

4<sup>th</sup> International Conference on  
Palliative Care, Medicine  
and Hospice Nursing  
August 27-28, 2018 | Boston, USA

# Keynote Forum **DAY 1**



*Palliative Care 2018*

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*Sorin Buga*

City of Hope, USA

## End of life option act: Where are we today ?

Physician-Assisted Suicide is a controversial topic in the medical and oncological field with very few countries decriminalizing this aspect of medical care. The physician-assisted dying law, also known in California as the End of Life Option Act, took effect on June 9, 2016, making the State of California the 5th in the United States of America to participate in it. The End of Life Option Act ( EOLOA ) requires strict eligibility criteria that patients must meet, in addition to stringent evaluation guidelines physicians must follow. The city of Hope is a National Cancer Institute (NCI) designated cancer center and an innovative biomedical research, treatment and educational institution. We are guided by compassionate patient-centered philosophy, supported by a national foundation of humanitarian philanthropy, and we sustain a long history of commitment to physician education. The decision for City of Hope to participate in EOLOA followed shortly after its introduction in the State of California after consulting the whole medical staff about this decision. Subsequently, a Sub-Committee was created and tasked with developing a policy for the City of Hope to ensure implementation of EOLOA. Several patients went through the process of obtaining the aid in dying drugs (AIDD) since the EOLOA policy was implemented in our institution. The presentation “End of Life Option Act: Where are we today?” will outline the general state and institutional requirements for EOLOA followed by a few case presentations.

## Biography

Sorin Buga MD is an Associate Clinical Professor in the Department of Supportive Care Medicine at City of Hope, Duarte, California. He is board certified in internal medicine and hospice and palliative medicine and a fellow of the American College of Physicians and of the American Academy of Hospice and Palliative Medicine. He completed his fellowship in palliative medicine at H. Lee Moffitt Cancer Center in Tampa, Florida. He is the City of Hope's representative on the NCCN Adult Cancer Pain Panel and an active member of the American Academy of Integrative Pain Management, the American Academy of Hospice and Palliative Medicine, the International Association for Hospice and Palliative Care and International Association for the Study of Pain. He has published in the peer review literature and is often invited to speak at scientific meetings.

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## *Semoon Chang*

*University of South Alabama, USA*

### **Desperate needs for compassion from oncologists**

**M**y wife passed away from pancreatic cancer, five years after the Whipple surgery and desperate efforts of treatment for two years at MS Anderson in Houston and Southern Cancer Center in Mobile, Alabama. This is an actual, and in-depth, case story of our experience in our interaction with oncologists during the last days of her life. The conclusion of the paper is that we felt no compassion from our oncologists. Compassion does not mean being nice or sweet-talking to patients. Compassion means to give patients medicine before they need it, explain them in detail what the future may hold, and guide them step by step so that they can leave this world with no pain, peace of mind, and dignity. We never received one.

### **Biography**

Semoon Chang is a retired professor of economics from the University of South Alabama where he and his wife, Youngshin Chang, established an endowment for humanitarian service. He served as president of the Homeless Coalition of Mobile, president of the Planning Council of the United Way of Southwest Alabama, and president of the Association for University Business and Economic Research. Currently, he is a columnist of the daily Korea Times and a panelist of the quarterly World Economic Survey sponsored by the University of Munich in Germany.

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## Yvonne Heath

*Love Your Life to Death, Canada*

### **I Just Showed Up: Teaching people of all ages to show up for themselves and others, so they are empowered and resilient when grief arrives**

I don't know what to do. I don't know what to say. Have you ever said these things or felt this way when someone was grieving, in crisis or suffered a loss? Even as healthcare professionals? Avoided a hard conversation or situation? Didn't support a colleague? Buried your own grief? Haven't we all? Why should we change? Why do we need to do better? Why? Because... Grief shows no mercy. It arrives unannounced and uninvited. It does not care what else you are going through and it does not care if you've had enough. Everyone grieves—regardless of age, race, culture, gender, sexual orientation or economic situation; Divorce, diagnosis, mental health issues, financial stress and yes, facing an end of life.

The 7 Take Aways are the culmination of my learning in 30 years of nursing and in interviewing hundreds of people. Living by these principles, you will learn to live well, grieve well and die well—and teach others to do the same.

#### **The 7 Take-Aways**

- The best time to talk about, plan and prepare for grief is when we are young and healthy. The Next Best Time is Now!
- It Takes a Village to support: the ill, the caregiver, the dying, the bereaved and each other.
- When someone is grieving
- Just Show Up! To be empowered, resilient and compassionate
- Show Up For Yourself First! Structure Your Life in such a way that you are self-reliant (and so are the people surrounding you).
- Find your Post, and hold onto it.
- What will Your Legacy be?

#### **Biography**

As a Registered Nurse for 30 years, working in the United States and Canada. Yvonne has witnessed our society's death phobia and our reluctance to talk about, plan to prepare for grief, causing excessive suffering. Her new purpose? To empower compassionate communities and professionals to live life to the fullest, learn to grieve and support others and have "The Talk" about the end of life long before it arrives.

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## Keynote Forum **DAY 2**



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## Johan Menten

Catholic University Leuven, Belgium

### Does a cardiac pacemaker lengthen the dying process or postpone death in palliative care unit patients?

**Background:** Patients and family ask frequently if it is possible that the presence of a pacemaker can lengthen the dying process or postpone death because the pacemaker will avoid or postpone a cardiac arrest. The literature does not yet answer this question.

**Material and method:** 89 patients with a pacemaker died in the palliative care unit (PCU) of the University Hospital of Leuven in the last 15 years. For each pacemaker patient were 2 matched controlled non-pacemaker patients found who died in the same PCU in the same year, at the same age, of the same gender and the same disease pathology

**Results:** The time between admittance to the palliative care unit and the date of death was only 6 days for the pacemaker patients but 11 days for the non – pacemaker patients ( $p = 0.0055$ ). The survival curves of  $<80y$  and  $\geq 80y$ , of men and women, showed that pacemaker patients died 2-6 days earlier than the matched paired controls.

**Conclusion:** Pacemaker patients die in our PCU 2-6 days earlier than their matched control non-pacemaker patients. A pacemaker will not lengthen the dying process. Other cardiac co-morbidity than just an atrioventricular block make them more vulnerable for early death according to the cardiologist's view.

### Biography

Johan Menten completed his Graduation in Medicine from Limburgs University Center and Catholic University Leuven. He is also a Member of the board of Belgian society of palliative Care till 2000. Now, he is President of the research task group in the Flemish Federation of Palliative Care.

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## *Anna Klarare*

*Ersta Skondal Bracke University College, Sweden*

### **Team function in specialist palliative home care: Patients's families and health care professionals perspectives**

Persons with life-threatening illness are increasingly being cared for and dying at home. Palliative care strives to cater to multiple dimensions of persons, such as physical, psychosocial and spiritual or existential, and meeting these needs of patients and families requires multiple competencies. Palliative care organizations like the WHO and the EAPC, as well as Swedish national guidelines, propose organization and delivery of care in teamwork models, however, teamwork is complex and in healthcare, team members often vary from shift to shift. The overall aim of the project was to explore perspectives of team function in specialist palliative care teams, among health care professionals, patients, and families, in order to gain a deeper knowledge of structures and relationships so as to optimize team functioning. Results of the studies are: (I) health care professionals report that competence, communication, and organization are crucial components of teamwork in specialist palliative home care, (II) patients and families report that they experience security and continuity of care due to 24/7 availability, flexibility and sensitivity to changing needs and a collective team approach that fostered experiences of continuity of care, and (III) that the 77 participating teams in the Swedish context all have a core of registered nurses, physicians, and social workers, while physiotherapists and occupational therapists were present in most teams. The explored teams have existed for 7-21 years, are foremost of medium size and tend to work in an integrated manner, rather than in parallel. Positive associations were found between team maturity and team effectiveness. Based on our findings, clarification of team goals and professional roles together with the development of psychosocial traits and team processes should be prioritized in clinical settings. Patients and families will most likely experience that their needs are met and feel greater satisfaction with care provided by mature teams.

#### **Biography**

Anna Klarare completed her Ph.D. in Medical Science at Karolinska Institute in June 2016. She is a registered nurse with 20 years clinical experience with specialist palliative home care. She has a Master's in Nursing Education and is presently the senior lecturer in palliative care at Ersta Skondal Bracke University College in Stockholm, Sweden. She has five published papers, three more submitted and is presently pursuing post-doctoral studies. She is highly appreciated as a workshop leader in continuing palliative care education nationally in clinical settings.

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#### **Notes:**