Palliative Care

History of Palliative Care（1）

1967	**St Christopher’s Hospice** founded (UK)
1975	**Royal Victoria Hospital** (Canada) opens **palliative care ward**
1981	**Seirei Mikatahara General Hospital** (Shizuoka Prefecture) establishes **hospice**
1984	**Yodogawa Christian Hospital** (Osaka Prefecture) establishes **hospice ward**
1990	**Palliative care ward admissions** established as **medical fee item**
1994	**Home medical management** established as **medical fee item**
2002	**Palliative care surcharge** established as **medical fee item**
2006	**Cancer Control Act** passed
2007	**Basic Plan to Promote Cancer Control Programs (1st term)** starts; **palliative care from early treatment**
2008	**Palliative care training for physicians involved in cancer care** starts (basic palliative care, raising public awareness)
2012	**Basic Plan to Promote Cancer Control Programs (2nd term)** starts; **earlier start of palliative care, from cancer diagnosis** **Outpatient palliative care management** established as **medical fee item** **Local at-home palliative care coordination initiative** starts (Training for at-home care support physicians)

Partially revised from documents submitted to Conference on Palliative Care Promotion (16 Mar 2016)

History of Palliative Care（2）

Apr 2012	**Conference on palliative care promotion** launched (- Mar 2016)
Sep 2012	**Conference on palliative care promotion**: Interim report
2013	**Palliative care advancement initiative** launched (Improvement of palliative care centers)
Jan 2014	**Guidelines for Advancement of Designated Cancer Care Hospitals** revised for Palliative Care **WHO 'Global Atlas of Palliative Care at the End of Life'** issued
Dec 2015	Accelerated Cancer Control Plan starts
Apr 2016	New **medical fee** items established: **At-home palliative care support surcharge for clinics/hospitals** **Cancer outpatient at-home coordination guidance** **Palliative care ward emergency admission initial surcharge**
May 2016	**Conference on cancer palliative care Advancement** launched (-May 2018)
Nov 2017	**Palliative Care Provision for Cardiovascular Disorders Patients** working group established (-Apr 2018)
Dec 2017	**Palliative care training workshop guideline** revised, including cancer
Apr 2018	**Palliative care surcharge for advanced heart failure patients** added to **medical fee** table
Mar 2019	**Conference on living well with and beyond cancer**
Jul 2021	**Conference on living well with and beyond cancer**
Mar 2023	**Basic Plan to Promote Cancer Control Programs (4th term)** starts **Promotion of palliative care from the time of cancer diagnosis** **Palliative care is shifted from the symbiotic field of the basic plan to the medical field.**

Partially revised from documents submitted to Conference on Palliative Care Promotion (16 Mar 2016)

Palliative Care Workshops

- For medical professionals, including cancer care -

1. Context

In Dec 2016, the Cancer Control Act (Law No. 98, 2006) was amended to incorporate palliative care; the Conference on Cancer Palliative Care Advancement advised that palliative care should be provided beyond cancer patients, and that training should extend to other medical professionals, not only physicians and dentists. Thus, workshops were established.

2. Objective

Developing an accurate understanding of basic palliative care, with knowledge of, techniques and ways of approaching palliative care, to ensure participants may provide appropriate palliative care from diagnosis.

3. Participants

- All cancer care physicians/dentists
  - Staff at designated cancer care hospitals
  - Staff at-home care support clinics/hospitals working with designated cancer care hospitals and at hospitals with palliative care wards
- Other palliative care healthcare workers

4. Workshops mode

- E-learning
- In-person sessions

5. Syllabus

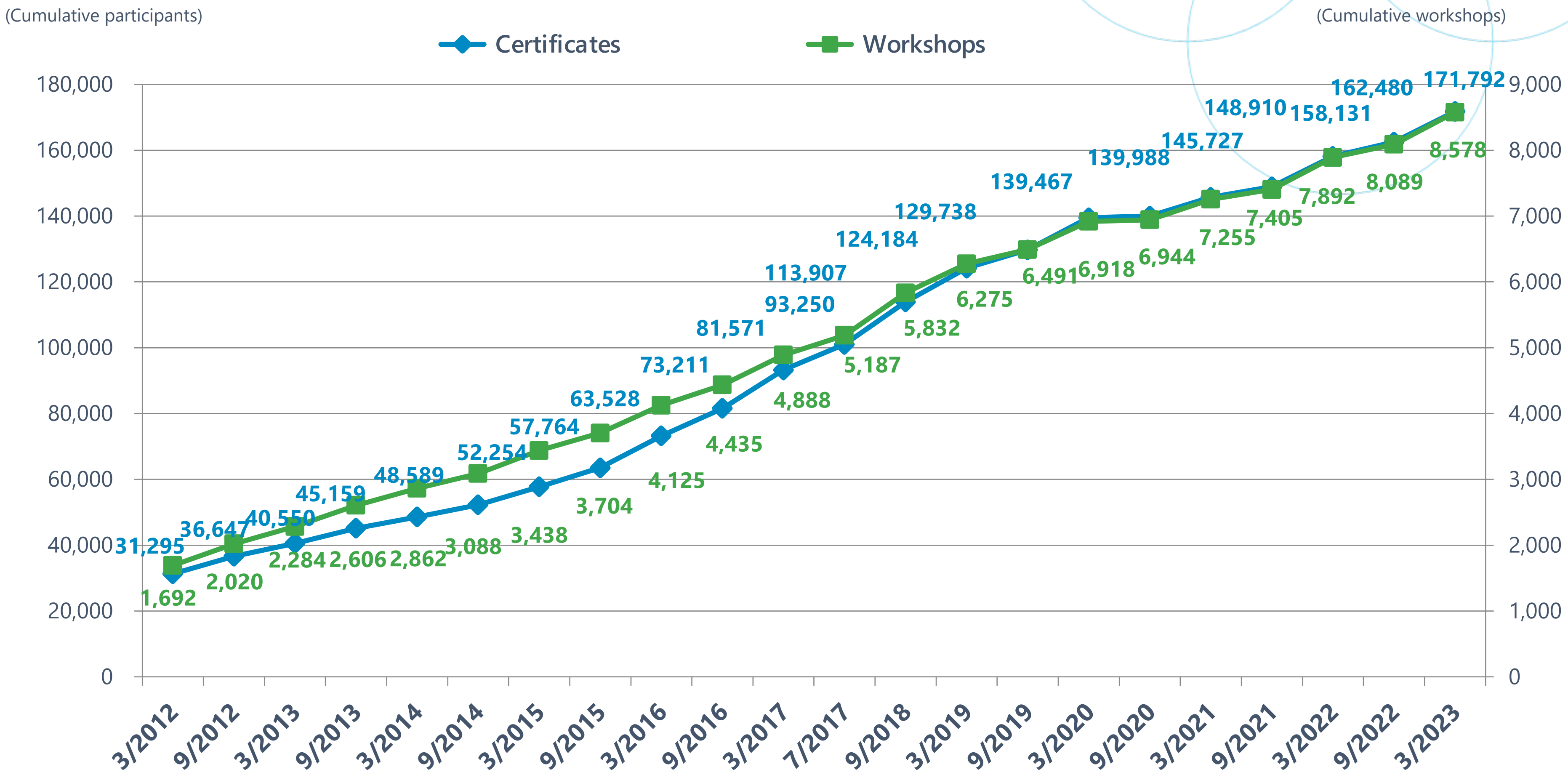
i) Required

Holistic palliative care with the patient’s perspective/ pain screening followed by symptoms relief, referrals to specialists/ cancer pain evaluation and management/ care of dyspnea, digestive tract symptoms, anxiety, depression, delirium/ communication/ care facility decisions, regional care network, at-home palliative care/ advance care planning, care for families and the bereaved

ii) Optional

Non-cancer palliative care, physical palliative care for discomfort other than pain, dyspnea, digestive tract symptoms/ mental palliative care for discomfort other than anxiety, depression, and delirium/ alleviation of symptoms through palliative radiotherapy, nerve blocks/ palliative care for social suffering

Palliative Care Workshops/Participation



Basic Plan to Promote Cancer Control Programs 2nd term

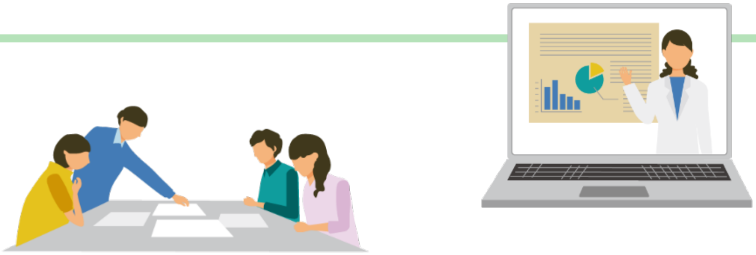
3rd term

Palliative Cancer Care Training Initiative

Project Overview

- Article 17 of the Cancer Control Act decrees “palliative care suited to patient conditions provided from diagnosis,” and “training for medical professionals towards improving quality of cancer patients’ lives.” The Conference on Cancer Palliative Care Advancement advice lead to expand palliative care to non-cancer patients.
- To build capacity, palliative care e-learning platforms and workshops are organized to raise the level and quality of palliative care for cancer, and to raise public awareness of palliative care for cancer.

Palliative Care Training



- Basic training for all medical professionals
- Logistical management of workshops
- Operational support for of e-learning lecture platforms

Training of Instructors

Focus on lecturers/instructors capable of planning/running workshops

To the Public

Disseminating reliable information and raising awareness of its importance

Orange Balloon Project

(Commissioned to the Japanese Society for Palliative Medicine)

Cancer Patients in the Final Stage of Receiving Care - A survey

Current Status and Issues

- Palliative care at the final stage of cancer care can only be comprehended by surveying those directly involved in the patients’ care. To raise the Quality of Life (QOL) for both patients and their families, surveying the bereaved is required.
- The Cancer Control Promotion Council notes that earlier surveys of bereaved families are biased as they are conducted through Designated Cancer Care Hospitals.
- In some countries, surveys are conducted on samples extracted from death registries.
- Acceleration Plan for Cancer Control (dec 2015) dictates to conduct a survey of bereaved families to comprehend a clearer picture of patients in final stages receiving medical and nursing care, in order to improve their quality of life, working with related organizations.

Inconsistent results due to survey methods

	Research A			Research B		
Method	Survey bereaved, via medical institutions			Survey bereaved identified from general public		
Feature	Mostly designated hospitals and palliative care wards			Mostly general hospitals		
Doctors promptly dealt with patient’s difficult symptoms	Designated Hospital	Palliative care ward	Hospice at Home	Hospital	Palliative care ward	At-home care
	56%	**78%**	**77%**	**39%.**	**56%**	**52%**

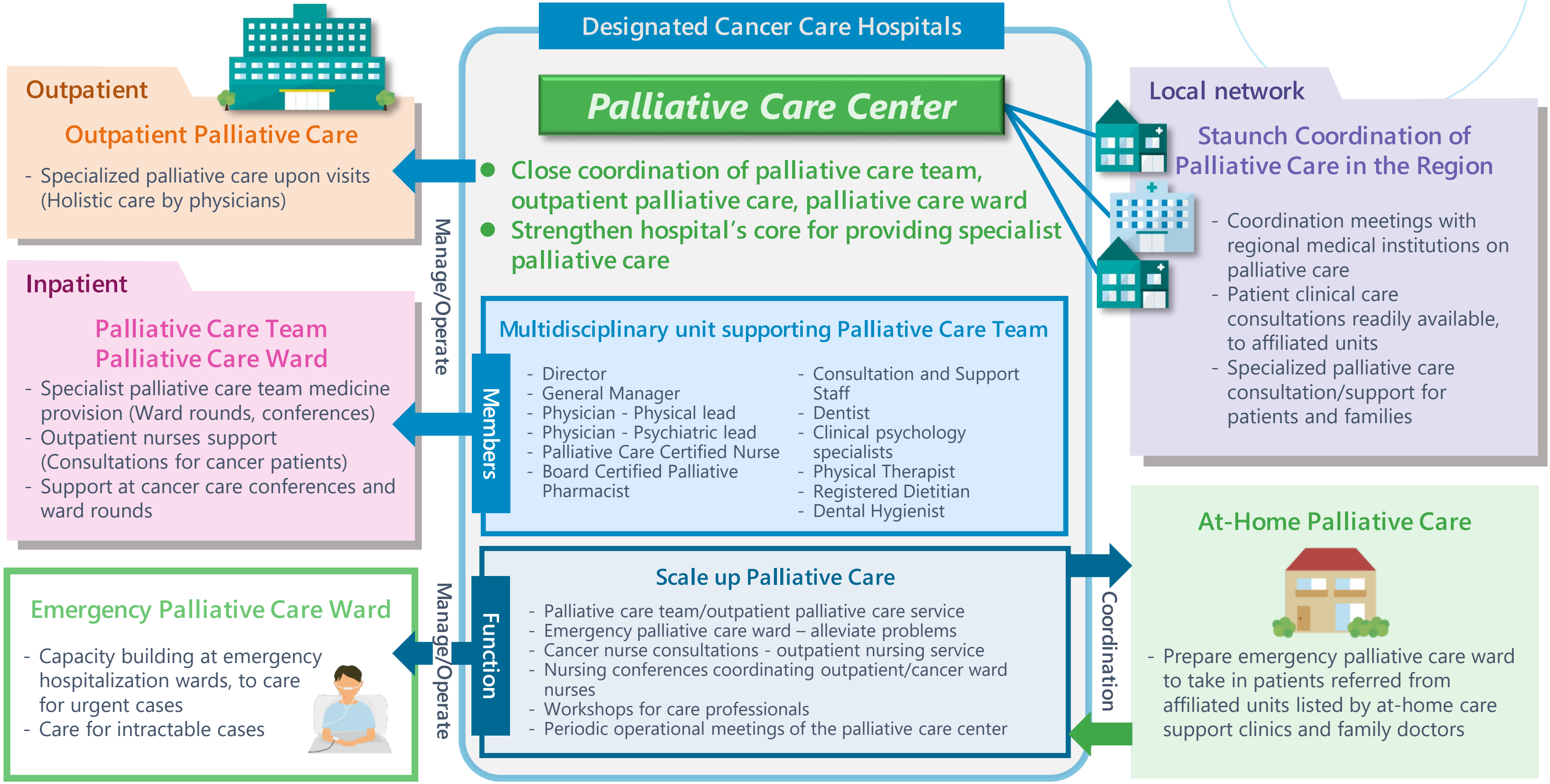
Surveys on bereaved family members (Based on death registrations)

	United Kingdom	America	Italy
Number of subjects surveyed	22,292 Persons	1,578 Persons	1,289 Persons
method	Post	Phone interview	Interview
survey item	Quality of care pain/symptoms/ treatments communication use of decision-making support services	Physical pain emotional support decision-making dignity support for family	Quality of care pain/symptoms/ treatments communication overall satisfaction socio-economic issues

Overview

To be conducted with support from patient advocacy groups, by sampling cases from death questionnaires of Vital Statistics. A survey of bereaved families to be carried out, towards improving quality of life of cancer patients.

Palliative Care Promotion Initiative
(Advancement of Palliative Care Centers)



Designated Cancer Care Hospitals

Palliative Care Center

- Close coordination of palliative care team, outpatient palliative care, palliative care ward
- Strengthen hospital's core for providing specialist palliative care

Members

Multidisciplinary unit supporting Palliative Care Team

- Director
- General Manager
- Physician - Physical lead
- Physician - Psychiatric lead
- Palliative Care Certified Nurse
- Board Certified Palliative Pharmacist
- Consultation and Support Staff
- Dentist
- Clinical psychology specialists
- Physical Therapist
- Registered Dietitian
- Dental Hygienist

Function

Scale up Palliative Care

- Palliative care team/outpatient palliative care service
- Emergency palliative care ward – alleviate problems
- Cancer nurse consultations - outpatient nursing service
- Nursing conferences coordinating outpatient/cancer ward nurses
- Workshops for care professionals
- Periodic operational meetings of the palliative care center

Outpatient

Outpatient Palliative Care

- Specialized palliative care upon visits (Holistic care by physicians)

Manage/Operate

Inpatient

Palliative Care Team
Palliative Care Ward

- Specialist palliative care team medicine provision (Ward rounds, conferences)
- Outpatient nurses support (Consultations for cancer patients)
- Support at cancer care conferences and ward rounds

Emergency Palliative Care Ward

- Capacity building at emergency hospitalization wards, to care for urgent cases
- Care for intractable cases

Manage/Operate

Local network

Staunch Coordination of Palliative Care in the Region

- Coordination meetings with regional medical institutions on palliative care
- Patient clinical care consultations readily available, to affiliated units
- Specialized palliative care consultation/support for patients and families

Coordination

At-Home Palliative Care

- Prepare emergency palliative care ward to take in patients referred from affiliated units listed by at-home care support clinics and family doctors