



## **What is Palliative Care?**

As a radiation oncologist at a 1300 bed in-patient hospital with the busiest cancer center in Vietnam, I had no idea in my early career what Palliative Care was. Then a few years ago, this new concept of Palliative Care was introduced to Vietnam, initially to our hospital in Ho Chi Minh City.

Typically at our hospital before the introduction of Palliative Care, we had more than 2500 inpatients and 7500 outpatients per week. We focused solely on cancer treatments -- in other words, "fighting cancer". However, in most cases such as recurring or advanced stage cancers, we could not treat the disease any further. We simply sent our patients home to their family to die. We knew that along the way they would suffer a great deal with social, physical, and spiritual pain. While we recognized the importance of Palliative Care, we did not know at that time how to create a plan or strategy to solve the problem of home care with pain management.

One day, a life-changing opportunity occurred when our hospital director asked if I would be interested in learning about Palliative Care. He offered to support me to travel abroad for training in this field, with the hope that I could return and develop Palliative Care initiatives in our hospital.

Once Palliative Care could be established in our hospital and city, he hoped eventually it would be introduced throughout our country. I wondered a great deal about that offer. I was a radiation oncologist and was very excited about the fast-growing technology in cancer treatment in Vietnam, and wanted to learn much more about new radiotherapies to manage the disease.

On the other hand, I also remembered many cases where radiation failed because patients came to us too late in the spread of the disease. We couldn't do anything for them other than to offer disappointing comments like, "We have no way to treat your cancer," or "You can only wait to die," or "Eat anything you can." These patients then experienced great distress, hopelessness, pain and suffering. We also felt frustrated and unhappy when we told them such things. We wanted to relieve their suffering.

After meeting with Dr. Eric L. Krakauer, Director of the international palliative care program at Harvard Medical School, I began to understand this new method of treating incurable cancer patients through Palliative Care. I learned about a great opportunity to study at The Institute for Palliative Medicine at San Diego Hospice (IPMSDH) and I thought deeply about the value of going abroad. I became excited about the prospect of opening my mind to new technology and healthcare models in a developed country like the U.S.A.

I seized the opportunity and hoped to apply everything I could absorb that was suitable for our patients in Vietnam. I wanted to provide the best patient care, especially end-of-life care for incurable cancer patients.

I became an International fellow at The Institute for Palliative Medicine at San Diego Hospice. I was taught by excellent palliative care experts, and learned far more than I anticipated. I became attracted to the multidisciplinary approach to patient care. I admired the roles of American doctors and nurses in pain management. Anytime I saw an American patient receive treatment, I thought of our Vietnamese patients who were battling the same disease. I tried to find out how we could help our Vietnamese patients experience the same degree of comfort that the American patients enjoyed.

During the past two years in the fellowship program, I have grown and learned so much. In addition, on the recommendation of my mentors and my directors, I became a participant in the Leadership Development Initiative (LDI) program at IPMSDH. I had a wonderful chance to meet most of the Palliative Care leaders in the world. This was like a dream come true. I have learned from their experiences, the stories, their skills and more. I was taught many things that I could apply not just to the development of Palliative Care in Vietnam, but even to my personal life.

Since then, we have opened a new Palliative Care department and extended our service to numerous patients. We also recognized the crucial role of home care in reducing patient overload in our hospital. Because most people in the Vietnamese culture prefer to die at home and have their funeral service there, too, home care makes sense. Home care is the best way to care for incurable cancer patients, especially when approaching the last days of life.

And thus we began a home care program, too. While it is not yet as sophisticated as that at San Diego Hospice, we try to do better every day. With the support from our directors, the Ministry of Health, Harvard Medical School, WHO, IPMSDH, OSF, IAHP, and FHI, many palliative care training courses have been held for hundreds of doctors and nurses. Over time, we have become recognized as palliative care experts in our country.

We are proud of our work. We find passion and encouragement to carry on our work when patients and their families feel satisfied and appreciate our service. Their smiles and happiness are the biggest gifts that we receive every day.

Palliative care is about to become part of medical school curricula, and part of the training requirements for oncology residents and fellows. We have been supported in setting up some palliative care units in other areas in South of Vietnam, and hope in the near future to organize the Vietnam Palliative Care Association.

I think I have fallen in love with Palliative Care. The support from the Palliative Care family around the world gives me hope for success and a bright future for developing Palliative Care in Vietnam.

We want to share the vision we have for Palliative Care in Ho Chi Minh City. We want to do everything we are capable of to develop this program into a model to facilitate the expansion of Palliative Care throughout the rest of the country.

Until now, who are we?

We are Palliative Care physicians. Some of our colleagues call us “crazy doctors” but some call us “brave doctors”. We are proud of our work -- and the patients we serve are proud of us. Overall, we do the right things for patients and their loved ones; and we believe that we are not alone.