THE COLLEGE OF PALLIATIVE MEDICINE OF SRI LANKA

1st Annual Academic Session
Abstract Book
1st Year Progress

LEAVE NO ONE BEHIND:
EQUITY IN ACCESS TO PALLIATIVE CARE

Established in 9th Oct 2021
1st Oct 2022- Grand Ball Room, Galle Face Hotel

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1st Annual Academic Session of the College of Palliative Medicine of Sri Lanka

Abstract book & 1st year progress report

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Message from the President

It is with great pleasure as the pioneer president, I send this message for Annual Academic Sessions of the College of Palliative Medicine of Sri Lanka. Going along with the World Hospice & Palliative Care Day for 2021, we opted for the same theme, which is "Leave No One Behind – Equity in Access to Palliative Care".

Being started in October 2021, this college completes its 1st year. Irrespective of the fact that this was the beginning of a new journey, the college was able to bring all the palliative care providers to one forum, which happened for the first time in Sri Lanka, commencing collaborative and coordinating way of work. Also, it is a milestone that we could develop a manual for the caregivers, facilitating best practice throughout the country.

I am confident that all participants will truly gain a marvelous exposure and experience out of the academic sessions, as it is the platform where the roles, activities and interventions related to Palliative Medicine are showcased.

The nature of the Palliative Medicine is multidisciplinary. Therefore, different aspects of palliative care are being presented and debated at the academic sessions, which is served as an ample resource platform for many disciplines including general practice.

I extend my sincere gratitude for the council 2021/2022, the organizing committee and the membership, for their excellent contribution in organizing the 1st Annual Academic Sessions of the college portraying coordinated action by professionals from different disciplines.

I wish the 1st Annual Academic Sessions of the College of Palliative Medicine of Sri Lanka, a success.

Dr. Lakshmi Somatunga
President
College of Palliative Medicine of Sri Lanka

Message from the Secretary

Welcome to the 1st Annual Academic Session of the College of Palliative Medicine of Sri Lanka. The session this year is based on the theme "Leave No One Behind – Equity in Access to Palliative Care". As the topic suggests, through this academic session, the College of Palliative Medicine of Sri Lanka intends to share knowledge and practices on the provision of palliative care in equity.

The College of Palliative Medicine of Sri Lanka is privileged to have the Chief Guest and the Guest of Honour in this special moment. Many thanks to the special invitees, resource persons and the participants, for the interest shown in sharing knowledge and experiences pertaining to palliative medicine.

I would like to take this opportunity to thank the President of the College of Palliative Medicine of Sri Lanka, Dr. Lakshmi Somatunga, who guided and inspired our team with her years of experience, as well as to the council and the members of the College who directed and supported us in numerous ways.

I wish to appreciate all the well-wishers and sponsors for the partnership offered to develop the concept of Palliative Medicine in Sri Lanka.

I wish all of you a very pleasant session of knowledge sharing, which will open new doors to upbring stronger palliative care providers.

Dr. Dumindu Wijewardana
Secretary

Founder Council members (2021-2022)
of the College of Palliative Medicine of Sri Lanka

Seated (left to right)

Dr. N. Jeyakumaran, Dr. D.K.D. Mathew, Dr. Pushpa Weerasinghe (Treasurer), Dr. Dumindu Wijewardana (Secretary), Dr. Lakshmi Somatunga (President), Dr. Samadhi Rajapaksa (President Elect), Dr. Janaki Vidanapathirana (Vice President), Dr. Thusitha Kahaduwa (Assistant Secretary), Dr. Kalpanie Wijewardana (Editor)

Standing (left to right)

Dr. H.R. Thambavita, Dr. Densil Gunasekara, Dr. Kelum Pelpola, Dr. Medhani Hewagama, Dr. Darshani Mallikarachchi, Dr. Ranga Perera, Dr. Lushanthi Kannangara

Absent

Dr. Preethi Wijegoonawardene, Dr. K. Chandrasekher

Several Committees were established to facilitate the activities carried out by the Council

Management Committee

Dr. Samadhi Rajapaksa – Chair

Dr. Thusitha Kahaduwa

Dr. Janaki Vidanapathirana

Dr. Lushanthi Nanayakkara

Dr. Preethi Wijegoonawardene

Capacity-building Committee

Dr. Medhani Hewagama - Chair

Dr. D.K.D. Mathew

Dr. H.R. Thambawita

Dr. Densil Gunasekara

Dr. Ranga Perera

Academic Committee

Dr. Lushanthi Kannangara - Chair

Dr. N. Jeyakumaran

Dr. Kalpanie Wijewardana

Dr. Pushpa Weerasinghe

Media Committee

Dr. Thusitha Kahaduwa – Chair

Dr. Dharshani Mallikarachchi

Dr. K. Chandrasekher

Dr. Kelum Pelpola

The Establishment of the College of Palliative Medicine in Sri Lanka

In 2014, World Health Assembly passed the first ever global resolution on palliative care, calling upon World Health Organization and Member States to improve access to palliative care as a core component of health systems. Sri Lanka responded well and worked its way towards the development of the National Strategic Framework for Palliative Care Development in Sri Lanka. The establishment of the College of Palliative Medicine of Sri Lanka can be considered a result of Sri Lanka's positive response towards strengthening of palliative care services.

The College of Palliative Medicine of Sri Lanka was founded by Dr. Samadhi Rajapaksa, who has vast experience in palliative medicine and palliative care. The founding ceremony of the College of Palliative Medicine of Sri Lanka was held on Saturday, the 9th of October 2021 at the Hilton Colombo. This professional body was established to promote evidence-based palliative medicine and palliative care in the country.

The special nature of this College is that it consists of diverse multi-disciplinary medical professionals uniting under one umbrella to reach the single goal of improving the quality of life of palliative patients in the island.

The Additional Secretary-Public Health of the Ministry of Health, Dr. Lakshmi Somatunga was appointed as the first President of the College.

The event was graced by the presence of the Chief Guest, His Excellency Tareq Md Ariful Islam, the High Commissioner of Bangladesh and the Guest of Honor, Public Health Administrator, World Health Organisation (WHO), Sri Lanka, Dr. Olivia Niveras. The President of the Sri Lanka Medical Association (SLMA), Dr. Padma Gunaratne also graced the occasion.

The College was established with the blessings of the Minister of Health, Dr. Keheliya Rambukwella, with the encouragement of many eminent professionals in Sri Lanka, as well as from around the world. Many international palliative specialists sent their wishes.

Objectives of College of Palliative Medicine of Sri Lanka

- To bring multidisciplinary expertise under one umbrella
- To promote, develop, and harness active partnerships of relevant expertise related to palliative medicine

The Logo

The logo for the College of Palliative Medicine of Sri Lanka, was formed in the spirit of incorporating Palliative Care as a tool that will supplement the growth of the Medicinal sector. The green colour highlights great healing capacity and power while encouraging recovery and easing the pain, while white shows pure and devoid of corruption.

The eight petal lotus blooms symbolize the national pride is metaphorical to the eight-fold path of the Buddhist philosophy.

Two mythical creatures facing each other at the center of the lotus - hybrids of elephants and lions, inspired by the gajasingha, which is a symbol rooted in Sri Lankan heritage.

Beneath the two mystical behemoths lies the Caduceus which is a universal identification of public health. The unalome at the top signifies spiritual wellbeing.

Strategies for the next five years

- Advocate for policy level authorities to ensure the recognition of palliative care as an integral component of the health system and strengthen the legislative framework for delivery of palliative medicine.
- Facilitate and link the effective partnership between different stakeholders at the national and international levels to improve palliative medicine in Sri Lanka.
- Ensure the partnership for developing a skillful multi-disciplinary team for the delivery of palliative care services by conducting evidence-based training programmes.
- Contribute to the development of relevant national protocols and guidelines for the provision of palliative medicine and palliative care for national needs.
- Advocate at a national level and local level on essential drugs and assistive devices for the provision of palliative services at all levels.
- Enhance partnerships for delivery of evidence-based knowledge-sharing, use of facilities, and conducting research on palliative medicine.
- Empower the community and form patient and caretaker groups for palliative care services in the country. Furthermore, facilitate and promote the use of these facilities.
- Contribute and partner for special programmes to improve the mental wellbeing of palliative patients and their families.

Are the Medical officers in the national cancer institute geared to deliver palliative care?

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Introduction

Palliative care is an essential component in continuum of cancer care and medical officers serve as a significant member of the multi-disciplinary palliative team. Therefore, improvement of the knowledge, attitudes, and skills on palliative care among medical officers is an essential component of this work, to provide quality palliative care services and it is important to identify the factors associated.

Objective

To describe knowledge, attitude, self-perceived, selected, competencies in practicing palliative care and factors associated among Medical Officers of National Cancer Institute.

Method

A descriptive, cross-sectional study was conducted among 120 Medical Officers in National Cancer Institute in 2020/2021 using self-administered questionnaire to assess knowledge, attitudes, self-perceived, selected competencies on palliative care. Competencies were assessed through case scenarios. The Medical Officers who worked for less than 3 months and those who were not directly involved with patient care were excluded. Scoring systems were used to assess knowledge, and self-perceived competencies. Attitudes were measured using LIKERT scale. A descriptive analysis of data including median scores, frequencies, and chi-square test was done by using SPSS 21. Ethical clearance was taken from Ethical Review Committee, University of Colombo.

Results

Out of 120 Medical Officers included, 69.3% (n=83) were females and 30.7% (n=37) were males. The majority of 60% (Sixty) were 31-40 years. The 9.2% of participants (n=11) had training in Palliative Care during undergraduate period while 15.8% (n=19) had in service palliative care training. Out of the total number participants, 4.2% (n=5) had less than 50% knowledge percentage score while 47.5% (n=57) had more than 75%. Only 2.5% (n=3) had 51%-75% attitudes percentage scores, while 96.7% (n= 116) had more than 75% scores. Out of the total sample, 47.5% (n= 57) medical officers obtained less than 50% on self-perceived selected competencies on palliative care, while 19.2% (n= 23) obtained more than 75% competency level. Ethnicity, age, work experience, receiving undergraduate training were not significantly associated with knowledge, attitude, and practices ($p>.05$). Males and those with in-service training had significantly higher level of competencies ($p<.05$).

Conclusion

The knowledge and self-perceived, selected competencies are not satisfactory among medical officers who are working in the National Cancer Institute which provide palliative care for a large proportion of palliative cancer patients in the country. The majority of them had good attitude scores. In-service training was associated with higher percentage of knowledge and competencies.

Role of the hospice in palliative care services in Sri Lanka

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Introduction

Palliative care is a method that helps to uplift, the quality of life of patients (adults and children) and their families when they are dealing with issues brought on by a life-threatening illness, through early detection, accurate assessment, treatment of pain and other issues, whether they are physical, psychosocial, social, or spiritual, to avoid and alleviates suffering. According to WHO findings, palliative care is necessary for many diseases. Adults who require palliative care typically have chronic illnesses such cancer (34%) cardiovascular diseases (38.5%), chronic respiratory disorders (10.3%), AIDS (5.7%), and diabetes (4.6%). Numerous other illnesses, such as congenital abnormalities, drug-resistant tuberculosis, chronic liver disease, multiple sclerosis, Parkinson's disease, rheumatoid arthritis, neurological illness, and multiple sclerosis, may also call for palliative treatment. Hospitals, nursing homes, outpatient palliative care clinics, other specialist clinics, hospices as well as private residences, can all offer palliative care. At the end of their lives, more people are choosing hospice care globally. A person with a serious illness who is nearing the end of their life is the focus of hospice care, which included care, comfort, and quality of life. It was evident that the families of patients who received end-of-life care through a hospice program are happy about the services.

Objective

The objective of this study is to identify the role of hospice services in Sri Lanka.

Method

The hospices covering six provinces in Sri Lanka including areas in Maharagama, Hanwella, Anuradhapura, Jaffna, Matara, Galle, and Eravur were included in this study. In-depth interviews were carried out with main caretaker of these hospices according to an interviewer guide based on the

necessary medical, emotional, spiritual support and other services that they render for the palliative care patients.

Results

It was revealed that all the hospices provide services pertaining to counseling, spiritual and emotional support for patients and their family members. All the hospices provide the symptomatic treatment by the medical staff attached to each hospice. Some hospices are providing pain management, although some may not have the desired standard of management. It was further revealed that all the hospices serve as transient homes for the cancer patients who are taking treatment from the government hospitals which is an essential service for people living away from the healthcare facilities. Truth telling/breaking bad news are not identified as their responsibilities.

Conclusions & Recommendations

Sri Lankan hospices provide care mainly relevant to counseling, emotional & spiritual support for patients needing palliative care and their caregivers. The pain management of palliative care and practice of breaking bad news appeared to vary. It is recommended to enhance the knowledge and skills of staff on the above subject matter including relevant side effects of the drugs.

Key Words: palliative care, hospice, Sri Lanka

Clinicopathological analysis of breast cancers, in a single unit of a Sri Lankan tertiary care hospital.

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Introduction and objectives

Breast cancer is the most common cancer in females, both in the developed world and in Sri Lanka. We assessed breast carcinoma patients for the pathological features of the surgically removed specimens presenting to our hospital from 1st of May 2019 to 31st of July 2021 for clinicopathological features and their associations with nodal status.

Material and Method

We retrospectively analyzed the clinical features, macroscopic and microscopic features in pathology specimens of 125 female patients with breast carcinoma from May 2019 to July 2021.

Results

Mean age was 60.45 years with a standard deviation (SD=14.02). The mean tumor size was 3.59 cm (SD=2.17). Most of the cases (86.4 - 108 cases) were Infiltrating ductal carcinomas, not otherwise specified, 4% DCIS, 3.2% invasive papillary carcinoma and 1.6% were invasive lobular and 0.8% were tubular carcinomas. Most common (67.22%), histological grade was grade 2, 22.68% were grade 1 and 10.08% were grade 3. Mean lymph node harvest was 17.79 (SD 6.58) and only 43.2% of tumors had nodal spread (pN1-28.00%, pN2-8.8% and pN3 6.40%). Hormone receptors were negative in 27.77% and 71% of patients has ER receptors and only 46.66% had PR receptors. In this series, lymph nodes spread had no association with tumor size, grade or ER/PR status ($p > 0.05$). There was a weak correlation of axillary nodal status with Ki67 proliferative index ($r = 0.285$)

Conclusion

The majority of patients have Grade 2, IDC/NOS histologic type, age group between 55-65 age group, tumor size was more than 3 cm and lymph node involvement with less than 50%. The lymph nodes status had no association with tumor size, grade, or ER/PR status in this series.

What influences 'truth-telling' of healthcare professionals when providing palliative care?

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Background

Truth-telling in healthcare is the avoidance of lying, deception, and misrepresentation of relevant clinical information with patients. Health professionals are expected to always tell the truth to their patients, simply because it is the right thing to do. However, the healthcare professionals often face the issue of deciding when, how and how much to tell their patients and the families. The strong connection between truthful communication and successful doctor-patient relationships have been depicted in most situations. Based on these concerns, most healthcare professionals consider truth-telling as an ethical issue as well as a moral obligation.

The genuine worry of the healthcare professional is whether they are justified if harm results from telling the truth and the risk of shattering the hopes and dreams of the patient which is an essential mechanism for coping with terminal illnesses. Therefore, it is more practical and important to consider the needs of every individual patient. Truth-telling could keep the patient in collaboration with the care plan and encourage them to adhere to the management and allow good decision making.

In the recent years, interest of patients, their caregivers and healthcare professionals, towards palliative care have increased. Therefore, it is important to identify the values and ethical norms that influence the decision-making of the healthcare professionals to tell complete truth to their patients. The purpose of this review is to understand the practice of truth-telling by healthcare professionals and their ethical implications in palliative care around the world, within the last five years.

Methods

Literature search was completed through an online search of two databases PubMed & Google Scholar, which retrieved a broad literature on truth-telling in palliative care and had often been chosen in other palliative care reviews. Time limit was applied as last five years. Reference lists in the retrieved articles were examined for additional studies that fit the inclusion criteria, and relevant articles were included for review. Key terms included: truth-telling, palliative care.

Results

Eligibility criteria were met by 25 articles, out of which five free full texts were assessed. All five studies were included for synthesis. From these, seven themes emerged that have influence on truth-telling of palliative care providers. This includes the influence of age, income, religion, knowledge, and family support of patients on the truth-telling by palliative healthcare provider.

Conclusion

The literature review provides an understanding of the influence of age, income, religion, knowledge, and family support of patients on the truth-telling by the healthcare provider in palliative care. It can therefore be recommended to develop a tool to assess such factors of individual patients needing palliative care, which will support decision-making of healthcare professionals involved in palliative care, to consider telling the truth to their patients, keeping in mind the possible ethical implications.

Keywords: Truth-telling, Palliative care

Dermatoporosis: a problem unseen among palliative patients

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Introduction

Dermatoposrosis is the new term for aging of skin or chronic cutaneous fragility due to loss of function that eventually results in a breakdown of the protective mechanisms of human skin. It is a chronic syndrome of skin insufficiency or fragility. It is characterized by cutaneous atrophy, senile purpura and stellate pseudo scars.

It is an identifiable risk factor for later development of pressure ulcers. Pressure ulcers or decubitus ulcers are common among palliative patients. Early identification of Dermatoposrosis is important to prevent the development of pressure ulcers.

Objective

To describe the presence of characteristic features of dermatoporosis, among adult patients needing palliative care with pressure ulcers who attend to a medical centre of palliative wound care.

Methods

A longitudinal descriptive study was carried out among the adult palliative patients who presented to a medical center of palliative care from 15/01/2022 to 15/06/2022, with pressure ulcers for more than six months. Patients who had pressure ulcers of sacral, back, arm, leg were included, and plantar surface of the foot was excluded. Data were collected from 12 patients and observed the signs of Dermatoporosis over the skin of shin, upper thigh, and chest. They were assessed to check the characteristic signs of Dermatoporosis through a check list based on the cutaneous atrophy, senile purpura and stellate pseudo scars. Dermatoporosis is indicted in the presence of any of these signs.

Results

Minimum age of the participants was 37 years, and the maximum was 92 with a median of 72 and a mean age of 71 years. The majority of the sample was female 67% (n= 8). Check list assessment revealed that 42% had cutaneous atrophy, 25% had had senile purpura and 33% had stellate pseudo scars.

Conclusion

Less than 50% of patients had signs of Dermatoporosis and it predisposes to development of pressure ulcers. It is recommended to actively observe patients needing palliative care for signs of dermatoporosis, as a preventive measure of pressure ulcers, while necessary training for care takers should be given.

Painful inequities: Access to pain relief in palliative care in Sri Lanka

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Background

One of the primary goals of palliative care is to provide comfort and improve the quality of life for patients with life-limiting illnesses. In individuals with advanced disease, pain is a common but treatable symptom. The Single Convention on Narcotic Drugs, which was adopted in 1961 by governments all over the world, including Sri Lanka, required nations to work toward achieving universal access to the narcotic medications required to relieve pain and suffering. Nevertheless, even after 60 years many patients with terminal illnesses, lacks adequate access to pain treatment.

Objective

To explore the situation on accessibility to pain relief in Sri Lanka, current developments to improve its availability and access and possible threats.

Findings

The annual average per capita consumption of morphine provides an impression of the accessibility to opiates in a country and therefore the access to pain treatment and palliative care. From 2014 to 2019 the per capita consumption of morphine in Sri Lanka has increased from 0.88 to 1.59 (mg/per capita). However, it was far below the global mean morphine consumption in 2013 of 6.27 mg/capita. Furthermore, from 2020 and 2021 it has reduced to 1.29 and 1.17 (mg/ per capita) respectively.

In 2017 the National Cancer Control Programme (NCCP) introduced the "Pain management guideline for adults with cancer" with the aim of improving knowledge of healthcare professionals to relieve suffering of cancer patients at any level of care. The "Palliative Care Manual for Health

Care Professionals in Sri Lanka" in 2021 by the palliative & end-of-life taskforce, and "Palliative Care for Cancer Patients in Primary Health Care" in 2022 by the NCCP had introduced detailed directives for healthcare professionals at different levels on management of pain in palliative patients. Further, "Guideline for delivering an uninterrupted supply of morphine for the management of pain in palliative patients at home" was drafted by the NCCP in 2022 with the aim of improving access to opioid pain medication in the community for palliative patients in outpatient settings, outside of active cancer treatment.

Failure to ensure functioning and effective supply system has been a major issue either due to under estimation of drugs or delayed in procurement (lack of funds), that had led to interruption in stocks of different opioid preparations throughout the year.

Conclusions

Despite many positive initiatives to improve access to pain relief the per capita consumption of morphine in the country remains low. Therefore, further action needs to be taken to eliminate barriers that impede the availability of pain treatment medications.

Keywords: palliative care, universal access, pain relief, morphine

Barriers to effective implementation of palliative care services in Sri Lanka

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Introduction

World Health Organization defines palliative care as an approach that improves the quality of life of patients and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial, or spiritual. Palliative care starts at the time of a life-threatening disease diagnosis and continues through the course of the illness, death, and into the bereavement process for the family. Every individual with a life-threatening illness has a right to receive the proper palliative care, no matter where they are. Every healthcare provider has a duty to provide palliative care as needed, regardless of the illness or its stage or any other feature of patient such as age, sex, ethnicity, religion, or socioeconomic status. According to the WHO (2016), palliative care is necessary for 40% to 60% of all deaths each year. Due to an aging population and an increase in non-communicable diseases, Sri Lanka also has a growing need for palliative care. The "Sri Lanka National Health Policy 2016 - 2025" identifies palliative care as being under the broad strategic direction of "Promotion of equal access to quality rehabilitation care. "In order for patients to live and die with dignity, it is stated that "The mainstream health system should provide palliative care to all patients who are in need of such treatment." The Health Master Plan 2016–2025 also has recognized palliative care.

The aim of this study is to review the barriers to effective implementation of palliative care in Sri Lanka.

Methods

Altogether ten in-depth interviews were conducted among care takers of palliative care patients at community settings to explore the common barriers for ineffective implementation of palliative care in the Sri Lankan setting.

Results

Six main barriers were identified as, low level of reach of palliative care for all needed Sri Lankans, unavailability of resources, unequal distribution of resources, ignorance among patients and the family towards palliative care resources, lack of awareness among patients and the family members about the existing resources, and reluctance of patients and the family to access the palliative care services.

Conclusion

There are multiple major barriers to effective implementation of palliative care in Sri Lankan setting which relies on both healthcare provider and the healthcare receiver sides. Thus, addressing those barriers is timely a need to improve the quality of palliative care services in Sri Lanka.

Key Words: palliative care, barriers, Sri Lankan setting

Managing post-traumatic, neuropathic pain among war-affected army soldiers

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Background

Neuropathic pain (NP) may result from a lesion, disease, or dysfunction of the somatosensory system (peripheral or central nervous system), which may most probably be a frequent source of human distress and the one of the most common reasons for seeking medical care. Since many factors contribute to the amount and type of pain, it is often necessary to use a combination of treatments to manage an individual patient's pain.

Multidisciplinary/multi-modal pain therapy, which includes both drug and non-drug (physical and psychological) therapy is now being used worldwide and in Sri Lanka. However, literature on the commonly used management practices in Sri Lanka was not clearly understood.

The purpose of this study was to describe the management of patients with post-traumatic, neuropathic in the pain clinic of the Army Hospital, Colombo.

Methods

A descriptive, cross-sectional study was conducted in 2019 among the patients with post-traumatic, neuropathic pain attending the pain clinic of the Army Hospital, Colombo. All the patients attending the clinic during the study period were enrolled. with total number of 60. The information was extracted from the clinic records retrospectively. For comparison of continuous variables Student t-test was used while chi square was used to compare discrete variables.

Results

Pain score was used was in more than 62% patients attending to the clinic, where patients had expressed pain score as 8 with a percentage of 25%.

Drug therapy was used for all patients, while a majority (97%) of patients had been managed with the help of rest, ice, compression, and elevation of the injured limb (RICE) as a component of non-drug therapy. Drug treatment had been given to almost all patients who attended the clinic. psychological support as management of pain was given to 29.4% of patients. Physiotherapy had been used on 79.4%, while surgical interventions were performed on almost 89.7%. Nerve blocks were administered to control pain in 79.4% of patients.

The management of neuropathic pain in this pain clinic included multimodal pain therapy. The pain scale was used as a tool to assess the pain intensity of patients who attended the clinic before and after treatment.

Conclusion

Available data implies that the multimodal pain management was used to manage post-traumatic, neuropathic pain in the Army hospital, Colombo. According to the analyzed data, almost all modal of pain management has been used in the clinic, where the use of psychological support as treatment was much less when compared to the others.

Key words: post-traumatic pain, neuropathic pain.

Study on ethical dilemmas experienced by specialists providing palliative care in Sri Lanka

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Introduction

Different medical and surgical specialists in Sri Lanka, care for patients needing palliative care as part of their routine practice. Ethical dilemmas when dealing with patients receiving palliative care can be more complex and frequent than when providing care for non- palliative patients but they are rarely recognized or discussed during routine care provision. There is currently little guidance, training, or support for clinicians in dealing with ethical issues.

Objectives

To describe the ethical dilemmas experienced by different specialists when providing palliative care and to assess their views on how to manage these dilemmas in a Sri Lankan setting.

Method

This was a qualitative study where one-to-one, in-depth interviews were carried out on 12 specialists from common medical and surgical specialties, providing palliative care, where sampling was done until the point of saturation was reached. The interview consisted of three sections containing open-ended questions on information of the person, the experience of encountering common ethical dilemmas and opinion of how best to face these dilemmas. The results were analyzed manually.

Results

Equal number of males and females participated in the study, where the average age of participants was forty-six years. The years of experience as specialists ranged from two to 13 with an average of seven years. There were nine from medical specialties and three from surgical ones. Out of the nine medical specialist, four were oncologists.

Almost all specialists encountered patients needing palliative care at least once a month or more while four encountered such patients daily. Out of the 17 possible ethical dilemmas listed, a clear majority felt that thirteen were occasionally or often encountered while 4 were rarely or never encountered. Discussing with peers and family about ethical dilemmas was thought to be the best way to deal with such issues while all participants felt that more formal support from various sources would help them deal better with these difficult situations.

Conclusions

Patients needing palliative care are encountered by almost all medical and surgical specialists while most common ethical dilemmas reported in other countries have been experienced often or occasionally by a majority of them. All of them felt that formal support would be helpful to face these problems successfully.

A nightmare of wound management: Multiple pressure ulcers in a palliative patient

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Background

Sacral pressure ulceration is a common occurring among patients requiring palliative care. The pressure ulcers are due to the weakness of skin and the intermittent ischemic stress due to prolonged pressure on skin. Pressure ulcers typically appear on the skin that covers the bony surfaces that are prone to bare pressure on the patient's frequent lie.

Objectives

To emphasize the importance of early identification of pressure ulcers and taking prompt action

Case presentation

A 78-year-old female was admitted to a private hospital with overt signs of sepsis, and she was bedridden following a cerebro-vascular accident, 6 months ago. The patient was treated by two general practitioners using multiple antibiotics for one week.

She had multiple co-morbidities, diabetes, hypertension, stage 1 chronic kidney disease and rheumatoid arthritis. She was found to have multiple pressure ulcers: Stage 4 ulcer on Sacral area, Stage 4 ulcers on bilaterally on greater tuberosity of femur, stage 2 ulcers on either side of the spine at T10/12 level, Stage 1 ulcers on bilateral elbows.

On examination, patient had all signs of sepsis and systemic inflammatory sore was 4 out of 4. C- reactive protein was 105. The reason for sepsis was found to be the infected sacral pressure ulcer. Sharp debridement and drainage of pus was carried out immediately and she was treated with IV ceftriaxone and IV metronidazole for 5 days till the CRP went down to 16.

The wound was managed according to the "TIME concept" based on the tissue, infection, moisture, and epithelial management. She was discharged on the 5th day with advice to be kept on an air mattress and pressure ulcer preventive measures.

Conclusion & recommendations

Healthcare providers should actively look for foci of sepsis in pressure points. It is recommended to give health advice for the caretakers for prevention of pressure ulcers of patients needing palliative care.

Key words: multiple pressure ulcers, wound management, sepsis, palliative care

Governing frameworks of Palliative Care in Sri Lanka

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Introduction

Palliative care is increasingly recognized under international and regional human rights law. WHO has passed a resolution to all member states to integrate palliative care into health systems in the world health assembly (WHA 67 Resolution in 2014). Although Sri Lanka has started the development of palliative care in a systematic way from the 20th century, it has a history of providing palliative care for much longer by various medical specialties as well as non-government and community organizations, by providing end-of-life care as well as bereavement care for the improvement of mental wellbeing.

Sri Lanka has a population of about 22 million. The crude death rate for Sri Lanka in 2019 was 6.717 deaths per 1000, which accounts for approximately 148,000 deaths a year. The total number needing palliative care is estimated as 60% of all deaths, or 89,000 people a year, the majority of them affected by non-communicable diseases.

Objective

This review was done with the objective to find out the existing legal and policy framework for palliative care in Sri Lanka.

Methods

Several databases were searched to find out the relevant literature (e.g.: Google scholar) and the rest was collected from the experts and key persons in the field from legal, and health sectors.

Results

This review revealed that there are number of supportive policies, laws, plans, guidelines, strategies and programs in Sri Lanka which oversee the

structure of the palliative care in the country, which ensure the supportive and conducive environment for palliative care services in a direct and indirect manner. In addition to the national documents, international signatory documents also were available in Sri Lanka to promote palliative care services. But no separate laws on palliative care were available, except article 12 of the constitution.

Conclusion

Although several palliative care frameworks, which promote palliative care in Sri Lanka, exists, there are certain areas to be reformed and amended in the legislations on end-of-life care.

Integrating community based, participatory approach to palliative care services: Pilot Project

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Introduction

The palliative care competencies that are necessary for all primary care practitioners make up primary palliative care. The capacity to work with patients and their families to set appropriate care goals is one of these characteristics. Primary caregivers are situated in the base area in accordance with the palliative care provider-based pyramid. Fundamentally, primary palliative care providers are identified as a family member or close relative to the terminally ill patient who needs care. Therefore, Institute of Palliative Medicine initiated a pilot project in Matara district to enhance the primary palliative care by strengthening the community participation towards the terminally ill patients. To improve primary palliative care by enhancing community participation, the Institute of Palliative Medicine launched a pilot project in the Matara district in 2019. The fundamental goal of these programs was to improve the ability of the trainers to identify and educate primary caregivers.

Method

Institute of Palliative Medicine carried out six Training of Trainers programmes for those who are providing services for primary caregivers in Matara district. A total of 200 dedicated volunteers and grass-roots level government officials have received training in line with the Palliative Care Workbook for the Carers. These workshops were offered to employees of the National Apprentice & Industrial Training Authority as well as the Divisional Secretariat Officers of Matara, Malimbada and Devinuvara. Progress of the project was assessed after six months based on the identified checklist.

Results

Out of the total trainers, 65% provided training of primary palliative care to those who provided care for their homes. Trainers cared for 1628 individuals who were terminally ill. Nearly 96% of trainers offered their services to patients who were terminally ill.

Conclusion

Voluntary-based training for primary caregivers provided by non-governmental organizations is effective for those who provide palliative care, to fulfil the coverage during a short period of time. This leads to improvement of the community-based palliative care by home-based primary caregivers. It is recommended to monitor the activities of these trainers in a structured manner with feedback on continuous ongoing work. Carrying out this trial experiment was quite successful and was sustained. As a result, this project can be undertaken throughout the entire island. By enhancing the participative approach to palliative care, systematic palliative care can be improved.

Are we including palliative care provision in disaster management?: a case study

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Background

Sri Lanka is a disaster-prone country. The National Policy on disaster management acknowledges the importance of equality and inclusivity of all individuals in disaster management. Palliative care focuses on providing patients and their families the best possible quality of life. However, local evidence of palliative care provision in disaster situations is scarce.

Objective

To highlight the importance of inclusivity of individuals on palliative care in disaster response and preparedness

Case presentation

A 75-year-old male, diagnosed with an ischaemic stroke 6 months back was living with his son and the family. He was on a NG tube and a catheter, and the modified Rankin Scale for Neurologic disability was 5, indicating that he was severely disabled. He was on medication as well. They were evacuated from their house by the search and rescue teams due to floods following the South-West monsoon rains. They took the patient, his son, and the family to the temporary shelter. The clinic records were not available as these were washed away with the flood. From the shelter, the area MOH coordinated and shifted the patient to the nearby primary care institution and from there, to the Base hospital for further management. His son found it very difficult to stay with the father at the hospital as his family wanted him at the shelter and he was not in a position to hire a person to take care of his father due to the financial constraints. The cost of the caregiver for the patient was borne by the Medical Officers of the ward.

Conclusion and Recommendation

Despite the national policy on disaster management acknowledging equality, diversity and inclusion, there are lapses in inclusion of individuals on palliative care in disaster management. Formulation of specific guidelines on how to evacuate and manage patients on palliative care during disasters is recommended.

Key words: palliative care, disaster, preparedness, response, Sri Lanka

Methodologies to identify the Nurses' role and pain management of cancer patients in palliative care at a teaching hospital in Rwanda

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Background

Pain is both under-treated and common among oncology patients regardless of national guidelines of pain management. Pain negatively impacts cancer patients 'comfort, social wellbeing and quality of life and is one of the most common symptoms experienced by cancer patients. Pain that occurs within and outside of the hospital setting is a common and distressing symptom for cancer patients which negatively affect their quality of life. Nurses play an important role in the care of cancer patients with pain during palliative care. Little is known about nurses' role and pain management in palliative care. Therefore, this study intends to assess nurses' role and pain management of cancer patients in palliative care. To achieve this the researchers will assess nurses' role in pain management, barriers affecting nurses' role in palliative care. It will help to manage pain of cancer patients in palliative care trajectory.

Method

Pilot test instrument and collection of baseline data using qualitative and quantitative approaches to gather data from nurses working in oncology ward at Butaro Hospital in Rwanda. A quantitative descriptive cross-sectional survey will be utilized to collect quantitative data and the study population will be all nurses working in oncology wards in one hospital in Rwanda, sample size will be obtained from all consenting nurses working in oncology wards, non-probability convenient sampling method will be used whereby the most convenient persons will be selected, data will be collected using semi-structured questionnaires and will be tested to check for validity and reliability. Numerical rating scale (NRS), Visual analog scale (VAS), Adult

non-verbal pain scale (NVPS) will be used for this study. A qualitative study will be conducted to elicit preference in the content and platform of pain management by in-depth methods, supporting role in pain management for palliative patients in a particular ward. Fourth component is to identify the use of pain management drugs from a checklist by observing the bed head tickets for three months retrospectively. The qualitative data will undergo transcription and will be reported under themes and sub-themes. Third component will be the qualitative data collection of medical professionals to identify the nurses.

Analysis will be done separately in all four components and a narrative synthesis comparing all four components will be given.

Key words: Cancer, Nurse, Pain management, Palliative care

Public knowledge and attitudes toward palliative care in Sri Lanka

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Background

Palliative care improves the quality of life of patients and that of their families who are facing challenges associated with life-threatening illness, whether physical, psychological, social or spiritual. Palliative care is recognized as a public health issue with the need for earlier integration in the wider health care system. Public understanding of palliative care is limited, and common misconceptions prevail. Strategies to address this are needed in order to reduce barriers to palliative care delivery and improve access. Objective of this study is to access the knowledge and the attitudes among public towards palliative care.

Methods

A cross sectional survey was carried out among the public using a google form developed in three major languages to collect data. Sociodemographic factors, knowledge and attitudes towards palliative care was collected during the study. Socio demographic factors, overall knowledge and overall attitudes was analysed using the SPSS version 22.0. Overall knowledge contained the knowledge regarding the terms, uses of palliative care, basic methods of using palliative and misconceptions on palliative care. Overall knowledge and attitudes were dived into three categories naming poor (<50), moderate (51-75) and good (76-100).

Results

Among 215 study participants Median age of the study participants was 33.25 years and majority being females (83.7%). In the study sample 39% were graduates and 35% were in the occupational category of professionals. Majority (55.8%) of the study participants were rescinding in the Colombo

district. Among the study participants 72.1% had poor overall knowledge and only 4.7% had good overall knowledge on palliative care, while 83.7% had poor overall attitudes and only 2.3 having good overall attitudes towards palliative care.

Conclusions

Currently there is huge gap in the knowledge and attitudes among public towards palliative care. Misconceptions and ad hoc personal experiences on palliative care makes a barrier for people to access the correct knowledge and believes. Public health education and communications strategies are needed to increase knowledge and attitudes about palliative care, promote its early integration and counter false assumptions.

Key words: palliative care, knowledge, attitudes, public

Patient admission to a Hospice in Sri Lanka: pattern and characteristics among malignant and non-malignant cases using secondary data

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Background

Institute of Palliative Medicine (IPM) is the first institute dedicated for Palliative medicine in Sri Lanka. It has fully functional hospice, research and training center for Palliative Medicine situated in Matara, Sri Lanka in October 2018. The service utilization of this institute has not been studied so far for further improvement of services.

Objective

To describe the pattern and basic characteristics among malignant and non-malignant cases among patient admitted to Institute of Palliative Medicine (IPM) from November 2018 to June 2022.

Methods

A cross-sectional study was carried out using secondary data from IPM patient registry. Basic demographic data including age, sex and diagnosis were retrieved. Pattern of admission during past three years in each month and proportion of patient attended to IPM based on age category and sex were assessed separately for malignant and non-malignant cases using chi-square test.

Results

Total number of patients admitted to IPM was 134, on average three patients were admitted per month. However, there was a steady increase in early 2019 and dropped and remain static from 2020 to 2021 and started to raise slowly. Among all patients admitted, majority of them were females (61%, n=82). Mean age was 60.7 years with a range of 17 to 93 years. Seven out

of ten patients admitted were due to malignant conditions (72%, n=97) and the commonest is Breast Carcinoma (24.7%, n=24). Around 30 % of admissions were for non-malignant conditions such as stroke, following fractures (n=37). Being aged more than 65 years was significantly associated and three times increased risk of having malignancy than non-malignancy condition (OR=3.0, 95%CI=1.4-6.6, $p<0.05$).

Conclusion

Service utilization among non-malignant patients is considered poor and overall number of admissions dropped during the year 2020 and 2021 probably due to COVID-19.

Recommendation

Admission for non-malignant conditions need to be advocated and maintenance of an online registry with important variables such as drugs, cost and duration of stay to be introduced for further analysis.

Secondary data analysis of causes of death given by Grama Niladhari on palliative and elderly deaths at Matale

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Introduction

It has been observed that Gramani Niladhari had been involved in issuing death certificates for 40% to 50% of home deaths. It is an accepted legal method in Sri Lanka. The cause of death is written by Grama Niladhari in the specified form based on the diagnosis card issued by the hospital or the clinic record. This process has a significant impact to the cause of death statistics of Sri Lanka. Writing correct cause of death is an important part for compiling evidence and making recommendations for future disease interventions as well as the training of different categories who involve writing the causes of death.

Methods

An audit was conducted based on a checklist at District Secretariat Office of Matale, based on the specified form, filled by the Grama Niladhari. The immediate and underlying causes of death were analysed. Total sample was 80.

Results

None of the causes of death were written as immediate or underlying cause of deaths. The commonest cause of death given was ageing, long term illness which is around 40%. Majority of the causes of death lack a definitive disease that cause the death.

Conclusion

Majority of the causes of death given by Grama Nildhari were incorrect, leading to wrong incomplete information being given to relevant institutes in Sri Lanka. Training has to be given to Grama Niladhari on writing the proper cause of death by the Ministry of health in collaboration with the Ministry of Home affairs.

Global context of end-of-life care in dementia – a literature review

Nimali Wijegoonewardene*
**Directorate of Healthcare Quality &Safety*

Introduction

Increased longevity has resulted in more individuals being at risk of developing progressive degenerative dementias, and their management has become a major public health problem. End-of-life care (EOLC) is helpful for patients with advanced, progressive and incurable illnesses for living well as much as possible until death. EOLC of dementia patients has important implications for the patient, family and the entire society.

Objective

This literature review attempted to explore the global context in relation to EOLC in dementia.

Methods

Google Scholar was searched for relevant articles using key words 'end-of-life care' and 'dementia'. Forty-six relevant articles were reviewed, and findings were compiled under identified relevant headings.

Results

Broad headings identified for compilation of literature were importance of EOLC in dementia, planning EOLC, scales used in evaluating EOLC, perceptions of patients and family including preferences, priorities, quality and satisfaction on EOLC, enablers for good EOLC, barriers & challenges in EOLC and improving EOLC for dementia patients.

It was found that EOLC provided for dementia patients at present was limited. Family members were often unprepared for decision-making roles and had limited knowledge about the disease condition. Sometimes, preferences differed between patients and their family carers or healthcare providers.

There was also a scarcity of instruments evaluating EOLC. Communicative, relational and organisational challenges were identified during care. Communication on advance care planning improved satisfaction with care. Improving knowledge about dementia in healthcare providers, patients, families and caregivers and taking early decisions on palliative and EOLC options are identified for improving EOLC. Importance of psycho-social aspects of care is emphasized.

Conclusion

EOLC planning and decision-making by healthcare and care home staff and family should consider patient preferences. Patient views need to be obtained early in the course of the disease to ensure their wishes are respected, as in advance care planning.

Reinventing patient care in palliative care during the COVID-19: How a simple intervention can support patients and their families

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Background

People suffering from noncommunicable diseases such as cancer are more susceptible to severe covid-19 and mortality. The first confirmed case of COVID-19 in Sri Lanka was recorded on January 27, 2020, but by June, the number had increased for more than 2000. With the spreading of the covid -19 a plethora of information was available on the prevention of transmission and treatment. However, some information undercut the public health response and forward alternative agendas of groups or people, that also include deliberate attempts to spread false information. The National Cancer Control Programme (NCCP) identified that especially for cancer patients, such misinformation and disinformation can be damaging.

Objective

To improve awareness among cancer patients and their caregivers on covid-19 while maintaining physical, mental and spiritual wellbeing of the patient and information of obtaining necessary care.

Intervention

The palliative care unit of the NCCP consulted experts in the field and reviewed international evidence to develop information leaflets on covid-19 for patients with cancer and their care givers. The information leaflets were made in all three languages. It included information regarding how to protect the patient and family members form Covid-19, safety instructions during transport for clinic visits and activities of daily living, practical methods to improve the physical, mental and spiritual wellbeing of cancer patients

during lockdown and methods to seek help and contact cancer treatment centers. The information sheets were shared via social media, through emails, distributed among health care providers and made available in the NCCP website. All materials were free for download for personal or institutional use.

Conclusion

Development of the information leaflets on covid-19 by the NCCP was a simple but effective intervention to disseminate correct and timely information for cancer patients and their caregivers.

Keywords : Covid-19, information, cancer patients, palliative care

First Year Progress

7th of October 2021

The first ever Council meeting of the College, under the Presidency of the first President of the College, Dr. Lakshmi Somatunga, was held on the 7th of October 2021. The appointing of the founder Office bearers of the College of Palliative Medicine of Sri Lanka and the ratification of the Constitution took place at this historic meeting.

9th of October 2021

The ceremonial inception of the College of Palliative Medicine of Sri Lanka was held on Saturday, the 9th of October 2021 at the Hilton Colombo.







13th of November 2021

The action plan for the year ahead and the way forward to the activities was tabled at this meeting by the different committees in the successful second Council meeting, held on the 13th of November 2021 at the Board room of the Sri Lank Medical Association.

10th of November 2021

College was awarded the certificate of partnership with the Associated Institution of MEdNEXT Journal of Medical and Health Sciences, the official journal of FACERS – College of Medicine, Brazil and the Associated Institution of International Journal of Nutrology, official journal of Brazilian Association of Nutrology – ABRAN.

10th & 11th of December 2021

The development of a comprehensive guide to care for patients needing palliative care at home, was initiated at a knowledge sharing workshop for the Council members held on the 10th & 11th of December 2021 at the Taprobana by Asia Leisure, Wadduwa.







22nd of January 2022

Stakeholders' meeting of the palliative care providers of Sri Lanka was held on the 22nd of January 2022, by the College of Palliative Medicine of Sri Lanka in collaboration with the Ministry of Health Sri Lanka at the Movenpick Hotel, Colombo. The meeting was the first of many more communications to be made with all palliative care stakeholders island-wide, including the General Practitioners. The event was an eye-opener and an opportunity to realize the various concerns of the Sri Lankan palliative care providers. The program comprised of brief presentations by palliative care providers around the country, and a very informative symposium aiming to update the knowledge pertaining to the declaration of cause of death for General Practitioners. The event concluded with an interesting panel discussion on the issues identified.

19th February 2022

A memorial service for Late Prof. Cynthia Goh, at the Sri Lanka Medical Association was organized by the College of Palliative Medicine of Sri Lanka. Prof. Cynthia Goh has contributed tremendously to commencing palliative care services in Sri Lanka by training the local pioneers and continuous mentoring of the trainees.

24th of March 2022

Regional Capacity Building Workshop on Palliative Care, of the theme "Palliative care primer: A touch of tender loving care" was organized and conducted by the College of Palliative Medicine of Sri Lanka in collaboration with the Polonnaruwa Clinical Society and RDHS Polonnaruwa on the 24th of March 2022. The workshop was held in 3 segments. The segments 01 & 02 were conducted, aiming the healthcare workers at hospital level while segment 03 targeted the primary care health staff at MOH level.





16th of June 2022

The meeting to finalize the draft guide to providing palliative care in a home-setting, for primary caregivers "Touch of Tender Loving Care" was held on the 16th of June 2022 at the Mövenpick Hotel, Colombo. The event was held in partnership with the Ministry of Health.

6th of July 2022

A special workshop to promote research in palliative care in Sri Lanka was organised and conducted by the College of Palliative Medicine of Sri Lanka. The programme was held at the Movenpick Hotel on the 6th of July 2022.

8th of September 2022

A permanent office space within the building of Sri Lanka Medical Association (Wijerama House) was obtained for the College of Palliative Medicine of Sri Lanka. The premise was officially handed over to Dr. Lakshmi Somatunga, President of CPMSL on the 8th of September 2022.

Office address:

College of Palliative Medicine of Sri Lanka
No: 06, Wijerama House, Wijerama Mawatha, Colombo 07

10th of September 2022

The final formal meeting under the presidency of Dr. Lakshmi Somatunga, the first president of the College was held on the 10th of September in the. The meeting was the first Council meeting held in the new, permanent office space of the College.

Awareness & Training sessions

Webinars

Topic: How to conduct scientific research?

Date: 8th & 22nd of December 2021.

Resource:

Consultant Community Physicains -

Dr. Buddhika Mahesh,

Dr. Sashiprabha Nawaratne Dr. Amila Suranga

Topic: Tumor ablation and approach for palliative care

Date: 6th of January 2022

Resource: Dr. Densil Gunasekara, Consultant Radiologist and Council member

Topic: Pain Management

Date: 7th of March 2022

Resource: Dr. Saman Nanayakkara, Consultant Anesthesist and Council member

Topic: How to publish your research paper in a scientific journal

Date: 3rd of February 2022

Resource: Dr. Pubudu De Silva, Consultant Community Physician

Face-to-face lectures

Topic: A practical approach to wound care in palliative care

Venue: Gampaha, RDHS

Date: 23rd December 2020

Resource: Dr. Thusitha Kahaduwa

Publications

Newspaper articles


Establishing the College of Palliative Medicine of Sri Lanka: A momentous feat

An article elaborating the Establishment of the College of Palliative Medicine of Sri Lanka was published in the Sunday Morning Brunch on the 17th of October 2021.


Caring for terminally ill loved ones at home

The role taken by family members

An article on caring for the terminally ill at home by Dr. Kelum Pelpola, Consultant in General Medicine and Geriatric Medicine, a Council member, was published in the Sunday Morning Brunch on the 28th of November 2021.

THE GENERAL PRACTITIONER AND PALLIATIVE CARE

An article on the topic, the general practitioner and palliative care by Dr. K. Chandrasekher, Senior Family Physician and a Council member of the College of Palliative Medicine of Sri Lanka was published in the Sunday Morning Brunch on the 9th of January 2022.

Newsletter

CPMSL News

COLLEGE OF PALLIATIVE MEDICINE OF SRI LANKA

The Establishment of the College of Palliative Medicine in Sri Lanka

1st issue of the CPMSL Newsletter published in December 2021

CPMSL News

COLLEGE OF PALLIATIVE MEDICNE OF SRI LANKA

LEAVE NO ONE BEHIND

1ST ANNUAL ACADEMIC SESSION

officecpmsl@gmail.com

2nd issue of the CPMSL Newsletter published in June 2022

IEC material

Leaflet on palliative care and information on the available palliative care services in Sri Lanka, developed and printed by the College of Palliative Medicine of Sri Lanka, which was distributed among participants of the palliative care workshop for caregivers.

SERVICES AVAILABLE IN THE GOVERNMENT SECTOR TO SUPPORT PATIENTS

Governmental organizations with palliative care consultative services

- Apeksha Hospital, Maharagama
- Teaching Hospital, Ratnapura
- Lady Ridgeway Hospital for Children
- Teaching Hospital, Karapitiya
- Colombo South Teaching Hospital, Kalubowila
- District General Hospital, Nuwara Eliya
- District General Hospital, Monaragala

Specialized pain management clinics

- Apeksha Hospital
- National Hospital of Sri Lanka
- Teaching Hospital, Peradeniya
- Teaching Hospital, Karapitiya
- Colombo South Teaching Hospital
- Colombo North Teaching Hospital
- Army Hospital - Narahenpita
- Selected Private Hospitals

Psychological support

is available free of charge at Mental Health Units in all Teaching Hospitals, Provincial/ District General Hospitals and Base Hospitals around the country.

Stoma care

- Many hospitals have a specially trained Stoma Care Nursing Officer.

Social and Financial support

- May be available from the state sector. The Grama Niladhari or the relevant officers in the Divisional Secretariat Office can arrange this. Financial support may also be available through the president's fund.

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COLLEGE OF PALLIATIVE MEDICINE OF SRI LANKA

PALLIATIVE CARE

Palliative care is about improving a person's quality of life by impeccable assessment and effective control of pain and other symptoms. It also provides psychological, social and spiritual support in a socially meaningful way, while truly allowing someone to be himself/herself at a difficult time. It is about living as well as dying. Palliative care never says, "there is nothing we can do".

The provision of holistic care to the patient should be done by a multi-disciplinary team of medical specialists, general practitioners, nurses, social workers, volunteers, family members and care givers.

Palliative care services can be found in hospital, at home, in an outpatient clinic, in a hospice in a local health center, in a mobile clinic or in a day care center. Anyone who is having an incurable life limiting illness should receive palliative care.

AREAS TO CONSIDER WHEN PROVIDING PALLIATIVE CARE

Improving the home environment

- Improving or modifying the home to promote independence and minimize the caregiver's burden is helpful. This can be done at a low or no extra cost.

Aspects of nutrition and hygiene such as

- Changes in nutritional requirements during the illness
- Loss of appetite
- Alteration of smell of food
- Vomiting and diarrhea
- Reduced oral intake

Addressing common problems such as

- Pain
- Nausea and vomiting
- Constipation
- Oral infections
- Difficulty in feeding
- Bedsider care
- Wound Care
- Stoma care

Maintaining mental and spiritual wellbeing

Planning appropriately for end-of-life care

College of Palliative Medicine of Sri Lanka

NON-GOVERNMENTAL ORGANIZATIONS PROVIDING PALLIATIVE CARE SERVICES

ORGANIZATION	SERVICE	CONTACT NO.
Sri Lanka Cancer Society - Shanilla Seruna Hospice, Maharagama	In-patient hospice care	011 2585879 011 2840112 081 2225425 - Kandy 077 4329705 - Anuradhapura 091 4086197 - Galle 0943401569 - Galle
Cancer Care Association, Head Office, Maharagama	Supportive care services for cancer patients and their families	076 4912787 077 3408787
Cancer Care Association Hospice, "Pilibe seruna rataweriya piyasa", Anuradhapura	In-patient hospice care	025 3890353 025 3243077 025 2056033
Cancer Care Association, Galle Branch	Home-based Palliative Care Services, Cancer Community Center for rehabilitation of cancer patients, Cancer Day Care center and other supportive care services	077 5019787
Institute of Palliative Medicine, Matara	In- patient hospice care	041 2226766 076 8769484
Suthya Sal Suwa Seruwa Cancer Hospice, Ihalawella	In- patient hospice care	094 2250922
Cancer Aid for North and East (CANE) Hospice, Jaffna	In- patient hospice care	021 2240259
Suhana Suwa Community Palliative Care, Colombo	Home based palliative care services and Supportive care services	011 7606484
Eastern cancer care Hospice (ECCH) Batticaloa	In-patient hospice care	070 0786849
Suhana Seruwa Hospice (Palliative Care Association of Sri Lanka)	In-patient hospice care	077 7143287
Mithuruwala, the Cancer Support Network	Cancer support network	mithuruwala.srilanka@gmail.com
Palliative Care Association of Sri Lanka		011 2683293
Emerasonny Association		071 8676290

Medi KAL Nutrience

NUTRICAN

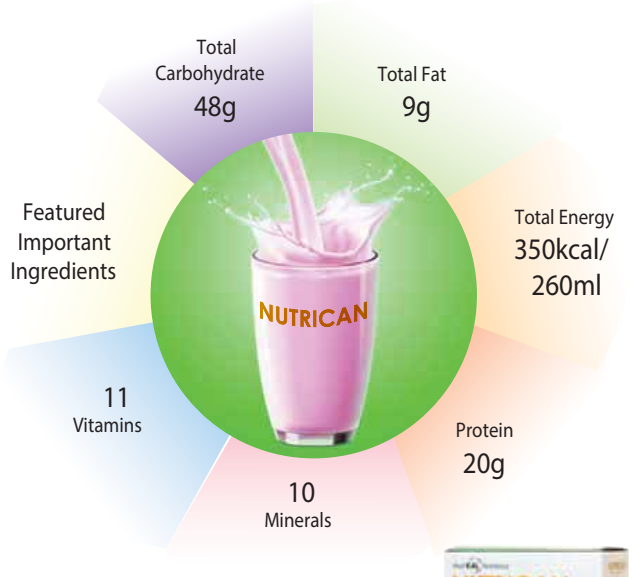
high energy, high protein, Omega 3, fiber (FOS), vitamins and minerals

SCIENCE BASED NUTRITION

WHY NUTRITION IS IMPORTANT IN ONCOLOGY?

"There is a lack of attention towards the nutritional status of cancer patients in clinical practice. However, monitoring and intervention of nutritional status not only affect the **quality of life** of the patient, but also the **treatment response and clinical outcomes"**

Reference: Kim DH. Nutritional issues in patients with cancer. Intest Res. 2019;17(4):455-462. doi:10.5217/ir.2019.00076



Optimizing Treatment outcome & increasing **Quality of Life...**

KALBE

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