

ESMO Palliative Care Fellowship (01 July 2024 – 26 July 2024)

Danielle Leonardo

FINAL REPORT

Home Institute: The Medical City, Philippines

Host Institute: The Royal Marsden NHS Foundation Trust, United Kingdom

Mentor: Angela Halley

Introduction

Cancer ranks as the third most common cause of death in the Philippines as of 2020. We have approximately 150,000 Filipinos dying from cancer each year, which is roughly 4 people per hour. Currently, we have less than a hundred qualified palliative care specialists that cater not only to cancer patients, but to every patient with a chronic disease. As a result, the hospice and palliative care system in the country is overburdened and patients are in need of comprehensive cancer care. As medical oncologists, we are awaiting new and exciting developments in the field. However, the reality remains that most advanced stage patients will eventually succumb to their disease, particularly in a developing country where new drugs are more likely to be financially unattainable. As a young oncologist, I believe it is valuable to focus on providing holistic care to the individual patient, understanding that comprehensive support is as important as cutting-edge treatments.

Goals or aims

I applied for the ESMO Palliative Care Fellowship because I want to be part of developing palliative care in the Philippines. My objectives for this programme were as follows:

- To better identify and manage cancer symptoms such as pain, nausea/vomiting, depression.
- To gain more confidence in communicating palliative care outcomes to patients and their families.
- To be able to approach cancer care more holistically.
- To learn about management approaches to establishing a palliative/hospice referral system.
- To learn how to build a multidisciplinary palliative care team.

Description of the time spent at host institute

My observership consisted of rotations at The Royal Marsden Hospital at both the Chelsea and Sutton sites, and two days rotation at the St. Raphael's Hospice. During my time at The Royal Marsden, I was able to join their ward handovers in the morning and accompany the team on their ward rounds. I was in awe of the team's laudable bedside manner and the compassion shown to patients. We assessed patients' symptoms from pain, nausea and vomiting, eating and drinking, bowel habits, mood, as well as the need for psychological, spiritual and financial support. I learnt about the different pharmacologic and non-pharmacologic approaches to the management of patient symptoms. I was able to join multidisciplinary team meetings and teaching sessions in the afternoons. I learnt about the use of the Integrated Palliative Care Outcome Scale (IPOS) and its utility in assessing patients' needs. In addition, when I had some free time, I was able to use the department's resources and guidelines. Some afternoons were also spent observing the oncology clinics for sarcoma, renal, melanoma and lung cancer.

My two days rotation at the St. Raphael's Hospice were brief but meaningful. I was able to join the team in their community meetings, discussing waitlisted patients referred to their facility. I was also able to join their morning handovers and patient rounds. What was special to me was being able to attend the Schwartz rounds, which take place quarterly. This was a safe space for medical staff to discuss emotional and social issues encountered at work. I found this experience beautiful and helpful and I wish we had something similar within our setting.

During my placement, I saw the different care options available to cancer patients at The Royal Marsden Hospital sites and at St Raphael's Hospice. Depending on need and preference, patients were able to receive care within the hospital, hospice facilities and even in their own home. I witnessed how the palliative care team address patients' needs in various settings with coordination from different members of the care team, including doctors, clinical nurse specialists, discharge team, general practitioners, physical/occupational therapists, chaplains, psychiatrists, speech and language therapists and home carers. With or without active cancer therapy, I was able to witness how patients are continually cared for until their end of life.

Conclusion

My fellowship placement widened my perspective on what palliative care in cancer can offer. There are many challenges to be able to apply what I learnt to my home setting but my placement has inspired me to push further with my goal of realising an optimal palliative care system for Filipino cancer patients. My ESMO fellowship journey has made me realise that there is more research to be done to help promote palliative care in the Philippines. Personally, it has inspired me to pursue further studies on this vital specialty.

Acknowledgments

I would like to thank the European Society of Medical Oncology (ESMO) for giving young oncologists like me avenues like this to enhance our learning.

I would like to thank my mentor Dr Angela Halley and Dr Jayne Wood and the entire Symptom Control and Palliative Care team at The Royal Marsden Hospital in Chelsea and Sutton for the unforgettable experience.

I would like to thank Dr Jenny Strawson for welcoming me to St Raphael's Hospice. It was a pleasure witnessing you talk to patients and their families.

I would like to thank Dr Laila Kamal for her one-to-one lecture on Communication and Breaking Bad News. I will treasure your teachings and advice.

I would like to thank Ms Shirley Hoarau for helping set-up my rotation schedule and ensuring I made the most of my stay, not just in the hospital but in the UK.

Finally, I extend my heartfelt thanks to my patients, who continue to inspire me to pursue learning experiences such as this.

