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# Editorial

## Lien Collaborative Myanmar Module 6: It is not the last ..... It is the beginning

Written by: Dr Wah Wah Myint Zu, Radiation Oncologist, Radiotherapy Department, Yangon General Hospital, Myanmar



Our last module of the Training-of-Trainers in Palliative Care Program for Myanmar is from 11.1.16 to 15.1.16.

It is quite a coincidence!

When we have the very first day of our 6th and last module in Yangon General Hospital, there was also the National Seminar on Comprehensive Oncology Services held at Nay Pyi Daw on 11 Jan 2016. This National Cancer Forum is attended by all the admin person and policy maker from Ministry of Health, almost all the radiation oncologists and medical oncologists from both government and private hospitals, Academic Institutions involved in training the health professionals, NGO like Shwe Yaung Hnin Si Cancer foundation etc . The Chairperson of APHN and Lead faculty of the Lien Collaborative for Palliative Care project, Prof Cynthia Goh, give a speech on the Implementation of Palliative Care in Cancer Service. We heard a good news that all the attendee are very much interest in Palliative care and they appreciate the hard work and

enthusiasm of APHN for the establishment of Palliative care Service in Myanmar. The meeting identified as a priority the

setting up of Palliative Care services as part of Comprehensive Oncology Services in Myanmar. In addition, the World Health Organisation has identified the setting up of Palliative Care services as part of Universal Health Coverage and Non-Communicable Disease (NCD) management.

At training center, Yangon General Hospital, all the faculty members and the trainee are excited .and active since the very first day. We are thrilled to share knowledge and experience of our palliative practice within previous six months to the faculty members and each other.



During the last module of training of trainers, faculty members encourage and teach us the different methods of teaching like lectures, case-based discussions, large group and small group teaching and usage of role play. I think this is a good topic for the trainees who will become trainers in near future. We also discussed about spiritual care, spirituality, self-care and the ethical dilemma. Our faculty members cover a wide range of Palliative care topics and also revise about many important

issues in Palliative care like Difficult Pain, wound care, colostomy care, communication etc. Dr Aye Aye Naing and I shared our learning and experience from the fellowship training program in Division of Palliative Medicine, National Cancer Center of Singapore as part of the Lien Collaborative for Palliative Care project. All the participants are interested to hear about the Palliative care service in Singapore.



Prof Cynthia Goh said that the faculty members are like parents who are excited but concerned for their offspring who will now start to fly out from their nest but they know their children will be fine as their kids are well equipped and trained and parents are always there to support them. These warm words make us teary and touched our hearts.

Professor Myint Thuang , Head and Professor of Orthopedic surgical depart-

### Continued from page 2

ment and President of Myanmar chapter in ISEAPs, said that he will fully support the establishment of Palliative care service and Palliative care education and encourage us to try our best in serving our patients with Palliative care.

Upon thanking notes, I said we owe the deep sense of gratitude to the Prof Myint Thaug, Prof Cynthia Goh, all the faculty members and APHN for the difference made by Palliative care TOT program during three years training. We are changed by the knowledge of the value added Palliative care and we want to give Holistic and interdisciplinary Palliative care approach to our patients to promote their quality of life. We also want to share that precious knowledge and experience to all our health care personnel and so we are interested in palliative care education.

With deep sense of gratitude, we give our remarkable Myanmar traditional souvenirs to all the faculty members and project manager of APHN .The last module of TOT program is successfully concluded by proudly awarding the completion certificates to all the participants.

Although the training is the last module, I think it is the beginning of our Palliative journey. All the participants are excited and thrilled to have empowerment and dedicated for trying our best in establishing Palliative care service in our own hospitals.





### Putting health at the centre of the response to drugs

MILLIONS OF PEOPLE SUFFER FROM PAIN WHICH IS AVOIDABLE AND COULD BE MANAGED WITH PROPER ACCESS TO THE CORRECT MEDICATIONS

*From ehospice*

Palliative care advocates attending the World Health Organization Executive Board meeting in Geneva in January 2016, urged the Executive Board to put health at the centre of the response to drugs, as Board Members discussed the public health dimensions of the world drug problem.

Dr Stephen Connor, on behalf of the Worldwide Hospice Palliative Care Alliance, submitted a statement in response to agenda item 6.4: 'Public health dimension of the world drug problem including in the context of the Special Session of the United Nations General Assembly on the World Drug Problem, to be held in 2016'.

The lack of access to controlled substances for medical purposes, especially opioid medications for pain relief, is of great concern to healthcare professionals, particularly

palliative care practitioners throughout the world.

The International Narcotics Control Board has estimated that 75% of the world population does not have adequate access to these medications. As a result, millions of people suffer from pain which is avoidable and could be managed with proper access to the correct medications.

Dr Connor noted that these medications are inexpensive and easy to administer, but cited a WHO Secretariat report pointing to regulatory, educational and systemic barriers which impede access. He called for a coordinated approach by national governments and UN agencies to tackle this problem.

Find out more about the [WHO Executive Board meeting](#) and follow the preparations for the [UNGASS on the World Drug Problem](#) online.

### INCB call for "indispensable" controlled medications to be "adequately available and not unduly restricted"

*From ehospice*

The International Narcotics Control Board (INCB) has released a supplement to their annual report, entitled: 'Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes. Indispensable, adequately available and not unduly restricted'. The report, published as a follow-up to the 2010 report deals with the availability of controlled substances for medical and scientific use, an issue that has been historically neglected in the discussions on implementing the Single Convention on Narcotic Drugs of 1961.

INCB President, Werner Sipp, said: "As the international community prepares for the United Nations General Assembly Special Session (UNGASS) on the World Drug Problem, to take place in April, INCB wants to contribute actively to the global debate."

In his preface to the report, Mr Sipp said: "Unnecessary suffering resulting from a lack of appropriate medication due to inaction and excessive administrative re-

quirements is a situation that shames us all. Inadequate access contradicts the notion of article 25 of the Universal Declaration of Human Rights, including the right to medical care, which also encompasses palliative care."

Barriers to accessing these medications include: regulatory barriers such as unduly restrictive laws, attitudinal factors such as concerns about addiction and reluctance to prescribe or stock these medicines, or insufficient training for health professionals. The report notes that a small number of governments reported supply and distribution problems, as well as the cost of medications such as opioids as barriers to making them available.

Mr Sipp said: "The Board is presenting this special report to Member States in the hope that the analysis and recommendations presented therein may assist them in the development of national policies and control systems that are capable of achieving the goals of the international drug control conventions in relation to ensuring availability of narcotic drugs and psychotropic substances."

Download the [report](#) and read [an article](#) in The Lancet, for a more in-depth analysis.



### Inauguration of palliative care centre at NKPSIMS, Nagpur

From Pallium India

In the presence of Sri Devendra Fadnavis, Chief Minister of Maharashtra, Union Minister for Transport Sri Nitin Gadkari and many other dignitaries, the palliative care center in NKP Salve Institute Of Medical Sciences And Research Centre and Lata Mangeshkar Hospital, Nagpur, was inaugurated by Dr Prabhat Nichkaode, Professor of Surgery and Coordinator of Palliative care, on the 24th of December 2015. This center is started under Pallium India and Jamshedji Tata Trust Project “Improving Access to Pain Relief and Palliative Care in India”.

A training session was conducted on the 23rd of December for faculties by Dr Navin Salins of

Tata Medical Center and Dr Prabhakaran Nair of Pallium India.

Dr Kajal Mitra and Dr Nichkaode deserve special mention for the untiring support given to us in making the palliative care center a reality.



### Mind, Body and Soul well taken care of

From HCA Hospice Care



Everyone took to their seats as the echoes of chatters and small talk diminished on a Thursday morning at the HCA Auditorium. The silence of the room and voice of the therapist calmed and brought the staff away from the hustle and bustle of their day's routine. Andy Ho Hau Yan, Assistant Professor of Psychology in Nanyang Technological University introduced Mindful Compassion Art Therapy (also known as 'MCAT') to the staff of HCA Hospice Care. To date, it has reached more than 60 palliative care professionals.

“It is important to be present and feel for the patients, but it's also important to let go and take good care of ourselves,” says a participant of the MCAT session. There is a need to recuperate, relieve the stress and emotions from the work that the staff of HCA Hospice Care does.

#### What exactly is MCAT?

MCAT targets hospice palliative care professionals, as well as terminally-ill patients and family caregivers. It helps to reduce stress and burnout, promote holistic wellness, build internal resilience, and cultivate sustained compassion. It combines the practice of mindfulness and art therapy which allows individuals to understand themselves better and get in touch with their emotions. It enables them to face and heal from their sense of loss and grief, offer and receive support and loving kindness from others, and ultimately, find greater meaning and new perspectives for growth and transformation.

“Upon experiencing first-hand the immense stress and pressure Singaporean palliative care professionals go through on a daily basis and seeing that there is no formal and available means for self-care and support, I decided to embark on the MCAT project,” says Prof Andy.

As the participants complete and pen down their thoughts of their art pieces, they are called back into a calm and soothing state. A personal time to simply

### Continued from page 5



focus on the present moment without judgment, freed from debilitating thoughts that troubles them endlessly on a daily basis. It enables them to heal, find peace, attain new perspectives, and build inner strengths and resilience within the contentment of stillness. After a few introductory exercises, the staff were able to practice mindfulness with ease.



Prof Andy believes that the integration of mindfulness practice and art-therapy has immense potential to create a platform for self-care and support which could cultivate sustained resilience, compassion and growth among those immersed in the fields of hospice and palliative care. Creativity and self-expression through art is the most natural and direct means of communication. A picture truly paints a thousand words – many found interest and realised they could express themselves through art.

Each of them took turns to share their thoughts and express their feelings through the strokes and colours used in their artwork. At times, they were able to identify with colleagues who create similar images and paintings. They

were also able to gain different perspectives from one another's creation.

“The process of creating art brings about feelings of relief and allows for opportunities to reflect and gain deeper understanding. Generally, it feels good to create art free from judgment,” says a participant.

“The practice of mindfulness do not require an expensive gym membership that is rarely used, it only requires us to be present in the here, in the now, in the present moment,” says Prof Andy. “The creation of art is the purest form of communication, it enables us explore and express our deepest thoughts and emotions”.

As the session came to a close, chatters and laughter continued to fill the atmosphere as they slowly made their way back to work. With such therapy and support, there is an assurance that we can minimize the issue of burnout and establish a healthy lifestyle for those engaged in the hospice and palliative field.

For more updates from HCA, please visit their Facebook [page!](#)

### Palliative care for Chronic Kidney Disease of unknown origin (CKDu) in Sri Lanka

*From ehospice*

Chronic Kidney Disease of unknown origin (CKDu) causes undue hardship to the people of Sri Lanka.

Due to the sheer numbers involved, the debilitating symptom burden, and the cost and expertise associated with treatment such as dialysis/transplantation, renal palliative care has become extremely important to manage the symptoms of these patients whether they are on an aggressive or conservative treatment pathway.

Chronic Kidney Disease of unknown origin (CKDu), is a distinct entity where relatively younger people – mainly males – are affected independent of diabetes or hypertension and it affects the tubules of the nephron.

Presently an estimated 400,000 people in the North Central, Northern, Eastern and Uva Provinces of Sri Lanka have been affected and 25,000 have already died from CKDu.

Since the first reported case was detected in

1992 in Siripura village in Padaviya, the prevalence of CKDu has doubled every eight years and is estimated to affect nearly 40% of the population of Sri Lanka by year 2032.

At the present moment Sri Lanka needs about 2500 dialysis machines but only have 249, including in the private healthcare sector. The lack of trained dialysis nurses is also a major limiting factor in enhancing the dialysing capacity.

Apart from the physical issues faced in the course of prevention, treatment and palliative care, there are other more damaging financial and psychosocial issues affecting these patients and their families.

When the younger male farmers who are normally the sole breadwinners of their families are affected by CKDu, their wives and the children also are affected in a big way.

Due to financial hardships that accompany treatment, they often sell their family homes,

CKDU IS  
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### Continued from page 6

go into debt, or resort to prostitution. Children's schooling is interrupted, causing major damage to the very social fabric that keeps them together as a family unit.

Properly formulated internationally recognised research, education, prevention, treatment and palliative care are all needed to combat the growing menace of CKDu in Sri Lanka.



## Palliative Care Emphasis Program on Symptom Management and Assessment for Continuous Medical Education (PEACE) Project

From APHN Editorial Team (Japan)— Hospice Palliative Care Japan

Written by: Prof Yosuyuki KIZAWA, APHN Council, Designated Professor, Department of Palliative Medicine, Kobe University Graduate School of Medicine.



Lecture

Palliative care is an essential part of medicine, but most physicians have had no formal opportunity to acquire basic skills in palliative care. In Japan, the Palliative Care Emphasis Program on Symptom Management and Assessment for Continuous Medical Education (PEACE) was launched in 2008 to provide nation-wide formal primary palliative care education for all physicians engaged in cancer care. This project aimed to raise competence of physicians in palliative care practice.

As of Sep. 2015, the total number of physicians who participated and completed the PEACE program was 63,528. This number shows that approximately 20 percent of physicians in Japan have completed the education program, making this program one of the largest palliative care education project in the world.

PEACE is a 2-day program with 9 basic modules which touches on topics such as the concept of palliative care and assessment and management of cancer pain. The program comprises of 2 12-hour interactive workshops that combine didactic plenary sessions, role-play sessions, and small group discussions. 6 additional modules for End-of-Life (EOL) care were also provided for the participants who engaged in EOL care.



Discussions

The program focuses not only on basic palliative care but also on the integration of palliative care and psycho-oncology such as solving patient misunderstandings about opioids, reducing the difficulty in breaking bad news to patients, cultivating an appropriate manner for listening to and

sympathizing with the patient, and formulating a care plan among an interdisciplinary team.

The PEACE project improve physicians' knowledge of, practice in, and difficulties with palliative care. Among the 223 physicians who participated in the program, 85 (38%) answered the follow-up survey. Significant improvements were noted on the PEACE-Q (Knowledge scale validated for the program published in JPM 2013) compared with baseline scores immediately after completion of the program, and this progress was maintained 2 months later ( $21.7 \pm 5.56$  versus  $29.5 \pm 2.10$  versus  $28.7 \pm 3.28$ , respectively;  $p < 0.0001$ ). Similarly, significant improvements were noted for total scores on both the Palliative Care Practice Scale (PCPS) and the Palliative Care Difficulty Scale (PCDS) at 2 months after completion of the program (Yamamoto R, J Palliat Med 2015.) .

As a result of this education project, palliative care has been recognized as one of core competencies for all doctors especially in oncology, and this has facilitated the integration of palliative care in oncology practice.



Role play session 1

## Opinion / Share Your Story

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### Palliative Sedation legalised in France. What are your thoughts?

From Pallium India

In a development that some see as a step towards euthanasia, France's parliament on 29 January 2016 [passed a new legislation](#) permitting terminally ill patients to receive deep and continuous sedation till death.

The way the news is projected gives cause for concern. Palliative sedation is generally considered ethically right and part of good palliative care, though limited to extreme situations. Will those providing it be seen as clandestine practitioners of Euthanasia?

Write in to Joyce at [aphn@aphn.org](mailto:aphn@aphn.org) to share your thoughts now! If you will like to suggest a topic for discussion in the community, do write in to us!

### Living and dying: a talk with the author

From ehospice

Buddhist organisations, NGOs, and the Thai Palliative Care Society (THAPS) collaborated to hold a panel discussion about death with Sogyal Rinpoche, a Tibetan Dzogchen lama, and the author of *The Tibetan Book of Living and Dying*, last month at Thammasat University, Bangkok.

This book, translated into Thai by Ven. Paisal Visalo almost 20 years ago, is one of the key components to raise awareness of palliative care and dying in Thailand. It has helped several organisations to start incorporating more of the care of spiritual aspects of human beings into their care of patients.

Almost one thousand people from all walks of life joined this panel discussion.

Key moderators, including a palliative care doctor, philosophy lecturer, and actor also shared their experiences regarding this issue. They found that there are several types of deaths, including the death that leaves a bitter, shattered heart and one that is a gift for those left behind.

They also agreed that: "to understand death does not always have to be through religion. Because everybody had different past expe-

riences in their life" and that "death is the art of handling life. It has to be learnt and understood by ourselves and not to judge others."

Sogyal Rinpoche also emphasised the fear of death in this modern era, and noted that it reflects the fear of facing ourselves.

"The very moment of death is like a mirror that reflects your life," he added.

To understand and not fear death, he suggested that we have to be mindful and prepare for it. Be aware that it could come to us at any moment.

If we are aware of that, then we would know and appreciate the value of life and how impermanent it is.

Watch the panel discussion in Thai and English on [YouTube](#).





## With Dr Megan Doherty, on her work in Bangladesh and the International Paediatric Palliative Care Discussion Forum (iPDF)

### 1. Will you like to share your experience in working in Bangladesh?

In Bangladesh, I work as a paediatric palliative care physician, as the project lead for the Children's Palliative Care Initiative. This involves working to make physicians and health care providers more aware of children's palliative care and how it can help children with life-limiting conditions. Additionally, I do education and training of doctors and nurses in children's palliative care, both through teaching sessions and hands-on training. I also provide clinical care for children with cancer and other life-limiting illnesses at BSMMU (a large academic government hospital) in Dhaka. The work is incredibly interesting and challenging. I get to be an advocate and champion for children's palliative care, as well as, working directly with children and families.



### 2. When did you decide that you will specialise in paediatric palliative care?

I decided to specialize in paediatric palliative care when I was doing my training in general paediatrics. In Canada, anyone who wants to be a paediatrician, must first do training in general paediatrics and then can do further training in a particular speciality of paediatrics. While doing this training, I realized that I wanted to help children and families who were dealing with very serious illnesses. I wanted to be able to help address their physical suffering, but also their emotional, social, spiritual and psychological needs. I realized that palliative care was a field where I could do this. I really enjoyed the multi-disciplinary nature of palliative care and the emphasis on quality of life and alleviation of suffering.

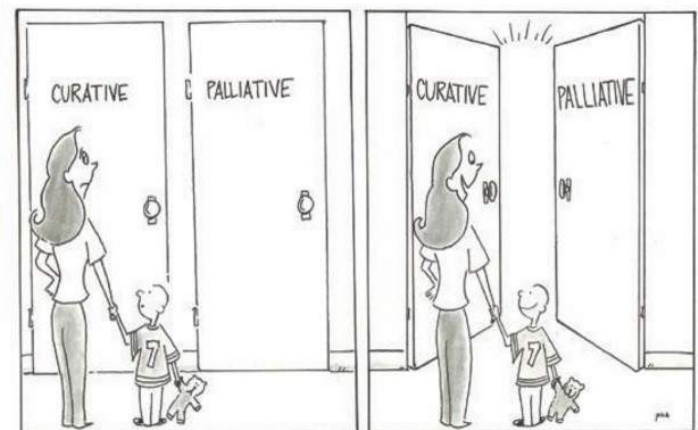
### 3. Everyone has someone they look up to, someone whose life motivates them. Do you have anyone like that?

I am inspired by many of those who were pioneers in the field of palliative care, especially those who were championing the cause of children. I see these colleagues as my mentors and role models. They spoke out bravely at a time when very few people recognized the suffering of children. It was not that long ago that many physicians did not believe the babies could feel pain.

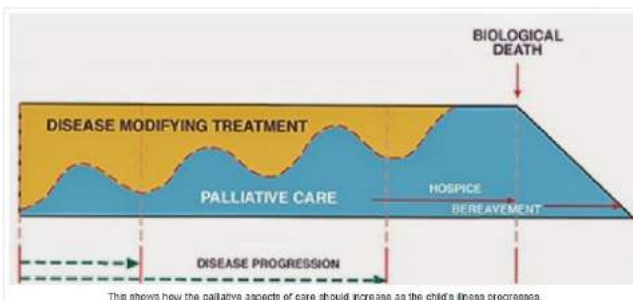
### 4. How has the iPDF been a resource for you and your colleagues?

I have enjoyed participating in discussion on iPDF, as it has allowed me to hear about the approach which others are using to address particularly distressing symptoms. I especially enjoy discussions which involve not only medical or physical issues, but also address non-pharmacological strategies or alternative medicine, as these are areas where I am interested to learn more. The information from iPDF has also stimulated discussion between myself and other local colleagues in palliative care, encouraging us to discuss symptom management in more detail, in the context of what is available in Bangladesh.

### 5. What are some of the discussion topics that you will be



You don't have to stop curative therapy to start palliative care. Instead they can proceed together. We often say that we are "hoping for the best, but planning for the worst."



This shows how the palliative aspects of care should increase as the child's illness progresses.

### interested to see in the iPDF in 2016?

I would be interested to have more discussion on iPDF about alternative therapies which can be helpful for treating pain and other symptoms. Procedural pain is also an area which has not been adequately addressed in Bangladesh, so I would like to hear about strategies which have worked to improve procedural pain management in other low resource settings.

Join the network of like-minded professionals at the **iPDF** now! Simply click on the link or visit [https://groups.google.com/forum/?hl=en#!forum/aphn\\_ipdf](https://groups.google.com/forum/?hl=en#!forum/aphn_ipdf)

## Announcements

### Sign up for APHN Dialog #2 by Prof Yoshiyuki Kizawa from Japan!

APHN Dialog Session 2 of 3 **REGISTER NOW!**

## Pain Control in Palliative Care

Date: 24 February 2016  
Time: 5pm – 6pm (GMT +8)



ASIA PACIFIC HOSPICE  
PALLIATIVE CARE NETWORK

**Invited speaker: Professor Yoshiyuki KIZAWA (Japan)**



- Designated Professor, Department of Palliative Medicine, Kobe University Graduate School of Medicine
- Director and Chair, Department of Palliative Medicine, Kobe University Hospital
- Director, Japanese Society for Palliative Medicine
- APHN Council Member

Send an email to Joyce at [aphn@aphn.org](mailto:aphn@aphn.org) with your occupation, place of work, country and institution today!

## Welcome Malaysia editorial team!

Dear friends, we will like to welcome the editorial team volunteers from Malaysia and Taiwan that will be joining us from the start of 2016!

They are Dr Caryn Shiao-Yen Khoo, Dr Aaron Hiew, Dr Fazlina Ahmad and Dr Diana Katiman from Malaysia, and Taiwan Hospice Foundation! We are very glad to have them provide updates for us from Malaysia and Taiwan!

With their edition, our editorial team now comprise of representations from Korea, Japan, Malaysia, Sri Lanka!!

**WE ARE URGENTLY LOOKING FOR representatives from Australia, Bangladesh, Hong Kong, India, Indonesia, Myanmar, New Zealand, Pacific Islands, Philippines, Singapore, Thailand, Vietnam and MANY MORE IN ASIA PACIFIC!!**

### Requirements

- Minimum to submit ONE article per month (no minimum word limit)
- Participate in editorial team meeting three times a year
- Interest to write about palliative care developments, patient stories, events and activities

Email Joyce at [aphn@aphn.org](mailto:aphn@aphn.org) to volunteer today!

## Notice of correction

In the previous issue of Spinning the Web, we have credited Dr Caryn Khoo's article "[Malaysia's Advanced Diploma in Palliative Care by the Ministry of Health](#)" as Malaysian Hospice Council (MHC). We have been informed by Dr Khoo that the volunteers will be writing in their individual capacity as palliative doctors practicing in Malaysia and not on behalf of the MHC. We will like to apologise for the misstatement.

### United Nations Secretary-General's High-Level Panel on Access to Medicines call for contributions

From ehospice

The United Nations Secretary-General's High-Level Panel on Access to Medicines is calling for contributions by interested stakeholders that address the misalignment between the rights of inventors, international human rights law, trade rules and public health where it impedes the innovation of and access to health technologies.

In particular the High-Level Panel will consider contributions that promote research, development, innovation and increase access to medicines, vaccines, diagnostics and related health technologies to improve the health and wellbeing of all, as envisaged by Sustainable Development Goal 3, and the 2030 Agenda for Sustainable Development more broadly.

Individuals and organisations working in hospice and palliative care are encouraged to contribute to make known the importance of access to medicines for people accessing palliative care and their families.

You can read more about the call, and find out how to contribute [online](#).

### Calendar of events for February



Dear APHN members

You may add the Google Calendar at this link <http://aphn.org/events/> for updates on palliative care events happening around the region! The include international Tweet Chats and online webinars that you can participate from the comfort of your home / office!

If you will like to start an activity, please email Joyce at [aphn@aphn.org](mailto:aphn@aphn.org) for a friendly chat!



## EVENTS

### Education in Palliative and End of Life Care (EPEC®) – Pediatrics, Train the Trainer Conference



11th & 12th April 2016—Clinical Education Centre, Level 5 Auckland Hospital, New Zealand

EPEC is a unique internationally recognised programme with the aim to provide clinicians with the most up-to-date and evidenced based knowledge and skills in this field but even more importantly the skills to teach others in your respective communities. It is geared towards paediatricians and nurse practitioners but other paediatric clinicians/disciplines are also welcome.

This is an exciting opportunity for NZ as it not only increases knowledge of this field of care throughout NZ but also provides a range of skills on how to teach our colleagues what can be difficult information and ways to do this. Due to the level of work in bringing out a number of international senior master facilitators to oversee the teaching of this course it is expected to be a “one-off” event.

If you have even a small interest in this field and/or you would like to upskill in a range of ways of teaching (not something that is generally part of any of our training) then please consider attending this workshop. There is an expectation of completing on-line modules prior to attending the course.

Please note all registrations are subject to organiser’s approval. Once this occurs you will be notified by the organisers and EPEC: USA for you to start the on-line modules prior to attending the workshop.

Register for the event or find out more at <https://www.starship.org.nz/foundation/shop-and-events/education-in-palliative-and-end-of-life-care-epec-2016/>

### Thailand 2nd National Palliative Care Conference 2016

Thailand 2nd National Palliative Care Conference will be held on 24th to 26th February 2016 at Centra Government Complex Hotel & Convention Centre in Chaeng Watthana, Bangkok, Thailand. The theme is “Hospice-Palliative Care: New Paradigm to integral Health Service”.

Dr Thain Phenwan, our APHN individual member, shared with us that this conference is supported by the government. Those who are Thai healthcare providers could register online to join the event for **FREE!**

Registration is at <http://www.dms.moph.go.th/nphc/index1.php>. For those who intended to join the workshops, they had to register and pay the fee (800 Baht) at <http://www.thaps.or.th/2nd-national-palliative-and-hospice-care-conference-nphc-2016-theme-%E2%80%99Hospice-palliative-care-new-paradigm-to-integral-health-service%E2%80%9D/>

The programme of the conference can be found at [http://www.dms.moph.go.th/nphc/Schedule\\_NPHC\\_2016\\_Edit\\_3-12-58.pdf](http://www.dms.moph.go.th/nphc/Schedule_NPHC_2016_Edit_3-12-58.pdf)



การประชุมวิชาการ

2<sup>nd</sup> National Palliative and Hospice Care Conference  
(NPHC 2016)

Theme

“Hospice - Palliative Care :

New paradigm to Integral Health Service”

Hospice - Palliative Care :

มิติใหม่เชื่อมสาธารณสุขไทยไร้รอยต่อ

วันที่ 24 - 26 กุมภาพันธ์ 2559

ณ ศูนย์ประชุมวายุภักษ์ ชั้น ๙ โรงแรมเซ็นทรา

ศูนย์ราชการและคอนเวนชันเซ็นเตอร์ แจ้งวัฒนะ

## Malaysian Hospice Council Congress 2016

The Malaysian Hospice Council (MHC), is hosting a conference on Palliative care from 22 April to 24 April, 2016 at the Swan Convention Centre, Sunway (Selangor). Hospice Klang, together with Hospice Kasih and Assisi Palliative Care are organizing this event on behalf of MHC.

The theme of the conference is “Palliative Care is everyone’s business”. The programme will include pre-conference workshops, a series of distinguished expert speaker session as well as a free public forum.

This conference is designed to promote awareness about palliative care among all people in our community, notably the healthcare, patients and care-giver communities.

The Congress will also host a number of distinguished international and local experts, addressing the latest developments in their fields.

Please visit the conference website to find out more – <http://mhc201416.wix.com/mhc-congress-2016>

		
<p><b>Dr Cynthia Goh</b>, is one of the pioneers of Palliative Care in Singapore, starting as a volunteer in 1986. She helped build several palliative care services in the community, and in 1999, she started the Department of Palliative Medicine at the National Cancer Centre Singapore, which she headed till 2011. Dr Goh is very active in regional and international networking and teaching of palliative care. Since 1996, she has nurtured the development of the Asia Pacific Hospice Palliative Care Network (APHN) to help promote hospice care in this region. She is the current chair of the APHN</p>	<p><b>Dr Rosalie Shaw</b>, the former Executive Director of APHN, is one of the most influential women in the field of palliative care in Asia Pacific region. In 1981, she set up one of the first palliative care units in Australia at Hollywood Hospital in Perth in 1981. In 1992 Dr Shaw was invited to come to Singapore to further the professional development of the Hospice Care Association and from that time was involved in the development of palliative care in Singapore. In 2011, Dr Shaw was awarded the Medal of the Order of Australia for her contribution to medicine</p>	<p><b>Dr Richard Lim Boon Leong</b> is the National Advisor on Palliative Medicine for the Ministry of Health Malaysia, Chairman of Malaysia Hospice Council, Head of Palliative Care Unit in Selayang Hospital and Institute Kanser Negara Malaysia. He is also the Council Member of Asia Pacific Hospice Palliative Care Network (APHN). Dr Richard Lim is also a Speciality Subcommittee member (Internal Medicine) of National Specialist Register of Malaysia as well as the Council Member of Malaysia Academy of Medicine College of Physicians.</p>
		
<p><b>Dr Ghauri Aggarwal</b> is the Head of the Palliative Care Department at Concord Hospital in Sydney. Her interests include interface between oncology and palliative medicine, undergraduate and postgraduate education in palliative care, communication skills and ethics and end of life decision making. She has co-authored many publications on hospital based palliative medicine, pain management. Currently she is involved in teaching and development of Palliative Care in the Asia-Pacific region.</p>	<p><b>Dr Suresh Kumar</b> is the director of the Institute of Palliative Medicine in Kerala, India. Dr. Kumar sees the need for healthcare to go beyond standard institutions and medical facilities. He realized that any comprehensive palliative care initiative had to be community-driven. He has designed a volunteer-led care system that provides an alternative to the rigid and ineffective medical institutions. His approach moves services from institutions and hospitals to neighbourhoods and homes</p>	<p><b>Dr. Ednin Hamzah</b>, Chief Executive Officer and Medical Director of Hospis Malaysia. He graduated in Medicine from the University of Newcastle Upon Tyne, United Kingdom in 1986. He was trained in General Medicine and General Practice and worked as a General Practitioner in Newcastle Upon Tyne until 1997, when he joined Hospis Malaysia. He is currently also on the Board of International Association of Hospice and Palliative Care, the Asia Pacific Hospice Palliative Care Association, the Malaysian Oncological Society and the Malaysian Society for the Study of Pain.</p>



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**DONATE TO US**

We are dedicated to promoting hospice and palliative care in Asia and the Pacific region. Empowering and supporting organisations and individuals committed to alleviating suffering from life-threatening illness form the basis of our work. Your donation will help us to provide:

- \*Free palliative care resources at our website
- \*Education scholarships and bursaries in palliative care
- \*Funding for clinical attachments
- \*Training programmes in developing countries (Currently only active in Myanmar, Bangladesh, Sri Lanka)

# THANK YOU

We will like to thank the following members who joined the APHN or renewed their membership

China

Butterfly Children's Hospices

Japan

Japanese Society for Palliative Medicine

Indonesia

Dr Samuel Kelvin

Malaysia

Dr Azlina Firzah Abdul Aziz

Hospis Malaysia

Dr Ednin Hamzah

Assoc Prof Robert Chen

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