

### 3. An Example of Supportive Care at City of Hope

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**Introduction** : We participated in the Overseas Training Program for two weeks (2019.9.1~2019.9.14) in Los Angeles at City of Hope. City of Hope (COH) is one of the most famous cancer centers in the United States.

**Methods** : Our poster focused on the Clinical Observership we participated in at COH. During the Observership, we joined teams conducting Integrated Care Service Rounds and attended a conference with a Multidisciplinary Team. Moreover, we were able to meet a terminal patient who had acute myeloid leukemia (AML). This case is reported below.

A 42-year-old man was admitted to City of Hope with a diagnosis of acute myeloid leukemia. After the diagnosis, he received two bone marrow transplants and was then treated using CAR T-cell Therapy, but his symptoms didn't improve, and his cancer spread to the bones. Because of this, he suffered with bone pain and was prescribed medication for the pain. He also had brain metastases, unfortunately treatment with chemotherapy was not successful. As he had undergone every procedure offered to him, he was now receiving palliative care.

The poster explained how City of Hope intervened with this terminal patient.

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 sometimes a chaplain. It is specifically designed to intensify care for patients with multiple complex care needs. At that time, we asked the patient about the need for life-prolonging treatment. In California, 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, 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.

**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.

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

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#### Introduction

With a large elderly population, Japan holds increased need for palliative care and is faced with challenges, such as a shortage of specialists, a delay in interventions after diagnosis and limited coverage by the national health insurance system. To consider the solution to these issues, this cooperative research project between Dokkyo Medical University and Westphalian Wilhelms University (WWU) compares the palliative care systems of Japan to those of Germany.

#### Methods

Publication searches were carried out with the key words, such as "palliative care", "living wills", "advance care planning", "digital legacy" and "death with dignity". The students among the authors attended palliative care lectures presented by the University Hospital (UKM) of WWU physicians. Information was also collected through an interview with a general practitioner, who provided palliative care in a rural area of Lower Saxony in Germany.

#### Results

As of April 2019, there are 244 palliative care specialists in Japan with a further 518 certified physicians for palliative care. In contrast, Germany has 12,346 certified physicians with a training experience in palliative medicine. Whereas Japan and Germany have 424 and 330 palliative care wards, respectively, Germany has 1,500 outpatient hospice facilities and 232 stationary hospice facilities of which 17 are pediatric facilities.

In Japan, palliative care is governed by the Cancer Control Act (CCA), which covers cancer, AIDS and the end-stage heart failure. On the other hand, palliative care in Germany is covered under the Hospice and Palliative Care Act (HPCA), which provides care to patients of all terminal diseases nationwide. Unlike Japan, Germany has a law on living wills. A living will is a legally binding instruction in Germany, and a public notary is often involved in the document preparation.

In Germany, many hospitals have chapels on the premises, and various religious professionals are involved in providing palliative care. It is also notable that virtual reality (VR) is employed as a part of palliative care at some institutions including UKM and has been shown to reduce patients' pain by temporarily distracting them from reality.

Palliative care in rural areas of Germany, like Japan, faces the problem of unequal geographic distribution of physicians. Shortage of physicians in some areas is covered by the ambulatory palliative care teams, whose specialized nurses can timely respond to the patients' needs, and physicians participate in cooperation with those teams when it is necessary. In an attempt to solve the problem, a telemedicine system, which allows a physician to communicate smoothly and effectively through video calls with the patients at distant locations, is being developed. The system is currently being tested experimentally at UKM in the areas of not only palliative care but also obstetrics and gynecology.

The "Digital Legacy" is defined as the information still available online after a person's death. Recently, interest in this concept is increasing, and how to handle the shared personal information may generate further challenges to the application of the inheritance laws.

#### Discussion

Both in Japan and Germany, there appear to be common important factors, such as growing elderly population, shortage of human resources, involvement of non-medical personnel (social workers etc.) and an insufficient awareness among the general population of both countries, when considering improvement of the respective systems. Compared to the German system, the Japanese palliative care system may need improvement. For example, an amendment of the CCA for widening the coverage to the level of the German HPCA may prove beneficial. An effort to educate the general public to enhance their awareness and understanding of palliative care might also be necessary.

#### Conclusion

Comparison of the palliative care systems in different countries helps the medical students understand and critically evaluate the systems in their own country. It is expected in both countries that medical students and graduates will further deepen their knowledge on the palliative care system and consider the issue based on the sociocultural background of each country as well as in a global context.