GOOD SCIENCE
BETTER MEDICINE
BEST PRACTICE

Designated Centres of Integrated Oncology and Palliative Care

ESMO 2015 Palliative Care Observation Fellowship

5 October – 30 October 2015

Fellowship topic:

Efficacy of opioids in elderly cancer patients and management of crisis situation in mobile team

Fellow: Dr Albiona Poci

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Host institute: Medical University of Graz, Division of Oncology with affiliated Unit of Palliative Medicine, Department of Internal Medicine

Mentor: Univ. Prof. Dr. Hellmut Samonigg

Introduction

In Albania, as in many other countries in the world, cancer represents a growing concern. Cancer is the leading cause of mortality in the country after cardiovascular diseases. About 4000-5000 new cases of cancer are reported each year. Health system faces the need to ensure effective drugs and the necessary technology equipment for screening and early detection.

Palliative care in Albania is relatively new. Control for soothing cancer pain and palliative care are amongst the still unresolved issues in Albania. Patients' access to palliative care services and quality of life in advanced and terminal stages of incurable diseases is less than convenient. Currently there are a limited number of associations and only one public service of palliative care that provides services to terminal cancer patients across the country, but these services cannot meet the high demand for palliative care. They can only cover 34% of needs, which means that 66% of patients do not benefit from palliative care services[1]. Meanwhile, there is no pain control unit in the public hospitals or inpatient units for terminal cancer patients.

Goals

I was primarily motivated to take my work and what I could provided both professionally to a higher level. The ESMO fellowship programme could support me with that. I decided to take the chance to expand my knowledge. I wanted to learn through observation how an oncologist assisted their palliative cancer patients. I was interested also in the mobile team service, which covers a good part of my daily work at my home institute.

My goals during the visit at the host palliative station were on the following topics:

- Assessment and management of cancer related pain, use of opioids and coping with their undesirable effects
- Efficacy of opioids in the management of the elderly cancer patients
- Knowledge of non medical therapeutic strategies in pain management in palliative care
- How to handle the oncologic emergencies, being part of the mobile team
- How do doctor and patient or family manage to talk about highly charged situations and information?

Getting closer to these goals would help me continue to improve services and develop confidence in the delivery of palliative care back home in my work.

Description of the Fellowship Experience

At the LKH University Clinic of Graz, the Unit of Palliative Station since 2001 is affiliated to the Division of Oncology and Internal Medicine Department under the direction of Univ. Prof. Dr. Hellmut Samonigg. The Palliative Unit has 12 beds and an interdisciplinary team of 7 physicians, 22 nurses. The patients' have access to inpatient services and outpatient services such as the Mobile Team. The Mobile Team has been set up in support of the primary care physicians and home nursing in the care of seriously ill and dying people at home. Psychologists, physiotherapists and social workers are integral parts in both services. Their aim was to relieve symptoms and improve quality of life, taking into account the physical, psychological, social, spiritual aspects of suffering in the terminal stage.

The day's work started with morning meetings, where the multidisciplinary team discussed each patient. My home team is interdisciplinary too, but what I liked was their cooperation and involvement of all staff in one single patient treatment. I could feel and understand how seriously each patient situation was taken from a medical, social and psychological perspective. Quite in the contrary when most of the time the doctors do most of the talking, I observed that psychosocial staff also participated. During my daily visits to patients' homes in my home country, I witness their psychosocial needs and lack of support. Poor income families and unemployment in other family members, coverage only for medication from the insurance institute, not for other services such as physiotherapy, beds or wheelchair. The holistic palliative care needs a lot of coordination among existing psycho – social services.

I would join my supervisor, Dr Daniela Jahn-Kuch and other physicians in their morning visits. I learnt from them the treatment for some types of diseases at different stages. I got information for the treatment protocol and could discuss it with colleagues constantly comparing it to the availability of opioids or other medications in my country. They were patient and kindly welcomed my questions and inquiries. I was informed from these conversations what substitute opioid drug and to what doses I could administer for those missing in my country. The staff are driven whenever possible with situations of acute physical pain to treat none medically by using relaxation techniques, such as music therapy or physiotherapy.

I joined the mobile team on home visits for several weeks. They are provided with hospital vehicles to visit their patients. I observed that communication between the team, patient and family members was conducted in a patient and slow manner so that all were clear and understood, this manner created trust and cooperation. I appreciated the high sensitivity and care to the patients' rights. This care of rights had to do a lot with respect and empathy toward a human being whose sense of dignity and meaning of life are so shaken and hurt from the reality of a very complex disease.

When I returned to work in my center, I felt so grateful for the experience at Graz. Somehow I got validation, but also it helped me to better tolerate frustrations that stem from absences and unsatisfactory service co-ordinations. The comparison helps me to be realistic and to do what is possible. I was happy to see my colleagues again and that they were interested in my experience asking lots of questions, which I was happy to answer.

Acknowledgements

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References

1. The National Cancer Control Program (2011-2020), Ministry of Health with the support of WHO, Regional Office for Europe