

169

PALLIATIVE SURGERY - HOW MUCH PALLIATION.
Pichlmaier, H.: (Dept. of Surgery University
of Cologne, Joseph-Stelzmann-Str. 9, Köln 41)

This paper deals with the experiences gained in a little ward for palliative care within a surgical university unit. Within 10 years 648 incurable cancer patients were treated, 504 for the first time. The age of the patients was 24 - 90 years. The mean hospital stay was 23 days. 80% came from the university hospital, 20% from abroad. The location of the primaries was in 45% the intestinal tract in 15% the lung, in 7% the breast and the pancreas. About 10% of the patients were treated surgically. This shall be described in detail. It is the aim of this type of palliative care to get as many patients as possible in a state in which they are able to live at home. It is therefore necessary to run a special outpatient service as we do. This service took care for 253 patients during 8 years.

171

PAIN CONTROL IN PALLIATIVE SURGERY
P. Poulain

173

POLISH EXPERIENCE IN PALLIATIVE / HOSPICE CARE
Łuczak J. PCS ul. Łąkowa 1/2 61-878 Poznań
Palliative Care Service, Dept. of Oncology, Poznań, Poland

The first hospice programme was founded by the Society of Friends of Sick in Kraków 11 years ago. The leading Polish independent hospice-Hospice Pallotinum in Gdańsk-helped to develop 26 other hospices organized by catholic church. Each hospice is entirely voluntary and has a home care programme. St George Hospice in Elbląg founded a free standing hospice. The University Palliative Care Service in Poznań (organized according to the principles of prof. V. Ventafridda) consists of home care team (provides care for 700 pts a year), 7-beds in-hospital unit and bereavement service. This unit cooperating with Sir Michael Sobell House-Oxford realises a wide pre- and postgraduate and public education programme. It also offers the support to other newly developing palliative care units. This academic hospice supported by Palliative Care Society is realising the project of free standing hospice with 14 beds and Day Care Center. The newborn National Council for Palliative / Hospice Care created by the Ministry of Health and Welfare will use the Poznań's model to prepare policies and programme for public units respecting also the needs of independent hospice movement.

170

THE NEED OF PALLIATIVE CARE IN CANCER

V. Ventafridda
Istituto Nazionale per lo Studio e la Cura dei Tumori - Divisione Terapia del Dolore
Via Venezian 1
20133 Milan - Italy

W.H.O.'s epidemiological studies on cancer have shown that the rise of mortality will be more than 40% in the near future. Prevalence studies have also shown that the frequency of pain and other symptoms rise in the last period of life. Surgical palliation has a well-defined indication but the majority of cases require a pharmacological and psychosocial assistance to be undertaken until the end of life. Palliative cancer treatment should be mainly symptomatic and should be carried out on the basis of cost benefit ratio.

Quality of life issue should represent the main goal for any surgical chemotherapy intervention. In this context any invasive procedure whether surgical or neuro-surgical should be attempted in accordance with ethical considerations.

172

INVASIVE TREATMENTS IN PAIN CONTROL. DO THEY HAVE A ROLE?
H.J. Birkhahn, Rambam Medical Center, Haifa, Israel.

The oral administration of opioids on a time-contingent basis enables most patients to achieve adequate pain control. However, the 20% of patients whose opioid dose has escalated to levels that produce severe side effects without producing analgesia require an alternative route of drug delivery. Among the options available are:

1) Spinal opiates offer many potential advantages over systemic administration. For example, duration of analgesia with a single dose can exceed 18 hours. The doses are considerably lower than those required to achieve a similar level or duration of analgesia. Because of the site of action in the spinal, side effects, though not absent, should be fewer. Other adaptations include a totally implanted system for continuous spinal opioid infusion and patient-controlled infusion, which permit greater control and freedom in the life-style of the patient.

2) Continuous subcutaneous infusions are a relatively simple, safe, and effective method. Using a portable infusion pump, this is also a cost-effective method.
3) Transdermal opioids provide sustained release without injections.

The clinical applications and evaluation of these methods will be discussed.

174

HOW TO SET UP A PALLIATIVE CARE PROGRAMME AT THE NATIONAL OR REGIONAL LEVEL
X. Gomez-Batiste