Sharing on
22nd International Congress on Palliative Care

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The 22nd International Congress on Palliative Care, which has been hosted biennially by McGill University for more than forty years, was held in Montreal, Canada on 2-5 October 2018.

Palliative Care professionals from more than 60 countries including USA, Europe, Asia, Australia and Africa well attended the Congress and made it a success. There were a total of 16 delegates from Hong Kong, including six doctors, nine nurses and one dietitian. It was also my great pleasure to have the opportunity and sponsorship from Hospital Authority to attend this truly international Congress.

The Congress was sparked off by the opening plenary with a speech by Dr David Clark, Professor of Medical Sociology from University of Glasgow, Scotland and he pointed out that palliative care interventions could have impact at three levels – individual, social and societal and that these interventions could have a collective power to create a compassionate community. As mentioned by the Chairperson, Prof Bernard J. Lapointe who is the Director of Palliative Care McGill, this congress explored three core values essential to palliative care: compassion, care and altruism, which formed the theme and were reflected in multiple, diverse learning opportunities. The Congress consisted of scientific seminars, research forums, plenary lectures, workshops and proffered papers covering the medical, nursing, psycho-spiritual, ethical and legal aspects of palliative medicine. The parallel seminars, workshops or proffered papers could be as many as fifteen across the time, and all with simultaneous interpretation between English and French!

As a physician, I paid more interests on clinical pharmacology, symptom management, medical ethics and research. During the congress, much has been presented and discussed on methadone, ketamine, opioid rotation, cannabinoid and psychedelics. For example, Dr Eduardo Bruera from The University of Texas MD Anderson Cancer Center, Houston, Texas, USA, revisited the topic on low dose methadone as co-analgesics. Dr Mary Lynn McPherson from University of Maryland School of Pharmacy, Baltimore, MD, USA presented the challenges in medication management in advanced illness. A few other elite speakers from USA and Canada also enlightened us on the use of
cannabinoids and psychedelics for pain and symptom management in palliative care but they both stressed the challenges of regulatory and legal issues to the use of these medications.

In another plenary lecture by Dr David Currow from University of Technology Sydney, Sydney, NSW, Australia, he talked about the value of randomized controlled trials in improving palliative care, which was not only in publishing a paper, but also in changing clinical practice, influencing policy and future research. In another special seminar by Dr Robert A. Neimeyer from University of Memphis, Memphis, TN, USA, he demonstrated a model of restoring coherence and reconstructing the continuing bond in bereavement care. The closing plenary was chaired by Dr Balfour M. Mount who is the Emeritus Professor of Palliative Medicine, McGill University, Montreal, QC, Canada. He, together with two spiritual leaders, shared the concept that compassion should have a component of action and was the key to personal spiritual renewal.

For the proffered paper session, our society was privileged to give an oral presentation by Dr Raymond Kam-wing Woo with the topic “BUPPALHO Study: Burnout Among Public Hospital Doctors Engaged in Cancer Palliative Care in Hong Kong” which revealed that the palliative care doctors working in public hospitals suffered from various degree of burnout ranging: 69.2% respondents were experiencing at least 1 high burnout symptoms and 23.1% suffered from pathological level of all 3 core symptoms of burnout. This talk let the audience know something about the local burnout rate and possible work-life imbalance among palliative care doctors in Hong Kong. For the poster presentation, among the three hundred and forties, there were also three by Hong Kong delegates.

To me, the Congress was highly successful and truly an educational and inspirational one. It was genuinely treasurable for me to have a week of time-out to rediscover and renew my commitment to palliative care. For higher physician trainees in palliative medicine, it was also an invaluable resource to prepare the dissertation topics and exit examination. The 23rd International Congress on Palliative Care will take place again in Montreal in 2020. I heartily recommend you to join in the years to come.

In 2014, a specific “Do-Not-Attempt Cardiopulmonary Resuscitation” (DNACPR) form for non-hospitalized patients was developed by HA along this line, when the HA Guidelines on DNACPR was extended to cover seriously ill non-hospitalized patients. To avoid misuse, the DNACPR form is to be signed only for defined categories of seriously ill patients with end-stage irreversible diseases. While this DNACPR form is being accepted by A&E team, unfortunately, this is not yet accepted by the ambulance crew, because of concern over the “duty to resuscitate” in the Fire Services Ordinance.