LETTER TO EDITOR

Palliative Care for Lung Cancer Patients in Penang Hospital

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Sir,

I am writing to express my concern regarding a statement made in a paper on palliative care recently published in your journal[1].

The author, Dr S. B. Khoo, states that patients with incurable illnesses are "turned away from acute General Hospitals, and are told that there is nothing more to be done". This is untrue with respect to my own experience with lung cancer patients seen in Penang Hospital between 1988 and 2001, when I was the physician in-charge of the respiratory medical unit. The burden on inpatient workload has been documented in a study done on cancer admissions to the hospital[2] during the year 1995 which showed that the commonest primary site in inpatients was lung (193/1335, 14.5% of cases). Lung cancer patients accounted for 316/2,947 admissions (10.7%) and 5,796/35,324 inpatient days (16.4%) for malignant disease[3]. For new lung cancer patients seen between 1995 and 2001 only 67/1,174 had surgery with a view to curative resection (5.7%)[4]. As of August 2002, the five-year survival was 29%. It can be inferred from this data that almost all lung cancer patients seen were incurable and almost all treatment given during hospital admissions or during outpatient consultations can be considered to fall into the realm of palliative care. The respiratory medical unit ran a Cancer Clinic for terminally ill cancer patients to obtain treatment for palliation of symptoms. If the patient was unable to come, a repeat prescription would be issued after interviewing a relative. Patients who developed symptoms between clinic appointments were not turned away but were seen as semi-urgent cases on the same day on a walk-in basis. Services for lung cancer patients were organised in accordance with patients' needs and provided irrespective of the patient's socio-economic status.

With reference to referrals, the Palliative Care Unit does not have the capacity to deal with the hundreds of patients who need palliative care and lack of referral may be interpreted to reflect this limitation. As such, Dr Khoo did not receive referrals particularly from the respiratory medical and surgical units, which have been bearing the brunt of the workload in looking after patients with the commonest cancers: lung, colorectal and breast cancer[5,6].

I feel that derogatory statements against government hospitals should not be published without evidence to support them and sincerely hope that Dr Khoo will acknowledge the lack of truth of her statement regarding government hospitals and withdraw it forthwith.

References

1. Khoo SB. Palliative care: experience with 156 cases in a general hospital. Med J Malaysia 2002; 57: 408 - 17.
2. Hooi LN, Devaraj T. A hospital based study of cancer admissions. Med J Malaysia 1998; 53: 22 - 8.
3. Hooi LN. Lung cancer in Malaysia. Int Med Bull 2002; 2. Published electronically on website http://www.e-imj.com/
4. Hooi LN, Hamzah K. Survival of lung cancer patients surgically treated for lung cancer. Submitted for publication to the Medical Journal of Malaysia 2002.
5. Md Tahir MA, Omar Hasan K Sr, Syed Hassan AM, et al. Cancer incidence in Malaysia. Int Med Bull 2002; 1. Published electronically on website http://www.e-imj.com/
6. Penang State Health Department 1999. Penang Cancer Registry 1996 statistical report.

REPLY

S B Khoo

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Sir,

I would like to apologize for the statement, "turned away from acute general hospital and are told there is nothing more to be done because their illnesses are no longer curable", that was used in my article on Palliative Care - Experience with 156 cases in a General Hospital (MMJ Vol. 57; 4: 408-17). I would like to clarify that it was not meant to be perceived as the general hospital staff not carrying out their responsibilities or giving up their care for the patients but more of informing the patients that specific therapy was no longer indicated.

Thank you