2018

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Is a referral for chemotherapy and inpatient management of recurrent hypercalcemia within the direct purview of specialized Palliative Medicine?

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- **Introduction**

- Is the inpatient palliative medicine setting the correct place to initiate a discussion on chemotherapy and manage complex medical issues?

- **Objectives**

- This paper talks about the need to reinterpret the role of palliative medicine and place the WHO definition of Palliative Medicine in the correct context. It tries to do so by way of a providing a synopsis of the management of two advanced cancer patients who were admitted as inpatients.

- **Methods**

- A 43 year old female, with type 2 diabetes mellitus, a known case of metastatic gall bladder cancer with malignant biliary stricture who had undergone PTBD with stenting presented with an episode of cholangiitis. She was prescribed intravenous antibiotics, subcutaneous Insulin and other supportive treatment, following which she was started on Palliative chemotherapy.
- A 31 year old female, a known case of adenocarcinoma colon presented with symptoms of Malignant bowel obstruction for which she was started on pharmacological management. She developed an episode of witnessed generalised tonic clonic seizure preceded by an episode of flash of lights with blurring of vision on day 8 of treatment. MRI examination and a neurology referral was suggestive of a diagnosis of PRES. Symptomatic management of hypertension was initiated.

- **Results**

- There exists an urgent need to recognise the importance of recognition and management of medical issues in improving the quality of life and prolonging survival in advanced cancer patients.

- **Conclusion**

- Initiation of chemotherapy and medical management of sepsis, electrolyte imbalances and lower respiratory tract infections are important issues in the advanced cancer patient. Bringing these issues directly under the ambit of Palliative Medicine has the potential to play an important role towards redefining the role of this nascent subspecialty. Formulation of guidelines for the management of these conditions along with providing the necessary emphasis on the discussion of these issues in the academic programme is an important step towards creating a trained workforce which can provide supportive medicine services. It may also play an important role in proving the cost effectiveness of this model of service delivery.

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