

Palliative Medicine Doctors Meeting (PMDM)

– 30 January 2018

Topic 1 (45 mins): **Treatment Refusals in Palliative Care Settings**

Speaker(s):

Dr CHAN Ka Lok, Samuel
MBBS 2012
Resident, Department of Medicine and Geriatrics
United Christian Hospital

Abstract/Summary:

1. Some cases of treatment refusals will be presented
2. Life-sustaining characters of selected “refusable” treatments will be explored
3. Concepts of withholding / withdrawing life-sustaining treatments within the perspectives of presumption to treat vs not to treat, autonomy and futility will be revisited
4. Contrasts and overlaps between treatment refusals and euthanasia, negligence, omission and their relationships to patient’s desire for living and dying will be explored
5. Palliative care practitioner’s role in exploring and supporting patient’s values and concerns, framework of communications for ethical decision-making, and implications for care provision will be discussed

Topic 2 (45 mins): **Promises and caveats of the use of immunotherapy in patients with metastatic cancer in the real-life hospital setting**

Speaker(s):

Dr LAU Kin Sang, Johnny
FHKAM; FHKCR; MRes(Med); MBBS
Resident Specialist in Dept of Clinical Oncology
Queen Mary Hospital

Abstract/Summary:

Cancer immunotherapy or immune checkpoint inhibitors alone or in combination in other treatment modalities were examples of the newer strategies employed to treat advanced or metastatic cancers, its use has become widespread in recent decade.

Recent clinical trials of immunotherapy have demonstrated great promise for the treatment of a number of solid tumors. The better patient survivals and lower rate of toxicities compared to traditional chemotherapy reported in the literature led to its approval for treatment of lung cancer, urologic cancer, melanoma and other cancers.

The successful use of immunotherapy in recent years has brought hope for cure and survival for those suffering from metastatic cancer. In our tertiary institute, an increasing number of our patients were exposed to immunotherapy and much experience was gained on its efficacy and toxicity.

The degree of symptom relief from the use of immunotherapy, long-term survival and severe rare toxicities and their management strategies were seldom reported in the literature. In this discussion, we report our patient series receiving immunotherapy with specific focus and concerns summarized.

Palliative Medicine Doctors Meeting (PMDM) **– 27 March 2018**

Topic 1 (45 mins): **Managing convulsion when oral and intravenous routes are not options**

Speaker(s):

Dr. Ma Chi Ming
Resident specialist
MBChB(CUHK): June 2003
MRCP(UK): July 2007
FHKCP (Palliative Medicine): Oct 2014
FHKAM (Palliative Medicine): Dec 2014

Abstract/Summary:

Seizure in palliative care patients is distressing to patients, relatives and even medical staff. Applying anticonvulsants can be challenging in a terminally ill patient who cannot tolerate oral medications but also have difficult IV access. This presentation would discuss on:

1. Etiologies of seizure and precipitating factors in palliative care patient
2. Use of anticonvulsants by non-oral and non-intravenous routes in acute seizure management / status epilepticus and seizure prophylaxis
3. Importance of early initiation of advance care planning discussion with patient and significant others about issue of continuation of prophylactic anticonvulsant when oral or IV routes of anticonvulsants are not an option
 - i. Non oral feeding route e.g. nasogastric tube or even PEG
 - ii. Issue of using more sedative drugs for seizure control
4. Bereavement Issues of sudden unexpected seizure related death in palliative care patients

Topic 2 (45 mins): **Re-irradiation - from palliative care perspective**

Speaker(s):

Dr. KAM, Tsz Yeung
Resident, Oncology, PYNEH
Qualification: FRCR (UK), MBChB

Abstract/Summary:

There are more and more long term survivors with metastatic cancer due to the rapid advancement of effective systemic treatment. When the survival of cancer patients is prolonged, we are expecting more symptomatic in-field recurrence from the disease sites that have received radiotherapy previously. As there is emerging evidence of the safety and efficacy of re-irradiation, it is becoming more popular in current clinical practice to offer re-irradiation to improve both the local disease control and symptom relief. Herein we briefly summarize the current evidence of re-irradiation with some case sharings in PYNEH.

Palliative Medicine Doctors Meeting (PMDM)

– 24th April 2018

Topic 1 (45 mins): **The dilemma, burden and needs of the surrogate decision maker**

Speaker(s):

Dr. Dr. Fok Man Chun, Juliana
Resident Specialist, OLMH
MRCP (UK), FHKAM (Medicine)

Abstract/Summary:

It will present the story of an octogenarian gentleman who was diagnosed with cerebral tumor of uncertain nature, and was thus rendered mentally incapacitated to make his own treatment decisions. With his wife being unavailable at medical consultations and of doubtful ability in decision making, the role of the surrogate decision maker was “naturally” assumed by his eldest daughter. Along with breaking of the unfortunate diagnosis, the daughter became stressful in deciding whether to receive palliative whole brain radiotherapy offered as the sole intervention by the oncology team.

Reflecting the brief encounter with the daughter as the palliative care physician, the dilemma and burden of this surrogate decision maker was readily palpable. Yet, how may PC physicians facilitate the significant others, often the next of kin, in fulfilling their role as a surrogate decision maker?

Topic 2 (45 mins): **Palliative care for patients with brain metastases**

Speaker(s):

Dr. Chik Yin Kwan
Resident, Department of Clinical Oncology, United Christian Hospital
Professional Qualifications
2008 University of Hong Kong MBBS
2011 Membership of Hong Kong College of Radiologists
2013 Fellow of the Royal College of Radiologists (FRCR) in Clinical Oncology
2016 Fellow of Hong Kong College of Radiologists

Abstract/Summary:

Brain metastases occur in 20-40% of patients with cancers. Due to an aging population and advances in the treatment of primary cancers, patients are living longer and more likely to experience brain metastases and its complications. The mainstay of treatment in patients with limited disease in brain and good extracranial control consisted of surgical resection, stereotactic radiosurgery, whole brain radiation therapy. Evidence on the therapeutic agents that are able to cross the BBB including targeted therapy and immunotherapy will be presented. Clinical scenarios and various complications that arises from brain metastases and its management will also be discussed.

Palliative Medicine Doctors Meeting (PMDM) **– 29 May 2018**

Topic 1 (45 mins): **Advance directives in Hong Kong**

Speaker(s):

Dr. TSE Chun Yan

Honorary advisor of Hong Kong Society of Palliative Medicine

Qualification: MBBS (HK) 1973, MRCP (UK) 1979, FHKCP 1987, FRCP (Edin) 1988, FHKAM (Med) 1993, MHA (NSW) 1994, Dip. Pall. Med.(Wales) 1995, FHKCCM 2000, FRCP (Lond) 2002.

Abstract/Summary:

The talk will give a brief introduction of the concept of advance directives and advance care planning and their development in Hong Kong, followed by discussion on commonly asked questions on the issues, including whether AD should be legislated in Hong Kong, how can an AD be respected in an emergency situation, whether AD should be widely promoted among healthy members of the public in Hong Kong, and what should be done to reduce difficulties in end-of-life decisions in Hong Kong.

Topic 2 (45 mins): **Fulfilling patients' wishes: Dying at the place of choice**

Speaker(s):

Dr. Dr Yvonne Chan

Resident of BBH

Qualification: MBChB. FHKCFP, FRACGP

Abstract/Summary:

Being accompanied by beloved family & die in peace at home contribute for a good death. However, limitations exist in current health care setting. We would like to share 2 cases that successfully fulfill for patients' wish to die at home with dedication of doctor and utilization of different health care resources.

Palliative Medicine Doctors Meeting (PMDM)

– 31st July 2018

Topic 1 (45 mins): Management of Spinal Metastasis : A multidisciplinary team approach

Speaker(s):

Dr Yeung Wui Ming Eva

Associate Consultant, Department of Clinical Oncology, Prince of Wales Hospital

2014 Fellow of the Royal College of Radiologists

2017 Fellow of the Hong Kong College of Radiologists

Abstract/Summary:

Spinal metastases are becoming increasingly common because patients with metastatic disease are living longer. Historically, treatment of this condition is always palliative, with the goal being prevention and treatment of spine related events such as pain, vertebral fracture and spinal cord compression. In the past decade, we have witnessed a dramatic change in the treatment paradigms due to the development of improved surgical techniques, radiation therapy and systemic therapy, leading to a more durable control and improvement in patient outcome. Optimal management of spinal metastasis becomes a challenge that requires a multidisciplinary approach. In this presentation, the role of each discipline and their respective management options will be discussed. A few cases will be used to illustrate the multidisciplinary team approach in management of spinal metastasis.

Topic 2 (45 mins): The final journey of a lady with end stage heart failure

Speaker(s):

Dr Jerry Ho, Resident in Palliative Care Unit, Department of Medicine, Ruttonjee and Tang

Shiu Kin Hospital

MChB 2004

MRCP (UK) 2012

FHKCP 2017

Abstract/Summary:

An elderly lady who had known history of heart failure with implantable cardioverter defibrillator (ICD) performed years ago, was admitted to cardiac unit for end stage heart failure (ESHF) with multiple distressing symptoms. She was known to our palliative consultation service in her last month of life. In this presentation, we will review the definition of ESHF, disease trajectory and prognostication in ESHF patients, symptoms of ESHF and its management, and how palliative care helps in ESHF patients.

Palliative Medicine Doctors Meeting (PMDM) **– 18 Sept 2018**

Topic 1 (45 mins): **"Needleless" approach for fluid overload in renal palliative patients**

Speaker(s):

Dr. Dr Au Ho Yan, Toni
Higher Physician Trainee in Palliative Medicine
Grantham Hospital
Qualification: MBBS 2005, MRCP 2010

Abstract/Summary:

End-stage renal failure patients could live for months or even years after deciding not to start dialysis. They could experience significant symptom burden and recurrent fluid overload. This lead to repeated hospital admission for parenteral diuretics, which may destabilize their community support and limit their precious time spent with family. Diuretic therapy remains the cornerstone of managing fluid overload, but when per-oral administration become ineffective, parenteral diuretics may cause extra discomfort and complications. Metolazone has been proven effective in managing refractory heart failure, but its potential effect on ESRF patients is awaited to be proven. We report case series of elderly renal failure patients admitted to palliative care with refractory fluid overload resistant to oral furosemide , which succesfully managed after addition of low-dose oral metolazone for short duration.

Topic 2 (45 mins): **"Priorities besides Living Longer: Experience with Serious Illness Conversation Guide"**

Speaker(s):

Dr. KONG, Shing Yam Sunny
Higher Physician Trainee
Department of Palliative Medicine, Shatin Hospital
Department of Medicine and Therapeutics, Prince of Wales Hospital
Qualification: MBChB 2013, MRCP 2017

Abstract/Summary:

Conversations on end-of-life preferences with patients suffering from serious illnesses are often too late or difficult. We present a patient with depression and metastatic lung cancer, and his journey through illness, together with the issues we faced after his transfer to the palliative care ward. With the "Serious Illness Conversation Guide" developed by the Harvard Medical School, we will demonstrate how its application can help effectively explore the patient's priorities besides living longer, delivering the kind of care based on patient's values and priorities. In turn, the early conversation as such had helped our patient overcoming suicide and adapting to old age home. Patient's feedback on the conversation will also be reviewed.