Survey on acceptable nomenclature in advanced cancer and purview of Palliative Medicine amongst the delegates of a national conference on Supportive oncology

Please choose the most appropriate answer.
For questions that may have more than one answer the same is mentioned within parenthesis.
For other questions mark the answer from 0 to 4 on a Likert scale where 0 means definitely disagree, 1= disagree, 2= neutral, 3= agree, 4= definitely agree.
Please tick mark your preference in the space provided.

1. I think that the term Palliative medicine should be substituted by Supportive medicine.

0__ 1__ 2__ 3__ 4__

2. I think that the term Palliative medicine should be replaced by the term Supportive oncology.

0__ 1__ 2__ 3__ 4__

3. I consider Palliative medicine and Supportive oncology to be mutually exclusive domains in patient management.

0__ 1__ 2__ 3__ 4__

4. Palliative care and Palliative medicine are two different entities in management of advanced cancer patients.

0__ 1__ 2__ 3__ 4__

5. The substitution of the term Palliative medicine by Supportive oncology might remove the stigma associated with the term.

0__ 1__ 2__ 3__ 4__

6. What is the difference between Supportive oncology and Palliative medicine (more than one correct answer)

6.1 timing of intervention _____
6.2 healthcare professionals involved _______
6.3 subset of patients involved ______

7. Which of the following are included within the purview of early palliative medicine (more than one answer)

7.1 management of complex psychiatric symptoms _____
7.2 counselling regarding goals of care _____
7.3 assessment of quality of life prior to and following a palliative medicine liason ____

7.4 management of chemotherapy related complications ____
7.5 interventional pain management techniques ____

8. Which of the following constitute medically appropriate indications for admission to an inpatient Palliative Medicine unit (more than one answer)

8.1 Interventional pain procedures. ____
8.2 Management of febrile neutropenia. ____
8.3 Therapeutic paracentesis. ____
8.4 Therapeutic thoracentesis. ____
8.5 Management of haematemesis. ____
8.6 Evaluation and management of Delirium. ____
8.7 Counseling regarding goals of care and provision of Palliative sedation. ____
8.8 MRI planning for a patient with diagnosis of malignant extradural spinal cord compression. ____
8.9 Newly diagnosed cancer for medical/surgical /radiation oncology liason. ____
8.10 Hypercalcemia of malignancy. ____
8.11 Lower respiratory tract infection. ____
8.12 Collusion/existential distress. ____
8.13 Opioid switching involving methadone. ____
8.14 Lignocaine infusion for neuropathic pain crisis. ____
8.15 Opioid induced emesis refractory to oral metoclopramide, haloperidol and olanzapine. ____

9. What should be the average duration of stay for a patient in the inpatient palliative medicine unit (more than one answer)

9.1 Should be decided based upon the diagnosis ____
9.2 Should maintain a rapid turnover (12-24 hours) ____
9.3 Should depend upon the stage of the disease ____

10. Monitoring of vitals (including Spo2) should be available for every admitted patient in the palliative medicine unit

0__ 1__ 2__ 3__ 4__

11. Case 1 - A 30 year old female with complaints, a known case of metastatic Renal cell carcinoma, post unilateral radical nephrectomy, on Sorafenib since the past two days was admitted to the palliative medicine unit for analgesic titration. Her serum creatinine levels at the time of admission were 0.8 mg/dl. The serum creatinine levels increased to 1.5 and 2 mg/dl on day 2 and 3 of admission along with a progressive deterioration in sensorium. She subsequently developed involuntary movements involving the right upper and lower extremeties. There was no evidence of papilledema on an ophthalmology referral. Which of the following is a valid indication for an intensive care unit admission in this patient. (more than one answer)

1. signs of raised intracranial tension (intracranial metastasis). ____
2. opioid induced neurotoxicity. ____
3. acute kidney injury and dyselectrolytemia. ____
5. rapid deterioration in sensorium. ____
6. none of the above. ____

1.2 What should be the duties of a Palliative medicine/ supportive oncology professional in the ICU (more than one answer)

1. I do not think that there is a well defined role for palliative medicine/ supportive oncology professionals in the intensive care unit. ____
2. I do not think that the terms palliative medicine and supportive medicine/oncology should be used interchangeably. ____
3. Management of medical and complex psychiatric symptoms. ____
4. Endotracheal intubation, use of non invasive ventilation strategies, antibiotic stewardship, management of sepsis and dyselectrolytemia. ____
5. Use of non invasive ventilation strategies, antibiotic stewardship, management of sepsis and dyselectrolytemia.

12. Case two A 43 year old female with type 2 DM, a known case of metastatic Gall Bladder cancer with malignant biliary stricture and history of stent block for which she had undergone PTBD with stenting treated recently for cholangiitis followed by restenting due to recurrent blockage of the stent, was restarted on chemotherapy. She developed multiple cholangiitic abscesses for which she received intravenous antibiotics.

12.1 Which of the following statements are correct (more than one answer)

1. The management of visceral infection and antibiotic stewardship is within the purview of supportive oncology but not palliative medicine. ____
2. Restarting chemotherapy challenges the well defined trajectory of an advanced cancer patient and is to be avoided. ____
3. Provision of these interventions (restarting chemotherapy and antibiotic stewardship) is outside the purview of rational Palliative/Supportive Medicine and lies within the realm of Integrated Oncology . ____

Name(optional) ______________________ Affiliation______________________________

Survey on attitudes towards Euthanasia amongst delegates of a national conference on Palliative Medicine

Please choose the most appropriate answer.
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For other questions mark the answer from 0 to 4 on a Likert scale where 0 means definitely disagree, 1= disagree, 2= neutral, 3= agree, 4= definitely agree.
Please tick mark your preference in the space provided.

1. The debate on Euthanasia is within the purview of Palliative medicine.

0___ 1____ 2____ 3____ 4____

2. The provision of Euthanasia is within the purview of End of life care.

0___ 1____ 2___ 3___ 4___

3. A set of multidisciplinary experts should be introduced to initiate the discussion on Euthanasia in a terminally ill patient (when the same is expressly demanded by the patient or family members).

0___ 1___ 2___ 3___ 4____

4. I believe in the validity of the terms passive and active Euthanasia.

0___ 1___ 2___ 3___ 4___

5. I agree with the usage of the term physician assisted suicide.

0___ 1___ 2___ 3___ 4____

6. The right to a good death and the right to euthanasia are mutually exclusive.

0___ 1___ 2___ 3___ 4___

7. I do not recognize the right to euthanasia.

0___ 1___ 2___ 3___ 4___

Name(optional) ____________________________ Affiliation ______________________________