

1) **Elfrink E J et al. Problem solving by telephone in palliative care: Use of a predetermined assessment tool within a program of home care technology. Journal of Palliative Care, 2002, 18(2):105-113.**

“This is a retrospective study of the effectiveness of telephone service using a predetermined assessment tool (PAT) for home care clients discharged from the Rotterdam Cancer Institute from 1997-1999. Palliative care nursing staff offer 24-hr telephone service for home care clients using the PAT developed with Cusack’s principles. 124 patients were discharged to home care with technical support (52 in 1997, 33 in 1998 & 39 in 1999). 52% of patients called 157 times. Majority (73%) came from the patient or the family. Call frequency from GP did not change but calls from district nurses increased 4-fold from 1997 to 1999. Nursing home staff started to use the telephone service since 1998. Reasons for calling include pain (40%), technical problems (33%), other symptoms (19%), general information/advice (6%) and logistics problem (2%). Overall the service is extremely cost-effective – 97% of the problems were solved through telephone service without admission. Mean time to respond was 16min.”

Comments – This 24 h palliative care telephone service using a PAT tool created another possibility for cost-effective home care in terminal cancer patients with complex care needs. Can this be translated to home care services in palliative care field in Hong Kong? Are you for or against it & why?

2) **Cohen SR et al. What determines the quality of life of terminally ill cancer patients from their own perspective? Journal of Palliative Care 2002, 18(1): 48 – 66.**

“Several instruments are available to measure the quality of life (QOL) of palliative care patients. However, majority of them have not addressed / measured what patients perceived as most important to their QOL. This study sets out to understand the primary determinants of QOL in palliative care. 60 participants were interviewed followed by systematic content analyses of the transcripts. 5 broad domains were found to be important determinants of patient QOL. These included 1) patient’s own state (physical, cognitive, psychological, physical condition), 2) quality of palliative care, 3) physical environment, 4) relationships and 5) outlook. The authors concluded that many existing tools cover many of these domains but none includes all relevant content. The McGill Quality of Life Questionnaire developed by the authors was thus revised based on this study”

Comments – Meaningful QOL tools / measurements must address what patients’ perceptions are. Progress is seen in this area recently (like Hospice Care Performance Inventory, HK). However, researches in medical field would certainly be enriched if we draw analogy to other fields like service industry where famous tool like SERVQUAL has long been employed to assess clients’ perception of service qualities. You will be surprised by the similarities of major domains listed.