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## SPIRITUAL JOYFULNESS

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### **Background:**

How do we find Spiritual Joyfulness in times of chaos, illness, loss, grief and end of life period. (This applies to all going through their journey and also those around them: Carers, family, friends and healthcare workers).

A lot of emotions, moods and feelings arise during the challenging times of our lives which ends in distress, where sometimes we find fear, anger, denial and anguish encapsulating us.

Looking for the meaning of life and the loss of the meaning and purpose of life. Engulfed with the following - Loneliness, abstraction, depression, suicidal feelings, bargaining for more time, not ready to accept the reality vs expectations. Questioning; why me and what have I done?

Many around us will come up with how we are conditioned in our lives by Religion, Karmic and Rituals to overcome our challenges. We look at a quick fix to dissolve all the blanketed emotions and feelings.

### **Objectives:**

With Laughter yoga, laughter Singing and Dancing, lightens up the moods and leaves a long impact of happiness that leads to joyfulness.

Embracing nature, grounding, doodling, storytelling, scrapbooking and journalling the memories in photos and words that come from heart heals with smile. Gratitude and “I am enough” the biggest Mantra in our lives. These leads to spirituality as it is a universal human experience something that touches us all.

Forgiveness to move on. Ho oponopono teaches us to forgive and move on and instil unconditional love. *“This ancient Hawaiian practice of forgiveness functions as both a communication concept for reconciliation and a tool for restoring self-love and balance.”*

*<https://metta365.com/blog/understandinghooponopono>*

**Methodology:** Level one evaluation which is the feedback after each session from patients and carers and from various perspectives which can be any participants or organisers.

To get a holistic view of the immediate impact of the sessions delivered.

For specifically support group sessions or a one to one grieve and loss impact assessment on various level. Conduct a follow up check with the activities with them and overall well-being.

### **Results:**

When we achieve the spiritual needs there is a sense of undescribed feelings of wonderfulness and vitality of tranquil joyfulness in mindfulness.

### **Conclusion:**

Even in moments of despair and sorrow the Joyfulness state is a state of Euphoria when we achieve the Understanding of the meaning of our existence on life and passing on.

### **Key words:**

ACCEPTANCE, GRATITUDE, LAUGHTER YOGA.

Word count 385

## **Effectiveness of Palliative and Hospice Care Basic Training Manual on Non-Health and Health Practitioners' Level of Knowledge in the Philippines**

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### **Background:**

Palliative and hospice care in the Philippines has received increased attention recently, notably with the introduction of Republic Act 11223 or the Universal Health Care (UHC) Law in 2019. The UHC Law strives to ensure that all Filipinos, regardless of socioeconomic level, have access to quality healthcare services, including palliative and hospice care. Through the enactment of Department of Health (DOH) Administrative Order 2015-0052 or the National Policy on Palliative and Hospice Care of the Philippines, it hopes to maintain the holistic approach in the continuum of care for patients from prevention to treatment, rehabilitation, hospice, and palliation.

In preparation for Universal Health Care (UHC)'s full implementation, healthcare workers must have the necessary skills, knowledge, and attitude to provide high-quality palliative and hospice care and integrate into local health systems to promote a multidisciplinary and interdisciplinary care approach. Through this, patients with life-limiting illnesses and their families will receive the necessary care and support.

### **Objective:**

This study aims to develop a basic training manual for palliative and hospice care and assess its effectiveness in improving the health and non-health workers' knowledge, skills, and attitude in Basic Palliative and Hospice Care.

### **Methodology:**

The Basic Palliative and Hospice Training Manual was developed from May to November 2020 through training needs assessment, technical write-shops, and stakeholder consultations. Due to the pandemic, blended learning design was utilized on its implementation last 23-27 November 2020, with 36 contact hours. The training was attended by participants from both health and non-health sectors (N=106). A 50-item questionnaire was given pre- and post-training. Pretest scores and Posttest scores were analyzed using Paired T-test to assess the effectiveness of the training.

**Results:**

Only 80 out of 106 (75.47%) participants completed the pretest and posttest with  $t(79) = -13.771$ ,  $p < 0.0005$ . In comparing the means of participants' test results and direction of t-value, it can therefore conclude that there was a statistically significant improvement in participants' test results following the conduct of basic palliative care training program, from  $34.06 \pm 5.56$  correct items to  $43.03 \pm 5.03$  correct items ( $p < 0.0005$ ); an improvement of  $8.96 \pm 5.82$ .

**Conclusion:**

The Basic Palliative and Hospice Training Manual effectively increases and improves the participant's knowledge of palliative and hospice care. Continuous course appraisal and evaluation are still needed to ensure its congruence with the current standards and evidence-based practice. With the results, conducting training in both public and private institutions is imperative.

**Keywords**

Basic Palliative Care Training, Blended Learning, Universal Health Care

## **Opioid use in patients with terminal cancer under Hospice home care: A Single Institution Experience**

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### **Background:**

Pain, dyspnoea and cough are prevalent symptoms that significantly reduces the quality of life of patients with terminal cancer. World Health Organization (WHO) recommends use of opioids for patients with moderate to severe cancer pain as well as cancer induced dyspnoea and cough, but little is known about opioid use in hospice patients in Sarawak.

### **Objectives:**

To describe pattern of opioid use in cancer patients under Two Tree Lodge Hospice Kuching.

### **Methodology:**

We retrospectively reviewed case notes of patients under our hospice home care from 1<sup>st</sup> August 2016 till 29<sup>th</sup> February 2024.

### **Results:**

A total of 544 patients with terminal cancer were studied, of which 47.1% (256) were men and 52.9% (288) were women. The mean age was 67 years old (range, 22-94), and mean duration of care was 64.8 days (range 0-958). The 3 most common cancers were lung 20.0% (109), colorectal 17.8% (97) and breast 10.7% (58). A total of 453 patients (83.3%) were prescribed with opioids at referral to hospice - 63.6% (346) on regular opioids and 19.7% (107) on as needed basis with a mean dose of 34.4mg/day (range 2-660) Oral Morphine Equivalence (OME). Oral morphine and fentanyl patch were the 2 most common opioids patients were on at referral to hospice - 44.8% (155) and 42.2% (146) respectively. Another 12.7% of patients (69) were started on opioids while under hospice care. Indications for opioids use were pain 76.4% (399), dyspnoea 12.5% (65), both pain and dyspnoea 10.5% (55), and cough 0.6% (3) respectively. Of the 440 (84.6%) patients who passed away at home/ Nursing home, 332 (75.5%) were on regular opioids for end-of-life symptoms management with a daily mean daily dose of 76.3mg OME.

### **Conclusion:**

Opioids is an important and safe medication for symptoms control in patients with terminal cancer. Fear of opioids' side effects and misconception that opioids may hasten death are barriers for adequate palliation of patients under hospice care in Malaysia. This study showed that opioids can be used safely to manage distressing symptoms of pain, dyspnoea and cough in hospice home care settings. Most patients can be palliated at home till end of life per their wishes if supported by trained hospice team with access to opioids and other essential palliative care medications. The mean doses of opioids at end of life for the patients in our study was comparatively lower than results from overseas and need to be verified with larger sample size.

### **Key words:**

Hospice home care, Opioids in Palliative Care

(Word Count: 399)

## Acute Myeloid Leukemia referred to Palliative Care : A Case Series

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### **Background:**

There is a dearth of data surrounding the characteristics of patients with Acute Myeloid Leukemia (AML) referred for palliative care in Malaysia.

### **Objectives:**

We aim to describe the characteristics of patients with AML referred to palliative care team in Hospital Ampang (a quaternary haemato-oncology centre in Malaysia).

### **Methodology:**

Retrospective review of patient's records via the electronic-medical-record system in Hospital Ampang. These are patients referred to the palliative care team in 2023.

### **Results:**

Total patients referred were 17. The median age of patients is 67 years old (range=25-81). 70.6% (n=12) had undergone chemotherapy (standard dose or low intensity therapy). Upon referral to palliative care, 35.3% (n=6) had prognosis of days, 23.5% (n=4) had a prognosis of weeks and 35.3% (n=6) had prognosis of months. Commonest symptoms were fatigue 100% (n=17) and dyspnoea 58.8% (n=10) attributed to anaemia and bleeding tendencies. 76.5% (n=13) were prescribed with opioids (for dyspnoea). 52.9% (n=7) was referred for community support. Most patients undergo weekly review in the daycare centre towards the end-of-life. In terms of place of death, 42.1% (n=7/17) occurred in the hospital.

### **Conclusion:**

Patients with AML experience high symptoms burden requiring frequent visits to the hospital for blood transfusion in the end of life. More robust research of larger scales needs to be done to understand the palliative care needs for this cohort of patients.

### **Key words:**

Acute myeloid leukaemia, haematology, palliative care

(265 words)

## **Constipation Management Among Patients Admitted to Palliative Care Unit Hospital Selayang : A Retrospective Study.**

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### **Background :**

Constipation is a common problem in palliative care patients with advanced diseases and can cause significant morbidity and adversely impact quality of life. The management of constipation in specialized palliative care settings is often challenging due to a lack of standardized assessment, an overemphasis on pharmacological interventions and the lack of appropriate preventative and non-pharmacological interventions in this specific patient population. There have been recent attempts at providing evidence-based practice to guide the management of constipation in palliative care.

### **Objectives :**

To determine the prevalence of constipation in palliative care patients admitted to Hospital Selayang Palliative Care Unit (PCU) and examine the usage of oral laxatives and rectal measures in the management of constipation.

### **Methodology:**

A retrospective observational study was conducted, involving all patients admitted to the PCU between 1<sup>st</sup> March 2023 and 30<sup>th</sup> April 2023. A total of 76 medical records of patients were reviewed, with data extracted regarding general demographics, constipation events, usage and side effects of laxatives and rectal measures done. All data was analysed using descriptive analysis.

### **Results :**

The prevalence of constipation in Selayang PCU was 26.3%, which was lower than published international data. 59% of patients required laxatives through-out the hospitalization. 42% of patients were on single laxatives while 17% required both stimulants and softener. The top 2 laxatives used were Lactulose (range 15 mls to 45 mls daily) and Bisacodyl (5 mg to 20 mg daily). 1 in 3 patients had to reduce or stop their laxatives due to documented intolerable adverse effects. 20 patients experienced constipation, of which 80% received rectal laxatives but only 14% had documented rectal assessment findings. Almost all patients received rectal Ravin enema regardless of the assessment findings.

### **Conclusion :**

Constipation management in the PCU did not fully adhere to the available local or international guidelines. The choice of oral laxatives was not rationalised, variety of drugs used limited and doses not optimised. While constipation was well diagnosed, rectal assessment findings were not routinely documented and did not appear to guide choice of rectal measures. Further quality improvement measures are needed to ensure better assessment and management of constipation in the PCU to improve patients' quality of life.

**KEYWORDS:** Constipation, palliative, laxatives  
(363 words)

## **PALLIATIVE CARE IN CANCER: AN EXPANDING DEMAND IN NORTHERN SARAWAK**

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### **Background:**

Palliative care in cancer, acts as a continuation of cancer care in a holistic approach. These include physical, emotional, social, spiritual and complementary therapies. Recognising the importance of this service, Palliative care association of Miri collaborates with Miri Hospital to provide palliative care for cancer patients in Northern Sarawak since 2005. Our primary service is community home-based nursing care visits, managed by 2 full time certified nurses, 1 part-time doctor and 2 part-time nurses.

### **Objective:**

To describe the sociodemographic characteristics and workload of our services from 2020 to 2023 in Northern Sarawak.

### **Methodology:**

A cross sectional study was done on all registered patients from 2020 to 2023 at Palliative care association of Miri, Miri, Sarawak.

### **Results:**

There was a total of 535 cancer patients with male: female ratio of 1:1 and mean age of  $62.3 \pm 3.1$  years old. The Chinese (30%), Iban (30%) and Malay (19%) were the predominant ethnic groups. About 95.9% of patients were residing in Miri with the remaining from Marudi (0.9%), Limbang (0.9%), Lawas (0.75%), central Sarawak (0.75%), Bintulu (0.4%) and Southern Sarawak (0.4%) region. The 5 commonest cancers were colorectal (16.1%), lung (15.5%), cervical/ovarian malignancies (11.6%), head & neck tumours (9.7%) and liver cancers (8.9%). There was significant increase in the average monthly new cases from 9 in 2020 to 17 new cases per month in 2023. During the initial part of COVID-19 pandemic in 2020, 64.5% of palliative care services was still delivered physically via home visits. However, in 2021, telemedicine with phone or zoom was mostly performed (93%) till the physical therapy was allowed in 2022. Thereafter, the total home visits had increased 1.5 fold from 364 (89%) in 2022 to 530 (92.2%) in 2023. An annual increment of approximately RM52,000 was observed in the operational cost, resulting in total cost of RM162,653 in 2023. The main challenges in providing palliative care services at our centre include scarcity of specialised medical personnel or manpower and financial constraints to meet the escalating medical equipment or consumable costs.

### **Conclusion:**

It is evident that the expanding demand for palliative care as a healthcare continuum is increasingly vital to provide compassionate and comprehensive support during life's most challenging moments.

### **Keywords:**

Palliative care, cancer, Sarawak

(Total word count: 397 words)



## ENHANCING PALLIATIVE CARE SERVICES THROUGH DIGITALISATION: BRIDGING GAPS AND IMPROVING ACCESS

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### Background:

Over the last two decades, technologies had been incorporated into the healthcare system to improve efficacy and efficiency. This integration had transformed from simple telemedicine to digital health leading to precision and personalised medicine. Realising the benefits of these incorporation, we have initiated digital innovation into our palliative care services by utilising telemedicine, patient management system, online referral and self-referral systems. The online referral system uses simple google forms, accessible through QR code. The self-referral system empowers patients to directly access palliative care services, thereby eliminating needs for healthcare providers recommendation. Patient management system (Cloud system) enable accessibility anywhere and anytime by designated medical staff.

### Objective:

This study aims to assess the extent to which digitisation have improved accessibility, referrals and efficiency of palliative care services in Northern Sarawak.

### Methodology:

A cross sectional study was performed on all patients from 2022 to 2023 at Palliative Care Association of Miri, Miri, Sarawak.

### Results:

The total referrals had increased 1.7 folds from 118 in 2022 to 208 cases in 2023. Both the total physical home based nursing visits and telemedicine had surged 3 and 5 times respectively. In addition, late referrals (patients deceased prior to initial consultation) had reduced by 57%. In 2023, 10% (21) of the total patients were self-referred or recommended by friends or families.

In 2022, Miri district accounted for 95% of the total number of patients, with Miri city constituting the majority at 79%. The remaining patients were from Marudi (2), Lawas (1), Limbang (1), and central Sarawak (2). 95% of the patients in 2023 stayed in the Miri district, primarily in Miri city (75%), Bekenu (7.2%), Niah (6.7%), Baram (4.8%), and Sibuti (1.4%). The other patients were located at Limbang (2), Lawas (1), Marudi (1), Bintulu (2), central Sarawak (1) with service expansion to Southern Sarawak (2). Between 2022 and 2023, the cost of stationery and printing supplies had decreased by 68% with online referrals and patient management system. Nonetheless, the phone and internet costs were nearly identical in 2022 and 2023, amounting to RM2800.97 and RM2865, respectively.

### Conclusion:

Palliative care services have benefited from digital innovation through increased accessibility, expanded locations, earlier and effective referrals, in addition to cost effectiveness.

### Keywords:

Digitalisation, palliative care, accessibility

(Total word count: 399 words)

## **Clinical Audit on Adequately-treated Pain Upon Referral of Cancer Patients to Palliative Outpatient Clinic**

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**Background:** Pain is a core vital sign not only for healthcare professionals but also more importantly for patients with palliative care needs. A recent meta-analyses suggested that prevalence of pain in patients with cancer can be up to 44.5%. In Malaysia, the Clinical Practice Guideline (CPG) for Cancer Pain Management had been published in 2010.

**Objectives:** In Hospital Melaka, we have been actively educating hospital staff to assess and treat cancer pain accordingly prior to referral to Palliative Care Unit (PCU). In this paper, we present the aptness of the healthcare professionals on opioid prescription in patients with cancer pain that was referred to PCU outpatient clinic.

**Methodology:** A retrospective clinical audit was done assessing the number of patients that were prescribed opioid adequately before their referral to palliative clinic. The appropriateness of opioid prescription is based on patient-reported pain score (0-10) i.e. weak opioids for Pain Score 4 - 6 and strong opioids for pain score 7 - 10. We assessed new patients seen in PCU Clinic from July – December 2023. Any analgesia in the form of opioid either weak or strong, are being taken into consideration and being integrated into the audit.

**Results:** The audit has demonstrated that out of a total 115 patients that were referred to palliative clinic from July 2023 to December 2023, about 35% of them had their pain adequately controlled with opioid, while another 33% of them had poor pain control because they were either not prescribed with adequate opioid or were not prescribed at all. 31% of them were either asymptomatic or were prescribed opioid for other symptoms. The audit had also demonstrated that within the group of Inadequate opioid/Not started for pain control, 73% did not receive any opioid at all, while only 26% received weak opioid for severe pain.

**Conclusions:** General knowledge on opioid prescription for cancer pain in palliative setting among the healthcare practitioners is still a growing issue. This in turn leads to poor patient's quality of life due to terrible pain control, which ultimately leads to patient's and family's dissatisfaction. Even with the publication of national-level Cancer Pain CPG, opioid awareness and prescription among healthcare professionals in a tertiary hospital is still low. More needs to be done to educate our colleagues about opioid prescription and safety in addressing cancer pain to reduce their hesitancy from allowing patients to receive the minimum standard care expected for the treatment of cancer pain.

**Keywords:** Cancer-related pain; Opioid and Pain, Pain assessment

## **Pre- and Post-Course Evaluation of Participants of Basic Palliative Care Course in Hospital Melaka in 2023**

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### **Background:**

In 2022, the palliative care service in Hospital Melaka was formalized with a full-time palliative care physician, rotational Medical Officer schedule, continuing education and professional development for nurses, allied health professionals and attachment doctors. Among the challenges faced by the team are the low level of awareness about palliative care services among healthcare workers and hesitancy to administer medications prescribed despite following the Clinical Practice Guidelines for Cancer Pain Management and direct communication with primary team that is caring for the patients. To address this issue of awareness and basic education on palliative care, the PCU team organized two Basic Palliative Care Courses involving healthcare staff in 2023.

### **Objectives:**

To establish perception and awareness about the use of opioids for patients with palliative care needs among healthcare workers who attended a basic palliative care course before and after the course.

### **Methodology:**

We conducted two physical Basic Palliative Care Courses in March and September 2023. Participants are invited to complete a survey before and after the courses on some questions and statements about palliative care and opioid usage and safety for cancer patients. The link for the form is given to participants on a Google Form platform and responses were analyzed after the courses have concluded.

### **Results:**

A total of 169 respondents completed the pre-course questionnaire and 160 completed the post-course questionnaire. Before the course, 51.5% (n=87) were able to correctly identify the main aim for palliative care. After the course, 96.3% (n=154) were able to identify this. 53.8% (n=91) were able to identify that palliative care covers cancer/non-cancer diagnoses and 87.6% (n=148) knew that palliative care can also be provided for patients in the community before the course. Following the course, the correct response improved to 91.9% (n=147) and 96.3% (n=154) respectively. In terms of opioid knowledge, a total of 74.6% (n=126) were able to correctly identify both correct statements regarding opioid before the course and this improved to 86.3% (n=138) after the course. The level of misconception (wrongfully identifying at least one false statement about opioid as true) was 34.9% (n=59) before the course and reduced to 29.4% (n=47) afterwards.

### **Conclusion:**

There are a lot of misconceptions and a low level of awareness regarding palliative care within the group of healthcare staff surveyed before the courses organized by our team. There were some improvements in basic knowledge and reduction in misconceptions about opioid usage in palliative care settings following the course.

### **Key words:**

1. Palliative Care
2. Analgesics, opioid
3. Health Personnel

Word Count: 398\**The body of this abstract should not exceed 400 words and this does not include spaces. Word count also excludes title, author, headings, keywords and NMRR.*

## **Number of Cancer and Non-Cancer Cases Referred to the Palliative Care Unit at Hospital Sibul: A Retrospective Analysis**

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### **Background:**

Palliative care plays a crucial role in providing comprehensive support to patients with life-limiting illnesses, including cancer and non-cancer conditions. Understanding the demographics and distribution of patients referred to palliative care units can inform healthcare planning and resource allocation.

### **Objectives:**

This study aims to analyze the number of cancer and non-cancer cases referred to the Palliative Care Unit (PCU) at Hospital Sibul, elucidating patterns and trends over a specified period.

### **Methodology:**

A retrospective analysis of patient records from the PCU at Hospital Sibul was conducted from January to December 2023, in a year period. Data on patient demographics, primary diagnoses (cancer or non-cancer), referral sources, and clinical characteristics were collected and analyzed.

### **Results:**

A total of 404 patients were included in the analysis, of which 78.22% had cancer diagnoses and 21.80% had non-cancer diagnoses. The majority of cancer cases were attributed to gastrointestinal type of cancer which have 81 cases, while non-cancer diagnoses encompassed a range of conditions including renal, cardiac, respiratory, neurology, paediatric and others. The distribution of referrals varied across departments within the hospital, with medical department accounting for the highest proportion of referrals.

### **Conclusion:**

This study provides valuable insights into the profile of patients referred to the PCU at Hospital Sibul, highlighting the prevalence of both cancer and non-cancer cases. The findings underscore the importance of palliative care in addressing the diverse needs of patients with life-limiting illnesses beyond cancer. Understanding the demographic and clinical characteristics of patients accessing palliative care services is essential for optimizing care delivery and resource allocation in similar healthcare settings.

### **Key words:**

Palliative care, cancer, non-cancer, Hospital Sibul,

(260 words)