,

together with domiciliary teams, they work as the end of the Spanish Health System allowing a better provision of care during the final stages of life.

In order to learn more about palliative home care, I also spent two days with Dr. Daniel Gainza from Palliative Home Care Team Madrid - North. Their mission of the PHCTs is to assist primary care physicians in monitoring patients who meet the established criteria for terminal illness. I was able to visit several patients, allowing me to understand that it is possible to provide care to home care patients who are not eligible for or accepting of hospice, but still need a holistic approach to alleviate physical, psychosocial and spiritual concerns when facing a life limiting illness.

Although I was focused on Palliative Care, I could not forget Medical Oncology. I was allowed to assist clinical sessions weekly, coordinated by Prof. Dr. Jaime Feliú; I was also presented with a complete visit to “Instituto de Genética Médica e Molecular” (INGEMM), where cancer translational research takes place, and I was able to be familiar with some of the ongoing research, particularly on breast cancer.

Scientific and academic work

I participated in weekly Palliative Care clinical sessions and I was responsible for one of these sessions, where we review the treatment of bone metastases. In fact, based on this session, we revised the patients treated at UCP and the results allowed us to propose a guideline for the treatment of advanced cancer patients with bone metastases; a paper focusing on this subject is on submission process.

During the two months period, we were able to develop some clinical projects. One of them focuses on the possible relation between biphosphonates (BP) and hypocalcaemia.

During my stay at Madrid, I was also included in the Madrid Palliative Care Master (“XIII Master en Cuidados Paliativos y Tratamientos de Soporte del Enfermo con Cáncer”), organized by Hospital Universitario La Paz and Universidad Autónoma Madrid, and to complete two modules of this Master: symptomatic control and communication. It was a great opportunity to refresh my knowledge about the updated treatments about symptom management and also training and improving different methods of communication with patients.

Conclusion

In conclusion, it is extremely important not only to treat the disease but also to treat the patient. Palliative care and symptom management in particular, is an integrated part of medical oncology, and it has a multidisciplinary dimension. Oncologists and oncology trainees should know what supportive therapy during anticancer therapy is should be able to use it and to determine when palliative care is indicated. I can not imagine a better way to fulfill these goals than being a couple of months with Professor Alonso and all his team. I hope I can apply some of this knowledge in my Hospital, helping to develop the palliative care team that already exists and offer more and better services to Portuguese patients.

Acknowledgement

I have to thank, sincerely to all the consultants in Palliative Care who I met and all their staff, doctors and nurses of Palliative Care Unit, Hospital La Paz, Madrid.

A special thank to Prof. Dr. Alberto Alonso, Medical Director of UCP, for having me and showing me how is possible to work on improving patient's quality of life both with high academic level and professionalism but mostly with love.

Finally, I have to thank ESMO Palliative Care Working Group for this valuable opportunity that was given to me. I hope to return this award treating oncology patients the best possible way.

References

1. WALSH D, RYBICKI L, Symptom clustering in advanced cancer, Support Care Cancer 2006; 14:831-86
2. FAN G, FILIPCZAK L, CHOW E, Symptom clusters in cancer patients: a review of the literature, Current Oncology 2007; 14:5
3. WALSH D, DONELLY S, RUBICKI L, NELSON K, Symptoms and prognosis in advanced cancer, Support Care Cancer 2002; 10(38):5-8
4. ESMO&ASCO recommendations for a Global Curriculum in Medical Oncology: 2010 update