

DO PATIENTS HAVE A SAY IN THE HEALTHCARE SYSTEM THAT IS BUILT TO SERVE THEM?

By Dr Ednin Hamzah, Chief Executive Officer, Hospis Malaysia

There is a significant disconnect between the health of the people and the emphasis of many healthcare systems, including that in our country. This has led to issues such as overcrowding, long waiting times and the lack of human resources. There is a perceived emphasis of the Malaysian community and government that healthcare needs to be hospital-centric. Health economics might suggest that the current model though affordable to the public is simply not sustainable to the national budget.

The main users of the healthcare system is the public, who access parts of the system when there is a health crisis. Although minor ailments are often seen in primary care, much of chronic care for non-communicable diseases is conducted in hospitals. It is important when we are looking at the quality indicators of the use of a health service, to focus on aspects that matter most. Unfortunately, it depends on whose lens we are using. From a health economics point of view, this could be cost. While an oncologist may look at cancer survival. Few would look at what matters to a patient.

Patient related outcomes are becoming increasingly important in any healthcare provision. And in assessing the effectiveness of palliative care delivery, this is

paramount. As healthcare practitioners, what patients tell us is important. But how often do we utilise this valuable information to improve the delivery of healthcare?

One of the myths of medicine is that it is a curative discipline. The reality though is that there are few major diseases that medicine actually cures. Bacterial illnesses, removing noncritical organs when something goes wrong such as appendix, fixing fractures are common examples of a curative content and there are some others. Most people that present in healthcare settings with diseases such as diabetes, chronic bronchitis, renal failure, dementia, most cancers and others are not curative. Medicine however offers treatment to delay progression, reduce complications and hope to reduce symptom burden and offer a better quality of life. A person that may be cured from a disease will likely later succumb to another.

Patients are more aware of their illness than healthcare professionals may think. What they hope from healthcare professionals are relevant information conveyed in a form that they understand, relief from pain and other distressing symptoms, participation in decision making and no prolongation of suffering and the peace of mind that they can trust their

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healthcare worker. What is also important during their illness is a strengthening of important relationships and having hope with each patient's perception of hope meaning different things to each of them.

This was apparent during the Covid pandemic, where some symptomatic patients opted to stay at home rather than be admitted to hospital where they would be isolated. They were aware of the implications yet chose the dangers of being at home rather than isolation and despair in hospital. If symptoms could be managed at home, there would be less pressure on a hospital system.

The views of patients and their families are rarely sought in planning services. Recently Hospis Malaysia surveyed families of patients that we cared for in 2022 as a way of understanding their care experience with a view that their feedback could give us valuable insights on how we can improve the care that we provide. The results are in Table 1, and were used to inform our clinical team on areas where they can improve their care, such as pain and other symptom management, and their attitudes to the patients and their caregivers.

The challenge for our healthcare system is to utilise the evidence base for patient related outcomes and integrate them into the design of our healthcare provision. This could also impact our healthcare education and health economics. Healthcare costs seems to always look at adding resources such as machines and medicines rather than question the appropriateness of tests and treatment to outcomes.



	Always	Almost Always	Sometimes	Never
Did our staff treat you with respect and dignity?	88.8%	9.5%		
Was your pain controlled?	29.9%	40.2%	27.1%	2.8%
Were your other symptoms controlled?	24.3%	39.3%	25.2%	11.2%
Were you given time to discuss what is most important to you?	69%	26.7%		
Were you given enough information?	65.8%	27.4%	6%	
Did our staff respond to your calls in a timely manner?	68.15%	24.1%		
Were family members/carers given time to discuss their concerns?	68.7%	24.3%		
Have you used the emergency number?	Yes 45.2%	No 54.8%		

These results in either wastage or futility, and little is done to measure this aspect of spending.

The alleviation of pain and suffering should always be a priority for any healthcare system. Talking about new drugs, machines and building mean nothing until it translates into better care and quality of life. We require a more streamlined approach to healthcare that looks at better community care, improving communication, better dignity in care, improving the alleviation of pain and other distressing symptoms including social, psychological and spiritual issues and caregiver support programmes.

There is ample evidence that a quality palliative care service and the provision of a comprehensive community palliative care programme will deliver better care, improve quality of life and allow patients to be cared for where they desire. All this with a potential to also reduce costs. ■

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A REVIEW OF HOSPIS MALAYSIA IN 2022

PATIENT SERVICES

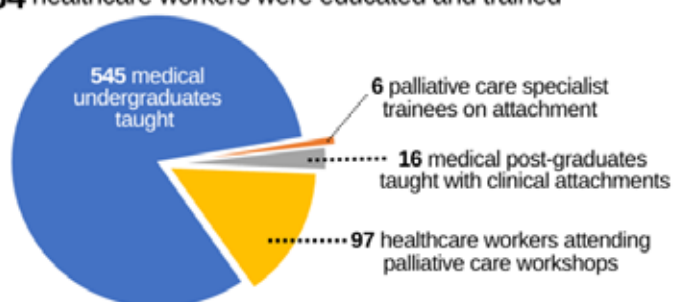
-  **1,755** patients referred to receive palliative care services
-  **11,706** home visits made by our nurses within Klang Valley
-  **133** emergency home visits made after hours
-  **33,935** phone calls made to patients under our care
-  **1,473** emergency calls received by our on-call medical team after hours



TEACHING & TRAINING



664 healthcare workers were educated and trained



Continuation of teaching on the e-learning platform

388 medical students accessed and were taught online using our e-learning modules

PUBLIC EDUCATION & FUNDRAISING



Palliative Care Awareness Month

Total campaign reach: 63,799
Palliative Care Pledges to improve access to palliative care signed: 118



Publication of our 5-Year Review (2017 - 2021)



21st Annual Charity Treasure Hunt
47 teams with 167 participants



Voices for Hospices

Was attended by over 500 guests, including the Minister of Health. Garnered 29 million in media coverage reach and RM1.4 million in media value.



Kuala Lumpur Standard Chartered Marathon 2022

Saw almost 500 runners supporting us in the Run for A Reason category.

MANAGING PAIN – WHY IS IT IMPORTANT?



Pain is a common and feared problem for people with advanced cancer as well as those with non-cancer conditions such as dementia and end stage organ failure. Patients diagnosed with these serious illnesses often ask “Will I suffer? Will I be in pain?”

The goal of palliative care is to relieve suffering and improve quality of life. Good pain management is one of the central pillars of good palliative care. And a step-by-step approach to managing it allows the symptom to be managed well and potentially also minimise the side effects of any drugs being used.

When helping a patient manage his pain, a palliative care practitioner appreciates that the patient is always the best person to tell you about his pain, as pain is subjective and unique to the person experiencing it. However, if the patient is unable to communicate, we will take a pain history from his caregiver and observe his behaviour e.g., does your loved one grimace during positioning in bed. This may indicate a pain response.

It is also important to acknowledge that pain can be made worse if the patient’s emotional and spiritual needs are not addressed. This is why many practitioners say that pain needs to be managed in a holistic manner, for if it is not addressed properly, pain can affect a patient’s life, and his relationship with family and caregiver.

These are some of the key steps our clinical team will take when they are working with a patient and his family to manage the patient’s pain.

- We will conduct regular pain assessments by performing a physical examination as well as ask relevant questions pertaining to the patient’s pain.

- We will address any concerns the patient and caregiver have e.g., how and when to give pain killers, concerns about addiction, and possible side effects
- If painkillers are needed, our doctor will prescribe medications according to the World Health Organization’s analgesic ladder. We will tailor a pain management plan according to the patient’s individual needs, and this may be a combination of different painkillers, depending on the cause(s) of pain.
- We will encourage that a pain diary be kept to document e.g.: what aggravated the pain/is there a regular timing when the pain is worse/duration of the pain/what medications were taken and its effectiveness/side effects
- If needed, we will refer our occupational therapist to help the patient with certain exercises or therapy or positioning of the patient which may help reduce the pain.

Here are some of the questions our team will ask when assessing a patient’s pain:

- *Tell me about your pain, where is the pain, and how often do you get the pain?*
- *How does your pain feel like e.g., does it feel tingling/aching?*
- *Does the pain travel to other parts of the body?*
- *What makes it better? What makes the pain worse?*
- *How is the pain affecting your life?*
- *Can you rate your pain from the score of 0 to 10, with 0 being no pain and 10 being the worst pain you can imagine?*

It is important to remember that a person’s pain experience can change over time. Our team therefore will review each of their patient’s pain management plan regularly to ensure it is optimally managed. ■

WHAT HAPPENS TO PATIENTS AS THEY ARE DISCHARGED FROM HOSPITAL AND RETURN TO THE COMMUNITY?

The core of Hospis Malaysia's patient service is its domiciliary care service, where a palliative care team will support patients with a serious illness and their families by helping them manage the patient and to help the patient live well at home. Across the world, research has demonstrated that patients with progressive serious illnesses prefer to be cared for at home if there is appropriate support to enable them to do so.

A referral to Hospis Malaysia's domiciliary (home) care service is usually done after a patient undergoes an outpatient consultation or if his condition requires an admission to hospital and is discharged after he is stabilized. These patients are usually considered stable but require support at home. A nurse is assigned and she will visit the patient at home to assess his condition. She will then engage with the patient and family to discuss the patient's goals of care, identify caregiver needs, and equip the caregiver with skills and knowledge to manage and care for the patient. The patient's pain and other symptoms are treated at home to the extent possible. Treatment for the disease and regular hospital consults may continue. The nurse will also help the patient and family deal with emotional as well as caregiving issues, and address the patient's concerns in various aspects. Often, discussion on goals of care will also include how and where the patient may want to be cared for at his end of life.

Sometimes however, there are late referrals when patients are referred during the final leg of their journey despite an early diagnosis. These patients often have multiple issues rendering their condition unstable as they experience multiple physical and/or psycho-social distress. These patients are often admitted to hospital because their condition has been deteriorating and the family cannot cope with the deterioration at home. Sometimes, even as the patient's condition remains unstable, the family opt for early discharge to honour the patient's request to spend his last days at home. As a domiciliary care provider, if the patient is discharged in an unstable condition, it is more challenging to stabilise their condition at home, in a limited resource setting, where care and symptom control may not be optimal. This then causes the patient and family to become even more distressed.



A referral to Hospis Malaysia reduced Mardhiah's visits to the hospital while her pain and symptoms were managed at home by her mum with the help of our palliative care nurse.

Building a good working relationship with our colleagues in hospital to understand the challenges patients and families face when they are at home is therefore important. With the hospital and community teams working together, important conversations are facilitated with patients and their family for a well-planned discharge and referral, so they understand how best domiciliary care can help improve their quality of life. The family will be supported with adequate training to be able to care for their ailing loved one at home and prepare for end-of-life changes.

To meet the needs of our fellow Malaysians, who in line with global respondents have reflected a preference to spend their last days at home, in familiar surroundings and with loved ones, it is important for patients and their family to exercise their right to informed decision-making. It is important for patients to be aware of their diagnosis and prognosis, and to be able to have meaningful dialogues about their care preferences with their healthcare providers. As for healthcare providers, there needs to be a stronger resolve to make the term "seamless delivery of healthcare from hospital to community" a reality. ■

CATCHING UP WITH HOSPIS MALAYSIA'S LONGEST SERVING GOVERNING COUNCIL MEMBER, MR JAMES MENEZES



James at Hospis Malaysia in January 2023

An accountant for 25 years before retiring in 1990, James Menezes joined Hospis Malaysia as a Governing Council Member in 1996 and stayed on for the next 28 years. He retired in late 2022 and has since become an Honorary Advisor. Here he looks back on his journey with Hospis Malaysia as its

longest serving Governing Council Member.

1. How did you begin your journey with Hospis Malaysia and why?

I got to know about Hospis Malaysia after a friend of mine, Datuk Francis Huang who was the Vice Chairman then, approached me for fund-raising assistance. At that time, the founder, the late Datuk Dr Peter Mooney, was also in the midst of setting up his first Governing Council and had asked me if I could help to set up the organisation's financial structure. I took the challenge as I was by then semi-retired, and had the time and desire to serve a noble organisation like Hospis Malaysia.

The decision was also inspired by a difficult period my family went through earlier. My mum was bedridden after a stroke and my elder sister was her caregiver. I saw how both of them struggled through the ordeal. Although her condition was not at that point life-limiting and she did not necessarily have palliative care needs, I could see that what they both needed was support to enable my mum to be cared for at home. I saw the importance of the work of Hospis Malaysia which was set up to support patients afflicted by serious illnesses such as cancer, and how the patients and their families were affected by the suffering as a result of the illness. And the service was provided to the patients and their families in their own homes at no charge. I felt it should get all the help it could to be able to help more people.

2. You'll be known by many at Hospis Malaysia as the "longest serving Council Member" with utmost dedication to the cause. What's your thought on this?

"Longest serving" is by virtue of the fact that some retired earlier than I did. And many of them were just as dedicated. I would like to specifically mention the tireless efforts of my mentor and friend Dato Dr Sir Peter Mooney who requested I take over the Chair from him in 2008 when he felt his time to retire from Council was imminent. His knowledge of palliative care, apart from being one of the best legal minds, inspired me to continue to serve with humility and privilege and to build on the foundation and direction he established for the organisation.

I was also very inspired by the high standard of ethics and delivery of care expounded by our CEO Dr Ednin Hamzah. His knowledge and understanding of the development of palliative care practices and different models of care across the world and its applicability to our local setting gave me encouragement to give my best to this organisation.

There were certain circumstances that led me to staying on. I'd planned to retire 4 years ago. But circumstances superseded my decision as the last treasurer unfortunately fell ill and didn't survive the illness. I was asked to reassume the position of Treasurer until they found someone to take over. So, in 2022, when Dr Ong Hock Chye who had recently then retired from his position as Auditor-General of the Asian Development Bank joined Hospis Malaysia as a Governing Council Member and was confident of taking on the position of Treasurer, I retired.

I also knew that it was important to pass the baton on to fresher minds, who were perhaps more able to provide the organisation with the support it needed to help it with its vision and future development. I did say though that I will continue to support the Governing Council and management in any way I can, without necessarily holding a Council seat.

3. In your 28 years as a Council Member and for a period of time as Chairman, what have you observed as the organisation's most significant developments?

One significant milestone during my tenure was the establishment of a purpose-built premise to better meet the needs of patients, management and staff. The result is the "home" we have today that enables Hospis Malaysia to provide enhanced services with the support of facilities. An example being the Day

Care centre that can offer some respite to patients for a bit of distraction from their disease. The other which is perhaps even more important is the additional space and facilities to support our growing teaching and training activities. We realised very early on that as a standalone



James during his tenure as Hospis Malaysia Chairman from June 2009 until July 2011

facility, we would not be able to reach every patient in need of palliative care. The country is quite vast, and it would not be possible and time efficient to send our doctors and nurses to Perlis, Sarawak, or for that matter even just Kuala Kubu Baru. But we could teach and provide attachment programmes to train others to do what we do. They can then eventually return to their own communities to offer the much-needed care and support.

Overall, Hospis Malaysia has evolved into a very well-structured organisation. There are systems and policies that cover all the organisational aspects with focus on patient care. We ensure every Ringgit raised goes substantially to the patients and we have structured cost centres to be aware of how the money is spent on patient care, pharmaceuticals, as well as teaching and training. In recent years, we have also found that it is also important to educate the public about the benefits of good palliative care support. As such we have set aside some money each year to do this.

4. As a leading figure in the accounting profession, how do you view Hospis Malaysia's professionalism in managing its finances and corporate governance?

Very well-managed. Apart from having proper systems and procedures in place, the senior management also has a good understanding of the need for governance and compliance. One aspect we always focus on is that donated funds are properly spent and accounted for. As a charity with tax-exempt status, we keep a keen eye to ensure that we are in full compliance with the guidelines promulgated for organisations granted tax-exempt status by the Inland Revenue Board. There is also a budgetary system in place to control expenditure. We ensure our Treasurer has a strong accounting or finance background to ensure full accountability for our income and expenditure. On a scale of 1 to 10,

“Over the years, we’ve also progressed to sharing knowledge and best practices with other hospices, and healthcare workers interested in the practice of palliative care. In the last 10 years, we have also become a key training centre for doctors from the Ministry of Health training to become palliative care specialists, and this is indeed a significant endorsement of the quality of our work. Internationally, we’ve also gained a lot of recognition for our work.”

I'd rate it an 8 or 9 for its governance and control. It's not a 10 as there's always room for improvement.

5. How do you feel you've left the organisation in?

In very capable and excellent hands of course! The Council we have today is very strong. It comprises eminent people led by Dato Kathleen Chew who is then supported by many other very able individuals. She shares a common vision with management and her fellow Council Members, so the prospects of taking Hospis Malaysia to another level are very real now.

6. What does your support to the organisation as an Honorary Advisor involve and how do you continue to add value in this role?

With all humility, I'd like to say that the term "advisor" does not best describe my role post retirement, as the governing council members and senior management are capable people with impeccable credentials. My role would be more towards advocacy and fund-raising assistance, where I hope to help ensure that those who've been generous donors will continue to support the good work of Hospis Malaysia, knowing that I continue to have my pulse on the organisation and its good work. ■



James supporting Hospis Malaysia's Charity Bazaar in 2014

MYTH #5: PALLIATIVE CARE IS ONLY FOR THE ELDERLY

FACT: HOSPICE AND PALLIATIVE CARE IS FOR PEOPLE OF ALL AGES.

The truth is... people don't like to think that children can fall seriously ill, and have their lives shortened. People of all ages can develop a life limiting illness and palliative care needs to be available to support patients of all ages.

ORQED BT MUHAMMAD FARIS, 8 YEARS OLD

Orqed was born at term with normal developmental milestones until she was 3 years old, when she started experiencing gradual deterioration physically. Tests detected that she had neuro regression, epilepsy, and was eventually diagnosed in 2020, at age 5 with Batten disease, a life-limiting genetic disorder causing seizures, vision loss and cognitive problems. After early years of growing normal and being a happy child, the bubbly girl who enjoyed singing and dancing, was bed bound and feeding through a tube by age 6.

"We were in denial," mum and main caregiver, Nadia said. Orqed's parents began researching, thinking she could get better with therapy, as her condition didn't seem very debilitating then. "We were still hoping," Faris, Orqed's dad, disclosed. But as time went by, they could see Orqed regressing. After they got to know another family whose two children also had the same condition and realising there was no cure, the couple started to accept their daughter's condition and focused on moving forward while ensuring they spend as much quality time as possible with her.

In March 2022, after Orqed was admitted to the hospital and the doctor saw that her condition had progressed, he suggested a referral to Hospis Malaysia. Support from Hospis Malaysia alleviated the family's worries, amidst their struggles of looking after

Orqed 24-7. For example, there is the reduced need to rush Orqed to the hospital each time a health issue crops up. "We never know when it's an emergency and when it's not. So, every trip to the hospital is very stressful. Now, we call Hospis Malaysia's nurse, she'll come over to check and advise us if we need to go to the hospital. With Hospis Malaysia supporting us, we have a direction on how to manage Orqed's condition," Nadia shared.

Nadia relayed an incident where she gave Orqed medication that she didn't know her husband had given earlier. "I panicked and rang Hospis Malaysia. The on-call nurse checked with their pharmacist and I was immediately assured that the extra dosage was still safe for her. We were just advised to monitor her for additional drowsiness which may suppress her breathing. And she was fine."

The medical support Hospis Malaysia is providing Orqed, helps assure her parents that she can be supported at home. "We're not left on our own feeling helpless," Faris admitted. This helps them live up to their newfound purpose, now that they've come to terms with the reality of it and knowing that there is a team supporting them with what lies ahead. "We just want her to be comfortable and without pain, while we continue making memories with her as a family while we can," Nadia said. ■



Orqed with her mum, brother and Hospis Malaysia palliative care nurse



PALLIATIVE CARE AWARENESS MONTH

April 2023

April is Palliative Care Awareness Month (PCAM), a campaign initiated by Hospis Malaysia to raise public awareness about palliative care. With over 100,000 people estimated to require palliative care in the country each year, there is a high likelihood of someone we know affected by the diagnosis of a serious progressive illness, and requiring palliative care support to ensure that they live the last stages of their lives with dignity and some semblance of quality of life, free from suffering.

A well-known physician once said – “if you didn’t know it exists, how do you ask for it?” As a key pillar of our work, Hospis Malaysia has therefore seen the need to provide as much information and knowledge as possible to the public about this very crucial area of healthcare, for many have had encounters with fellow Malaysians or have themselves struggled with dealing with the care of a loved one confronted with the diagnosis of a serious illness such as cancer, organ failure or a debilitating neurological condition such as Motor Neurone Disease. In addition to educating the public on the benefits of good palliative care, PCAM is also pivotal in highlighting the serious gaps in access to this crucial component of healthcare in our country.

Through PCAM, Hospis Malaysia continues to build awareness of palliative care with various stakeholders, especially in how it aims to help reduce pain and suffering, and emotional and psycho-social distress experienced by anyone of any age when diagnosed with a life-limiting illness.

PCAM also serves to highlight the reality that a diagnosis affects not just the patient, but also the well-being of the people around the patient, and therefore requires that any delivery of palliative care needs to be holistic in nature, and supported by a multidisciplinary team of healthcare workers.

This year’s PCAM theme is “Healing Hearts & Communities”. As we learn to navigate life in a post Covid-19 world, we are reminded of the millions of families and caregivers grieving the deaths of their loved ones, and many more whose loved ones continue to face the diagnosis of other life-limiting illnesses. The theme is about healing together because the journey of healing and moving forward is not a lone path. It does take a ‘village’, or in this day, the community, to help one another move on despite a loss or impending loss. It is our hope that with the highest level of quality medical care combined with the emotional and spiritual support that families need when facing a serious illness or the end of life, grieving and healing can occur despite the challenges.

This April, in conjunction with PCAM 2023, we call on the community to join us in the call to advocate for equity in access to palliative care by signing the pledge at <https://www.palliativecare.my/pledge-support/>. ■



WORKSHOP ON GRIEF AND BEREAVEMENT CARE: 17-18 DECEMBER 2022

Grief is a response to loss that affects our thoughts, behaviours, beliefs, feelings, physical health and relationships. Bereavement is the process of grieving and the period of mourning that is entered after someone has passed away.

Everyone at some point experiences the death of a loved one. Grief is the normal emotional reaction to loss, but the course and consequences of bereavement varies for every individual. Palliative care integrates the psychological, spiritual and cultural aspects of care, and offers a support system to help carers and families cope during a loved one's illness and in bereavement.

To continue to improve the skills in this area of work for our clinical team and other healthcare workers training in palliative care, our annual Workshop on Grief and Bereavement Care in collaboration with the Asia Pacific Hospice Palliative Care Network, resumed during the weekend of 17-18 December 2022. We were privileged to have three experienced medical-social workers with us over the course of the weekend learning: Professor Amy Chow and Mr Ng Yong Hao from the Department of Social Work & Social Administration at The University of Hong Kong, and Professor Gilbert Fan from the Psychosocial Oncology Department at National Cancer Centre Singapore. Our three facilitators were joined by three PhD trainers-in-practice from Hong Kong: Dr Jiao Keyuan, Ms Joy Wang and Ms Margaret

Suen, who observed and assisted throughout the 2-day workshop.

The workshop is designed to equip healthcare workers with the knowledge and skills to address the challenging aspects of loss, grief and bereavement of patients and their families. Prof Amy Chow highlighted an important area of grief often not recognized and addressed - anticipatory grief, which is an emotional state patients and families may experience when they receive news of a poor diagnosis and prognosis, and in anticipation of a loss in the future.

The facilitators used role-play scenarios to allow participants to practise addressing the process of grief management. Through role-playing, participants were taught how to create a healing environment for patients and their families – training them to support the patient and family as early as at the point of diagnosis. With everyone in attendance required to participate in the role-play activity, all 52 participants actively engaged in discussions and exchanged ideas enthusiastically, ensuring that everyone left with valuable information to aid them in their everyday duties as palliative care health workers. ■



Professor Amy Chow on bereavement care being an integral part of palliative care



Mr Ng Yong Hao in a discussion with attendees

To achieve our vision of making palliative care accessible to all in need, we are aware that we cannot do this alone. We are constantly looking for ways to increase our reach in the community by engaging in collaborative partnerships with others. In our work on public awareness and fundraising, we are always thankful for the many partnerships we have built with our regular and new supporters. During the period of December 2022 to March 2023 we would like to thank:

THANK YOU!

Damacai for their donation in conjunction with their Annual Community Aid Charity Programme 2023.



Mitraland Group for their fundraising initiative in conjunction with Mitraland Group's 24th Anniversary and Dinner.

ASNB Wakalah Sdn Bhd for their donation in support of our patient services.



Kuala Lumpur and Selangor Chinese Chamber of Commerce & Industry (KLSCCCI) for selecting Hospis Malaysia as a recipient during its Celebration of Lunar New Year Ceremony 2023.

... and thank you to the many individuals and corporate donors who continue to support Hospis Malaysia with your generosity!



PALLIATIVE CARE AWARENESS MONTH
April 2023



HEALING HEARTS & COMMUNITIES



Palliative care aims to help people with serious illnesses live as well as possible by supporting their physical, emotional, spiritual and social wellbeing. Let's come together as a community to ensure that this multi-faceted area of healthcare is available to all when the need arises.

To find out more:



Upcoming Events

APR Palliative Care Awareness Month (PCAM) 2023

8 APR Donate A Brick Project
Email pr@hospismalaysia.org for more information

27 - 28 MAY Hospis Malaysia 22nd Motor Charity Treasure Hunt

8 - 9 JULY Palliative Care Workshop on Communication Skills:
Facilitating Conversations in Serious Illness

9 - 11 SEP Paediatric Palliative Care Symposium 2023

30 SEP - 1 OCT Kuala Lumpur Standard Chartered Marathon 2023

For more information on Palliative Care Workshops, please email education@hospismalaysia.org or phone: 03 - 9133 3936 ext. 146 (Siti)



**22nd Annual Charity
TREASURE HUNT 2023**
KL - Kuantan | 27 - 28 May

Registration: RM280
Registration Ends: 25 April 2023

Corporate Sponsors are welcome with complimentary team entitlement.

Find out more:



RUN FOR A REASON
RUN FOR HOSPIS MALAYSIA



Would you like to be part of one of the most exciting sporting events in Malaysia?

The Kuala Lumpur Standard Chartered Marathon is happening on 30 Sept and 1 Oct!

Sign up to run in this prestigious event and help raise funds for Hospis Malaysia.

Find out how:

