

## **The Implementation of Palliative Care Services in my Home Oncological Institute, ION Chiricuta Oncological in Romania**

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I have been a medical oncologist for the last six years at the “Professor Ion Chiricuta Oncological Institute” in Cluj-Napoca, Romania.

My keen need of knowledge in the palliative medicine has come from the helplessness of solving a great part of my patients’ problems even if, from an oncological point of view, the medical treatment was correctly applied. This was the motivation which made me apply for the ESMO fellowship granting me the opportunity to visit the Instituto Oncologico della Svizzera Italiana, Bellinzona, Switzerland.

During the one month visit presented me with a new perspective, a deeper and more complex understanding of the patient needs, as well as the possibility of finding more suitable solutions for a part of the previously insoluble questions. Moreover, it revealed to me the imperious need of the integration of the patient, of his family and of myself, as a specialist, in a medical attendance network.

The ESMO grant offered me the opportunity to see from within how Palliative Care Services are organized and how they function. The aim of my visit to Switzerland was that of finding the modality of setting up a Palliative Care Service in the “Professor Ion Chiricuta Oncological Institute” (IOCN) form Cluj-Napoca.

The Palliative Care Service in Ticino Canton was founded in 1996. At the beginning these services were provided by a mobile team – a physician and a nurse – for four hospitals. Nowadays, the care of the patients in this Palliative Care Service is organized in two different structures: The Mobile Team and the Palliative Care Unit – a four bed unit opened in September 2003 within the Oncology Institute of Southern Switzerland (“Istituto Oncologico della Svizzera Italiana” - IOSI), which later has been extended to six and then seven beds.

The two structures underwent continuous development; thus, in 2008, there already were palliative care mobile teams available to perform palliative care consultation or to answer common palliative care questions in the department of IOSI and in the other seven

hospitals of the Ticino Canton (two in Lugano: Ospedale Civico and Ospedale Italiano; three in Bellinzona: Ospedale San Giovanni, Ospedale di Faido, Ospedale Acquarossa; one in Locarno: Ospedale la Cavita; and one in Mendrisio: Ospedale Beata Vergine).

The mobile team is composed of a senior palliative care physician and a palliative care nurse. They visit every patient included in the palliative care list of every hospital mentioned two or three times per week or daily if requested.

The Palliative Care Service offers: consultation "on call" or as required (7/7days); consultation in seven other regional hospitals (5/5days); phone consultation "on call" or as required (7/7days); educational sessions and teaching at the patient's bed for physicians, nurses and other caregivers; guidelines and educational documents; participation in clinical research.

Request for palliative care consultation or opinions addressing new or readmitted patients are delivered by internal hospital mail (consultation forum), e-mail or phone call. The patients, on an average of 1500 per year, benefit by these services sent by the physicians in IOSI departments, other hospitals, Hospice, grant practitioners, family relatives, other patients, or who came by self announcement or due to publicity or internet.

In accordance with their needs, the patients benefit by one or more consultations in person and phone consultations, via fax consultations or informative consultation via e-mail.

The entire Palliative Care Service are disposed of three senior physicians, medical oncologists with a broad expertise in palliative care, fully dedicated; two junior physicians; four palliative care nurses (part time) for the mobile team; twelve nurses for palliative care unit; two-three nurses and physician fellows; two administrative secretaries.

Due to the fact that I came from an Oncological Institute, the bed-unit in IOSI caught my attention because it is a model for the IOCN; however I cannot imagine its existence isolated from the other palliative care services.

The IOSI is a comprehensive cancer center located in Bellinzona (Ticino). There is an experimental oncology department and a clinical department with six interconnected units: chemotherapy, radiotherapy, hematology, nuclear medicine, research and palliative care. The Palliative Care Unit, located in IOSI, is an acute palliative care unit offering beds for patients with advanced disease and cancer related suffering aggressive symptom control. It is not a unit where patients come to die. The hospitalization lasts generally for seven to ten days. The care target is clearly formulated when the patients get admitted to

hospital and medical attendance is agreed upon. The effectiveness of the treatment is daily estimated and the targets of the hospitalization are reassessed every 2-3 days.

This unit has seven beds in which 130 patients per year are taken care of. This service is committed to a philosophy of continuity of care and non abandonment for the patients.

Once externalized, taking into account his needs for care and independence, the patient may return home where he can or not be taken over by the hospice or by other hospitals with internal medicine profile (Faido, Acquarossa) with conditions that guarantee human decency and dignity.

The continuity of the medical attendance is provided by the Palliative Care Service at home – Hospice Ticino, with Hospice Lugano e Valli (which has two physicians and one nurse); Hospice Bellinzona e Valli; Hospice Locarno e Valli and Hospice Mendrisio e Valli (all of which have one physician and one nurse).

During the month I spent in Switzerland I was impressed by the material conditions which offered comfort to the patient and to his family, but my attention was drawn mostly by the personnel's way of working. Each person was aware of the importance of his or her role and work, this fact made them efficient and responsible and inciting them to surpass themselves. The fellow-like respectful relationships provided an atmosphere I wish could be repeated in Romania.

At the beginning I felt the project of implementing a palliative care system easy to achieve, as I considered the need of such system so important that it could make the things move by themselves. After my visit to Switzerland and returning home I understood that the initiation of palliative care service needs time and perseverance. The suffering is not to be accepted as a fatality of the cancer, it can be prevented, avoided or diminished and the successful outcome firstly depends on the will of doing that.

In my opinion, in order to have an efficient palliative care system we should be very well acquainted with the concept of palliative medical attendance, in its modern vision.

Consequently, I shall take the following steps:

- 1). I shall publish articles and presentations within multidisciplinary reunions and local congresses, in order to render the sensitive to the IOCN's staff and then to the entire medical community who come into contact with cancer patients, as well as with other patients with chronic incurable disease. Multi and interdisciplinary work should be considered essential.

- 2). I shall militate in favor of the integration of the basic palliative care (symptom control) in the local guide books of medical practice.
- 3). I intend to identify potential aid (nurses, dieticians, kinetotherapists and other caregivers.)
- 4). I shall organize case-presentations as base of debates – teaching “basic” and teaching at patient’s bed for physicians, nurses and other caregivers.
- 5). I shall try to organize the training of the personnel dedicated to palliative care.

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