

1. The Center provides closely integrated oncological and palliative care clinical services.

The Oncology Center at Rambam Medical Center is divided into several departments and units, enabling integrated care in all aspects important for cancer patients. There are two departments for treating hospitalized patients. One specializes in chemotherapy, whether curative or palliative, and the second specializes in radiotherapy. Both wards also care for patients with adverse reactions to oncological therapies. Patients with uncontrolled symptoms, such as intractable pain, dyspnea, hiccups, etc., mainly due to disease progression, are hospitalized and taken care of by the integrated team of palliative doctors from the Oncology and Pain Control Units. In the Oncology Departments, there is a dedicated palliative nurse who is responsible for coordinating the palliative treatment of cancer patients hospitalized in other departments within the general hospital. These patients, too, are taken care of by the integrated palliative team.

Patients who do not require hospitalization are followed and treated in several ambulatory units:

- Out-Patient Clinics, where each patient is followed-up by a physician.
- Day Care Unit, where chemotherapy is given and which also serves as an Emergency Room during the daytime for all cancer patient emergencies.
- Radiotherapy Unit, where curative and palliative radiotherapy is delivered.
- Palliative Clinic, treating pain control and cancer-related symptoms, such as dysphagia, dyspnea, ascites, weakness, nutrition problems and cancer fatigue, available three times weekly for patients with uncontrolled symptoms who present to all the oncology units. In urgent cases, the integrated team can also see these patients, *ad hoc*; on other days, this is coordinated by the palliative nurse (the nurse's phone number is available to the patients known to the palliative team). The team makes regular rounds in the Department of Oncology to screen for patients needing palliative care. The team also offers professional services to other departments in the hospital.

Complementary medical services, such as art therapy, music therapy, Reiki, healing massage, Shiatsu, guided imagination, and reflexology, are provided to in-patients and out-patients under the supervision of expert volunteers. The complementary services are integrated into the palliative teamwork. A Nutrition Clinic and a Psychological Support Clinic are available on a daily basis and are also integrated into the palliative teamwork.

The Center works closely with the Pain Relief Clinic of the hospital, and patients who suffer from intractable pain are treated there by a multidisciplinary team consisting of pain relief doctors, nurses and psychotherapists experienced with sick and suffering people. Each patient undergoes evaluation to determine the main cause of pain and suffering, in order to create an individual treatment plan.

The Palliative Team - Rambam Health Care Center

Physicians

1. Dr. Gil Bar-Sela, Senior Oncologist, Director
2. Dr. Daniella Zalman, Senior Oncologist
3. Dr. Ezequiel Flechter, Oncology Resident
4. Dr. Ana Kleiser, Pain Control Specialist

Nurses

1. Mrs. Anat Omer, Palliative Nurse
2. Mrs. Sara Danos, Out-Patient Clinic Nurse

Social Workers

1. Mrs. Shlomit Weilaer
2. Mrs. Adi Shilat

Psychologists

1. Mrs. Doron Lulav-Grinwald
2. Mr. Liron Eliasov
3. Mrs. Sharonne Ratzabi
4. Mr. Mark Sherman

Spiritual Support Givers

1. Mrs. Nomi Segal
2. Mr. Dodo Lev

2. The Center is committed to a philosophy of continuity of care and non-abandonment.

We accompany our patients throughout all the stages of their disease. When active oncological treatment cannot be given due to the advanced stage of the patient's disease, we continue to provide palliative care services and do our utmost to achieve symptom control and to alleviate suffering. The treatment of terminal patients is shared by us and the community services.

Patients continue to come to the clinic for follow-up visits on a regular basis. Their physician and the clinic nurse evaluate them by answering a series of questions concerning quality of life and cancer symptom control.

If there is an urgent problem that requires immediate response, the Day Care Unit acts as an Emergency Department to solve difficulties during the day. The Day Care doctor and the nursing staff team attend to immediate problems; if the symptoms cannot be relieved on an out-patient basis, the patient is admitted to the Oncology ward.

We also have patients who are cared for by the community service 'Home Hospice', where a physician or nurse visits the home and solves acute problems, such as medication, pain control, oxygen supplementation, ascites drainage, IV fluids, etc. If the situation cannot be answered at home, the patient can come to the hospital at any time and be admitted if necessary, via the Emergency Department. In such a case, the Home Hospice physician consults the Oncology Department regarding admission, in order to speed the admission process in the Emergency Department.

Patients who are nearly terminal (less than 3 months to live) and cannot be taken care of at home (for example, if they live alone or need 24-hour support) may be hospitalized in the 'Hospice for the Terminally Ill' where their needs are taken care of by expert staff.

Patients who are admitted to the Oncology Department and are imminently approaching death are moved to single rooms within the department, for the comfort of the patient and their families. They are then attended to by the oncology staff with the special attention of the palliative care physician and social workers.

3. The Center provides high-level home care with expert back up and co-ordination of home care with primary cancer clinicians.

As noted above, 'Home Hospice' is a service to the community provided by the health funds, which cover every citizen in the country. The service is free and available to every patient with a severe incurable disease who no longer receives chemotherapy or radiotherapy with curative intent. A summary of the patient's medical file is sent to the central office of the health insurance company, to the attention of the physician in charge of home care. The purpose of 'Home Hospice' is to provide solutions for symptoms and complaints appearing in advanced disease and/or at the end of life in the patient's home. An expert team of nurses and physicians is assigned to the patient. Every other day, one of the team visits the patient but, if there is an exacerbation of symptoms that needs to be treated urgently, they may be contacted by the family at any time. Although almost everything can be done at home, including administration of parenteral medications/fluids, oxygen and inhalation, fluid drainage, etc., the patient can be brought to the hospital and treated or admitted if necessary. When tests need to be performed, if blood products or IV antibiotics need to be given, or if special treatments for severe pain/anxiety in the last days of life are needed, our Center serve as the back-up solution. The patients in the home care service are given the phone number of their oncology physician in the Oncology Department and their Home Care physician can call him at any time for consultation.

Every two weeks, we have a meeting with one of the "home-care" teams of the various health funds or with the "hospice team". In those meetings, we follow every patient from our Center and treatment changes, if needed, are made together.

4. The Center incorporates support for family members.

We appreciate the fact that the severe and sometimes terminal disease of a loved one influences everyone in the family. Family members not only fear and suffer with their loved ones, they also need to be strong, optimistic and supportive, which may be difficult at times. We are aware of the importance of helping families to cope and we do our best to identify and help those in need. Family members can request a meeting with the attending physician, either with or without the patient, but always with the patient's permission. Each of our ambulatory units and wards has a social worker dedicated to patients and their families.

The Social Workers are committed to giving help and moral support to those in need. They provide individual treatment and organize support groups for patients and family members, either mixed groups or groups specializing in specific diseases. For example, there are separate groups for breast and prostate cancer patients. In addition, there are relaxation sessions where methods for improved coping abilities for physical and psychological stress are learned and practiced.

In the last three years, several projects for family members were undertaken. The complementary service units, together with the volunteers, created a project for family members entitled "How to relieve the patient's suffering". In this project, groups of family members meet in the afternoons at the Cancer Center and study massage, Reiki, etc., activities that can be repeated later on at home to relieve the pain and stress of their loved ones.

In the in-patient wards, supportive groups for "first-care givers" of the patients are held once weekly, while weekly talks with patients, their families, and the department team are held on various issues of "life with cancer" and communications between patients, families and medical staff.

5. The Center provides routine assessment of physical and psychological symptoms and social support and responds with timely and appropriate intervention.

Patients with advanced cancer continue to be examined and evaluated regularly. Patients remain in close and constant follow-up by their physician in the Clinic. Sub-acute and non-urgent issues may be taken care of by the follow-up physician during regularly planned visits. If patients face more urgent problems, they may go to the Day Care Unit at any time, where a team of physicians, nurses and social workers is on hand to evaluate the situation and to decide if the problem can be solved on an ambulatory basis or if the patient needs to be hospitalized for treatment.

Each patient newly admitted to the Oncology Ward or at his/her first visit to the Day Care Unit is evaluated by a nurse and completes a questionnaire on a variety of complaints, including a pain intensity scale (VAS), psychological evaluation and other symptoms that might be related to the disease or therapy (e.g., fatigue, vomiting and nausea, sleep disorders, etc.). The questionnaire is an integral part of the patient's chart and serves as the baseline for further interventions and follow-up.

Whether the patient is first seen in the Out-Patient Clinic, Day Care Unit or hospital ward, and whether s/he is evaluated by a nurse or doctor, all patient needs, whether physical, psychological or socio-economic, are attended to with equal importance. While medical problems are taken care of by the medical staff, if the main problems are psychological or social, our social workers, who are an integral part of every unit, try to find the most suitable solution, such as home help, 'Home Hospice', foreign caregivers, nursing facility, etc.

The Psychological Clinic is open every day, as part of the palliative work. Referrals to the Clinic can be made by any staff member (physician, nurse or social worker) and the patients are seen according to the degree of emergency as conveyed by the referring staff member. Two psychologists cover the in-patient wards and two the out-patients units. The psychologists meet the patients on a weekly or twice weekly basis as needed. If a long intervention is deemed necessary, the community psychological service can be contacted for continuation of treatment. If the main problem is not

within the expertise of the oncology staff, a psychiatrist is consulted regarding suitable support and medications.

In the last year, a brief questionnaire regarding physical and psychological issues is given to every patient in the Day Care Unit. These questionnaires are reviewed by the Palliative Nurse and patients with “high scores” are invited to the Palliative Clinic in a telephone call from the nurse.

6. *The Center incorporates expert medical and nursing care in the evaluation and relief of pain and other physical symptoms.*

As pain is a frequent symptom in advanced cancer and may cause patients much suffering, and because more symptoms require diagnosis and treatment as the disease progresses, our Center assigns a 'palliative care team' to identify pitfalls in pain relief and palliative treatments in all wards of the hospital and to provide guidelines for everyday work for better care.

Our Center's palliative team consists of a nurse experienced in palliative care and pain relief, working with a physician who is a specialist in medical and radiation oncology and who has undergone a short fellowship on palliative care in the U.S., and with a pain relief expert who is a member of the Pain Clinic staff. Our pain relief expert studied for two years in the Israeli program for palliative care for physicians and has had brief fellowships in palliative care in the U.S. and Germany. Patients can initiate a consultation with the team when they confront unbearable symptoms. Patients are also actively sought by the team itself (as the nurse interacts with the staff in the wards to discover those in distress), in order to give the best response to alleviate symptoms. Patients may consult with the medical staff at any time.

In the last three years, all staff members (physicians, nurses, and social workers) have had brief fellowships in palliative hospitals or hospice services in the U.S. or England to renew knowledge.

The nurse initiates telephone calls on a regular basis to inquire about how patients are doing, even when they choose to continue their treatment on a home-care basis. The palliative team maintains contact with community health providers when patients are taken care of at home.

This concept of an active palliative team enables identification of patients who suffer from uncontrolled symptoms, including those who are afraid to ask for help but clearly need it, and to provide professional continuity, medical therapy and psychological support.

7. The Center incorporates expert care in the evaluation and relief of psychological and existential distress.

Patients who have mainly psychological problems of coping with their physical decline and fear of the future, without physical pain, are referred for psychological consultation, either with a social worker or psychologist. There are four psychologists on part-time work but with a full week covering that working as part of the palliative team. In the in-patient wards, we have “spiritual support givers” who work under the guidance of a psychologist and who give immediate relief to patients with existential distress .Other options for these patients are support groups, relaxation techniques (either privately or at our Center), or some other complementary technique, according to the patient's inclination and with regard for his/her self esteem and control.

Every new patient is evaluated by a Social Worker during their first visit. The Social Worker is an integral member of the palliative team and continues to follow the patient's condition and help with their social needs and problems of anxiety and depression. Any suspected psychological problems are reported to the consulting physician who, in turn, will refer the patient to the Department of Psychiatry if necessary.

There is a synagogue in the hospital open to patients and families and, upon request, the hospital rabbi will visit the patient in the ward.

8. The Center provides emergency care for inadequately relieved physical and psychological symptoms.

As mentioned earlier, the Day Care Unit is where the patients receive chemotherapy on an ambulatory basis and which also acts as an Emergency Department for cancer patients during daytime hours. Any urgent problem that needs immediate attention by the Emergency Department and which may be related to the disease or the therapy given is taken care of there. Blood and imaging tests can be performed for better diagnosis, and a variety of treatments, including IV drugs, fluids and blood products, pleural and peritoneal fluid drainage, pain and other symptom relief, are given according to the patient's condition. If the situation requires more intense and prolonged therapy, the patient may be admitted for further evaluation and treatment.

Patients who arrive in the evening, at night or during the weekend, may present to the Emergency Department of the hospital. An oncologist will be called to see them and to decide if admission is required and what treatment should be given.

Patients in the 'Home Hospice' situation can call one of their team to visit them at home if needed and the team member will decide if the problem can be solved at home or if it can be addressed only in hospital.

9. The Center provides facilities and expert care for in-patient symptom stabilization.

We have two wards for in-patient admission, containing 50-60 beds. Patients are admitted to hospital to receive active oncological therapies, to treat adverse reactions to treatments, and to treat and alleviate uncontrollable symptoms that cannot be treated on an ambulatory basis, either because of the severity of the symptoms which require immediate relief or more aggressive modalities, or because of socioeconomic problems that make out-patient treatment very difficult, such as for people who live far away, or alone, or who are not mobile. According to a randomized survey held over a 3-month period, more than 20% of admissions were for palliative care and symptom control.

Patients remain in our wards but, depending on the main problem to be solved, consultation from other departments is requested. For example, to treat someone in severe pain, we consult the Pain Clinic; to treat dyspnea, a pulmonologist is consulted; for psychological issues, the psychiatrist is called, etc.

Patients stay in the hospital until their symptoms are controlled enough to allow them to return home. If the situation at the patient's home does not allow for reasonable treatment after release, the Social Worker will find options, such as home caregivers or admission to a suitable facility.

10. The Center provides respite care for ambulatory patients and for patients unable to cope at home, or in cases of family fatigue.

Unfortunately, it is usually not possible to hospitalize someone for social reasons or to relieve the psychological pressure on a tired family, as the number of available beds is limited and patients who require medical intervention sometimes have to be admitted to Internal Medicine wards.

Recently, five of 60 beds in the wards were specified as “palliative beds” as a first priority, allowing us to refer patients from other wards in the hospital or from home for palliative management regardless of other referrals of ambulatory patients.

When families cannot cope any longer, there are several options in the community to relieve their stress. The most suitable option for patients with advanced cancer who are estimated to have no more than three months of life is admission to the ‘Hospice for the Terminally Ill’ where they can stay until the end. Whether the patient is first seen in the Out-Patient Clinic, Day Care Unit, or hospital, at the ‘Hospice for the Terminally Ill’ they are taken care of by professional staff. Family members can visit on a regular basis, without having the full-time responsibility.

Older patients who are not terminal can be admitted to ‘nursing homes’ appropriate for their physical and mental state.

Families who wish to keep their loved ones at home can be helped by social workers or by the National Insurance Institute. If they can afford it, hiring foreign caregivers can be an ideal solution.

11. The Center provides facilities and expert care for in-patient end-of-life care and is committed to providing adequate relief of suffering for dying patients.

Many patients prefer to spend their last days at home, if possible. Using the option of the 'Home Hospice' arrangement (see item 3), patients can receive treatment at the end-of-life to relieve their suffering until they die in a familiar place, surrounded by their loved ones.

For patients whose families cannot cope with their dying at home or whose symptoms are hard to control at home, we always accept those who are at the end of their lives, trying, within our capabilities, to provide suitable physical conditions (a single room, if possible, for privacy), and to do our utmost to alleviate suffering. Sometimes, the only way to relieve pain or anxiety or dyspnea is to sedate the patient enough so that s/he will not be aware. We try not to induce unnecessary suffering, such as by taking blood tests or giving IV injections. We do everything in our power to help the patients and their families to go through the experience of the last days and hours of life as easily and as painlessly as possible.

The palliative team has created "palliative guidelines" based on international strategies for palliative care. The "end-of-life care" is part of those guidelines and a great effort is made to assimilate it by all oncological teams.

While we cannot give full support on bereavement issues, we try to meet family members at least once after the death of their loved one.

12. The Center participates in basic and clinical research related to the quality-of-life of cancer patients.

Our Oncology Center integrates a clinical attitude with advanced research into the daily routine. Research carried out in our Center includes all aspects of oncology medicine including (whether the patient is first seen in the Out-Patient Clinic, Day Care Unit or hospital):

- Conventional therapies, indications, results and complications
- Unconventional therapies, usually in advanced disease, such as the effect of herbal medicine on survival and quality of life, and evaluation of the quality of life of our patients considering the therapy and attitude given

Several examples of studies in the area of quality of life of cancer patients were published in the last two years:

1. Is a bio-psycho-social-spiritual approach relevant to cancer treatment? A study of patients and oncology staff members on issues of complementary medicine and spirituality.
2. Reducing the accumulation of malignant ascites by repeated administration of a viscum album extract into the peritoneal cavity.
3. Art therapy intervention improved depression with influence on fatigue level in cancer patients during chemotherapy treatment.

In addition, there are several on-going studies on these issues as well, such as:

- Reducing body edema unresponsive to medication by using subcutaneous lower extremities, controlled drainage in the palliative treatment of patients with advanced cancer.
- A randomized trial of the influence of various complementary services on quality of life

The Center also participates in international studies regarding quality of life of cancer patients during adjuvant and palliative treatments, and on new pain drugs.

13. The Center is involved in clinical education to improve the integration of oncology and palliative care.

Education is the key to good treatment. Knowledge is the basis for quality and excellence. We have two major sources of education, one of which is within our Center. Several times a week, all the medical staff of our Oncology Center meets; a physician prepares a lecture for each meeting on important issues in all the fields of our profession. We try to cover both curative and palliative aspects of oncology treatment.

Additionally, the palliative staff has a weekly academic meeting; every member in turn discusses a subject from the literature on his specific area of palliative treatment.

Residents in our Department have a weekly educational meeting; supportive and palliative care issues are discussed in these meetings. According to ESMO recommendations and under the guidance of senior physicians, the skills of managing cancer complications, risk/benefit analysis of advanced cancer patient treatment, and communication with patients in all stages of the illness and their family members, are an integral part of the Residency program. During the coming year, a “Balint group” for the Residents will be started under the guidance of a psychologist and a psychiatrist.

All the medical students receive lectures on supportive and palliative issues, as an integral part of the lectures that are given in the Oncology courses. During their pre-clinical years, as part of “early exposure to clinical work”, medical students spend two days in the Oncology Department; under the guidance of the palliative staff, they interview palliative cancer patients and discuss various aspects of the medical care in those patients. During their clinical period in our Oncology Departments, the students interview patients in the different stages of their illness, including patients receiving “end of life” care. The clinical approach to palliative issues is also studied during the time the students spend in our departments.

The nurses in the Oncology Departments and the Day Care Unit have a weekly meeting with the physician in charge of Medical Oncology care in the department. Supportive and palliative subjects are one of the main issues that are discussed in

these meetings. Short courses in symptoms and pain assessment are given periodically to the nursing staff. As with the medical students, the nursing students receive lectures in supportive and palliative treatment, given by physicians and experienced nurses, as an integral part of the Oncology course. The clinical approach is also studied during their time in the Oncology Departments.

All students of medicine, nursing and social work take part in the meetings of the palliative care team during their period of study in the Oncology Department.

The second major source of Continuing Education is the fact that our Center is responsible for the education and assimilation of better palliative care and pain relief throughout the entire hospital. Lectures are given to physicians and nurses, and written guidelines for pain control have been printed and delivered to all wards in our hospital.

Another way to enrich our education is through national and international conferences of the oncology community, including pain and palliative care organizations, which occur every few months. In 2007, we organized an international conference on palliative care in our medical center, which we hope will become a bi-yearly tradition.

In the last three years, we have taken active part in the Middle East Cancer Consortium (MECC), one of whose first priority is improving palliative care in our area.

Of course, each individual is responsible for his own education but, by providing a comprehensive listing of organized meetings, lectures and conferences, the information is more readily available and more learning is achieved.

Attached to this document is a copy of the invitation to a Seminar that was held in May 2007. We plan to organize another such meeting in 2009.