



## **Jumping Into Palliative Care Following Newton Motion Laws**

*“First law: When viewed in an inertial reference frame, an object either is at rest or moves at a constant velocity, unless acted upon by an external force.”*

### **Inertia, my father’s story**

Palliative Care found me on my journey. When I first started, I was a Professor at the Faculty of Medicine at a private University. My days were busy between students, patients and my three kids whom I homeschooled until 2005.

That year was truly a transitional year in my personal life and in my career.

I finished my Master’s degree in Medical Psychology and Mental Health, and in May, medical authorities of INCAN (Center of Reference for Adult Cancer Patients in Guatemala) asked me to launch a project to provide care for terminal cancer patients and their families.

I was hesitant to work with cancer patients, because my father died of cancer without Palliative Care. Besides that, I saw I would have a lot of work to do and no time to be bored, so I finally accepted the position and jumped into Palliative Care with the idealism of a pioneer.

Something took me by surprise shortly after the jump -- I learned nobody in my country was working in a similar position. At the Cancer Center of Reference severe pain must be relieved. Opioid analgesics were difficult to prescribe due to local regulations and hard for patients and families to accept. In the middle of that struggle, I asked myself an existential question, “Was this what I really wanted to do?” I was standing then, in my “inertial point” I would not move

forward unless I had an answer. I wrote an email to a site I found reliable, the IAHPHC site. I wrote a short note, "Help! I'm starting a Palliative Care service in a cancer hospital in Guatemala -- How do I start?"

The force that moved me from my doubts arrived that same day in my mailbox.

My father was a simple-hearted, happy man with sweet eyes and a smiling face. His philosophy and daily example taught us how to enjoy simple things. In 1994 he got sick, it was a huge crisis for our family integrated only by my parents, my younger brother and me.

For three days beforehand, my father stayed at hospital, drowsy, suffering excruciating back pain that was partially relieved by a non-classic combination of "strong" medications but not morphine.

Two weeks later, sitting beside my father I wasn't expecting what the doctor said, "Is a Multiple Myeloma and it has spread to too many of your bones". My dad's eyes searched mine, I felt shocked and exposed. I tried helplessly to keep the tears, and looked at him, he was offering me unconditional support and I knew he understood... He trusted me, but I felt unsure of how was I going to answer his questions without breaking his heart. We were told that Pain would be relieved with Radiotherapy and it partially did. Despite constant pain, morphine was never mentioned or prescribed. After knowing that there was no cure available he retained his sense of humor, we had tender, wonderful afternoons together. He said all he needed to say to each one of us before his last day here.

That day, I had breakfast with him. It was the final time I kissed him and said, "Bye daddy, see you later" -- assuming there was going to be another day... Late in the afternoon, he suffered extreme pain and breathlessness and my family asked for my opinion. I was the first physician in my family, so I decided to take him to the hospital. I didn't have the foresight to recognize these were his last hours of life. After a couple of hours in agony, he died alone at the ICU.

I received the news by telephone after I arrived home, and it was devastating.

The answer to the existential part of my question was answered some years later. It was embedded in my personal experience.

## **My Palliative Care History and the Second Law:**

*"The acceleration of a body is directly proportional to, and in the same direction as, the net force acting on the body, and inversely proportional to its mass."*

My need for more Palliative Care education and support for my work made me light enough to be strongly influenced by the powerful leaders that I met in 2006.

My first academic and personal experience in Palliative Care came through a Traveling Scholarship from IAHPHC. A couple of months earlier, Liliana de Lima -- one of the most

important mentors and one of the strongest influences in my life and career -- answered my question by sending links, books and resources. She introduced me to some Palliative Care physicians in USA as well as to Eduardo García Yanneo from Uruguay. We contacted on a regular basis. That year, Dr. Susan Krauter and Dr. Aaron Malakoff, both hospice physicians in Houston and San Antonio, volunteered to host me in their programs. They invited me to learn side-by-side with them. Liliana gave a kick off to my career introducing me to Dr. Eduardo Bruera through a scholarship that gave me the opportunity of a training period at the Palliative Care Unit at the MD Anderson Cancer Center that included the Palliative Care board preparation course. That first impulse was amazing, the total-immersion experience stayed with me like an indelible mark and confirmed that Palliative Care was an evidence-based speciality.

Eduardo has mentored many physicians that are starting Palliative Care programs in their countries. Indeed, his influence moved me to dream of a Palliative Care project that could integrate service, education and research.

## **Moving advocacy for Opioid Access**

Delivering Palliative Care requires creativity and innovation in challenging situations. Some months after I started the Palliative Care Unit, the consumption of morphine of my hospital tripled. At the same time, I faced the difficult daily access to opioids and the urgent need to have oral morphine in Guatemala. Becoming a clinician and an advocate was the first step on my leadership development process.

In 2008, I became a fellow of the Pain and Policies Studies Group (PPSG) and Liliana worked as my mentor. As a result of the advocacy work, in 2009 the Ministry of Health authorized the use of a new internal form to prescribe opioid analgesics exclusively for INCAN ambulatory patients because 70% of them came from distant places far from the city. They were released from the regulation barrier that establishes a sign and seal pre-authorization process on the triplicate form before medicines can be dispatched. INCAN became the Institution where more opioid analgesics were available and directly prescribed for pain control and where no authorization of the prescription is required. Early in 2012 the first immediate-release oral morphine pill was manufactured by a Guatemalan pharmaceutical company.

## **First Steps in Palliative Care Education**

From 2006 to 2008 Dr. Lynn Kobiersky, a Canadian Palliative Care physician I met at a Congress in Peru, visited me and generously helped our team to improve, skills, protocols and PC education through the EPEC course. She helped me in many ways to learn the principle, "first things first". We continue to share a wonderful friendship to this day.

Following the path of advocating for education in Palliative Care, in 2009, a two month rotation in our Palliative Care Unit became mandatory for second—year residents of third level hospitals

in Guatemala; and a five-week rotation was approved as a mandatory course for fourth-year medicine students of Mariano Gálvez University. Today, our PC unit teaches near to 50 undergraduate Medicine students, around 5 Psychology students, and mentors 12 to 15 residents per year.

At Postgraduate level “Educating the educators” is a foundational strategic step in advancing Palliative Care for the whole country, while Palliative Medicine becomes a recognized specialty in Guatemala. During 2012 and 2013 more than 70 professors have graduated in two cohorts of a Postgraduate Course, each one receiving 270 hours of PC education.

## **Gaining Acceleration: Navarra, Spain and The Leadership Development Initiative Program**

*“In motion, as the force acting upon the object is increased, **the acceleration** of the object is increased.”*

Visiting other important international programs has changed my vision. In 2010, I had the opportunity to visit San Diego Hospice through the International Visitor Scholarship program led by Dr. Frank Ferris. I also visited the Palliative Care unit at Navarra, Spain, headed by Dr. Carlos Centeno, and had a visit at CUDECA, a hospice in Malaga, Spain hosted by Drs. Emilio Herrera and Marisa Martín Rosello.

During those visits, I was exposed to exceptional leaders involved in national-impact programs in USA and Spain through inspiring a shared vision with their powerful teams. I was transformed by observing how their personal values drive commitment; and how they consistently attach their actions to their plans.

I discovered that I had acquired an easier connection with others, and a clear understanding of the need to grow on my own capacities as a leader.

## **Team Work and the third Motion law; my conclusions:**

*“When one body exerts a force on a second body, the second body simultaneously exerts a force equal in magnitude and opposite in direction to that of the first body.”*

In 2012 I was accepted at the Leadership Development Initiative for Palliative Care, a unique program that gathered together Palliative Care physicians from all around the world and train them to become effective leaders. My assigned mentor was Deborah Dudgeon a recognized and respected Palliative Care Physician in Canada. The LDI experience helped me to unlearn my independent style and to walk the path of teamwork, adopting the principles of leadership.

Being a physician, an advocate and a leader, my journey to be part of the change in my country has been challenging, exciting and fascinating -- and it continues to be so. Growing Palliative

Care capacity in my country has demanded effort and solutions that were foreign to my strengths and my temperament.

Eight years after Palliative Care found me, and somehow rescued me, the powerful influence of the leaders that I had the fortune to meet during this time moved me from a point of inertia to a higher speed growing experience. They challenged me to go beyond my limits to a continuous, developing process that will involve leading others to that point in the future.

Palliative Care in Guatemala is beginning to advance, it will take time, and team work to advance. In 2013, under I have directed and participated in three important efforts: The introduction of a new Palliative Care Unit in a private hospital, a situation analysis in Palliative Care for Cancer Patients with a proposal of Policy to improve access to opioid analgesics; and finally, the foundation of the Guatemalan Association of Palliative Medicine. Judging by the very particular circumstances of my story, Palliative Care was not in my realm of possibilities. But there are happy and bitter experiences in the package called life. They allowed me to reach a time and place where the road was clear and generously open for me if I decided to go through, and I did. Today, I can continue moving Palliative Care forward, team working is stimulating and challenging. The white coat that I wear every day has my name and my father's last name embroidered on it -- together with "Palliative Medicine". The combination crystallizes a kaleidoscope of creative possibilities, just as working in a team does. They remind me that each day in this job is worthy.

Newtonian mechanics have been superseded by special relativity, but it is still useful as an approximation when the speeds involved are much slower than the speed of light.

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