

Optimum integration of the activity of the hospital based palliative care team into the activity of Coltea Hospital in Bucharest.

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I am a consultant physician in medical oncology, working since 2005 full time in palliative care with Hospice “Casa Sperantei” in Bucharest, Romania. Hospice “Casa Sperantei” was started 2 years ago as a project in a hospital based palliative care team working in an acute inpatient unit in Bucharest, namely Coltea Hospital. The hospital has an oncology department and a radiotherapy unit. The hospital based team is backed up by a home care team, also part of Hospice “Casa Sperantei”. Of course, both palliative care teams have an important educational task, for patients and families as much as for the medical staff. Since we are the only hospital based palliative care team in our country, experience from other services that offer integrated palliative care to oncology patients during their treatment are valuable resources to us.

The ESMO grant enabled me to spend a month in the Oncology Institute of Southern Switzerland (IOSI) in Bellinzona, which is a designated center of integrated oncology and palliative care, according to ESMO criteria. My purpose was to get more experience for an optimum integration of the activity of the hospital based palliative care team and home care into the activity of Coltea Hospital in Bucharest. My objectives were mainly to observe the activity of another team in order to better evaluate our own activity (from clinical and administrative point of view) and to find ways to collaborate with other medical teams involved in the care of the patient. I also planned to generate a draft for policies and procedures for hospital based teams in our country.

For these objectives, I participated to all the daily activities from 15th of September to the 15th of October 2008, under the supervision of Dr. Piero Sanna (including visits to patients, interdisciplinary team meetings, and educational activities).

Because I have been working for more than 2 years in a hospital based team, Dr Sanna and I agreed that my observation period should be in 2 parts: the first (2 weeks) I was rotating between the different services in order to observe and understand the general picture and the second (2 weeks) to focus on the hospital based team as my main target. Each day I was following the activities of one of the three senior physicians of the palliative care service at IOSI: Dr. Hans Neuenschwander, Dr. Claudia Gamondi and Dr. Piero Sanna. Needless to say how useful it was meeting other experienced doctors in the same field. As Dr. Claudia Gamondi said, palliative care teams are not that different in the end and if you can recognize similar things that work and similar difficulties that you encounter, then you can be reassured that you are on the right track. Being constantly surprised by the differences you see comparative to your own experience, means there is a problem.

The organization of the palliative care service around the patient, in the hospital as well as at home, at all time, is a convergent of several teams. The teams meet regularly and share important information that needs to be known. This ensures the knowledge will be shared between all members of the palliative care community and for the methods of evaluation to be the same. I was fortunate to be able to spend time with all three palliative care physicians at IOSI and it was an enriching experience to watch their communication abilities with patients and families, with their team and with their colleagues.

I was also impressed with the Wednesday morning oncological meetings. These meetings gather all specialists involved in the care of the oncological patients. They start usually with a short presentation on an interesting paper, followed by

discussions around clinical decisions and matters important for everybody in the field. Of course, this can happen only in smaller teams, which gives a chance for every participant to express an opinion on the topic.

Training and education are important, each doctor and nurse has their own responsibility in this area. A very useful tool in education is the manual of palliative care, the result of the hard work of the palliative care department at IOSI.

Beside patient care and education, there are also a couple of working groups, which resulted from special areas of interest, which met periodically: the pain forum and the nutrition working group.

During the second part I focused mainly on family meetings and on hospital based teams.

One fortunate part in choosing IOSI for my stage is that the center is not yet overcrowded with students, junior doctors and other doctors in training. This gave me the opportunity to be part of and involved in the activities.

I visited several hospitals with consultative palliative care teams adapted to their needs, in Lugano, Mendrisio, Locarno, Faido and Acquarossa. It was very interesting to see how much palliative care can do in small hospitals, where there is no possibility for medical staff to hide from suffering behind the tempting sophisticated investigations.

Regarding the family conferences, once I discovered them, this was one of my main interest points and I tried not to miss them. This is something I knew about only in theory. Family conferences are a current practice in IOSI, so I managed to take part in 7 during my stage. It was challenging in a foreign language, but there is a lot to learn from these meetings. Probably in a hospital setting family

conferences are easier to observe, because families are used to having contact with a lot of doctors, so they accept a new one without difficulty. It is not easy to have family conferences in a way that actually responds to family needs, helping them to recognize their fears and deal with them, but it is something that could be done in our practice in Bucharest as well.

I can conclude that I was really pleased to find similarities between the ways the hospital based team in IOSI operates and our team in Bucharest. The instruments we use in evaluation are similar (Edmonton Symptomatic Assessment System) and treatment guidelines.

The message to take home was first of all the family conference that I am sure we can put into practice and will be a great support for families. Secondly, the importance of a good collaboration with the community doctors in the continuity of care for the patient.

I wish to express my appreciation of their work to all members of the different palliative care teams in Ticino. A special thanks to Dr. Piero Sanna, Dr. Claudia Gamondi, Dr. Hans Neuenschwander and Monica Zocchi-Aeberli for their availability and kindness.

Also, I would like to thank ESMO for the opportunity offered to me to bring new ideas and energy into my practice.