Palliative Care Journal Watch

A partnership between Pallium Canada and several Divisions of Palliative Care and Medicine across Canada and Internationally
McMaster University, University of Calgary, University of Alberta, Queens University, University of Toronto, McGill University, University of Manitoba, Hadassah-Hebrew University Medical Center

Project ECHO
Palliative Care - Canada
BY
Pallium Canada

Hosts: Dr. José Pereira & Dr. Leonie Herx

Guest Panelists:
Dr. Aynharan Sinnarajah
Dr. Jesse Solomon

Date: November 20th , 2023

Welcome to the Palliative Care Journal Watch!

- Keeps you up to date on the latest peer-reviewed palliative care literature.
- Led by palliative care experts from several divisions of palliative care/medicine across Canada
  - McMaster University (Hamilton, Ontario)
  - Queen's University (Kingston, Ontario)
  - McGill University
  - University of Toronto
  - University of Manitoba
  - University of Calgary
  - University of Alberta
  - Hadassah-Hebrew University Medical Center in Israel.
- We regularly monitor over 20 journals and highlight articles that challenge us to think differently about a topic or confirm our current practices.

The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

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Project ECHO Palliative Care - Canada BY Pallium Canada

What to expect from today's session

- We will present and discuss our featured selections and provide a list of honourable mentions.
- Please submit questions through the Q&A function.
- This session is being recorded and will be shared with registrants within the next week.
- This 1 credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada for up to **8 Mainpro+ credits** (each 1-hour session is worth 1 Mainpro+ credit).

Introductions

Hosts:

Dr. José Pereira, MBChB, CCFP(PC), MSc, FCFP, PhD
Professor, Faculty of Medicine, University of Navarra, Spain.

Professor, Division of Palliative Care, Department of Family Medicine, McMaster University, Hamilton, ON, Canada

Scientific Advisor and Co-Founder, Pallium Canada

Dr. Leonie Herx, MD, PhD, CCFP(PC), FCFP
Section Chief, Pediatric Palliative Medicine, Alberta Health Services - Calgary Zone

Director, Rotary Flames House, Children's Hospice & Palliative Care Services

Clinical Professor, Cumming School of Medicine, University of Calgary

Guest Panelists:

Dr. Aynharan Sinnarajah, MD CCFP(PC) MPH
Chair, Dr. Gillian Gilchrist Palliative Care Research, Division of Palliative Care, Queen's University / Lakeridge Health, ON, Canada

Dr. Jesse Solomon, MD, FRCPC
Palliative Care and General Internal Medicine
Assistant Clinical Professor
Division of Palliative Care | Department of Medicine
McMaster University
St. Peter's Hospital, Hamilton Health Sciences

Disclosures

Pallium Canada

- Not-for-profit.
- Funded by:
  - Health Canada (through contribution agreements 2001-2007, 2013-2018), Patrick Gillin Family Trust (2013-2016), Li Ka Shing Foundation (2019 to current), CMA (2019 to 2022), Boehringer Ingelheim (dissemination of LEAP Lung courses 2019 to current).
  - Partnerships with some provincial bodies.
  - Revenues from LEAP course registration fees and licenses, sales of Pallium Palliative Pocketbook.

This ECHO program has received financial support from:

- Health Canada in the form of a contribution program.

Disclosures of Host/Guest Panelists:

- Dr. José Pereira: Scientific Advisor, Pallium Canada.
- Dr. Leonie Herx: No conflicts of interest to declare.
- Dr. Jesse Solomon: No conflicts of interest to declare.
- Dr. Aynharan Sinnarajah: No conflicts of interest to declare.

Mitigating Potential Biases:

- The scientific planning committee had complete independent control over the development of course content.

Featured articles

1. Love G, Mangan S, McKay M, Caplan H, Fitzpatrick E, Marks JA, Liantonio J. **Assessing the Feasibility and Implementation of Palliative Care Triggers in a Surgical Intensive Care Unit to Improve Interdisciplinary Collaboration for Patient and Family Care.** Am J Hosp Palliat Care. 2023 Sep;40(9):959-964. doi: 10.1177/10499091221134713. Epub 2022 Oct 17. PMID: 36253188. https://pubmed.ncbi.nlm.nih.gov/36253188/

2. Godfrey S, Pandey A, Warraich HJ. **Is There a Need for Palliative Care for Patients With Heart Failure With Preserved Ejection Fraction?** JAMA Cardiol. 2023 Nov 1;8(11):1005-1006. doi: 10.1001/jamacardio.2023.3360. PMID: 37792359. https://pubmed.ncbi.nlm.nih.gov/37792359/

3. Phelan C, Hammond L, Thorpe C, Allcroft P, O'Loughlin M. **A Novel Approach to Managing Thirst and Dry Mouth in Palliative Care: A Prospective Randomized Cross-Over Trial.** J Pain Symptom Manage. 2023 Nov;66(5):587-594.e2. doi: 10.1016/j.jpainsymman.2023.08.005. Epub 2023 Aug 9. PMID: 37562697. https://pubmed.ncbi.nlm.nih.gov/37562697/

4. Fitchett G, Hisey Pierson AL, Hoffmeyer C, Labuschagne D, Lee A, Levine S, O'Mahony S, Pugliese K, Waite N. **Development of the PC-7, a Quantifiable Assessment of Spiritual Concerns of Patients Receiving Palliative Care Near the End of Life.** J Palliat Med. 2020 Feb;23(2):248-253. doi: 10.1089/jpm.2019.0188. Epub 2019 Sep 4. PMID: 31483184; PMCID: PMC6987727.

Assessing the Feasibility and Implementation of Palliative Care Triggers in a Surgical Intensive Care Unit to Improve Interdisciplinary Collaboration for Patient and Family Care.

Article Reference:
Love G, Mangan S, McKay M, Caplan H, Fitzpatrick E, Marks JA, Liantonio J. Am J Hosp Palliat Care. 2023 Sep;40(9):959-964. doi: 10.1177/10499091221134713. Epub 2022 Oct 17. PMID: 36253188.

Selected by:
Aynharan Sinnarajah

Presented by:
Aynharan Sinnarajah

Summary of Key Points in introduction:

- Palliative care (PC) is an interprofessional approach that focuses on improving the quality of life of patients and their families with life-threatening illness.
- The American College of Surgeons has advocated for increased utilization of PC for surgical patients.
- PC is becoming more integrated into hospital settings across the United States.
- In some intensive care unit (ICU) settings, increased PC integration has been shown to improve patient quality of life.
- A pilot project was conducted at a quaternary care academic medical center to increase PC utilization in the surgical intensive care unit (SICU).

Methods Used

- Low percentage of consults from SICU (39 in 1-year (2.75% of all consults)) → joint meetings between the PC and SICU teams
- 3 criteria to trigger a PC consult in the SICU (based on lit review: highest mortality, high hospice discharge):
    - SICU length of stay >10 days
    - Unplanned SICU readmission
    - New diagnosis of metastatic cancer
- Feasibility assessed: 1 month tracking to ensure manageable workload for PC consult team
- IRB Approval à Presentation at Dept of Surgery Grand Rounds
- Survey of SICU team members before implementation: Gauge perceptions about palliative care
- 6 months (Jan – Jun , 2021)
- If a patient met any of the three criteria, the SICU team consulted PC (after talking to Surgeon as well to ensure agreement and collaboration)
- Chart review afterwards

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Selected by:

Aynharan Sinnarajah

Presented by:

Aynharan Sinnarajah

Key Findings/Results:

- Pre-implementation survey:
  - N = 91 providers (nurses, advanced care practitioners, respiratory therapists, residents, fellows, and attendings)
  - Age: 25-60 yo; 2 providers with over 40 years of experience
  - 98% of respondents believed that increased PC would benefit SICU patients
  - 91% of providers felt that a trigger consult program would be beneficial.
- Trigger implementation (6 months):
  - 27 PC consults (20% increase) → 3.3% of the overall PC consults (n=818)
  - Main trigger reason (62.9%): LOS > 10 days; 18.5% had metastatic cancer; 11.1% due to recent SICU readmission
  - Represented variety of surgical services: Acute care surgery/trauma service (33.3%), Transplant surgery (18.5%), Burn service (18.5%). Also urology, surg onc, vasc surg, general surg
  - Primary medical reason for admission: Sepsis/shock (29.6%), Cancer (25.9%), Burn (18.5%), liver disease 14.8%, trauma 11.1%
- Outcomes and Follow-up:
  - After the initial PC consult, median LOS = 13.5d
  - Avg # of PC follow-up notes per patient was 1.67 (Range: 0-7)
  - Focus of most consults: Goals of care discussions (100%) and providing psychosocial support
  - Patients were decision makers (51.9%); Rest were next of kin
  - N=14 (51.9%) discharged [n=13 having restorative goals, n=1 inpatient hospice unit]
  - N=13 died [n=10 comfort care protocol; n=3 died despite restorative goals]

Assessing the Feasibility and Implementation of Palliative Care Triggers in a Surgical Intensive Care Unit to Improve Interdisciplinary Collaboration for Patient and Family Care.

Article Reference:
Love G, Mangan S, McKay M, Caplan H, Fitzpatrick E, Marks JA, Liantonio J. Am J Hosp Palliat Care. 2023 Sep;40(9):959-964. doi: 10.1177/10499091221134713. Epub 2022 Oct 17. PMID: 36253188.

Selected by:
Aynharan Sinnarajah

Presented by:
Aynharan Sinnarajah

Summary of Key Points (continued):

- Strong interest in increased palliative care in SICU consult program.
- Ongoing education and daily communication with SICU team + primary surgical teams.
- Both palliative care and SICU teams report positive perceptions.
- Increased consult volume found manageable and beneficial for patient care.
- Extensive support to the SICU team members.
- Additional way for family to receive info, communicate concerns, advocate for patient and family-centered concerns.

Importance of Article

- [Implementation science: COM-B Michie framework] Surveying barriers/facilitators for each provider group is important:
  - Opportunity barrier (busy clinicians; competing priorities)
  - Capability also tends to be barrier à Coaching/mentoring important
  - Motivation and belief in early PC is no longer a barrier à Don't Teach and Pray
  - Seen in oncologists as well (and likely other groups too)
- Don't forget to also address these barriers for PC teams; i.e. Opportunity barrier (Will there be too many PC consults?)
- Systemic screening is helpful; And buy-in and engagement by referring teams

Strengths:

- Implementation project with screening to identify needs
- Engagement of impacted clinicians

Limitations:

- Lack of EMR automation to screen for eligible patients à clinician judgement / memory to initiate PC consult à potential for missed consults
- Occasionally surgeons hesitated (didn't report on how many declined by surgeon); But report that over time, this rate decreased
- Wonder how many died but weren't picked up by trigger; ie might net be need to be cast wider in next phase?

Discussion

Is There a Need for Palliative Care for Patients With Heart Failure With Preserved Ejection Fraction?

Article Reference:

Godfrey S, Pandey A, Warraich HJ. JAMA Cardiol. 2023 Nov 1;8(11):1005-1006. doi: 10.1001/jamacardio.2023.3360. PMID: 37792359.

Selected by:

Christopher Klinger

Presented by:

Jesse Solomon

Summary of Key Points in Introduction:

Heart failure with preserved ejection fraction (HFpEF) is the leading form of CHF worldwide. Most palliative interventions are focused on those with heart failure with reduced ejection fraction (HFrEF).

Summary of Key position(s) taken by authors and why:

Despite HFpEF patients having lower referrals to palliative care compared to HFrEF, the former tends to have more comorbidities, anxiety, depression, and symptom burden that would benefit from a palliative care integration. Due to a shortage of palliative care physicians, many will need their cardiologist of primary care practitioner to handle palliative care needs.

Importance of Article:

HFpEF does represent a significant portion of patients with CHF and they do tend to have a number of comorbidities. Given the aging population and significant utilization of health services, palliative care could help provide a holistic approach to care

Strengths:

- Highlights an opportunity to further integrate palliative care into CHF clinics and assist in the management in HFpEF, not only HFrEF

Limitations:

- We have an aging population that will harbour comorbidities; however, this does not necessarily mean all patients with many comorbidities should need a palliative care consult.
- I would argue that cardiology, oncology, primary care, pulmonology and others should have some basic palliative care as part of their training because it is simply not feasible to have palliative care physicians see all patients with COPD, CHF, etc.

Discussion

A Novel Approach to Managing Thirst and Dry Mouth in Palliative Care: A Prospective Randomized Cross-Over Trial

Article Reference:

Phelan C, Hammond L, Thorpe C, Allcroft P, O'Loughlin M. J Pain Symptom Manage. 2023 Nov;66(5):587-594.e2. doi: 10.1016/j.jpainsymman.2023.08.005. E pub 2023 Aug 9. PMID: 37562697.

Selected by:

Adrienne Selbie

Presented by:

Jose Pereira

Key Points in Introduction

- Thirst and xerostomia are significant and highly distressing symptoms experienced by patients receiving palliative and end-of-life care.
  - Thirst = sensation of needing to drink,
  - Xerostomia = subjective experience of having a dry mouth, often hyposalivation.
- At EOL, multifactorial etiology
- Emerging evidence to support a variety of dry mouth interventions in palliative care
  - E.g. oral care protocols and use of moisturizing and saliva-stimulating products.
- No studies specifically evaluate thirst interventions for pts in specialist palliative care setting.
- Some studies in other settings (e.g. ICU)
  - In ICU thirst intervention bundles (including regular oral care, menthol lip moisturizer, and provision of ice-cold water via spray bottle or mouth swab) improved thirst and dry mouth.
  - Lemyze et al.: Mini mint ice cubes significantly improved thirst intensity and discomfort scores over usual care

Study objectives

Determine a reduction of thirst intensity and perceptions of dry mouth following both the experimental intervention (mini mint ice cubes) and control (plain ice chips) in a PCU.

Methods

- Cross-over Randomized Controlled Trial (RCT) in an acute PCU in Australia.
- Purposive sampling approach. Sample size of 30 patients deemed appropriate.
- Usual care: Plain ice chips (plus other options on unit) every 2 to 4 hrs
- Intervention: Mini mint cubes (plus other options on unit) every 2 to 4 hrs
- Treated for 24hrs and then switched for additional 24hrs
- Inclusion criteria: Adult, able to swallow, Australian Karnofsky Performance Status (AKPS) of >20, no delirium
- Participants verbally rated the intensity of their dry mouth using a numerical rating scale from 0 to 10 (0= absent, 10 = worst possible experience).
- Assessed this at Baseline and then over 48 hrs

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Selected by:
Adrienne Selbie

Presented by:
Jose Pereira

Key Results and Findings:

- 30 pts completed study
- 80% had cancer,
- All on opioids, 93% on BZD, 57% taking anticholinergic medications

At baseline

- All pts had severe dry mouth and thirst (≥5/10).
  - Dry mouth: Median 8 (IQR = 2, range 5–10)
  - Thirst: Median 8 (QR = 3, range 2–10)
- Mint and plain ice cubes produced improvement of symptoms immediately after interventions.

- **Dry mouth ratings:**
  - Plain ice cubes: Decrease of 1.6 for plain ice cubes ($P < 0.0001$), on average,
  - Mini Mint cubes: Decreased 3.7 ($P < 0.0001$).
- **Thirst**
  - Plain ice cubes: Decrease of 1.7 ($P < 0.006$), on average,
  - Mini Mint cubes: Decreased 3.4 ($P < 0.0001$).

- The average decrease in dry mouth and thirst intensity scores from preintervention to postintervention were significantly greater for mint ice cubes ($P < 0.05$) and 86.6% of patients preferred mint ice cubes.

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Selected by:

Adrienne Selbie

Presented by:

Jose Pereira

Key Discussion and Conclusion Points:

- This trial found that while usual mouth care and the intervention were both able to reduce the intensity of dry mouth and the sensation of thirst, the mint intervention had a greater response.
- Neural pathway that regulates thirst through oropharyngeal stimulus.
    - Thirst-promoting neurons rapidly inhibited with the consumption of water. Thirst is quenched before the water was absorbed into the bloodstream.
- Temperature is an important variable in the inhibition of thirst-promoting neurons, with cold temperatures causing rapid decrease in neuronal activity and thus quenching sensation of thirst and dry mouth faster.
- It is unclear if the effectiveness of the mint ice intervention was due to the cooling effect of the menthol or the cold temperature,
- Study limitations
    - Not able to blind participants

Discussion

Development of the PC-7, a Quantifiable Assessment of Spiritual Concerns of Patients Receiving Palliative Care Near the End of Life.

Article Reference:
Fitchett G, Hisey Pierson AL, Hoffmeyer C, Labuschagne D, Lee A, Levine S, O'Mahony S, Pugliese K, Waite N. J Palliat Med. 2020 Feb;23(2):248-253. doi: 10.1089/jpm.2019.0188. Epub 2019 Sep 4. PMID: 31483184; PMCID: PMC6987727.

Selected by:
Jesse Solomon

Presented by:
Jesse Solomon

Summary of Key Points in Introduction:

Attending to spiritual and religious domains of a patient is a core practice in palliative care. There is a lack of evidence-based or standard spiritual/religious assessments for use in palliative care. The aim of the paper was to develop an evidence-based approach for spiritual assessment in the adult palliative care population and also to make this assessment a quantitative tool that can measure the effect of their interventions.

Methods used:

Seven palliative care chaplains formed a team of researchers to identify key themes of spiritual issues in palliative care patients who were nearing end of life. They reviewed the literature, discussed clinical cases, and drew upon professional experiences. They also focused on ensuring inter-rater reliability when using the PC-7.

Key results/findings:

The following central themes were agreed upon:

- Need for meaning in the face of suffering
- Need for integrity, a legacy, generativity
- Concerns about relationships: family and/or significant others
- Concern or fear about dying or death
- Issues related to making decisions about treatment
- Religious/spiritual struggle
- Other dimensions

Development of the PC-7, a Quantifiable Assessment of Spiritual Concerns of Patients Receiving Palliative Care Near the End of Life.

Article Reference:
Fitchett G, Hisey Pierson AL, Hoffmeyer C, Labuschagne D, Lee A, Levine S, O'Mahony S, Pugliese K, Waite N. J Palliat Med. 2020 Feb;23(2):248-253. doi: 10.1089/jpm.2019.0188. Epub 2019 Sep 4. PMID: 31483184; PMCID: PMC6987727.

Selected by:
Jesse Solomon

Presented by:
Jesse Solomon

Key results/findings:

Within each theme they also listed "indicators" which were some examples to illustrate each theme. They also created a rating system ranging from 0 to 3 (0 is no evidence of unmet spiritual needs; 3 is severe unmet need. A score of 2 or 3 indicates that an unmet need needs to be addressed and followed.

The PC-7 was designed to be delivered in an open-ended interview with a patient and if one or more of the seven themes were not discussed then the chaplain may decide to ask the patient about these issues.

The inter-rater reliability was 100% among the 7 chaplains and was again tested in a pool of 154 chaplains with >84% reliability for 5 of 7 themes.

Importance of Article:

PC-7 can be used as a universal tool to explore and quantify common religious and spiritual issues in palliative care. This may be used to educate chaplains, monitor effectiveness to interventions, and potentially used in future research

Strengths:

- Strong agreement between chaplains for inter-rater reliability
- Provides framework for exploring religious and spiritual issues in palliative care patients
- Can be used to quantify effectiveness of interventions

Limitations:

- How likely is this to be adopted? Will this reliably be documented pre- and post-intervention?
- PC-7 is limited only to palliative care patients nearing the end of life
- PC-7 does not focus on addressing religious and spiritual needs of families

Discussion

Honourable Mentions

1. Schwartz L, Nouvet E, de Laat S, Yantzi R, Wahoush O, Khater WA, Rwililiza EM, Abu-Siam I, Krishnaraj G, Amir T, Bezanson K, Wallace CS, Sow OB, Diallo AA, Diallo FB, Elit L, Bernard C, Hunt M. **Aid when 'there is nothing left to offer': Experiences of palliative care and palliative care needs in humanitarian crises**. PLOS Glob Public Health. 2023 Feb 1;3(2):e0001306. doi: 10.1371/journal.pgph.0001306. PMID: 36962993; PMCID: PMC10021221
2. Reason B, Paltser G. **Access to Palliative Care in Canada**. Healthc Q. 2023 Jul;26(2):6-8. doi: 10.12927/hcq.2023.27140. PMID: 37572064.
3. LaTourette L, Williams K, Wong M, Thomas J, Pennarola A, Liantonio J. **Evaluation of Bereavement Assessment Within Inpatient Palliative Care Consultation**. Am J Hosp Palliat Care. 2023 Aug;40(8):844-849. doi: 10.1177/10499091221128256. Epub 2022 Sep 25. PMID: 36154714.
4. Mercadante S. **Alcoholization of Intercostal Nerves for Incident Pain Due to Rib Metastases**. J Pain Symptom Manage. 2023 Sep;66(3):e427-e429. doi: 10.1016/j.jpainsymman.2023.06.018. Epub 2023 Jun 19. PMID: 37343899.
5. Bulle S, Arya A, Dosani N. **From Cultural Safety to Anti-Racism: Reflections on Addressing Inequities in Palliative Care**. Curr Oncol. 2023 Aug 28;30(9):7920-7925. doi: 10.3390/curroncol30090575. PMID: 37754490; PMCID: PMC10527891.
6. Hmaidan S, Goulder A, Bos L, Shen MJ, Wellman JD, Prescott L, Brown A. **Too Close for Comfort? Attitudes of Gynecologic Oncologists Toward Caring for Dying Patients**. Am J Hosp Palliat Care. 2023 Nov;40(11):116,m8-1173. doi: 10.1177/10499091221145165. Epub 2022 Dec 12. PMID: 36507696.
7. Yu SY, Schellenberg J, Alleyne A. **Dexmedetomidine use for patients in palliative care with intractable pain and delirium: A retrospective study**. PLoS One. 2023 Sep 27;18(9):e0292016. doi: 10.1371/journal.pone.0292016. PMID: 37756303; PMCID: PMC10530014

Wrap-up

- Please fill out our feedback survey a link has been shared in the chat!
- A recording of this webinar and a copy of the slides will be e-mailed to registrants within the next week.
- To listen to this session and previous sessions, check out the Palliative Care Journal Watch podcast.

Listen on Apple Podcasts

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NOTE: recordings, slides and links to articles from all our sessions are available at www.echopalliative.com/palliative-care-journal-watch/.

Thank You to our Journal Watch Contributors!

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More teams in development and coming your way for 2024! Stay tuned!

Thank You

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