

Tests, treatments and procedures at risk of inappropriateness in Italy
that Physicians and Patients should talk about.

Five Recommendations from the Italian Society of Palliative Care (SICP)

1	<p>Don't exclude nor defer the oral or parenteral administration of opioids for the palliative treatment of dyspnoea in patients affected by chronic incurable illness with a limited life expectancy.</p> <p>According to numerous systematic reviews, oral or parenteral opioids are effective in reducing distress caused by breathlessness in patients with advanced or terminal illness.</p>
2	<p>Don't initiate or prolong artificial nutrition (enteral or parenteral) in late stage cancer patients with a life expectancy of less than a few weeks and a Performance Status <50.</p> <p>Currently, there is no evidence from observational or experimental studies showing the effectiveness, in terms of increased survival or improved quality of life, of administering artificial nutrition to end-stage cancer patients with limited life-expectancy and poor performance status. Some studies highlight the complications caused by receiving enteral nutrition in this patient group.</p>
3	<p>Don't combine drugs for which there is no documented evidence of compatibility and chemical and physical stability in devices for the continuous subcutaneous or intravenous infusion of medications (e.g. Elastomers).</p> <p>In palliative care it is common practice to administer of a combination of drugs by elastomeric pumps for continuous subcutaneous infusion when patients are unable to take oral medication. Due to incompatibility, some combinations may produce chemical-physical reactions, this is often visible to the naked eye (precipitation, cloudiness, colour change) but it is often not perceptible. Non-compatibility causes a reduction in the effect of one or more of the combined drugs. Specific studies have established the drugs combinations that can be used safely in palliative care.</p>
4	<p>When organizing a local palliative care network, don't omit the activation of II° level home care involving medical staff (doctors and nurses) with specialised training palliative care and team management.</p> <p>As highlighted by a recent systematic review, the intervention of specialized multi-professional palliative care teams in the home is better for ensuring effective symptom management and supporting patient death at home than the more "traditional" home-care models.</p>
5	<p>Don't implement programs/pathways aimed at improving the quality of end of life care that are neither proven to be effective or included in specific research programs, unless they are supported and monitored by medical staff belonging to a specialised palliative care team.</p> <p>The various international experiences regarding the development, implementation and assessment of the Liverpool Care Pathway, which was devised with the aim of improving the quality of end-of-life care in non-palliative care settings; primarily hospitals, demonstrated that it is much more difficult to instil better practices than originally thought. Without the support of adequate training and monitoring by palliative care teams, the diffusion of the LCP in England resulted in serious problems that negatively impacted public opinion with repercussions on the entire palliative care system. Before attempting to transfer hospice end-of-life care "good practice" into a non-specialized setting, a careful monitoring processes and proper assessment of the program by competent structures must be in place.</p>

Please note that these items are provided only for information and are not intended as a substitute for consultation with a clinician. Patients with any specific questions about the items on this list or their individual situation should consult their clinician.

How this list was created

At the outset of the project (June 2014) a letter outlining the project was circulated to the regional SICIP Coordinators requesting them, together with other SICIP members, to identify 5 procedures linked to palliative care that met the criteria defined in the Project.
Collection and analysis of feedback (October 2014)
Presentation and discussion of the results at the annual National Congress of SICIP (October 2014), with particular attention to the importance of separating procedures for which there is no evidence of effectiveness from those that are proven to be ineffective.
Development of the final document (January 2015)

Sources

1	<ol style="list-style-type: none"> Jennings AL, Davies AN, Higgins JP, Broadley K. Opioids for the palliation of breathlessness in terminal illness. <i>Cochrane Database Syst Rev</i> 2001;(4):CD002066. Viola R, Kiteley C, Lloyd NS, et al. The management of dyspnoea in cancer patients: a systematic review. <i>Support Care Cancer</i> 2008; 16(4):329-37. Ben-Aharon I, Gafer-Gvili A, Leibovici L, Stemmer SM. Interventions for alleviating cancer-related dyspnoea: a systematic review and meta-analysis. <i>Acta Oncol</i> 2012;51(8):996-1008.
2	<ol style="list-style-type: none"> Bozzetti F. et al. Guidelines on artificial nutrition versus hydration in terminal cancer patients. <i>Nutrition</i> 1996;12:163-167 Casarett D, Kapo J, Caplan A. Appropriate Use of Artificial Nutrition and Hydration — Fundamental Principles and Recommendations. <i>N Engl J Med</i> 2005; 353:2607-2612. Keung EZ, Liu X, Nuzhad, A. In-Hospital and Long-Term Outcomes after Percutaneous Endoscopic Gastrostomy in Patients with Malignancy <i>J Am Coll Surg</i> 2012; 215(6):777-86. Muscaritoli M et al. Parenteral nutrition in advanced cancer patients. <i>Crit Rev Oncol Hematol.</i> 2012 Oct;84(1):26-36. Dev R., Dalal S., Bruera E.:Is there a role for parenteral nutrition or hydration at the end of life? <i>Curr Opin Support Palliat Care.</i> 2012 Sep;6(3):365-70.
3	<ol style="list-style-type: none"> Rose M, Currow DC. The need for chemical compatibility studies of subcutaneous medication combinations used in palliative care. <i>J Pain Palliat Care Pharmacother.</i> 2009;23(3):223-30. Twycross R, Wilcock A, Howard P. <i>Palliative Care Formulary (PCF5). 5th Edition (UK) 2014. ISBN: 978-0-9552547-9-6.</i>
4	<ol style="list-style-type: none"> Gomes B, Calanzani N, Curiale V, McCrone P, Higginson IJ. Effectiveness and cost-effectiveness of home palliative care services for adults with advanced illness and their caregivers. <i>Cochrane Database Syst Rev</i> 2013; Jun 6;6:CD007760.
5	<ol style="list-style-type: none"> Costantini M, Romoli V, Di Leo S, et al. Liverpool Care Pathway for patients with cancer in hospital: a cluster randomised trial. <i>Lancet</i> 2014; 383(9913):226-237. Department of Health. More care, less pathway. A review of the Liverpool care Pathway. Published 15 July 2013. Department of Health. One Chance to Get it Right: how health and care organisations should care for people in the last days of their life. Published 26 June 2014

<p>Slow Medicine, an Italian movement of health professionals, patients and citizens promoting a Measured, Respectful and Equitable Medicine, launched the campaign “Doing more does not mean doing better-Choosing Wisely Italy” in Italy at the end of 2012, similar to Choosing Wisely in the USA. The campaign aims to help physicians, other health professionals, patients and citizens engage in conversations about tests, treatments and procedures at risk of inappropriateness in Italy, for informed and shared choices. The campaign is part of the Choosing Wisely International movement. Partners of the campaign are the National Federation of Medical Doctors’ and Dentists’ Orders (FNOMCeO), that of Registered Nurses’ Orders (FNOPI), the Academy of Nursing Sciences (ASI), National Union of Radiologists (SNR), Tuscany regional health agency, PartecipaSalute, Altroconsumo, the Federation for Social Services and Healthcare of Aut. Prov. of Bolzano, Zadig. www.choosingwiselyitaly.org. www.slowmedicine.it</p>	<p>The Italian Society of Palliative Care (SICP - www.sicp.it) was setup in Milan in 1986 with the aim of diffusing the principles of palliative care. Palliative care addresses the complex needs that characterize advanced and terminal illness by providing continuous comprehensive clinical, psychological, social, spiritual and emotional support for the patient and family.</p> <p>The SICP is a scientific society present throughout Italy with regional and inter-regional platforms to give a voice to healthcare staff working in palliative care. Embracing multi-professionalism that is typical of this field, the SICP provides information and support for all the professional figures who provide palliative care by organizing accredited regional training programs, a national annual conference, a scientific journal and distance learning (ODL).</p>
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