



Being early is being on time-integration of palliative and hospice care in advanced illnesses

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Abstract

Patients with advanced (& terminal) illnesses suffer from a great deal of issues not only physical, but also psychosocial, financial, emotional and occasionally spiritual in nature. Palliative (Supportive) & Hospice care is essentially whole person care geared towards potentially preventing and relieving/reducing burdens of these distresses. There are frequent challenges like prognostication estimates which come along the way along with need for continued education and counseling, not just for the patient and caregivers but also other care providers. These require an 'interdisciplinary' care model with integrated team approach. Early integration of Palliative/Supportive care can pave the way to a smoother hospice transition later, especially for those with advanced, potentially terminal illnesses. Taking opportunities of having timely, essential conversations regarding personal goals of care, advanced care planning, 'being prepared for the unexpected', while alleviating common myths and fears revolving around end of life care, can ease the journey for such patients and families. Environmental catastrophes like the recent unprecedented crises of a pandemic situation call for our community of professionals to come up with means of staying connected with one another and our patient population for continuing to provide the above mentioned essential resources, including prescription medications, while ensuring our own learning, well-being and preventing burn-out. My talk during the conference will further allude to these points.

Biography

Ahsan Azhar is a full time palliative care faculty, assistant professor, currently also serving as the medical director of the acute palliative & supportive care unit, in the department of palliative, rehabilitation, & integrative medicine, at the University of Texas MD Anderson Cancer Center in Houston, TX. He is board certified both in Internal medicine & hospice and palliative care by the American Board of Internal Medicine. His ambition is to gain insight into evidence based aspects of providing palliative care. His interests include symptom management in advanced cancer, providing supportive care education, while fostering a caring relationship to help relieve psychosocial, emotional and spiritual distress among cancer patients and families. He is also actively involved in palliative care research.

Publications

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Ahsan Azhar. Neuroleptic rotation for refractory agitation in cancer patients with delirium in the acute palliative care unit: A double-blind randomized clinical trial. *Journal of Clinical Oncology* 38(15_suppl):12006-12006

Ahsan Azhar. Integrating PROs with prognostic value into oncologic care: High ESAS global distress score associated with lower overall survival in advanced cancer patients. *Journal of Clinical Oncology* 38(15_suppl):12021-12021

Ahsan Azhar. Neuroleptic strategies for terminal agitation in patients with cancer and delirium at an acute palliative care unit: a single-centre, double-blind, parallel-group, randomized trial. *The Lancet Oncology* 21(7).



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