

Introduction



In 2024, the European Union released recommendations "Innovative palliative care for people with Cancer", pointing out, that "[p]alliative care must be integrated across primary, secondary and tertiary care and across the cancer continuum." (Recommendation 3)

In the Polish health system, palliative care services are provided for all cancer patients regardless the histopathological diagnosis, phase of the disease trajectory, or concomitant oncological treatment. Therefore, DPM admitted patients at the early stages of malignancy, as well as in the last days of life. Department of Palliative Medicine (DPM) has served as a 1) clinical, 2) teaching, and 3) research facility in one of the two multispecialty teaching hospitals (932 and 395 beds; annual admissions – 34k) of the Medical University of Warsaw (Poland) since Dec. 2023.

Organizational setting:

- 19 beds in 1, 2, or 4-person rooms
- personnel: 4 physicians (2.5 FTE) + 6 physicians on duty; 15 nurses; 11 medical caregivers, 2 psychologists (0,5 FTE), 1 physiotherapist (0,5 FTE), 6 supportive staff
- volunteers (appr. 60 students from Student's Research Club)

This analysis aims to indicate the characteristics of patients admitted to DPM, sources of referrals, patients' needs, and the necessary equipment.

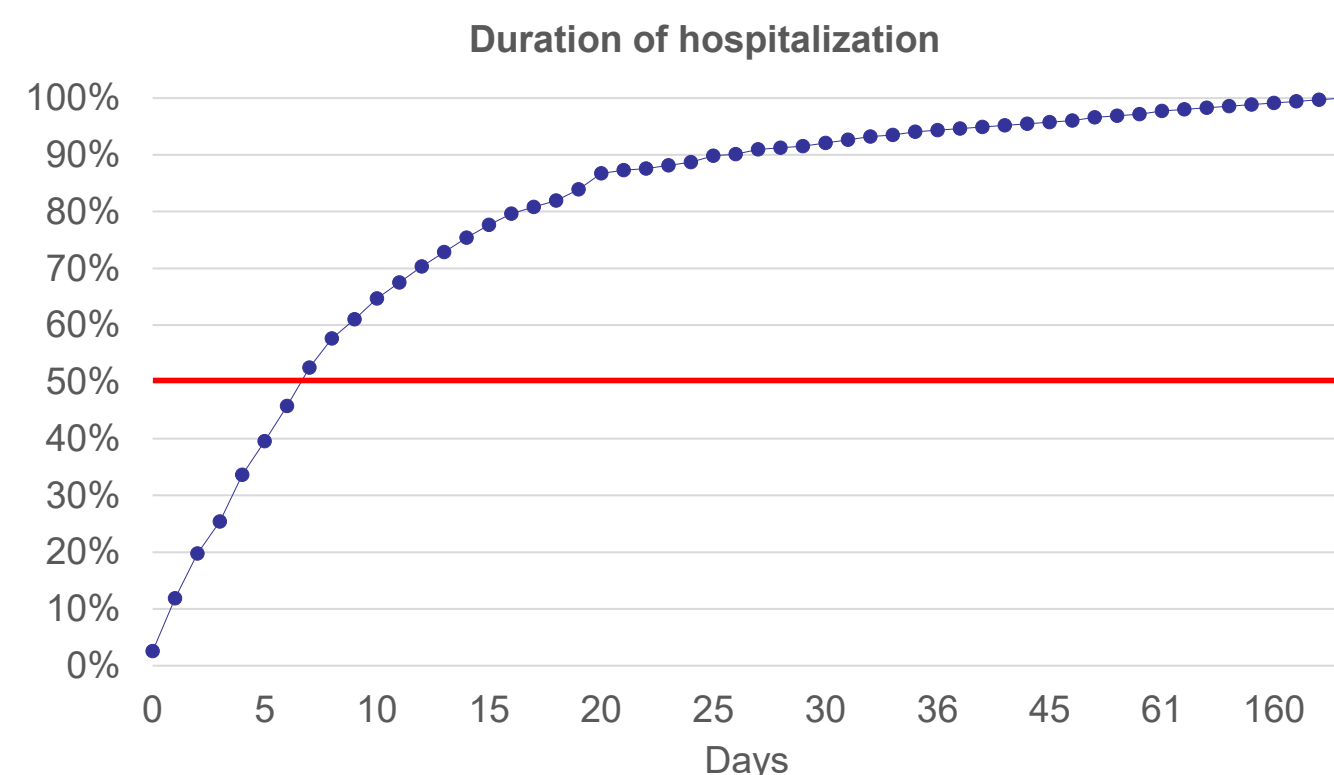


Creating home atmosphere is key in holistic care. The staff singing Christmas carols (on the left) and "Rose with a Snowy Cap" – a symbol of DPM and perseverance despite unfavorable situation (on the right).



Methods

The medical records from a 12-month period (1.05.2024-30.04.2025) were analyzed. Overall, 376 patients were admitted in the analysed period (408 admissions). Only complete hospitalizations of adult cancer patients were included in the analysis. Four cases were excluded as ongoing hospitalizations. Additionally, each patient underwent a standardized assessment of palliative care needs upon admission using a structured Eligibility Card. It included principal diagnosis (ICD-10), assessment of general condition, emergencies, and symptoms. The following results are limited to the analysis of the length of hospitalization and death.



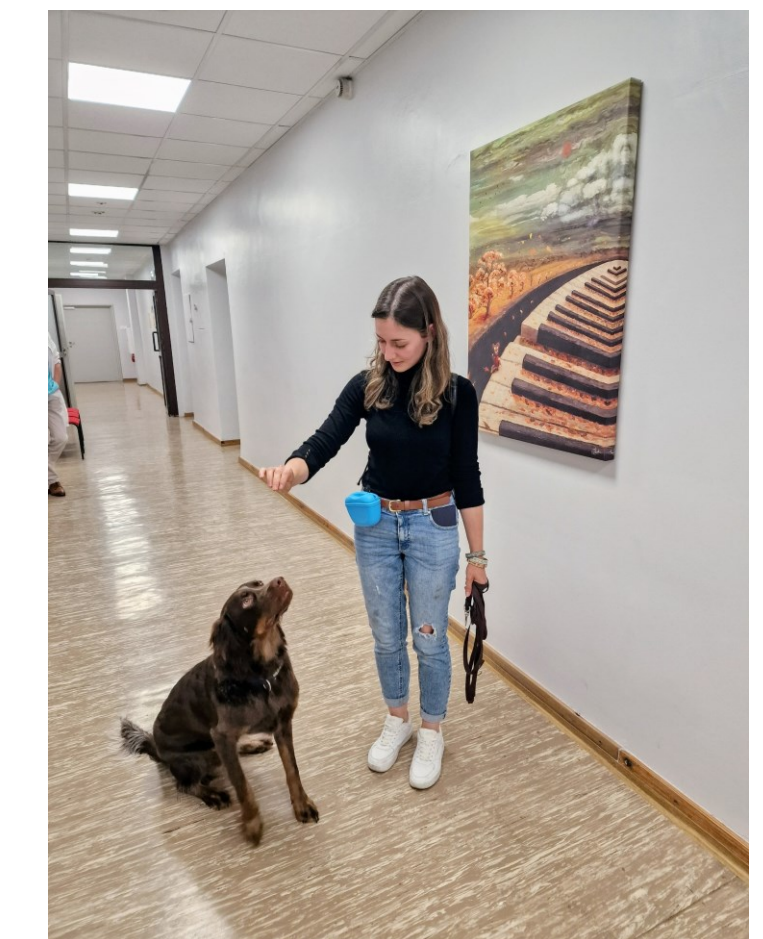
	% of all admissions	Avg. Duration [days]	Mortality
Int Medicine Depts.	35.7%	12.4	84.0%
Emergency Dept.	26.3%	10.6	72.8%
C00-C97	85.9%*	11.0	72.2%
D37-D48, C80	14.1%*	8.0	76.9%
Palliative Care	18.9%	12.3	77.3%
Surgery Depts.	8.6%	22.5	76.7%
Oncology Dept.	5.40%	10.2	63.2%

*% of ED patients

Results

- Cancer patients (325) accounted for 350 (86.8%) of complete hospitalizations, of which 77.1% resulted in death.
- Fifty-three (15.3%) accounted for newly diagnosed cancer patients disqualified from further diagnostic and oncological treatment, therefore, without histopathological confirmation. In this group, the mortality rate was higher (84.9%) compared to diagnosed cancer patients (75.8%; statistics not presented here).
- One-fourth (26%) of the admitted were patients from ED, and for 14% of them cancer was diagnosed accidentally with no prospects for curative treatment.
- Most patients referred to DPM very late: 25.4% of patients admitted in their last 3 days of life, and half of patients in their last week of life.
- Most patients who were discharged home, came back when deteriorating or in their last days of life (out of 23 patients admitted more than once (2-7 times), 18 died in the clinic).
- There were 51 procedures of paracentesis and 8 of thoracentesis performed.

Visits of beloved pets (on the left and in the middle) and a dog – trained companion



Conclusions

TOO LATE

In most cases, patients were referred to DPM in the terminal phase, in the last days of life, and in many cases too late for reaching effective symptom control. There should be an informative campaign to raise awareness of the benefits of early palliative care.

EMERGENCY PALLIATIVE CARE

DPM appeared pivotal for an emergency department in multispecialty hospitals. Over one-fourth of patients admitted to DPM were referred from ED, and significant part of them were newly diagnosed advanced cancer cases, disqualified from further diagnostics. DPM allowed for direct, the earliest possible palliative care, provided without any delay, and immediate implementation of symptomatic treatment was possible, instead of other suboptimal treatment options.

PC'S BAD REPUTATION CAN BE REFUTED

Most patients discharged from DPM, referred to it when their clinical status worsened. It may indicate a high quality of services received during the previous hospitalization, as well as a good perception of palliative care. There is a need for the atmosphere of warmth, home

References

1. European Commission: Directorate-General for Research and Innovation, Innovative palliative care for people with cancer – Sustainable solutions for the future, Publications Office of the European Union, 2024, <https://data.europa.eu/doi/10.2777/147288>
2. Dzierżanowski T. Accessibility of palliative care for adults in Poland. Palliat Med 2020;12:75–83. doi:10.5114/pm.2020.97405
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