

I, **Dr Janani Bamunuararachchi** (MBBS. Pg Dip in Palliative medicine Sri Lanka.) am currently working at the National Cancer Institute Sri Lanka Palliative Care unit since 2018. It is a palliative care teaching center in Sri Lanka. I have work experience since 2014 by joining and providing part time service to palliative care unit NCIM. I am an APHN member.

DAY 1

I was able to join both Day 1 and Day 2 and was able to learn a lot, how globalization important to patient and families with regards to expert opinion, advice on medical grounds like advance treatment methods

I COVID era how important it is to have back up plans preparedness to face issues and learnt that it is ok that not being perfect but be flexible creative and try to make use what is available and start in small.

How important it is to identify and management of breathlessness what is the role in multidisciplinary team when and how to start slow release morphine for breathlessness, importance of specialized clinical tools and evidence based clinical practice.

Was able to witness development in palliative care specially Asia pacific region and current situation including upcoming strategic plans,

Learnt about consensus based quality palliative care and how important it is to conduct international consensus and how to interpret and apply

How complimentary, alternative, and integrative therapies offer additional treatment options. Especially I physical symptoms management like pain relief use of acupuncture.

Learnt about how important it is to start early palliative care benefits to the patients and their families as well as reduce the cost to health care system.

DAY 2

Implementing PCOC in other countries expands the knowledge of common concerns, experts and milestones, for example Indigenous faith and medicine in OKINAWA wisdom of everyday life

Unique barriers to end of life care, what is seriously illness conversations means and how to use in practice importance of addressing anxiety.

Able to witness how Hong Kong benefitted by applying seriously illness care and the outcome. Living matters, art and science of advanced care planning in Singapore.

How to implement KOTTERS' 8step model, challenges, and dilemmas in honoring advance care planning. ACP CLAN continue learning and networking.

It was much more enthusiastic to know about a pioneer in palliative care and the service provided by Dr, Shigeaki Hinohara and how important is to treat the patient not the disease.

When it comes to capacity building it shows up the importance of continuous medical education researches audits training programmes to update the knowledge as well as training health staff and public encourage to develop support improved networks.

Knowledge that I have gain from this conference use full to improve the quality of the patient care and the services provided by our unit. During weekly unit's clinical meetings and discussions I can share the

knowledge among team members. Can apply the knowledge under the observation of our consultants to the inward patients. Able to conduct research audits in order to provide quality equal care to the patients. Helps to improve provision of community level palliative care especially during COVID pandemic. Under the super vision of our consultants will be able to share the knowledge with undergraduate and post graduate medical trainees.

It was an honor to be part of such an esteemed conference of palliative Medicine leaders & was a great opportunity to upgrade our knowledge during this COVID pandemic.

Without a doubt the best palliative medicine conference in the region.



Dr. Janani Bamunuarachchi
M.B.B.S Pg Dip in palliative medicine
National Cancer Institute Sri Lanka.
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