



5<sup>th</sup> World Congress on

# Hospice and Palliative Care

July 18-19, 2018 Melbourne, Australia

## Posters

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## An exploratory study of attitudes, perceptions and practices of trained facilitators in advance care planning in a tertiary hospital in Singapore

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**Background & Aim:** Since 2011, Tan Tock Seng Hospital has expanded its ACP program to 15 clinical disciplines and home care program as well as trained at least 300 facilitators within the hospital. Despite continual efforts at improving course format based on post course feedback, only approximately 50% of facilitators go on to complete and document at least one ACP conversation post-training. This study aims to explore attitudes, perceptions and practices of trained ACP facilitators in the hospital.

**Method:** A qualitative approach informed by grounded theory was employed using semi-structured individual interviews. Purposive sampling recruited facilitators of varying degrees of experience and different primary vocations. Each transcript was independently coded by two research team members. The study team met for five sessions to discuss emerging themes and sub-themes.

**Result:** 25 trained ACP facilitators were interviewed. Not all facilitators were active and while most agree that ACP is important, practice depended on level of department and peer support, intrinsic belief of whether ACP is part of one's job scope as well as self-efficacy. Barriers include a lack of protected time to carry out ACP, traditional cultural taboos in talking about death and dying, lack of confidence, fear that the patient may perceive the medical team as "giving up" on him/her and language barriers in a multicultural society. Active facilitators viewed establishment of rapport and the communication process as important rather than the completion of documents. There was a desire for better inter professional collaboration with close support by the primary medical team in the discussion, for ACP to be brought into civic consciousness in a coordinated way and for a system incorporating ACP in routine care. Multiple core skills of the ACP facilitator were viewed as essential such as empathy, person centeredness and advocacy, active listening, being a team player and self-awareness.

**Conclusion:** The professional identity and practice of a trained ACP facilitator can potentially be bolstered by strengthening inter-professional collaboration, having a mentoring framework, recognition of efforts, institutional support and raising public awareness as well as strengthening a community and culture of practice.

### Biography

Raymond Ng has completed his MBBS from National University of Singapore and Master of Medicine in Family Medicine from National University of Singapore. He also pursued Advanced Specialist training in Palliative Medicine in Singapore. He is a Consultant in Palliative Medicine as well as Clinical Lead in Advance Care Planning in Tan Tock Seng Hospital.

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## Efficacy of the addition of duloxetine for neuropathic cancer pain refractory to opioids and gabapentinoids: A multi-institutional, randomized, double-blinded, placebo-controlled trial (JORTC Pal 08 (trials in progress))

Hiromichi Matsuoka<sup>1,2</sup><sup>1</sup>University of Technology Sydney, Australia<sup>2</sup>Kindai University, Japan

Management of cancer patients suffering from neuropathic pain refractory to opioids and gabapentinoids remains an important challenge. Duloxetine is one of the choices after first-line treatment fails. The efficacy of duloxetine has been reported in non-cancer patients and in chemotherapy-induced polyneuropathy, but no randomized clinical trials have examined its effects on neuropathic cancer pain refractory to first-line treatment. A multi-institutional, prospective, randomized, double-blind, placebo-controlled, two-parallel trial is planned. The inclusion criteria are adult cancer patients suffering from neuropathic pain refractory to opioids and gabapentinoids, patients with a Numerical Rating Scale (NRS) pain score of 4 or higher and patients with a total Hospital Anxiety and Depression Scale (HADS) score of less than 20. Patients with chemotherapy-induced peripheral neuropathy are excluded. The study will take place at 14 sites across Japan. Participants will be randomized (1:1 allocation ratio) to a duloxetine intervention group or a placebo control group. Evaluations will be made at baseline (T0 randomization), day 0 (T1), day 3 (T2) and day 10 (T3). The primary endpoint is defined as the difference in NRS score for pain intensity (average over the previous 24 hours) at T3 between the duloxetine and placebo groups. The enrolment started in July 2015. At the time of manuscript submission (November 2017), more than 95% of patients have participated. We thus expect to complete the recruitment by December 2017. Treatment of neuropathic pain in cancer patients represents an area of high unmet medical need. To our knowledge, there has been no randomized study of the analgesic efficacy of duloxetine in patients with neuropathic cancer pain refractory to opioids and gabapentinoids. This study of duloxetine in neuropathic pain refractory to opioids and gabapentinoids will be the first registered trial of therapy for this condition.

### Biography

Hiromichi Matsuoka has expertise and passion in improving the health and well-being. He is currently working as a Visiting Professor in University of Technology Sydney and preceding his research in patients with cancer pain. He has built his backgrounds as an Anesthesiologist, Physician of Psychosomatic Medicine and Palliative Care Doctors after years of experience in research, evaluation and teaching both in hospitals and educational institutions.

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## Accepted Abstracts

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## What is the evidence for early integration of palliative care into the management of serious illness?

**Mellar P Davis**

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Palliative care has emerged as an approach that specifically addresses gaps inherent in a disease-centered approach to care. Early palliative care has been promoted as the optimal approach to care for individuals with advanced illnesses. A systematic review of trials found 15 RCTs (Randomized Controlled Trials) of early outpatient, 13 RCTs of home palliative care and 7 systematic reviews. A subset of RCTs have demonstrated improved symptoms, quality of life, reduced aggressive care at the end of life, increased advanced directives, reduced hospital stays, improved caregiver burden and quality of life, reduced costs and improved family satisfaction. Yet RCT have also demonstrated no benefits to palliative care in the same outcomes. Why the difference? The term “early” and “standard of care” are poorly defined and subject to regional practices. Imbalances and attrition between groups contributed to differences in outcomes. Many RCTs lacked power calculations or were under powered for outcome measures. Outcomes were skewed yet parametric statistics were done giving weight to outliers in the results. Timing of assessment for outcomes in some trials was too early or late to see full benefits. Intention to treat analysis was often not done; outcomes were based on treatment analysis. Financial assessment was based exclusively on costs or charges centered on medical resource utilization rather than family expenditures. Multiple models of palliative care were used in these RCTs. This workshop/concurrent session will review the evidence for early palliative care and the differences and weaknesses in trials which may have contributed to divergent outcomes.

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## Integrating palliative care in the public health care system in Kenya

**Zipporah Ali**

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Palliative care should not be seen as a luxury, but as a necessary essential service; it should not be only for the few who can afford it but for those living in better socio-economic conditions. Kenya Hospices and Palliative Care Association (KEHPCA) works together with its stakeholders such as the Ministry of Health (government hospitals), mission hospitals, hospices, community-based organizations and training institutions to ensure that there is greater access across the county, thus scaling up palliative care services for all in Kenya to bridge the very significant gap between those who receive services and those in need. This encompasses addressing issues of accessibility, affordability, quality and patients' rights. KEHPCA advocates for the integration of palliative care for children, adults and the older people into all levels of health services in Kenya as a basic human right. KEHPCA has recognized the pain and suffering of many patients and families in Kenya who have no access to cure (where cure is possible), cannot afford treatment for cancer or other progressive chronic illnesses, are stigmatized or discriminated against because of their illness among many other dehumanizing issues. Therefore, KEHPCA exists to advocate for palliative care for such people; to be the voice for the voiceless. While the first hospice in Kenya was started over 24 years ago, palliative care remained an isolated service, available to only a few in the major cities where there was a hospice. Up until 2007, when KEHPCA started fully functioning, there were just a few hospices in Kenya. KEHPCA is living up to its vision of ensuring that this service is accessible and affordable across the country, at all levels of care. By integrating these services into public hospitals, costs for patients in terms of travel, time and service are greatly reduced. This presentation will focus on sharing service delivery models suitable for lower middle-income countries.

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## An analysis of referral pattern of cancer clients to palliative care clinic: A retrospective report

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Adyar Cancer Institute, India

**Background:** Palliative care is an integral component in cancer care. Palliative care is holistic care. Correctable problems should be corrected at the right time rather than waiting for the terminal stage of the disease.

**Objective:** To evaluate the referral pattern followed in the tertiary cancer care center.

**Methods:** A retrospective method of study was adopted to quantify the time gap between the first patient admission in cancer care and palliative care referral in-order to improve the quality of life of patients by the way of improving the referral system.

**Result:** Out of 396 patients analyzed 209 (52.8%) were male and 187 (47.2%) were females. The mean age was 52.94 years (SD±14.007). Majority 59.3% (N=235) of patients fall under late adult category. Most of them were diagnosed with head and neck cancer 102 (25.8%), and reproductive system cancer 88 (22.2%). At follow up 204 (51.5%) were alive and 192 (48.5%) were dead. Among this patients died within six months were 180 (45.5%) from the time of registration at pain and palliative care clinic. Many of the patients (51.5%) were referred to pain and palliative care clinic within one year from the time of their registration at hospital.

**Conclusion:** Palliative care improves the quality of life of people with life-threatening or debilitating illness by providing relief from pain and other physical symptoms and care for psychosocial needs. To ensure the most effective care for patients, palliative care begins at the point of diagnosis, continues throughout treatment and bereavement support is offered to the family after the patient's death.

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## Palliative care for children with cognitive disabilities and their caregivers challenges

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Intellectual and developmental disabilities are a lifelong challenge with a considerable effect on the lives around them. The high quality of care needed by a mentally handicapped child can become psychologically, emotionally and physically stressful to parents and/or caregivers. Although there have been numerous studies conducted to determine the burdens of families with a mentally retarded member around the globe, little was known about the association of the caregivers care-related constraints and their quality of care. This study aimed to determine the practical, emotional and psychological constraints that exist in caring mentally disabled children and its relationship to caregivers' quality of palliative care. The respondents were the primary caregivers of the mentally disabled children studying at Iligan City SPED Center, selected through random sampling technique. Data generated by the questionnaires were analyzed and interpreted using SPSS. High quality care was positively associated with caregiver's capability in responding to practical concerns such as providing constant supervision to the mentally retarded child. Caregivers' emotional constraints like being embarrassed with the mentally retarded child and having a sense of inadequacy in caring the child can adversely affect their quality of care. Being able to manage generalized anxiety disorder in the part of caregivers has a positive impact in their quality of care to mentally retarded children. These findings may shed light on the struggles that caregivers face as well as to ascertain the need for awareness and support for such challenged families in order to provide quality care to mentally retarded children.

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## Good death and subjectivity: Governmentality analysis in palliative care

**Keyla C Montenegro**

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The study is sought to explore the dying process as a phenomenon in which relations of power occur in the form of governance of conduct in palliative care settings in Brasilia/Brazil. The findings revealed a real concern from both practitioners and non-practitioners about quality of death. It became evident that quality of death is a common objective in palliative care practice, but significant differences were found in regarding to what quality of death means. Analysis of discourse revealed that normative ideas of what a good death is and how to obtain it through palliative care conflicted directly with someone who understood a good death differently. With that said, good death became a contested space between two different cultures. The palliative care practitioners that participated in this study showed that there are tendencies to achieve the best quality of death possible. It also showed a normative narrative of a good death based on the Western palliative care movement. The palliative care narrative of a good death has established a constricted image of what a good death should be transforming it into not only a norm, but also in the ultimate objective of palliative care practitioners. We then concluded that the term 'good death' is functioning as a rhetorical device used by practitioners to conduct the conduct of patients and their families to achieve a certain way of death.

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## Physiotherapy in dementia

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We live in a maturing world that is closely associated with conditions such as, osteoarthritis, osteoporosis, cataracts, stroke, growth, coronary supply route illness and dementia which increasingly affect the group wellbeing. Of these conditions, dementia emerges as the one to inspire dread in those contemplating over a solid seniority. Dementia is principally a term used to portray a gathering of manifestations that might be brought on by various distinctive ailments. This incorporates Alzheimer's infection, vascular dementia, frontal temporal dementia and dementia with Lewy bodies. To develop an understanding of the role of physiotherapy in dementia in current practice, the identifiable short-comings of the current services provided and approaches that can be used to tackle the identified problems. The worldwide predominance of dementia is prone to be as high as 24 million and is anticipated to double at regular intervals through to 2040, resulting to a costly burden of disease. As a physiotherapist targets a variety of structural as well as psychological deficits in demented patients and provides treatment for the same, the significance of interaction plays a vital role in building up a therapeutic relationship, leading to successful assessment and treatment. The key, therefore, as a physiotherapist is to adapt communication strategies unique to patients with dementia in clinical practice. Physiotherapy is a significant factor in rehabilitation of patients with dementia and must adapt a holistic approach during assessment and treatment, taking into consideration all the factors affecting patient centered.

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