3. An Example of Supportive Care at City of Hope

Firstly, the Integrated Care Service team visited the patient. The Integrated Care Service is an inpatient, interdisciplinary supportive care team that consists of a physician, a psychiatrist, a nurse practitioner, a social worker, and a chaplain. The team provides psychological, social, and spiritual support. Support is also offered to the patient and family. At the time of the visit, the team asked the patient about the need for life-prolonging treatment. In Japan, patients can register through their health care provider with the California Advance Health Care Directive. In this Directive, patients are given 3 options. The patient chose the option: “Do a trial of life support treatments that my doctor thinks might help. But, I DO NOT want to stay on life support treatments if the treatments do not work and there is little hope of getting better or living a life I value.” Several times, we confirmed the patient’s intentions. At the same time, we also confirmed with his family that they would agree with his wishes.

Secondly, considering the patient’s condition, the Integrated Care Service team suggested that he should enter a hospice. At City of Hope, there is a hospice on site, where patients can receive pain management, emotional, and spiritual support. Support is also offered to the patient’s family. Staff working at the hospice, provide 24-hour care services.

Finally, the poster introduced the End of Life Option Act (EOLOA) in California. In California, patients can choose euthanasia and if this option is chosen, patients self-administer a lethal dose of medication. Some suggest that euthanasia is the act of suicide that is overseen by a physician. However, there are some advantages of having such laws for terminally ill patients who suffer with tremendous pain. Euthanasia is not actually suggested by the teams at COH, but patients do have this option.

4. Palliative care in Japan and Germany—Similarities, Differences, and Challenges—

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Discussion: The Integrated Care Service Team proposed a final two choices to the patient. One was to pass away at the hospice. The other was to die at home with the family. But the team also considered the End of Life Option Act (EOLOA) as the last option. Which option to choose was a very difficult problem. However, the patient chose the option that would provide the highest quality of life (QOL) for himself.

Conclusion: Through our experiences at COH we became aware how necessary and important it is to engage in actual terminal care. Furthermore, we were able to sympathize with City of Hope’s motto “There is no profit in curing the body if, in the process, we destroy the soul.” We want to engage with the spirit of this motto not only when providing terminal care but also during our everyday practices as doctors in the future.

We would like to express our gratitude to everyone who gave us this opportunity. We are convinced that these precious experiences will be of tremendous value in our future lives as doctors and we will greatly appreciate every guidance and encouragement regarding our future learning.