

IAHPC News On-Line

Hospice & Palliative Care News & Information

International Association for Hospice and Palliative Care (IAHPC)

William Farr, PhD, MD - Editor
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November, 2010

RE: IAHPC's November 2010 Newsletter

Dear Members and Colleagues:

The November edition of our newsletter is now on our website at URL:
www.hospicecare.com/news/10/11/
Please find below an abbreviated version.

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Best wishes,

Roberto Wenk, MD, Chair
William Farr, PhD, MD, Vice-Chair and Editor

Message from the Chair and Vice-Chair

Dear readers:

Hello to all.

This month William and I will comment on several issues.

Our Executive Director, Liliana De Lima, is on family leave caring for her mother who is receiving medical treatment for a serious illness. Due to the demanding caregiving tasks she has limited time to carry on some of the many activities and responsibilities of IAHPC that she normally does. We wish and hope for the best possible resolution of her mother's health status. We look forward to the time when Liliana will be full-time. Her partial and temporary absence highlights once again the tremendous administrative and managerial work she singularly does for us. Many thanks Liliana for your commitment and dedication to IAHPC.

We are currently working on development of the next year's budget. We depend on membership and donations from members and entities to support our work. This situation provides an important opportunity for you, our members, to collaborate with us. We encourage you to ask friends and colleagues from the palliative care community to join IAHPC. Please do not leave aside this important opportunity to help our organization to increase revenue through memberships



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dues and donations. IAHP needs and deserves your feedback, suggestions and financial support.

An IAHP Fundraising Committee was recently convened and is composed of board members William Farr, Frank Ferris (Chair), Pesach Shvartzman, Stein Kaasa and Roberto Wenk. The committee is working hard and we thank them for their invaluable support. We feel positive that this will result in extraordinary opportunities for IAHP.

On another note, as many of you know, IAHP is establishing formal relations with the World Health Organization (WHO). This past Monday WHO convened a meeting of NGOs to receive consultation and to develop an agenda for a high-level meeting of the UN General Assembly on the Prevention and Control of Non-Communicable Diseases which will take place in Geneva in September 2011. IAHP was represented by Dr. Florian Strasser, an IAHP board member from St Gallen, Switzerland. Dr. Strasser attended the meeting to advocate for the inclusion of palliative care and access to pain relief medications in the agenda of this meeting. Other organizations representing palliative care and ready access to opioids for medical needs were the Worldwide Palliative Care Alliance and the Union for International Cancer Control. Many thanks to Dr. Strasser for representing IAHP.

Best wishes to all and until next month,

Roberto Wenk, MD
Chair, Board of Directors

William Farr, PhD, MD
Vice-Chair, Board of Directors

Contributions from IAHP Board Members

The International Primary Palliative Care Research Group - now 5 Years Old

Scott Murray, MD, Scotland

Geoff Mitchell, a GP from Brisbane, Australia and I founded the International Primary Palliative Care Research Group to promote improved recognition of the role of primary care in the delivery and research of palliative care in the community. We advocate for delivering accessible end-of-life care in the community setting. We attempt to accomplish this by networking with our colleagues and offering an annual meeting (May, 2011)...

The web address is <http://www.uq.edu.au/primarypallcare/>. It contains resources with links to online publications by members, freely available research resources, and educational opportunities...

Back in Scotland, my day job is leading the Primary Palliative Care Research Group at the University of Edinburgh where we are exploring the tremendous potential of primary care in four areas... Please see our website for our vision and recent publications <http://homepages.ed.ac.uk/smurray1/index.php>

Finally, I wish to highlight a recent "Spotlight" section in the *British Medical Journal* which our group helped bring together. There are five papers here relevant to palliative care beyond cancer in a package that is freely downloadable from the Internet at <http://www.bmj.com/content/341/bmj.c5028> ...

I would like to encourage IAHP members and colleagues who are interested in developing palliative care research in the community to please make contact and start networking!

With best wishes,
Scott Murray
Scott.Murray@ed.ac.uk

Dr. Murray is a member of the IAHP board and his biography may be found at the following link:
<http://www.hospicecare.com/Bio/murray.htm>

To read the entire piece please see <http://www.hospicecare.com/news/10/11/board.html>

Palliative care for advanced non-cancer patients

KS Chan, MBBS, MRCP, FRCP, FHKAM (Hong Kong)

Even though hospice & palliative care was launched in many Asian regions over several decades, there are far more

advanced cancer patients than non-cancer patients who have received palliative care. In a retrospective study comparing non-cancer to cancer deaths in Hong Kong 1, only 1.4% of non-cancer patients ever received palliative care prior to their death as compared with 79.2% of cancer patients... Within the last two weeks of life, the non-cancer patients had more invasive interventions, fewer symptoms documented, fewer analgesics and sedatives prescribed, less do-not-resuscitate orders, and more cardiopulmonary resuscitation performed...

Recognizing the need for developing palliative care for advanced non-cancer patients, a pilot program of palliative care for chronic renal failure patients was launched in Hong Kong during 2006...

Following this pilot study, the Hong Kong Hospital Authority funded palliative programs for non-cancer patients in 2010. This program initially targets patients with chronic renal failure and chronic respiratory diseases...

Dr. KS Chan is a member of the Board of IAHP, his biography may be viewed at :

http://www.hospicecare.com/Bio/ks_chan.htm

To read the entire piece please see <http://www.hospicecare.com/news/10/11/board.html#2>

Palliative Care in India - 2010

M.R. Rajagopal, MD, India

In the absence of any other reliable indicator of access to palliative care in India, we are forced to rely on opioid consumption data. India has only one oral opioid that belongs to the step III analgesic ladder - it's morphine...

A chart of annual morphine consumption is provided.

The Government Opium and Alkaloid Works is the only agency that manufactures morphine powder from opium in India. It supplies the powder to all manufacturers of formulations of morphine in the country. ... while the consumption has certainly improved, it has not occurred in the leaps and bounds we had hoped to see...

The slow rise in morphine consumption in India is disappointing and brings our attention to some of the comments that Liliana De Lima wrote in the April 2009 issue of this newsletter (http://www.hospicecare.com/news/09/04/reflections_india.html). As she said, the development of palliative care outside Kerala has been particularly poor and needs to be concentrated on.

... palliative care remaining largely a non-governmental activity with little integration into mainstream medicine. We need a concerted plan so that medical and nursing education includes palliative care so that practitioners in hospitals in the country can effectively treat pain and provide palliative care.

Unrelieved pain and suffering in India is unnecessary and dehumanizing, as it is in the rest of the developing world. While Indian palliative care professionals keep working towards the goal of access to effective pain treatment and palliative care, could there be a global strategy to identify and remove the barriers to this type of care that is specific to the developing world?

Dr. Rajagopal is a member of the IAHP Board. Please view his biography at the following link:

http://www.hospicecare.com/Bio/mr_rajagopal.htm

To read the entire piece please see <http://www.hospicecare.com/news/10/11/board.html#3>

IAHP's Traveling Scholar's Report

13th World Congress on Pain in Montreal, QC Canada on August 29-September 2, 2010

I am most grateful to the IAHP for the 2010 Traveling Scholarship award that allowed me to attend the 13th International Congress on Pain in Montreal. This was an excellent opportunity for me to get an overview of a wide range of topics in the area of pain which will enhance my clinical skills...

I would not have been able to attend this Congress without the support of the IAHP as well as that of the International Association for the Study of Pain (IASP). More power to their good offices.

Dr. Maria Fidelis Manalo, MD, MSc.

IAHPC 2010 Traveling Scholar
Unit Head, Palliative Care Service
Department of Community and Family Medicine, FEU-NRMF Medical Center, Fairview
Qezon City, Philippines

To read the entire report please see http://www.hospicecare.com/news/10/11/traveling_scholars.html

The Ethics Page



ETHICAL CASE ANALYSIS: DIGNITY-CONSERVING PALLIATIVE CARE

PAULINA TABOADA, MD, PhD

CASE HISTORY

This is a 68 years-old man with advanced adenocarcinoma of the esophagus who had metastasis to the mediastinal lymph nodes, lungs and liver. During a follow-up appointment, he looks extremely cachectic and sad. Nevertheless, criteria for the diagnosis of clinical depression were not fulfilled.

He complains of a severe lack of energy, anorexia and progressive dysphagia. He does not complain of pain or other physical symptoms, but describes his perception of a “lack of dignity” as even worse than any physical symptom -- “it is always there and cannot be suppressed with drugs.”

ETHICAL ANALYSIS

What can health care professionals do in relation to a patient’s perception of “lack of dignity” at the end of life?

Several surveys have revealed that the patient’s subjective perception of “lack of dignity” is one of the main reasons underlying their euthanasia requests. Preservation of a patient’s “dignity” at the end of life is considered to be a central goal of palliative medicine. Nevertheless, health care professionals do not always have a clear understanding of the patient’s subjective perceptions of dignity, nor of the practical implications of this notion for the implementation of therapy...

In the history of Western philosophy, at least three different meanings of *human dignity* have been distinguished. Sullivan & Heng (2010) summarize the philosophical content of these three senses of human dignity as follows:

- “*Intrinsic human dignity* is the value that human beings have simply by virtue of the fact that they *are* human beings, i.e., their ontological value. Intrinsic dignity is not based on any social standing, ability to evoke admiration, or any particular set of talents, skills, or powers.
- *Attributed human dignity* is the value that human beings confer upon others by choice and convention.
- *Inflorescent human dignity* is the value of human excellence or virtues. Inflorescent dignity presupposes the intrinsic dignity of all human beings but refers to the value of the habits and conditions that lead human beings to blossom, flourish or thrive as human beings.”...

Based on the results gathered after the application of the so-called *patient dignity inventory* (2008) he proposes a *dignity conserving model of care*, that can be summarized in the following four areas:

- A: attitudes
- B: behaviors
- C: compassion
- D: dialogue

Health care professionals working in the field of palliative care are encouraged to reflect on specific questions related to each of these four dimensions of care...

Concrete attitudes and behaviors of health care professionals and family members can have a real impact on the patient's subjective perception of their dignity at the end of life.

Paulina Taboada, MD, PhD is a former member of the IAHP Board and long time contributor to this Ethics Page. She is the Director of the Center for Bioethics, Pontificia Universidad Catolica de Chile Santiago, Chile

To read the entire essay, please see the following link:

http://www.hospicecare.com/news/10/11/ethics_dignity_conserving_palliative_care.html

Palliative Care Book of the Month

MAKING HEALTH CARE WHOLE. Integrating spirituality into health care .

Christine M. Puchalski and Betty Ferrell

Excellent.

Other Reviews

PSYCHO-ONCOLOGY (2e)

Holland, Breitbart, Jacobsen, Lederberg, Loscalzo and McCorkle (Eds)

A comprehensive treatise.

MASTERING COMMUNICATION WITH SERIOUSLY ILL PATIENTS. Balancing honesty with empathy and hope.

Anthony Back, Robert Arnold and James Tulsky

A compact practical guide.

PALLIATIVE CARE. Transforming the Care of Serious Illness

Diane E. Meier, Stephen L. Isaacs, Robert G. Hughes (Eds)

An anthology on the development of palliative care.

DEMYSTIFYING OPIOID CONVERSION CALCULATIONS. A Guide for Effective Dosing

Mary Lynn McPherson

All about how to use opioids.

TIME TO LISTEN. How it feels to be young and dying

Amber Turk, edited by Margaret Brown

The frank and honest journal of one 27 year old dying of cancer.

PALLIATIVE CARE. An integrated approach

Jenny Buckley-

A primer on how to approach palliative care.

Dr. Roger Woodruff is a Lifetime member of the IAHP Board and past Chair. His biography may be accessed at the

following link http://www.hospicecare.com/Bio/r_woodruff.htm

To read the reviews in their entirety, please go to the following link:
<http://www.hospicecare.com/news/10/11/reviews.html>

Announcements

The full announcements may be found at the following link

<http://www.hospicecare.com/news/10/11/announcements.html>

From Mongolia on World Hospice and Palliative Care Day 2010

The Mongolian Palliative Care Society very successfully celebrated 10 years of palliative care in Mongolia during the World Hospice and Palliative Care Day (WHPCD). on October 8, 2010...

Odontuiya Davaasuren. MD, PhD

President of Mongolian Palliative Care Society

From the Pain & Policy Studies Group

2008 Global, Regional, and National opioid consumption statistics now available

The Pain & Policy Studies Group (PPSG) is pleased to announce its annual release of new and updated global, regional, and national consumption data for fentanyl, hydromorphone, methadone, morphine, oxycodone, and pethidine. In an effort to provide these data in a more user-friendly format, PPSG has revised the opioid consumption data web pages, now offering more direct access to new 2008 global, regional and country consumption data, including revised data for 2004 - 2007...

A review of the 2008 INCB morphine data reported by governments reveals that high-income countries (as defined by the World Bank income-level classification) accounted for nearly 91% of medical morphine consumed in the world, but comprised only 17% of the total population. ***In contrast, low- and middle-income countries, representing the remaining 83% of the world's population, consumed a mere 9% of the total morphine consumption...***

In addition, the PPSG is excited to announce a new tool on the consumption data pages, the Morphine Equivalence (ME) metric. Using the INCB data it receives annually, and applying conversion factors from the WHO Collaborating Center for Drugs Statistics Methodology, the PPSG developed an ME metric for 6 principal opioids used to treat moderate to severe pain. The ME allows for equianalgesic comparisons between countries of the aggregate consumption of these principal opioids, thereby providing a more complete picture of a country's capability to treat moderate to severe pain than is possible by analyzing morphine consumption alone. ME data is now provided on the global, regional and all country profile pages and will be annually updated as new data becomes available.

The updated consumption data, including the morphine equivalence data, can be accessed from the PPSG homepage:
<http://www.painpolicy.wisc.edu/>

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK (APHN) DIPLOMA OF PALLIATIVE CARE / GRADUATE CERTIFICATE IN PALLIATIVE CARE, FLINDERS UNIVERSITY

We are pleased to announce that applications can now be made for the 2011 intake of the APHN Diploma/Graduate Certificate in Palliative Care of Flinders University... **The course fee is subsidised for candidates from developing countries. Bursaries are available from some international organisations including the International Association for Hospice and Palliative Care (IAHPC) and Help the Hospices (HtH).** Information about the HtH Wolfson International bursaries is found at: <http://www.aphn.org/> The link to more details about the IAHPC Traveling Scholarships can be found here: <http://www.hospicecare.com/Travellscholars/> The attached brochure gives full details and the course fee. The closing date for application is 20 November 2010.

The course brochure and application form can also be downloaded from the APHN website at www.aphn.org Please contact the APHN Secretariat or Ms Geraldine Goh at geraldine.goh@duke-nus.edu.sg for more details.

For the first time, The American Academy of Hospice and Palliative Medicine (AAHPM) has established

Scholarships to attend the 2011 Annual Assembly in Vancouver from February 16-19, 2011

The [Developing Countries Scholarship Fund](#) was established to provide access to quality education for physicians who reside in HINARI countries (as defined by the [World Health Organization](#)) and care for seriously ill patients to attend the Annual Assembly. It provides full financial support (up to \$5,000) and covers ordinary costs associated with registration, travel-related expenses (air fare, cab fare, meals), and lodging. For more info about the meeting, see <http://www.aahpm.org/learn/2011annualassembly/geninfo.html> Deadline for application is **November 15, 2010** .

From the American Society of Clinical Oncology

Two **International Development and Education Awards** (IDEA) in Palliative Care are now available from the American Society of Clinical Oncology (ASCO).

The application will officially open on November 1. The due date for completed applications is January 12, 2011.

More detail can be found at www.ascofoundation.org/idea

From the National Health Service (NHS), UK

NHS Evidence - supportive and palliative care

Dear all,

Each month there is a wide range of new items added to the NHS Evidence specialist collection on supportive and palliative care. From the last two month's lists of entries, Dr Jason Boland has selected those which may be of particular interest (see below)...

Users who cannot easily access the web links below from their email software should access the full list via the link near the top of the home page: <http://www.library.nhs.uk/palliative/> or [See the full lists of new records added each month](#)

Webmaster's Corner

Website Of The Month

International Children's Palliative Care Network (ICPCN)

Each month we publish one website that highlights how individuals, organizations, or countries attempt to get their message out about what it is we do in hospice/palliative care.

This month we present "**International Children's Palliative Care Network (ICPCN)** "

Read more here: <http://www.hospicecare.com/news/10/11/webmaster.html>

Until next month!

Anne Laidlaw
IAHPC Webmaster

Letters to the editor!

William Farr, PhD, MD

Newsletter Editor

May be submitted at: billfar@hospicecare.com

****Thanks to all contributors to this issue.****

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