



PERSATUAN HOSPIS PULAU PINANG

Penang Hospice Society

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Tax-exemption number: 5651

A brief description of our service

The "Hospice at Home Programme" (HHP) which started in 1992 provides medical care in the homes of any resident of Penang who is having an advanced illness. While most have cancer up to about ten percent of our patients do not have cancer. All can have multiple problems- physical, psycho-social, spiritual - resulting in much suffering. Our palliative care nurses and doctors will address these issues with the goal of reducing suffering and helping the patient and family cope with illness at home. At any one time we have about 170 patients under care. This year we expect an increase to about 500 new patients. The cumulative number of patients helped till end 2017 will be around 9000. Delivery of professional care in the homes of patients is indeed an innovation in Malaysia as the formal health care system does not provide such a service.

The Hospice-at-Home Programme team comprises eight full time Palliative Care Nurses (PCN), two part time doctors, five volunteer doctors and some volunteers who visit the patient at home. Upon referral from the doctor or family, the Palliative Care Nurse will make contact within 48 hours. She will consult the doctor for the management and also arrange for visit of the doctor. Thus every patient is seen by a doctor at home. All members of the Hospice Team have received training in hospice philosophy, symptom management, listening and communication skills. The service is provided FREE. However, the patient or the patient's family may be asked to buy needed medications or dressings which we are unable to supply. Where patients are very poor, we source funds from friends of hospice. We also loan surgical beds, wheelchairs, commodes and other equipment such as Oxygen concentrator.



A Palliative Care Physician and nurse with a patient



A Palliative Care Nurse assessing a patient

Through this programme, our nurses and doctors reach out to patients and their care givers by providing support services in the comfort of each patient's own home.

Completion of Lien Collaborative for Palliative Care Project in Bangladesh

Written by: Joyce Chee, APHN Executive



The Lien Collaborative for Palliative Care Train the trainer's project in Bangladesh has successfully completed in last month. Started in 2013, the program has trained group of 35 interdisciplinary participants from 9 institutions. Through interactive, case-based learning, ward visits, bedside teaching on patients, role play, and lectures, the programme aims to develop this group of participants into master trainers and palliative care champions in their country.

The teaching faculty comprises of 13 doctors and nurses from Australia, Canada, India, Singapore and Japan, conducting centralized training at the National Institute of Cancer Research and Hospital (NIRCH), Bangabandhu Sheikh Mujib Medical University (BSMMU) and Dhaka Medical College Hospital (DMCH) over 6 in-country training sessions conducted from 2013—2018. Lead by Associate Professor Cynthia Goh and Co-lead by Professor Sushma Bhatnagar, the team will stay in Bangladesh for a duration of about a week for each teaching session.

Here are some of the comments and feedback by our participants of the programme:



Faculty of the 6th teaching module with participants

“Thanks APHN all team members. All programs were excellent and very helpful for us. We have learnt many things.”

“After doing this training, I have managed my patients in correct way, eg pain management and relieve symptom management.”

“The main learning point today is to know about palliative emergency. I also learnt about interventional pain treatment which is almost blank to me. Thanks to the teachers.”

“I am able to provide better wound care, stoma care and fistula care; and better communication with my patients”

Though the programme has ended, I believe that the “hospice movement” in Bangladesh is just beginning. We look forward to the continued engagement of our members in Bangladesh!

Lien Collaborative for Palliative Care—Bangladesh

[A little background to Palliative Care in Bangladesh](#)

Source: *Life Asked Death Website*

Bangladesh, a densely populated country of over 160 million people, has made strides in the development of palliative care despite the difficulties it faces. It is among a handful of countries in Asia which recognises palliative medicine as a specialty. Today, affordable oral morphine that patients can bring home to take and use is being produced and distributed in Bangladesh. Major government institutions like the NIRCH, BSMMU and DMCH, which are in the process of building up their palliative care services, will become the teaching centres in palliative care in the future.

According to the Global Atlas of Palliative Care, published jointly by the WHO and the Worldwide Hospice Palliative Care Alliance (WHPCA), Bangladesh suffers from inadequate access and availability of hospice and palliative care. Its palliative care activities are heavily donor dependent.

The usage of morphine is generally low with annual average consumption of less than 5mg/capita, well below world average, contrary to the World Health Organisation's recommendation of oral morphine as the gold standard and essential medication for pain relief that should be available to suffering patients. The scarcity of palliative care and pain relief medicines in Asian countries like Bangladesh are compounded by other socio-economic issues such as poverty, high patient load and overcrowding at public hospitals and healthcare facilities.

The International Narcotics Control Board needs your help to complete a crucial survey on access to controlled medicines in your country or region

The International Narcotics Control Board (INCB) launched its Report "Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes" in 2015, with the objective of analysing the global situation in the consumption of internationally controlled substances. The Availability Report identifies the main impediments to adequate availability and provides recommendations on how problems can be addressed.

The INCB is preparing a supplementary progress report on the Availability of Internationally Controlled Drugs. This new report will follow up on the recommendations of the 2015 INCB Availability Report and the 2016 UNGASS outcome document. A questionnaire has been sent to competent national authorities of Member States for the provision of data on the availability of controlled drugs for medical and scientific purposes.

In this context, with a view to developing the progress report for 2019 based on the widest possible amount of reliable data, INCB would like to ask the support from the civil society organizations to provide supplementary information at the national level on the situation in the consumption of and access to internationally controlled substances for medical and scientific purposes. This information could include also statistics, data, studies and academic articles.

While most narcotic drugs and psychotropic substances controlled under the international drug control treaties are indispensable in medical practice, adequate availability remains a major concern for the United Nations and for people across the globe. The INCB is mandated to monitor the implementation of the international drug control conventions (the Single Convention on Narcotics Drugs of 1961, as amended by the 1972 Protocol, the 1971 Convention on Psychotropic Substances, and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances) to ensure adequate availability of narcotic drugs and psychotropic substances for medical and scientific purposes while ensuring that such drugs are not diverted for illicit purposes.

Survey on access to controlled medicines in your country or region—Continued

The INCB has repeatedly voiced its concern about the disparate and inadequate access to controlled substances for medical and scientific purposes worldwide. Inadequate access ascribes to the notion of article 25 of the Universal Declaration of Human Rights:

*“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control”.*¹¹

You can find the survey online here: <https://goo.gl/forms/oaRENjFgGyEh62072> or by sending the answers to the questions below via email to secretariat@incb.org

Please kindly ensure to the extent possible that the information reaches the INCB by **20 April 2018** at the latest. Also, I would like to ask you to share the questionnaire with NGOs that have substantive experience in the area access to medicines, palliative care and related areas.

Thank you and best regards,
Juliana

Juliana Erthal (Ms)
Drug Control Officer
Narcotic Control and Estimates Section (NCES)
International Narcotics Control Board (INCB)

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E-mail: secretariat@incb.org

Please state the name of the submitting organization:

Country:
Organization:
Contact person:
Tel.:
Fax:
E-mail:

General questions:

I. What is the nature of your organization's activities?

Please check all that apply. (*)

Primary Prevention Treatment and/or Rehabilitation
Public Health
Human Rights
Education/Training
Development
Social Justice

Advocacy/Public Policy
Academia/Research
Other - please specify:

2. What are your organization's top 3 activities?

3. What is your organization primary geographical reach? (*)

Local level (your own town, province or state where applicable)
National level
Regional level (operating in more than 2 countries in your continent)
Global level

Open questions:

4. The INCB report on "Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes" and the Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem contain a number of recommendations for Governments. Do you have information about administrative or legislative actions taken to implement the recommendations at local, national, regional or global level?

5. In the context of your area of work, have any factors had the effect of unduly limiting the availability of narcotic drug and psychotropic substances needed for medical or scientific purposes? Please elaborate and include any supporting documents.

6. In the last five years, has there been any change or review of legislation or regulations in order to simplify and streamline processes and remove unduly restrictive regulations to ensure accessibility of controlled substances and maintain adequate control systems in your country?

7. In the last five years, have the regulations been changed regarding the prescription of controlled substances to allow a larger base of health-care professionals (including trained general practitioners, nurses and others, as appropriate) to prescribe opioids and/or psychotropic substances to increase availability, particularly in remote or rural areas?

Specifically, opioid analgesics and /or psychotropic substances?

8. Did you see the introduction of new palliative care policies or measures, such as, for example, in response to resolution WHA67.19, adopted by the sixty-seventh World Health Assembly on 24 May 2014, entitled "Strengthening of palliative care as a component of comprehensive care throughout the life course". Please elaborate and include any supporting documents.

9. Do you know of country provided continued education, training and information on palliative care to health-care professionals, including on the rational use and the importance of reducing prescription drug abuse?

10. In the last five years, what kind of education and awareness raising initiatives have been undertaken by your organisation in relation to the medical use of narcotic drugs and psychotropic substances?

^[1] Universal Declaration of Human Rights, Art. 25, <http://www.un.org/en/documents/udhr/index.shtml#a25>.

Open access for one year: Supplement Examples of Palliative Care Development in Low-Income Countries

From IAHPC Newsletter

IAHPC Board Member **Mary Callaway** and **Dr. Kathleen Foley** co-edited 'Palliative Care for Low-Income Countries,' recently published as a 180-page special online supplement of the *Journal of Pain and Symptom Management*.

When Mary Callaway and Dr. Kathleen Foley conceived of a thematic issue on 'Palliative Care for Low-Income Countries,' they decided that it had to be freely available and easily accessible for those interested in palliative care development. The *Journal of Pain and Symptom Management* agreed to publish with open access for a full year, ending in February 2019.

'The supplement is meant: "To capture the status of palliative care in the countries presented. A snapshot in time, if you will, to document the progress that has been made and the important work that needs to continue",' says Callaway. 'Although there remains a great deal of work to be done around the world, we have the knowledge and expertise to make real change possible.'

The issue draws together three components: individual reports on palliative care provision in 16 low-income countries; articles specific to elements of palliative care; and articles that reveal the important work being carried out by international and regional palliative care associations and organizations.

Read the full article from IAHPC newsletter by clicking [here](#).

Access the supplement details by clicking [here](#).



Malaysian Association for the Study of Pain 6th Biennial Scientific Meeting 2018

Written by: Dr Look Mei Ling, APHN Editorial Team (Malaysia)

Edited by: Ms Djin Lai, APHN Volunteer Editor



Smooth registration at the foyer

The 17th and 18th of March 2018 saw hundreds of anesthetists, palliative medicine physicians, medical personnel of different faculties, as well as allied health staffs gathered at the National Cancer Institute (IKN). Befitting this year's theme, "Delivering Better Relief for Cancer Pain", IKN was the chosen venue for the Malaysian Association for the Study of Pain (MASP) 6th Biennial Scientific Meeting 2018. An exciting line-up of 4 plenaries and 12 symposiums were arranged over 2 days, with both international and local speakers sharing their knowledge and experience. The event was kicked off by a welcoming speech by Dr Mary Suma Cardoso, President of MASP, and an opening ceremony by Dr Asmayani Bt Khalib, the director of IKN.

Prof Richard Chye, with 27 years of experience in palliative care under his belt, gave the first plenary on breakthrough cancer pain and its management. He captured the audience's attention with interesting evidence and practical guidelines on the definition, types and manage-

ment of breakthrough pain, touching also on the usage of rapid onset opioids like Transmucosal Fentanyl Citrate, which is somewhat the new kid on our Malaysian shores. This was followed by the second plenary by Datuk Dr Kuan Geok Lan, who shed some light on pain in the paediatric population, including the long term effects of untreated pain and ways to tackle it.

The third and fourth plenary were held on the second day with Prof Sushma Bhatnagar from New Delhi, India, shedding light on the importance of early pain management interventions, where the advantages of dynamic imaging guidance using ultrasound as an alternative imaging modality was highlighted. Prof Andrew Rice then entranced the crowd with his extensive experience in neuropathic pain management.



Eagerly waiting in the auditorium

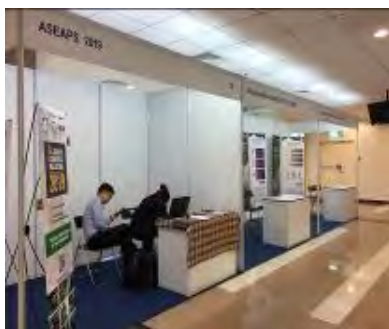


Symposiums held in smaller, cozier rooms

The many interesting symposiums left the attendees in a quandary over which to attend as 3 symposiums ran concurrently. These touched on topics such as community management, multidisciplinary approaches, end of life issues, communication, difficult pain management, and ethics in pain management, among others.

In the symposium on communication, Dr Sylvia McCarthy, Medical Director of Hospis Malaysia, talked about shared decision making and value-based practice going alongside evidenced-based medicine. Audiences also got a glimpse into the experiences of a Hospis Malaysia palliative care nurse, Ms Emily Yap, via her anecdotal sharing. Dr Richard Lim Boon Leong, the National Advisor and Head of Palliative Medicine addressed the difficult issue of opioid phobia among healthcare professionals backed by convincing evidence.

Tea and lunch break were put to good use with the poster presentations, pharmaceutical booths, as well as lunch symposiums. Many also took this opportunity to make new acquaintances and catch up with old friends. All in all, the 2 days passed too soon and it ended with an award giving ceremony for the best poster, followed by closing. Many left satisfied, with something to take home, be it a new knowledge, a new shared experience, or a new connection and friendship forged.



Exhibition booths awaiting visitors

*Thank you to the
Editorial Team
(Malaysia) members:*

Caryn Khoo
Diana Katiman
Aaron Hiew
Fazlina Ahmad
Look Mei Ling
Saiful Adni bin Abd Latif



Scientific posters on display

About the APHN Editorial Team

The Editorial team, formed in 2015, consists of individual members grouped by countries. They provide regular updates in palliative care from their countries by writing articles. If you are interested to know more or join the team in your country, please email aphn@aphn.org.

Bangladeshi pharmacist reports on international workshop on the role of the pharmacist in palliative care

From ehospice

It was a great opportunity for me to participate in a workshop on the “Role of Pharmacist in Palliative Care” which was a partner workshop of the 12th Asia Pacific Hospice Conference (APHC) last year.

The workshop was jointly organised by Lien Collaborative for Palliative Care (LCPC) and Asia Pacific Hospice Palliative Care Network (APHN) at Duke-NUS Medical School in Singapore on 28 July, 2017. The main aim of this workshop was to identify the role and responsibilities of a pharmacist in palliative care.

It was a great pleasure to meet with the six pharmacists and one nurse, representing three different countries: Bangladesh, Singapore and India.

Rosilawati Sujak, who is a nurse working in Concord Cancer Hospital, Singapore, although not a pharmacist, participated in this workshop to understand the role of her pharmacist colleagues in patient care and also to learn about the importance of pharmaceutical care for a patient.

All the workshop sessions were very interesting and informative. It was facilitated by Lita Chew, Assistant Professor of Pharmacy Department at National University of Singapore and Head of Pharmacy at National Cancer Centre Singapore, and his team.

I learned many new things by participating the sessions which were very important for me in terms of improving my clinical pharmacy practice. By attending this workshop, I got to know and have clearly understood the role and responsibilities of a palliative care pharmacist.

We took part in large group discussions, taking the chance to discuss latest palliative care knowledge and practice, and exchange views and experience.

Through this group discussion we identified that the primary duty of every pharmacists for their patients is pharmaceutical care, defined as: “the direct, responsible provision of medication-related care for the purpose of achieving definite outcomes that improve a patient’s quality of life” (American Society of Hospital Pharmacists). The role of a pharmacist in palliative care can be broadly categorised as:

Provision of care to individual patient which includes:

Medication review
Medication counseling
Medication reconciliation
Assess and monitor response to drug treatment
Report drug related problems
Participate in interdisciplinary team discussion.

Overall management of medicine, for instance:

- **Supply and distribution**, which includes sourcing and procurement, timely dispensing, packaging and labeling, extemporaneous preparation and sterile compounding, special pumps and devices for home administration and lastly access to medications.
- **Administrative**, which includes drafting of policy, procedures and institutional guidelines, evaluating drug for safety and cost-effectiveness, liaise and maintain communication with regulatory and licensing authority.

Bangladeshi pharmacist reports on international workshop on the role of the pharmacist in palliative care—Continued

- **Drug information**, which includes creating and maintaining currency of educational resources for patients and health care professionals, advising about potential drug interaction/toxicity, informing and educating health care professionals on safe and effective medication use policies and processes.

- **Supportive responsibilities**, including home visits, addressing financial concerns related to medications and ensuring safe disposal and in compliance with drug control and environmental protection laws and regulations.

This workshop gave us the platform to meet with like-minded colleagues and share our knowledge, skills, ideas and experiences which gives the

motivation to pharmacist to work for palliative care patients and their family more effectively.

Pharmacists are integral members of the palliative care team. So quality palliative care requires both traditional and expanded pharmacist activities.

You can contact Fazle on fazlenoorbiswas@gmail.com

NOTICE OF CHANGE IN APHN MAILING ADDRESS

Please note that with immediate effect, the APHN Mailing Address has been changed to

**Division of Supportive & Palliative Care
National Cancer Centre
11 Hospital Drive
Singapore 169610**

APHN “Dialog” Online Webinar Lecture Series in Mandarin—末期疼痛 by Dr Su Wen-Hao, Taiwan



ASIA PACIFIC HOSPICE
PALLIATIVE CARE NETWORK



日期: 2018年4月19日 时间: 1800 - 1900 (GMT +8)

APHN 视讯讨论会 - 末期疼痛

主讲人: 苏文浩医生

- 台湾安宁照顾协会理事长
- 台北马偕纪念医院 放射肿瘤科主治医师
- 台北马偕纪念医院 安宁中心资深主治医师
- 马偕医学院 临床副教授

如果您有事先准备问题提问, 请把word 档在4月12日之前发到 APHN秘书处 aphn@aphn.org

亲爱的会员们:

协会将于4月19日, 6 - 7pm (GMT+8) 举办我们今年第一场中文视讯会议。这一次的会议, 我们特别邀请了来自台湾的苏文浩医生为我们演讲“末期疼痛”的课题。苏医生是一位非常有资历的讲师, 也曾担任我们协会的理事。此次讲座大家可免费报名。

视讯会议将分为演讲和讨论两段时间。如果您有任何关于末期疼痛的问题, 可以在4月12日之前先把它寄到 aphn@aphn.org。秘书会整理过后给讲师回答。其次, 你也可以选择在现场发问。

如果您有任何疑问, 可以通过微信或来电联系我们的秘书处 +65 6235 5166。

请大家点击这个链接 <http://aphn.org/event-registration/> 或是通过协会秘书, 徐慧敏 (aphn@aphn.org) 报名!

希望大家踊跃参加喔!

感谢台湾安宁照顾协会为该项目提供技术支持。

Launch of Asia Pacific Paediatric Palliative Care Service Directory 2018 Edition

Dear friends

2018 Asia Pacific Paediatric Palliative Care Service Directory

After a year, the 2018 Edition of the Paediatric Palliative Care Service Directory is finally released today! [Download](#) your FREE copy now!

If your service is in the Asia Pacific region and you will like us to include it in future editions of our directory, please click [here](#) to add!



Being the regional association for hospice and palliative care in the Asia Pacific, we are dedicated to promoting hospice and palliative care in the region.

We aim to empower and support organizations and individuals committed to alleviating suffering from life threatening illness through the establishment of programmes and services.

We promote education and skills development as well as awareness and communication, along with research and collaboration.



[DONATE TO US](#)

THANK YOU



We will like to thank the following members who joined the APHN, made a donation or renewed their membership:

**Arranged by sector in alphabetical order, then by receipt no. till no.12334

Australia

Dr Cynthia Parr
Dr Joseph Ding
Mr John Haberecht

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Hong Kong Hospice and Palliative
Care Foundation Limited
Assoc Prof Amy Chow

USA

Ms Djin Lai

Canada

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Ms Ranasinghe Saminda
Ms Kumari Withana Arachchi
Ms Kasthuriarachchige Priyanka

Japan

The Japanese Association for Clinical
Research on Death and Dying
Ms Tatsuko Matsushima

Thailand

Dr Rojanasak Thongkhamcharoen

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