





ESMO Palliative Care Fellowship (01 August 2024 – 30 August 2024)

Maureen Lukman

FINAL REPORT

Home Institute: Grha Kedoya Hospital, Jakarta, Indonesia

Host Institute: Mackay Memorial Hospital, Taiwan, Republic of China

Mentor: Chun-Kai Fang

Introduction

I have worked as a palliative care physician at government and private hospitals for more than 5 years. Before I became a palliative care physician, I worked as part of a colorectal cancer team for 6 and a half years and experienced the difficulties of supporting cancer patients at the time of death. This inspired me to move to work as a palliative physician in 2018, aiming to provide a better quality of life for end-stage cancer patients and their relatives within my hospital. However, palliative care is still a challenging field within our hospital, as well as in Jakarta, where the need for palliative care is unbalanced between human resources, knowledge, skills, funding and government support.

I had a dream to develop my expertise and build collaboration by learning from a prestigious international hospice and palliative care centre. This was actualised when I was awarded the ESMO Palliative Care Fellowship and was able to undertake this at the MacKay Hospice and Palliative Care Centre, MacKay Memorial Hospital (MMH), Taiwan.

Goals or aims

- 1. Learn how to set-up a team and understand hospice care in addition to home-based palliative care services.
- 2. Learn about controlling severe symptoms in end-of-life stage cancer patients.
- 3. Learn how to operate and collaborate effectively as part of a multi-specialist tumour board (oncologists, psychologists, social workers, nurses...) to provide comprehensive palliative care for cancer patients.
- 4. Learn about the integration of palliative care into primary healthcare facilities.
- 5. Learn about comprehensive pain control.

Description of the time spent at host institute

My month of observation at the MMH provided me with a great experience. I worked with experts learning about taking care of palliative patients including cancer and noncancer patients, and how the team members work together to do this. MMH provides a comprehensive hospice and palliative care system for patients through four main activities: hospice care, shared care, home care and outpatient care (OPD). Therefore, patients with terminal illnesses not only experience well-controlled physical symptoms, but also receive psychological, social and spiritual care through the professional coordination of teams of experts including, palliative oncologists, psychiatrists, nurses, social workers and bereavement care workers. In addition, highly trained volunteers and caregivers actively participated in caring for patients and family members. I was so impressed with the way the staff and volunteers took care of patients and relatives, not only because of their skilled expertise, but also their kindness and respect for those who receive care. Although communicating in Chinese with patients and family members was difficult for me at times, I could easily feel their satisfaction through their facial expressions and eyes. I could feel how they serve patients with compassion. This demonstrated what a good job the team was doing supporting their patients.

Conclusion

Although my fellowship time at the MMH was brief, it provided me with a lot of valuable experience and knowledge. This will have a worthwhile impact in changing not only my perspective on hospices and palliative care, but also to my career, my mind and my life.

Acknowledgments

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