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My Story

“Knowledge in not enough; we must apply.

Willing is not enough; we must do.”

Johan Wolfgang von Goethe

I love sports. Well, I love some more than others. Swimming has been a companion throughout my life. When I was young, I started training with the club team in Bogotá, Colombia. Although we are in the tropical zone, Bogotá is a city in the mountains. Our weather is around 14 Celsius, and we do have a lot of rain. Swimming is not a very common sport because you have to practice it in a pool under roof.

I trained three hours from Tuesday to Sunday between 6:00 and 9:00 pm. That meant arriving home from school, completing my homework and then going out to train. There were good days, and there were days when I was so tired I did not want to go -- but I always went. My brothers were very good and were National Champions. I was not so successful but I always competed. I tried to give it my best. I was not often in the top three but I was always looking to improve. It was a mixture of effort, perseverance, exhaustion, and humility. I definitely think that swimming shaped part of my character.

I was very young when I started Medicine -- just 15 years old. When I was in my last year of high school I was not sure what to study. At my school we had the opportunity to do an emphasis in Humanities, Math or Biology for the last years. I chose Math. So when it was time to decide about the next step, I was torn between Engineering and Medicine. To be honest, I have been trying to remember what issue influenced my decision and I'm not sure. My Dad was a physician

but he didn't pressure me on my decision.

I started Medicine and I have enjoyed the whole journey. It was tough because there were very few females enrolled with me, and our teachers and classmates were always telling us that we wouldn't go into medical practice because we would end up getting married. We had to study harder to demonstrate to them that we were good enough.

When I was doing my specialty in Anesthesiology, I started to think about studying Pain Management. It offered the opportunity to see many patients in pain and I thought I should learn how to manage pain. It was funny because as soon as I finished my Anesthesia training, my professors decided to invite me to work on a very interesting project. The requirement was that I had to do a subspecialty in Pediatric Anesthesia. I remember driving to a meeting near the mountains in Bogotá city and saying to myself, "I'm not going to let them convince me. I really want to do Pain Management."

But I was convinced so I went to study Pediatric Anesthesia at the Children's Hospital in Philadelphia. I worked for many years as an Anesthesiologist but always with that spark of Pain Management in my mind.

After some years my father was diagnosed with Cancer. I wanted to help him so I decided to do a subspecialty in Pain. I started searching for programs in Bogotá and someone told me to speak with the Director of the National Cancer Institute (NCI) and he explained to me all about Palliative Care. It turned out that Palliative Care was what I was looking for, and I applied.

In fact, I had the opportunity to help my father with symptom control during his illness, but especially with his doubts about life and death issues. After my father's death, my mother was diagnosed with breast cancer. She is alive and doing well. I was able to make my Dad's last days more comfortable and I'm still using the Palliative Care knowledge that I acquired to help my Mom. I'm so happy that I studied Palliative Care because it gave me the tools to help two of the persons I love most in the world.

The Palliative Care training was hard. There were rotations requiring us be at the hospital at 6:00 am, and we left at 12:00 pm after having reviewed all patients. I was also a mother of two children, and there were days I couldn't see them because I was so busy. It was a full-time specialty so I had to quit my job at the University -- and that was also difficult. My professors taught me about symptom management and ethical dilemmas, while the patients taught me about respect, struggle, relationships, and values -- in short, they taught me about life.

Sometimes it seemed as if I was swimming in troubled waters and sometimes the waters appeared to be much calmer. The extremes were amazing.

When I finished training, I continued with the University and began to see patients at home. It was a whole new world. I was called to advise a homecare program where general practitioners

went to patients' homes and afterwards, they would consult with me about their cases.

I identified three major challenges in making Palliative Care available for Colombian patients. These included poor availability of medical services and opioid medications, deficiencies in the training of human resources, and no inclusion of Palliative Care in the health system.

Training of Human Resources

I understood that doctors and nurses were not trained to provide quality care to patients. I checked the curricula of Medical Schools and saw that Palliative Care was not included. I decided it was time to educate students at the University where I worked. I had to think about the strategy to approach my Dean with this project. My Dean wanted a program of specialty -- but I was convinced that including Palliative Care included in the undergraduate medical school was the answer. Its inclusion would help spread Palliative Care to a high proportion of the population.

I was facing a major challenge. I tried to think as my Dean would, and I concluded that I needed to show him facts and data. I developed a survey to be answered by medical students in the last year of school, from all Universities affiliated with the Colombian Association of Medical Schools.

The results were very interesting because they demonstrated that medical students in their last year of school were unable to manage pain and help Palliative Care patients. With this information, I went to the Dean and suggested that our University could be the first in the country with Palliative Care in its curriculum. He agreed and we started with an optional course for students in the final semester.

After two years, we did a survey to assess the perceptions of students about their knowledge of pain and Palliative Care. With the results of the two surveys, which showed that the students felt they had improved in symptom management, communication skills and end-of-life decisions, I returned again to the Dean and asked him to make the course obligatory.

Since then, 565 students have taken the Palliative Care course. My colleagues initially rejected the idea at first, but they now realize that education is critical for the future of Palliative Care. At the beginning, it seemed similar as to when you are starting to swim and the water is dark. You don't see where you are going but finally, gradually, it starts to become clearer.

Challenges with Opioid availability

The second challenge that I faced was related to the availability of opioids. We do have a lot of barriers and this one seemed very difficult to overcome. I started a Fellowship in Pain and Policy Studies with the University of Wisconsin and I worked with Liliana De Lima, analyzing how the system worked related to the production and distribution of opioids.

We organized a workshop with the participation of the Ministry of Health, the National Competent Authority (Fondo Nacional de Estupefacientes – FNE), the regional competent Authorities, physicians from all regions and international guests. The aim of the workshop was to analyze the barriers preventing adequate availability from different points of view (medical, regulatory). The results were reported to the FNE. As a result, the FNE was able to increase the availability of opioids from 10 to 30 days, increase the schedule for pharmacies that dispense opioids to 24 hours/7days a week throughout the country, and include different opioid medications in the National List.

We worked with a group of people who had very different points of view so I learned a lot from this experience. This challenge taught me about team work, empowering people, being flexible, and having an open mind. It was not easy. Many times I felt like giving up.

But perhaps my swimming years made me stay focused and continue with the project.

Barriers to Palliative Care Service

Currently, I'm doing a Leadership Program with Ohio Medical Center. I have had the chance to reflect on my leadership skills, the way I face problems, and how to encourage people and enhance teamwork. I think it has been very important because I'm constantly learning clinical skills, but this additional focus on personal skills may lead to better Palliative Care in my country. The Leadership program also gave me the tools, advice and resources to analyze the barriers for adequate palliative care services; the third challenge

This challenge emerges with the identification of a scarcity of Palliative Care services. We do have hospitals with Palliative Care and also Ambulatory Palliative Care. But there was very little homecare Palliative Care and the primary level was almost without it.

So I dove into this new challenge. In order to have Palliative Care in homes and at primary level, we needed to train general practitioners and to establish a good referral program to send patients to higher levels of complexity as needed. It was also important to have information about the cost of the implementation of this services. I started with the identification of a team to work that included in this opportunity persons from the Home Care Programs, also Health Economist, Epidemiologists and experts in the Colombian Health System. We are working together searching for information that can be useful to decision makers. There is also another team, working in the identification of the competences that a group working at primary palliative care has to acquire.

Thus far, I have written about challenges in Palliative Care but there are some other issues I must mention because they are very important in enabling me to do what I have done. I have two sons and they are the light of my life. It is important to have time to dedicate to one's family.

I have always tried to have a working schedule that allows me to spend time with my family -- dedicated quality time. When I had my first son, I decided to change my work because I didn't want to be making night calls. My colleagues thought it was "professional suicide" because I had a wonderful job. But for me, it was a priority to have time to share with him. After my younger son arrived, family time was all the more important. I continued working in another position and I was very happy.

I think when we have to play different roles -- mothers, wives and physicians -- it takes a lot of organization to balance everything. My two sons are always motivating me to learn new things. They ask about what I'm doing, how it will impact the Colombian people, and they are proud of all my achievements.

Now my sons are 20 and 17 years old, and our life feels like when you are in a swimming race that is a combination of four different styles -- and you need to have a wonderful team. We are all different, but the great thing is that our differences make us stronger.

There are many things that I need to continue working on. I'm always learning. I realize that I'm a privileged person and life has been really generous with all the opportunities it has given me. I feel that it is wonderful that I can thank life by helping others to have a good quality of life.

"To achieve what you never had, you must do what you've never done."

Mireia Belmonte, Olympic swimmer, 2012

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