

Palliative Care Service

Introduction

The Palliative Care Service has programs in inpatient care, out patients clinic and home care, consultation, research, volunteer, education and training. The goal of these six programs is to provide the highest possible quality of life for patients and their family members. Palliative care affirms life and regards dying as a normal process. Palliative care emphasizes relief of pain and other distressing symptoms. It integrates the physical, psychological, social and spiritual aspects of patient care, and offers a support system to help the patient live as actively as possible until his or her death and the family cope with stress during the patient's illness and the bereavement period.

Routine Activities

The Palliative Care Service of the National Cancer Center Hospital East (NCCHE) is comprised of three divisions, the palliative care unit (PCU) for inpatients (25 beds), the clinic for out patients and the telephone consultation service.

1. Inpatient cares

A total of 307 patients (166 males, 141 females) have been admitted at the palliative care unit from January to December 2003. Lung cancer was the most frequently occurring primary illness (84 patients: 29%), followed by head and neck cancers (41 patients: 14%), gastric cancers (37 patients: 13%), colorectal cancers (35 patients: 12%), pancreas cancers (23 patients: 8%), breast cancers (27 patients: 9%) and liver cancers (18 patients: 6%). The most common reason for patients' admission was pain (55%), and other reasons were fatigue (31%), loss of appetite (25%), dyspnea (32%), delirium (23%), nausea and vomiting (11%). Annual changes in the number of inpatients in the PCU in the past three years are shown in the first table.

2. Outpatient Clinic

A patient who wishes to receive palliative care at our facility must first enroll and obtain an application from the outpatient clinic to confirm informed consent. Registration of 460 patients (274 males, 186 females) was completed at the palliative care clinic in 2003. According to a survey of these patients, 355 (77%) were referred from the other clinical departments of NCCHE, 34 (8%) from the National Cancer Center Hospital, Tokyo, and 71 (15%) from other medical institutions. Of the 460 patients, 218 (47%) had been previously treated with surgery, 325 (71%) had received chemotherapy, 32 (7%) had received hormonal therapy, and 201 (44%) received radiotherapy. Following the first consultation, 248 (54%) of the 460 patients had been registered on the outpatient-list, and 212 (46%) were put on the waiting list for admission. Their primary illness is shown in the Table. Most of the cases had cancer in an advanced stage, with 6% in Stage III, 87% in Stage IV and 33% experiencing recurrent disease.

3. Telephone Consultation Service

This service for patients at home has proved very effective for obtaining information on the patient's condition and for providing advice to families. A specialist nurse regularly calls a patient at home on Monday or Wednesday. In 2003, 54 patients (27 males, 27 females) used the service for 5 to 30 minutes once or twice a week. Consultation is concerned with the patient's condition, symptoms, anxiety, and other problems of daily life. The service is also used to make an appointment with a doctor when necessary, to decide appropriate timing of hospitalization, and to give psychological support to those who take care of the patient.

New Development in 2003

A continuous subcutaneous infusion (CSCI) is an extremely useful method of drug administration,

particularly suited to palliative care. Although the oral route is preferable, a patient's condition may deteriorate such that it is no longer possible to administer drugs in this way. Intravenous injections should be avoided, particularly as CSCIs are less invasive and have been found to be as effective.

We investigated effectiveness of analgesics and site irritation by CSCI. Site irritation can occur with several drugs, such as lidocaine, katamine and 4%

high-concentrated morphine. In addition, patients may occasionally be allergic to the nickel necklaces. Site irritation can be reduced in several ways; 1) Dilute the mixture as much as practical, 2) 1 mg of dexamethasone added to the syringe may reduce site irritation, 3) Use of Teflon cannula may be useful in patients suffering excessive site irritation.

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Table 1: Number of Patients Treated at PCU in 2001-2003

	2001	2002	2003
Hospitalized	333	337	307
Discharged	333	336	283
Dead	271	289	265
Alive	62	47	28

Table 2: Diagnosis of Enrolled Patients at PCU in 2003

Diagnosis	No. of patients	%
Lung cancer	135	29
Head & Neck cancer	66	14
Colorectal cancer	54	12
Gastric cancer	49	11
Pancreas cancer	35	8
Liver cancer	34	7
Breast cancer	28	6
Esophageal cancer	26	6