

Palliative Care Service

Introduction

The Palliative Care Service has programs in inpatient care, outpatient clinic and home care, consultation of other groups, research for palliative care, communication with volunteers, education and training of doctors and nurses. 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 cooperation 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 (25beds), the clinic for outpatients and the telephone consultation service.

1. Inpatients Cares

A total of 262 patients (122 males, 140 females) have been admitted at PCU from January to December 2004. Lung cancer was the most frequently occurring primary illness (76 patients:29%), followed by head and neck cancer (35 patients:13%), pancreas cancer (23 patients:9%), gastric cancer (22 patients:8%), colorectal cancer (21 patients:8%), breast cancer (15 patients:6%) and biliary tract cancer (11 patients:4%). The most common reason for patients' admission was pain (47%), and other reasons were fatigue (31%), dyspnea (28%), delirium (24%), loss of appetite (22%), nausea and vomiting (15%). Annual changes in the number of inpatients in 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 obtain an application form outpatient clinic to confirm informed consent. Registration of 334 patients (187 males, 147 females) was completed at the palliative care clinic in 2004. According to a survey of these patients, 279 (84%) were referred from the other clinical departments of NCCHE, 20 (8%) from the National Cancer Center Hospital, Tokyo, and 35 (10%) from other medical institutions. Of the 334 patients, 152 (46%) had previously been treated with surgery, 246 (74%) had received chemotherapy, 14 (4%) had received hormonal therapy, and 142 (43%) received radiotherapy. Following the first consultation, 188 (56%) of the 334 patients had been registered on the outpatient-list, and 146 (44%) 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 7% in Stage III, 86% in Stage IV and 38% experiencing recurrent disease.

3. Telephone Consultation Service

This service for patients at home has been proven 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 2004, 31 patients (15 males, 16 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 2004

1. Continuous Subcutaneous Infusion

A continuous subcutaneous infusion (CSSI) is a

commonly used symptom management technique, particularly suited to palliative care. We investigated the effectiveness of corticosteroid for site irritation by CSSI. Site irritation can occur with several drugs, such as lidocaine, chlorpromazine and so on. We enrolled 14 patients who had been administered lidocaine or chlorpromazine. We compared without corticosteroid and with corticosteroid (betamethasone 0.8mg). In the results of this study, corticosteroid reduced frequency of skin redness and it delayed the beginning of time for skin redness. If site irritation occur with drugs, addition of corticosteroid is useful to reduce skin redness.

2. Lymphoedema

Lymphoedema is often devastating, debilitating, stressful and painful. Lymphoedema is a source of major morbidity. The quality of life for patients with lymphoedema may be severely diminished. There is

the initial lack of knowledge and understanding among health professionals. Thus, we organized specialists group of nurses for investigation of lymphoedema with advanced cancer patients. Rehabilitation is the key in long-standing lymphoedema, for those experiencing secondary lymphoedema following cancer treatment. Complex Decongestive Physical therapy (CDP) is composed of four treatments: skin hygiene, multilayer lymphoedema bandaging, manual lymphoedema drainage and exercises. Limb volume is the major objective measure because it is relatively straightforward. In this study, CDP is effective until 3 weeks before death, but it is not effective after except for skin hygiene. We would like to make a guideline of CDP for patients with advanced cancer.

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Table 1 : Number of Patients Treated at PCU in 2002-2003

	2002	2003	2004
Hospitalized	337	307	262
Discharged	336	283	258
Dead	289	265	242
Alive	47	28	16

Table2 : Diagnosis of Enrolled Patients at PCU in 2004

Diagnosis	No.of patients	%
Lung cancer	91	27
Head & Neck cancer	51	15
Colorectal cancer	37	11
Gastric cancer	36	11
Pancreas cancer	43	13
Liver cancer	19	6
Breast cancer	18	5
Esophageal cancer	18	5