

I, **Dr.Chaya Imali Withanachchi** (MBBS. Pg Dip. in Pall. Med. Sri Lanka.), am currently working in a Palliative Care unit at Colombo South Teaching Hospital, Kalubowila, Sri Lanka since 2019. I have been an APHN member since 2019.

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

DAY 1

I was able to learn about the management of breathlessness, what is the role of a multidisciplinary team when and how to start long-acting morphine for breathlessness, importance of specialized clinical tools and evidence based clinical practice. We were giving only immediate release morphine for breathlessness.

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.

I got to know about complimentary, alternative, and integrative therapies offer additional treatment options like acupuncture.

I witnessed 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 an example Indigenous faith and medicine in OKINAWA wisdom of everyday life.

Unique barriers to end of life care, what is serious illness conversations means and how to use in practice importance of addressing anxiety. It will be very helpful to us in our day-to-day conversations with the clients.

It was great to see 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' 8-step model, challenges, and dilemmas in honoring advance care planning. ACP CLAN continue learning and networking.

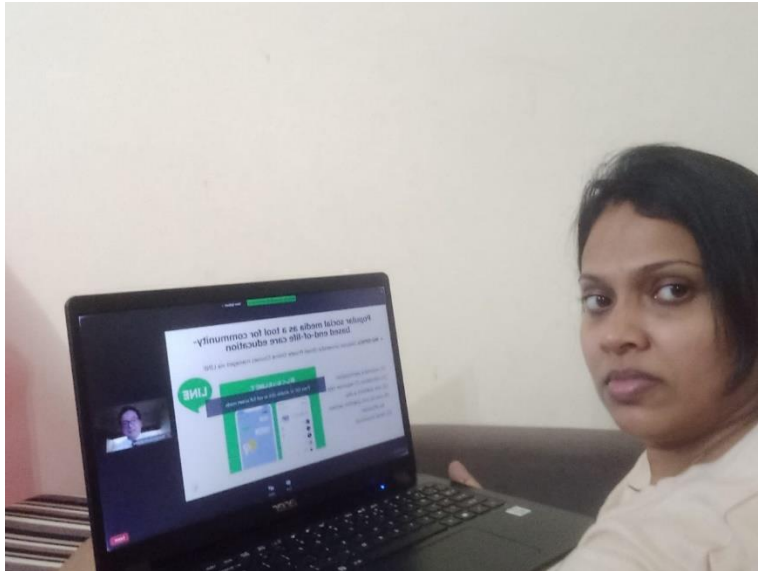
It was much more enthusiastic to know about a pioneer in palliative care and the service provided by Dr, Shigeaki Hinohara and how important is to treat the patient not the disease.

When consider the capacity building it shows up the importance of continuous medical education research 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 gained from this conference use full to improve the quality of the patient care and the services provided by our unit. Can apply the knowledge under the observation of consultants to the patients. We expect conduct research audits to provide quality equal care for the patients. This will help to improve community level palliative care especially during COVID pandemic. We will be able to share the knowledge gained with undergraduate and postgraduate medical trainees.

It was great to be a bursary holder of such a great conference of palliative Medicine leaders and was a great opportunity to upgrade our knowledge during this COVID pandemic.

Wishing you all the best for the future events.



Dr. C. I. Withanachchi

MBBS(SL), Dip. in Pall. Med. (SL)

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