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Palliative Care is the ultimate expression of respect and love for people, while they are still alive.

I have never been comfortable speaking about myself, but it is an honor to be able to tell the story of my journey along the Palliative Care way.

In the impoverished village in Romania where I grew up, the highest human value was helping others who were more unhappy than you. And because I was a weak and sickly child, I decided that someday I would help others to be healthy and free of pain. Now I feel that the time has come. Something has changed inside me. I have grown stronger and more confident. Today, I am recognized as a national expert in Palliative Care and a Palliative Care leader in Romania.

When I graduated the Faculty of Medicine from the University of Medicine and Pharmacy Cluj-Napoca, the existing socio-economic conditions forced me to work in business to support my family. Once I was able to assure our financial stability, I chose to continue my medical specialization in Oncology, which was considered a very difficult domain in our country at that time.

In fact, I think I wanted a big enough challenge to warrant trying my strength. In those years after revolution, people were very poor and sick. And everybody believed that we couldn't do very much to help ourselves; people waited for help from outside the country. But although I had undergone training in the largest Oncology Institute in Romania, equipped with all facilities and modern equipment, with a large number of patients and a wide variety of investigations and treatments, I felt that I missed something along the way. Specifically, I missed the natural

continuation of the relationship with the patient when curative therapeutic resources were exhausted.

I remember feeling upset when I opened the door to my patients' rooms. I tried to connect with them through my empathy and compassion. Despite the limitations due to my medical training, I took care of these patients by providing support and being available for them.

However, what I knew about the treatment of pain was insufficient to solve their problems. They were patients with uncontrolled symptoms. I was an Oncologist providing highly complex treatments, but with limited tools to meet the needs of this particular group of patients and families. I had no guidance other than my own intuition, common sense and humanity. Unfortunately, I had acquired no Palliative Care skills or knowledge during my undergraduate degree.

I was not satisfied with this reality. I felt frustrated and helpless meeting patients who were experiencing severe physical, emotional, and existential distress, yet not knowing what to do to improve their situation. Clearly, their patient care was not appropriate and did not meet their needs. This caused not only useless suffering for patients and their families, but also frustration for nurses and physicians. We had graduated as doctors and nurses, but the truth of the matter is that we were trained *how to cure*, not *how to care*.

I didn't really know Palliative Care existed. It was a vague subject and no one seemed to know anything about it. But if one takes a closer look, Palliative Care was a logical next step for me to pursue. And now, years later, I believe this was the big challenge that I was looking for.

I attended my first introductory course in Palliative Care in 2003. I was particularly attracted by the humanity of the lecture, and by very new topics that had not formed part of my earlier training. I started to search abroad for information and education about this field.

Shortly after my first experiences, I realized that our Romanian public healthcare system urgently needed systematic development in Palliative Care. At that time I was already an Oncology and Haematology teacher, and I instantly incorporated the concept of holistic care into my existing courses for students.

In 2004 when I returned to my hometown, I managed to have a little free time which I devoted to developing my knowledge in the area of Palliative Care. I started volunteering with the homecare team of Emanuel Hospice from Oradea in order to put into practice what I was learning.

For the first time in my professional career, I experienced the powerful impact that Palliative Care made in improving the quality of life for every patient, starting from the moment of diagnosis. I truly felt that I was responsible for the well-being of the patient -- every bit as much as my colleagues who were surgeons or who administered chemotherapy. For the first time, I witnessed

Palliative Medicine's holistic care make significant contributions to the curative management of patients in advanced stage of illness.

I was the only physician at Emanuel Hospice and it was a novel experience to be an equal member of the medical team responsible for each patient's care. There, I gained real insight into the challenges of dealing with patients and families facing life-limiting illnesses. At the same time I worked at the Oncology Clinic, I also ran several national research projects and was continuing to prepare my thesis in experimental Oncology. Palliative Care activity was my respite time, however, because it brought me enormous satisfaction.

This new way of practicing medicine in an integrated manner, looking at the individual and the family as a whole, made me feel more comfortable in my practice. It was a caring approach. I noticed that Palliative Care workers paid full attention, focusing and listening to patient's needs and assessing their symptoms. I realized that doing Palliative Care is not just about prescribing medicine appropriately, but more about respecting the person for whom we are caring.

In 2004, Romania began a policy providing basic Medical Care in patient's homes. But it wasn't Palliative Care. In the following year, the government started to work with physicians to change the decades-old Romanian law governing dispensing opioid medications. Two years later, new insurance contracts provided Palliative Care home services, and by 2007 effective pain relief and optimal treatment were made available to home-based patients.

I felt that there were still more changes to be made, and this impulse drove me deeper into the field of Palliative Care. I worked on developing legal implementation guidelines. I also wrote curriculum to prepare over 350 physicians in my area to understand the new conditions -- and the prescription use of opioid medications. We formed an opioid availability task force charged with enhancing the availability of opioids to the population. We had to fight to demonstrate why Palliative Care was an important component of cancer care.

I regularly encountered all the pitfalls within our under-developed Palliative Care system. It was not enough to know about clinical work and how Palliative Care should be organized. I needed skills to communicate efficiently with policy makers, and to understand the influences driving social change.

In 2007, I finished my training in the specialty of Palliative Care. For the practice period, I chose to spend one month at the Hospice of Hope Brasov which is a center of excellence in this domain. It was there I experienced the real power of Palliative Care. I learned that Palliative Care is a philosophy, a way of doing things -- and that there are no barriers. I met there a wonderful person, Prof. Dr. Daniela Mosoiu. She had plenty of energy and was the real engine who led the Palliative Care movement in Romania.

One year later, the management team at the Municipal Clinic Hospital of Oradea approved my proposal to establish an independent Pain and Palliative Care in-bed department. They accepted

the idea that Palliative Care for advanced cancer patients should be an integral part of comprehensive cancer care. They agreed that we needed good quality Palliative Care in the new Regional Cancer Center, which was then in development, and that this would add to its reputation and prestige. The challenges were enormous for an emerging leader, saddled with the responsibility of forming a multidisciplinary team and providing new services in a system where nothing much was yet known about Palliative Care.

But at the Clinical Municipal Hospital of Oradea, I experienced probably the best possible environment to develop a model unit of Palliative Care with a holistic approach to end-of-life patients and their families in Romania.

We developed a multidisciplinary team and gradually we educated nurses, physicians and other team members in the Palliative Care field. We designed a system of coordinated discharge and follow-up for homecare teams, which was also a significant achievement. Patients and families gave us a valuable feedback on our work. This has greatly improved quality of services offered and also enhanced team cohesion.

These experiences and this sort of feedback encouraged me to continue in this field. Thus in 2009 I became a national trainer in Palliative Care. I became involved in training healthcare and non-healthcare professionals, patients and caregivers in a program to provide increased service. I developed a very good collaboration with the Education for Health Association, the Hospice of Hope Brasov and the Health Ministry. Since then I have trained 40 new specialists in Palliative Care.

In 2010, I had the honor of being invited to a seminar on end-of-life care in Oncology at Salzburg where I learned how wide and deep this domain of Palliative Care truly is. I was immersed in the latest trends and standards. After finishing the week in Salzburg, I began to work diligently to improve the quality of our services. This brought us full recognition from other professionals in Oradea and we became more and more sought after.

One of the most important events in my life happened when I was accepted into the Leadership Development Initiative at the Institute for Palliative Medicine at San Diego Hospice in California, USA. Along with the different activities in this program, I became more aware of my own leadership strengths and weaknesses. I was guided to design my Individual Development Plan (IDP) which identified the leadership skills that I wanted to build up over the two-year period. Focusing on these, learning about them, and meeting other colleagues in the similar situations around the world helped me to grow more quickly and act more effectively.

Under the precise and careful guidance of my mentor, Prof. Dr. Bart Van den Eynden, and coach Prof. Dr. Liliana De Lima, I explored new concepts and developed activities for educating the populace about Palliative Care. They helped me envision a new model of services adapted to my county and my country's particular situation.

In the future, I will work to organize, expand and lead these new Palliative Care services which will better meet the needs of our population -- and I will continue to teach the medical staff and the general population about the benefits of Palliative Care services. I will continue to learn and apply the principle of holistic care more extensively. I will finish the Management and Strategy of Palliative Care Services Master's Program at Brasov University.

Finally, I will try to involve more young people in the Palliative Care field because I really believe that every young professional can find a life mission in this domain.

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