



BERITA HOSPIS

3rd ISSUE 2016

LESSONS OF THE PAST AS A GUIDE FOR THE FUTURE

By Dr Ednin Hamzah, Chief Executive Officer, Hospis Malaysia

Throughout the passage of time and across civilisations human suffering has affected millions, and humanity has tried to respond in a variety of ways. Since Hippocrates and ancient medicines, we have sought to cure and heal, but despite all our efforts, there are only a few illnesses that we are truly able to cure and restore an individual to full health.

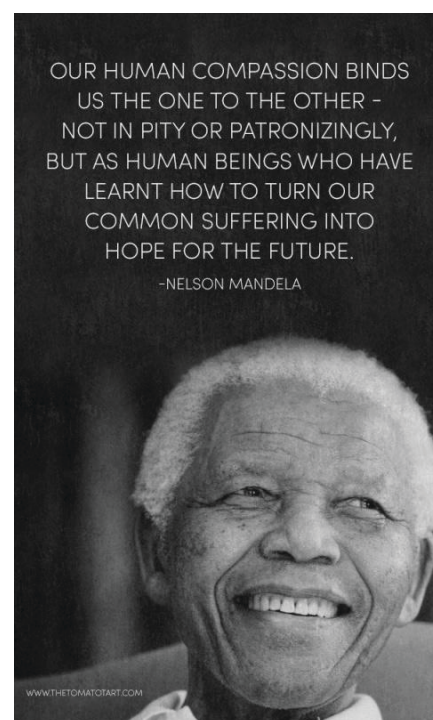
Other disciplines such as philosophy, literature, religion, and sociology seek a better understanding between life and death so that humanity is able to make sense of death and dying as a normal facet in the transition of life.

From the middle ages to present, palliative care has quietly charted a path to demystify caring for patients and families with life-limiting illness. Through compassion and care, coupled with knowledge and skill to navigate through the

experience of human suffering, palliative care has progressed into a medical specialty that seeks to fulfil. In the words of Nelson Mandela, 'to turn suffering into hope'.

In the Klang Valley, the realisation that our hospitals were unable to respond to the suffering in our midst was the impetus that led to the founding of Hospis Malaysia. From its small and modest beginning in a small corner of Petaling Jaya, in 1991, it has grown into the largest community palliative care service in the country. Along the way, Hospis Malaysia has continually challenged itself to respond to the suffering in our community.

In the past 25 years, there have been significant milestones for Hospis Malaysia. These include employing the first full time doctor in palliative care, teaching medical students in University Malaya (1997), moving to a purpose built



facility in Cheras and initiating national palliative care workshops in 1998.

A leadership focussed on developing its staff and volunteers to enhance its care and compassion

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with knowledge and skills, has led Hospis Malaysia to a strong reputation within our community for practising good palliative care. Thousands of patients have been cared by Hospis Malaysia, six universities collaborate to provide under and postgraduate teaching and the Ministry of Health places their specialist palliative care trainees for six months at Hospis Malaysia.

In Research, we collaborated with the World Health Organisation and in 2016, produced a national needs analysis for palliative care. In advocacy, we attracted a visit by the Duke and Duchess of Cambridge in 2012, leading the Duchess, a strong advocate of palliative care to present her first overseas speech at Hospis Malaysia.

We have developed further campaigns to demystify palliative care through focussing on relieving suffering and advance care planning. Working with partners, we have developed a web based electronic patient record that allows access to our patient records from wherever we are.

Internationally, our workshops draw participants from across the region and our doctors and nurses are invited to teach in many countries. In 2016, the Ministry of Public Health of Thailand signed a Memorandum of Understanding (MOU) with Hospis Malaysia for further collaboration in palliative care.

Much has been achieved in the past 25 years. What about the next 25 years?

Much has been achieved in the past 25 years. What about the next 25 years?

Despite the efforts of Hospis Malaysia and other palliative care services in the country, there is still so much left to do. The changing nature of the Malaysian society means easy, affordable access to healthcare may be challenging to some segments of our community. The economic outlook means patients and their families as well as charitable institutions such as Hospis Malaysia need to weigh their priorities.

In 2014, Malaysia co-sponsored the World Health Assembly Resolution to include palliative care into its national healthcare system. In 2015, Malaysia ranked 38 out of 80 countries in a Quality of Death survey by the Economic Intelligence Unit. If Malaysia truly cares about the quality of life of our patients, we should aim to improve our standards of care.

The continuing challenge for Hospis Malaysia is to educate the public about how they can

improve their quality of life through making informed choices based on their personal values when faced with serious illness. Further strengthening education and training of the Malaysian doctors and nurses will hopefully allow everyone in the country to be able to have their symptoms controlled.

A small organisation such as Hospis Malaysia with limited resources could achieve more if others were to join us in a common endeavour to care for our community. Each of us will have loved ones that will benefit from palliative care. They require the best care possible and we need to demand that from our healthcare providers. Too often in our community, we hear that perhaps euthanasia is the answer. We do not ask enough about why can't the pain be controlled, the fear and anxiety alleviated and the hope restored.

Finally, we need to prove that we are making a difference to our community - all to be able to find hope despite being diagnosed with cancer, organ failures, motor neurone disease and many other conditions that continually challenge our will to survive. Palliative care needs to be a bastion of hope and Hospis Malaysia needs to be a torch bearer.

We hope that in the next 25 years, Hospis Malaysia will bring further improvements to the care environment in Malaysia as we face the challenges of an ageing society. Not caring is not an option. ■

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
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PALLIATIVE CARE MALAYSIA

an initiative by Hospis Malaysia

Website: palliativecare.my

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WHAT CAN A PALLIATIVE CARE TEAM DO FOR PATIENTS SUFFERING FROM NON-CANCER RELATED DISEASES?

By Dr Lim Zee Nee, palliative care doctor, Hospis Malaysia

Chronic organ failure (such as heart failure, obstructive pulmonary disease [COPD] or renal failure) is a major cause of morbidity and mortality worldwide. Research has shown that quality of life of patients with advanced chronic organ failure is equally or even more affected by their illness as compared to patients with cancer. Symptom burden can be high with fatigue, breathlessness, pain and insomnia (difficulty in sleeping) being the most frequently reported symptoms.

For example, patients with advanced chronic heart failure, who have multiple hospital admissions because of severe breathlessness from recurring episodes of heart failures. The patients' overall quality of life declines over time as they become weaker, more breathless and home-bound. These patients may be demoralised because they are unable to do the things they want. Many patients are not aware that although the condition is irreversible, the symptoms can be alleviated. Family is distraught because they feel helpless with the situation. Patients' may not know that they have a choice of being cared for at home with the help of the palliative care team. Currently, there is limited access to palliative care for patients with advanced chronic organ failure in the country.

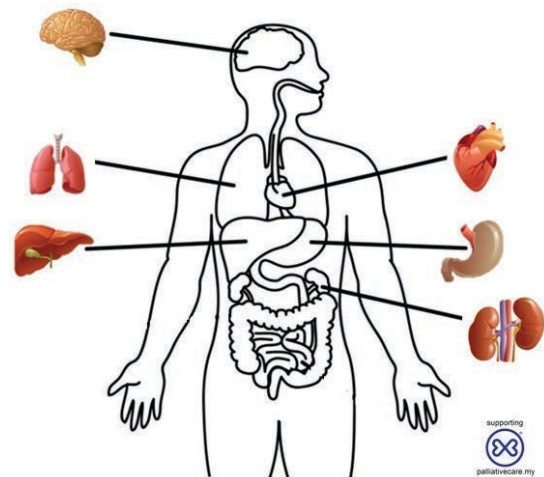
WHAT CAN PALLIATIVE CARE TEAM DO FOR PATIENTS WITH ADVANCED CHRONIC ORGAN FAILURE?

Patient centred-care- The palliative care approach aims to promote physical, psychological, social and spiritual well-being of the patients. It focuses on quality of life and it involves whole-person approach, rather than disease-focus. The care is individualised, taking into account the patients' preferences, respecting patients' dignity and supporting the family.

Pain and symptom control – symptoms such as fatigue, breathlessness, pain, insomnia, nausea, anxiety, loss of appetite will be assessed and controlled to enable patients to still enjoy life and remain in control of day to day decisions for as long as possible.

Care for patients wherever they live - Patients can be cared for, with the guidance from the palliative care team, in the comfort of their own home or place of residence. Unnecessary hospitalisation can be prevented as the team will be constantly reviewing the patients' condition. Patients can also choose to pass away at home when their condition deteriorates with the support from the palliative care team.

Chronic organ failure:
palliative care can help



There is an increasing body of evidence for the benefit of palliative care for patients with various organ failures and other non-cancer related serious illnesses.

Providing information and help with difficult decisions – the palliative care team can help patients and their family to make difficult but informed choices, for example, whether or not to give antibiotics for recurrent chest infections or whether or not to send patients back to the hospital.

Emotional and spiritual support - Dealing with serious illness can cause emotional and spiritual suffering. The palliative care team can provide support by listening to your concerns, help to explore and understand the patient and their family's fears.

Caregiver support - As a patient gets weaker, symptoms may increase and communication becomes more difficult. The palliative care team can help caregivers by addressing their concerns, guiding them on how best to care for their loved ones.

Advanced care planning - Palliative care team can discuss with patients about future planning, which will help doctors and nurses to fulfil patients' wishes in the event where patients lose the ability to make decisions for themselves. This will help to empower patients, prepare family, reduce conflicts in decision-making and reduce emergency admissions.

Bereavement care- The care which the palliative care team provides does not stop when patients pass away. The team can help to support family who may have difficulty coping with their losses by providing counselling.

STANDARD CHARTERED KL MARATHON 2016 (SCKLM 2016)

By Rini Vella, Advocacy & Media, Hospis Malaysia



Some of our supporters this year

7th August, Dataran Merdeka – By registering their participation through the marathon’s Run for a Reason (RFAR) and Corporate Challenge categories, more than 100 individuals and corporates elected Hospis Malaysia to benefit from their fundraising and CSR efforts this year.

The money raised through SCKLM 2016 will go towards funding Hospis Malaysia’s domiciliary patient services.. “As an organisation which relies almost entirely on donations from the public to sustain its operations, our income generating efforts in the next several years will continue to focus on expanding our donor base. Public engagement platforms such as the SCKLM will give our fund-raising efforts a sustainable boost” says Ms Tham Su Ming, General Manager of Hospis Malaysia.



Thank you to everyone who visited us at our booth

Participants who raised more than RM500 were given their exclusive RFAR x Adidas T-shirt



MOTIVATING OUR SUPPORTERS THROUGH THEIR FUNDRAISING JOURNEY

In the last leg of the RFAR fund raising campaign, Hospis Malaysia collaborated with The Stretch Clinic in Damansara Heights to host an exclusive social gathering for RFAR runners who had raised RM 300 or more. At this gathering, tips on how to prevent injury while running was shared by Mr Liam Harkness, sports therapist and principal trainer at the Stretch Clinic, together with his team. A mini-competition was also announced during the session as further incentive to encourage our supporters fundraising efforts.



Kannan Murugasan, Malaysia's Ultraman and trainer at the Stretch Clinic, assisting a participant with the proper stretch technique

Being elected as a charity beneficiary of one of Malaysia’s largest sporting event for the past four consecutive years is an honour and Hospis Malaysia is deeply appreciative of the opportunity. “The SCKLM has proven to be a tremendous boost to Hospis Malaysia’s fundraising efforts and a valuable platform to engage a different segment of the community, the sporting community and their network, one which we may not otherwise be able to reach, for greater public awareness on palliative care” adds Ms Tham.

A full photo album of the day is available through our Facebook page @HospisMY

ANNOUNCEMENTS & THANK YOU

FOND FAREWELL AS NURSE MANI RETIRES AFTER TWO DECADES OF SERVICE WITH HOSPIS MALAYSIA



Nurse Mani

Mani, our much loved palliative care nurse retires after 20 years of service with Hospis Malaysia and 56 years of being a nurse. Nurse Mani said: "Being a palliative care nurse allows that one on one session with patients, care becomes truly patient focused. The satisfaction and feeling that you have done something to comfort and help a patient and their family - that feeling is so rewarding and it is what has kept me going for the last 20 years."

HOSPIS MALAYSIA'S FORMER COUNCIL MEMBER, TURNS 100 YEARS OF AGE!



From being the first Malaysian to hold a position of Director General of Inland Revenue, Tax Advisor to the Ministry of Finance, to serving on the IMF in Nepal. Tan Sri Sir Lim Leong Seng has achieved many notable milestones throughout his lifetime. Hospis Malaysia is grateful to Tan Sri for his contribution as an esteemed Council Member of Hospis Malaysia for 24 years.

DATO' SIR DR PETER MOONEY COURTYARD DEDICATION

In honour of his contributions, Hospis Malaysia dedicated its central courtyard to Dato' Sir Dr Peter Mooney, founding Chairman of Hospis Malaysia. Dato' Mooney's leadership saw the development and expansion of Hospis Malaysia's domiciliary palliative care services to reach more patients in the Klang Valley, the construction of Hospis Malaysia's own building on leased land at our current establishment in Cheras and to the crucial early development of our training and education services.



Thank You

Hospis Malaysia is grateful for the continuous support it receives from individuals and corporations. Thank you for including us in your charitable giving's!

JULY: Philharmonic Society of Selangor; **AUGUST:** Sri KL Charity Music Showcase; **SEPTEMBER:** The Acacia Retreat. **NOVEMBER:** MyMug

...and thank you to the many individuals and corporate donors who continue to support us with your donations!

HOSPIS MALAYSIA'S 25TH ANNIVERSARY

By Rini Vella, Advocacy &

14th October, Majestic Hotel, Kuala Lumpur – Hospis Malaysia celebrated its 25th anniversary with a gala-dinner celebration attended by over 800 friends. “This is indeed an auspicious occasion and we are extremely proud to have reached this milestone still intact and very much a leader in the field of palliative care in the country. There have been many who have contributed to our cause and we would like to express our sincerest gratitude for the support they have to bring us to where we are” says Dato’ Richard Robless, Chairman of Hospis Malaysia in his welcome note address.

THE IMPORTANCE OF COMMUNITY PALLIATIVE CARE

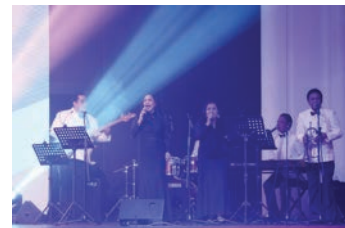
The evening began with the premiere screening of *YUSUF*, a short advocacy film on community palliative care (see pg.9). Commissioned by Hospis Malaysia, the film seeks to address key findings in the National Palliative Care Needs Assessment Report released earlier this year by the organisation. Almost 90% of the respondents surveyed were unaware of palliative care, yet after been given some information, most agreed that it is important to incorporate this approach into the national healthcare system.

Further advocating the benefits of community palliative care, Mr. Willie Tham, a patient’s family member shared his personal testimony on how the care provided by Hospis Malaysia and the Charis Hospice in Penang had made a difference in the last few months of his father’s life and to those around him.

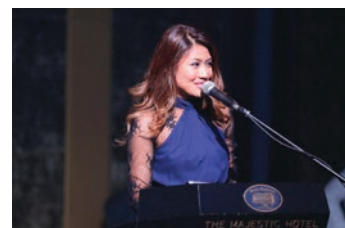
“Very often patients and families do not have the benefit of having the options explained to them properly. For example with cancer, the patient is under the impression that the only option is curative treatment – surgery, chemotherapy or radiotherapy. And when curative treatment is not recommended or has minimal chances of success, the families’ perception of “hope” is lost. Once the palliative care doctor explained to Dad and us the options, it was easier for all of us to accept Dad’s decision not to undergo chemo. The palliative care doctor asked my dad one simple question – “*what is important to you now that you know you may have limited time left?*” Mr. Tham shared.

CELEBRATING OUR ACHIEVEMENTS

The evening’s guest speaker was Professor Cynthia Goh, an esteemed friend who was involved in seeding the founding of Hospis Malaysia around the early 1990s. Professor Goh who is the current Chairman of the Asia Pacific Hospice Network (APHN) and Senior Consultant of Palliative Medicine at the National Cancer Centre Singapore (NCCS) is one of the pioneers of the hospice movement in Singapore.



Dr Ednin Hamzah



Emcee Anita Woo

ANNUAL GALA-DINNER CELEBRATION

Media, Hospis Malaysia



She commended the work of Hospis Malaysia's Chief Executive Officer, Dr Ednin Hamzah. "Under the able leadership of Dr Ednin, Hospis Malaysia really grew. You need a dedicated leader who is there a long time to build this. Dr Ednin and his team managed to build this into the best palliative care service in Malaysia with worldwide recognition", Prof Goh added. "As the Deputy Chair of the APHN and being on the board of directors for the Worldwide Hospice Palliative Care Alliance (WHPCA), Dr Ednin brings to WHPCA the Asian voice. We need to give input into this worldwide body and Dr Ednin represents APHN there; he gives the viewpoint from ASEAN and Asia" shares Prof Goh.

"Hospis Malaysia has a strong educational program. Their staffs take part in some of our teaching through the LIEN collaborative program to help develop palliative care capacity in Asian countries such as Sri Lanka, Bangladesh and Myanmar. My hope is that Hospis Malaysia will continue to do well, continue to grow and will take up the national leadership that Malaysia so much needs" Prof Goh expressed.

THE WAY FORWARD FOR HOSPIS MALAYSIA

Later that evening, Dr Ednin shared with guests the way forward for Hospis Malaysia. "I wonder whether each of you know a YUSUF in your family?" he asked, commenting on the film. Expressing that while his wish is to give the best care possible to every single patient in the country; it is not his nor the position of an NGO to do so. "But it is in your capacity to push for it. Each of us can be a strong advocate for better care in the country. We need the willpower and perhaps, the impetus to succeed. We need to create an environment for change to happen!" Dr Ednin urged the guests to join Hospis Malaysia in its advocacy drive.

Dr Ednin highlighted that Hospis Malaysia has been developing its advocacy and research capabilities. And more recently it looked into the patient burden in the country through the national palliative care needs analysis, and a public survey to determine the attitude of Malaysians to end of life care. As a final question to the guests that evening, Dr Ednin asked: "Why is it that an NGO is doing this and not the Ministry of Health? We would like to conduct a follow up study on other parameters. Because it is only through understanding what you want, are we able to provide it for you". ■



Prof Cynthia Goh

Willie Tham

WORLD HOSPICE AND PALLIATIVE CARE DAY 2016 (WHPCD 2016)

By Rini Vella, Advocacy & Media, Hospis Malaysia



Living and Dying in Pain:
It doesn't have to happen



Themed 'Living and dying in pain – It doesn't have to happen', this year's WHPCD focuses on the physical pain of a person. Driving home the message that improperly managed pain in a person with a life-limiting illness may leave the person to experience extreme physical suffering, and leave their family and caregivers in a state of distress. WHPCD 2016 underlines the serious issue of improving access to controlled medications for pain management.

'Over 75% of the world has no or inadequate access to controlled medications for the relief of moderate to severe pain' reports the Worldwide Hospice Palliative Care Alliance (WHPCA). In Malaysia, a major barrier to accessing controlled medicines for pain management lies in the lack of education and training in using opioids to relieve pain.

Opiophobia is a term to address the fear that healthcare professionals have with prescribing opioid medications. Such fears prevent patients from receiving adequate pain relief. "In most countries, doctors are not properly educated about pain management and prescribing morphine, or more worryingly; are taught that morphine and other opioids are dangerous and should be used as little as possible," states the WHPCA. There is fear that anyone using opioids will become addicted or dependent. Yet, basic education on how to assess and manage pain amongst those who prescribe medications may help to curb opiophobia.

Currently, only a handful of medical schools in the country offer palliative care training and even then, exposure to the subject is limited to only a few days out of their entire teaching. This makes counteracting opiophobia amongst healthcare professionals challenging. Hospis Malaysia recognises this and will continue to engage with relevant stakeholders and policy makers to ensure that all quadrants of a patients' suffering (physical psychological, spiritual or social) are addressed through palliative care training and education for healthcare providers.

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK (APHN) PRODUCES SHORT ADVOCACY FILM TITLED 'LIFE ASKED DEATH'

'Pain relief is the right of the person with pain and can be achieved without significant risk of dependence or addiction by ensuring adequate, though not excessive, restrictions and monitoring by qualified health professionals', the WHPCA reveals. Released in conjunction with WHPCD 2016, this short advocacy film highlights the scale of pain and suffering of those with life-limiting illnesses that needs to be urgently addressed in Asia. The film offers insights into the positive outcomes that can be achieved even in resource-limited countries. Log on to <http://lifeaskeddeath.com/> to watch the film and for further information. ■





HOSPIS MALAYSIA COMMISSIONS **YUSUF**, A PALLIATIVE CARE ADVOCACY SHORT FILM

Produced by Seeing Eye Films, **Directed by** Susan Lankester **Featuring:** Angeline Tan, Md Sazali Samuri, Badrika Bahadur, Clarence Kuna, Charlie Numan Mohd Salleh, Nurses Rachel Anthony & Yvonne

Yusuf is diagnosed with an incurable life-limiting illness and chooses to spend his remaining days at home, surrounded by his loved ones. With the support of community palliative care, Yusuf's life at home is maintained and his quality of life is maximised. As the film unravels, the benefits of community palliative care are seen to leave a positive effect on Yusuf's immediate family members.

The film asks an important question about a person's care preferences when faced with a serious illness. People now live longer with serious illnesses. Would these patients want to spend their remaining time at home or in a hospital? Do we want to be part of this change - to give our loved ones the opportunity to spend their last days with the people they love?

Commissioned by Hospis Malaysia, 'Yusuf' aims to highlight the importance of community palliative care. Visit hospismalaysia.org to watch the film and to learn more about palliative care and how to support our advocacy initiatives. ■

PALLIATIVE CARE INCLUDED IN UN HUMAN RIGHTS COUNCIL RESOLUTION ON THE RIGHTS OF OLDER PERSONS

By Rini Vella, Advocacy & Media, Hospis Malaysia



October 2016 - A resolution was passed on The Human Rights of Older Persons by the United Nations Human Rights Council (UNHRC). The resolution recognises that 'older persons face a number of particular challenges in the enjoyment of their human rights that need to be addressed urgently, including in the area of long-term palliative care'. The resolution also emphasises the need for a 'comprehensive, all-encompassing approach to the care of older persons, which should be sustainable and based on human rights, and the need for coordination among sectors, policies, institutions, regional and local governments throughout the continuum of care, from prevention, promotion, rehabilitation to long-term and palliative care, including social care and other community services.'

Palliative care aims to ensure that those with advanced illnesses are treated with dignity, without unnecessary suffering and according to their wishes. There is presently a lack of long-term care policy in Malaysia for those with advanced illnesses, indicating gaps in palliative care services and access to pain relief. What is the national plan to provide relief for those in need? Earlier this year, Hospis Malaysia identified key barriers to the development of palliative care services in the country, what are we as a nation doing to challenge these barriers? ■

PAEDIATRIC PALLIATIVE CARE WORKSHOP ATTRACTS OVER 70 PARTICIPANTS.

An excerpt by Dr Lee Ai Chong (Hospis Malaysia) and Professor Julia Downing (International Children's Palliative Care Network, ICPCN), first published online, via ehospice



Prof Julia Downing with participants

Facilitators: *Dr Ross Drake from Starship Children's Hospital's palliative care unit in Auckland, New Zealand and Professor Julia Downing from the ICPCN.*

Hospis Malaysia's 5th annual workshop on children's palliative care attracted 72 participants from across Malaysia and Singapore. The three-day workshop, covered a wide range of topics including assessment, pain and symptom management, challenging communication, palliative care for adolescents, clinical ethics, decision making and end-of-life care and bereavement.

The workshop consisted of short presentations followed by facilitated breakout sessions for group work and case discussions. Small group breakout sessions encouraged much discussions and reflective learning. In particular the session looking at how we as health professionals, impact on the suffering of the children and families that we care for – either positively in reducing suffering through the way that we care for patients, but also how we can inadvertently increase their suffering. Participants shared their own experiences and discussed how they could improve the care that they provide, and ensure that the children and their families have access to quality palliative care services.

On the final day, the workshop progressed to looking at more advanced issues. In the morning participants brought four case studies to the group so that they could discuss how best to proceed in the individual cases. A wide range of issues were raised including that of withdrawing or withholding treatment, how much treatment is too much, working with unsupportive health professionals or those who misunderstand palliative care, supporting parents to take their children home to die, home ventilation, advanced care planning and ethical dilemmas. Participants had a range of



Dr Lee Ai Chong (Hospis Malaysia), Prof Julia Downing (ICPCN), Dr Ednin Hamzah (Hospis Malaysia) Dr Ross Drake (Starship Children's Hospital)

experiences and with the guidance of the facilitators; they were able to formulate plans to manage the cases better. Role plays were utilised to give participants the opportunity to play out different scenarios and try different options.

In the afternoon, the workshop progressed to looking at integrating research and evidence based practice into clinical practice in children's palliative care. Expectations of the workshop included how we can implement palliative care in low-resource settings, how we can understand the literature and how we utilise the literature in practice. Different types of evidence were discussed, ranging from expert opinion through to systematic reviews and meta-analysis.

Participants were given a paper to review which utilised a mixed methods approach and demonstrated both quantitative and qualitative analysis and reporting. The paper, about the evaluation of a link-nurse programme in Uganda, answered the question posed at the start of the workshop with regards to the implementation of palliative care in low-resource settings.

Getting the research question right is as important as obtaining the answer to the question, and is the driving force behind research. Thus participants were given the opportunity to identify a potential research question and to begin to formulate it utilising the **FINER** approach i.e. ensuring that the research question is **F**easible, **I**nteresting and **I**nnovative, **N**ovel, **E**thical and **R**elevant. Thus, by the end of the workshop participants had had the opportunity to explore several different potential research questions, including one to explore the perceptions of palliative care of health professionals working in different hospitals. ■

DELIVERING QUALITY, EVIDENCE BASED CARE

By Rini Vella, Advocacy and Media, Hospis Malaysia

Quality standards are used in all aspects of society, from quality management systems to run a hotel proficiently, to technical specifications for manufacturing a flying drone. Typically, quality standards are used to identify gaps and areas for improvement within an organisation, to understand how to improve; and to establish the level of service an organisation aims to provide. For charitable organisations, this should be no different. At Hospis Malaysia, quality standards are used to improve the quality of care and services that we provide. We believe that quality service is delivered when our work is based on a sensitive and dynamic understanding of our patients' and their families' realities; their priorities and what they find most useful.

While important, quality standards are not mandatory. Currently, there are no nationally defined standards for the provision of community palliative care in the country. To ensure that the care we deliver is up to standards, Hospis Malaysia benchmarks itself against internationally recognised standards. "In particular we look at the African standards of palliative care. They have clearly defined basic, intermediary and advanced levels of palliative care and they assess each service according to what level of care is provided, and even link funding to that", shares Dr Sylvia McCarthy, Medical Director of Hospis Malaysia.

Informally, another way Hospis Malaysia ensures that it reaches a certain standard of care is that it asks input from visiting international palliative care experts. These experts conduct patient visits with Hospis Malaysia's team, talk to our staff, meet our patients and give us their feedback. Over the years, we have developed close working relationships with a number of palliative care experts from Australia, New Zealand, the UK and Singapore; and we follow up to date clinical guidelines and have clear policies and procedures in place.

Our electronic patient record system allows us to audit our care and make sure targets for service provisions are being met. The organisation of our day to day work is also important to ensure patients and family's needs are being met. Each morning starts with a team review of all the cases seen the previous working day. Continuing medical education is an important part of ensuring standards are met.



Hospis Malaysia conducts annual examinations with its clinical staff to ensure the quality of its patient care services is upheld

Our clinical team have a responsibility to ensure the care they provide is evidence based.

An education session specifically for Hospis Malaysia's clinical team is held weekly. This session allows the team to bring up difficult cases, discuss new developments in palliative care or revise old topics. We also encourage our staff to attend workshops and conferences. At the end of the year there is an assessment exam that looks at knowledge and skills.

Hospis Malaysia also provides teaching for medical undergraduates, postgraduate family medicine trainees and palliative care specialist trainees. Providing education is another way to ensure that everyone has to keep up to date.

Finally, we are starting to conduct research in collaboration with academics from University Malaya. Through research we can better understand our patients needs and priorities and adapt our practices accordingly.

"There is always a balance between introducing policies and procedures and measuring outcomes, and maintaining an individual approach to each patient. We hope we achieve that balance so that our care remains centred on the individual people we serve," adds Dr McCarthy. ■

UPCOMING EVENTS

NATIONAL PALLIATIVE CARE AWARENESS WEEK 2017 (17-23 APRIL 2017)

In April 2017, Hospis Malaysia will be organising the second 'National Palliative Care Awareness Week'. Check out hospismalaysia.org as we continue to update the series of events happening that week.

If you are holding an event for National Palliative Care Week 2017 that you would like us to promote, or would like to enquire on how to get involved, please email us at pr@hospismalaysia.org



16TH ANNUAL CHARITY TREASURE HUNT (22 APRIL 2017)

Every year, the event brings groups of individuals for a day of brain-teasing fun! Stay tuned as we will be providing more information through our website and Facebook pages on how you can take part in this much anticipated event.



PALLIATIVE THEMED MUGS FOR SALE

Show your support for palliative care and Hospis Malaysia with these trendy drinking mugs. Choose from two palliative care themed designs for just RM 10 each.

Contact us via email pr@hospismalaysia.org or call us at (03) 9133 3936 to register for our upcoming events or to support our fundraising initiatives.