

# Editorial

Hong Kong Society of  
Palliative Medicine 2018



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## Is suffering under addressed?

Dr. CHAN Kin-sang

The key goal of palliative care is to relieve patient's and family's suffering. Nevertheless, suffering is seldom assessed and reported in our daily medical practice. Hence, the scarce epidemiology data of patient's suffering in our health care is scarce.

In the first analysis of patient's suffering, the Lancet Commission on Global Access to Palliative Care and Pain Relief estimated the global need for palliative care and pain relief by devising a new measure of "serious health-related suffering" (SHS). This three year project was published online in Lancet in late 2017 by 61 co-authors from 25 countries.<sup>1</sup> The report analysed 20 life-limiting health conditions (including cancers, heart disease, HIV, dementia and injuries) and 15 corresponding symptoms (including pain, fatigue, wounds, anxiety and depression) that are most frequently associated with the need for palliative care and pain relief.

The report estimated 25.5 million people died with serious health-related suffering in 2015– equivalent to nearly half of all deaths worldwide. This includes 2.5 million children aged under 15 years (representing more than a third of child deaths). In addition, 35.5 million people who did not die also experienced serious health-related suffering. So the total number of people needing palliative care per year was over 61 million, including 5.3 million children. More than 80% of people needing palliative care live in low and middle-income countries.<sup>1</sup>

The Commission stated alleviating SHS is a global health and equity imperative, and palliative care should be focused on relieving the SHS that is associated with life-limiting conditions or the end-of-life. Palliative care service was established in Hong Kong for 35 years, is SHS still under addressed in our local health care system?

# Is suffering under addressed?

In this current issue of Newsletter, results of a retrospective survey on palliative care of terminal cancer patients in general medical wards was reported by workers of Department of Medicine & Geriatrics of Tuen Mun hospital. Forty-four percent of patients with terminal cancer died in general medical wards, with 80% of these patients had not been seen by Palliative Care/ Medical Palliative Medicine team before their last hospitalization, more than half of these cancer deaths did not have proper pain control documented, and one fifth of these patients did not have DNACPR ordered. The figure of 44% patients with terminal cancer died in general medical wards, reflects local variation or sampling of this cohort, as compared to the average proportion of one third of all HA patients with cancer died in medical wards, surveyed by Central Committee on Palliative Care in 2012/13.

Worldwide, palliative care ideally should be provided at three levels according to patient's needs: i) "palliative care approach" adopted by all healthcare professionals, ii) "general palliative care" provided by primary care professionals, and iii) "specialist palliative care" provided by specialized palliative care team for patients with complex problems. Therefore a stratified approach of care should be done according to patient's needs and complexity. For patients with complex problem who are being cared under non-palliative setting, a collaborative approach between palliative consultative care team and the parent team or respective specialist team is becoming an established model of care for patients entering the palliative care phase of chronic illnesses. Hence, other than building up capacity of specialist palliative care beds, the model of delivery of palliative care should be explored to address patients under different settings.

## Reference:

1. Knaul FM, Farmer PE, Krakauer EL et al. Alleviating the access abyss in palliative care and pain relief-an imperative of universal health coverage: the Lancet Commission report. *Lancet*. 2018;391(10128):1391-1454

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