



EMPATHY IN ACTION: Ensuring quality of life in the cancer patient's trajectory

EXECUTIVE SUMMARY
OF THE 2ND FORUM BY PAMEMMAZI

OCTOBER 2018

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Emma Vernicou who inspired the creation of PAMEMMAZI with her gift of empathy and positivity. In 2018, the second forum was held on the 2 year anniversary of her death, and was dedicated to her memory.

1 INTRODUCTION

On October 20 2018, PAMEMMAZI held its second forum entitled ***Empathy in Action: Ensuring quality of life in the cancer patient's trajectory.*** The forum was held at the American College of Greece.

Pamemmazi is a not-for-profit organization founded by the friends and family of Emma Vernikou. Emma, an avid activist against the stigma of cancer and a champion of young adults with cancer, passed away on October 20, 2016. In 2018 the forum was held in honor of her memory and for all those who live with cancer.



PAMEMMAZI aims to advance the psychosocial health of cancer patients, fight the stigma surrounding cancer, cultivate empathy in health professionals and society as a whole, and to foster the active role and decision making that a patient should play in his or her own therapy, life, health, and in managing side effects. The 2018 Forum was organized to investigate and cite findings regarding the interconnectedness of physical and mental health and how that relationship benefits health, treatment, and quality of life. The forum covered important topics such as empathy, multidisciplinary cooperation, and the role of psychologists, clinical dieticians and pain management specialists. It also addressed strategies for approaching difficult subjects, and ways of fostering understanding and communication with special consideration to teenagers and young adults.

PAMEMMAZI brought together American and Greek experts in the field of oncology, psychiatry and psychology as well as patients and their families. The morning panel was followed by workshops that presented tools and strategies for the cooperation amongst specialists, the management of pain, as well as therapeutic yoga and music therapy. Patients and their families sat side by side with doctors and other health professionals and their voices had a strong impact in discussions of the stigmatization of cancer in Greece, the need for more information regarding diagnosis and therapy, and the importance of conversations with their doctors and carers that allow for openness and dignity.

The 2018 Forum was hosted by the American College of Greece and supported by PHARMASERVE LILLY S.A. and under the auspices of the Nursing Department of the National and Kapodistrian University of Athens, as well as the Hellenic Society for the Advancement of Psychiatry and Related Sciences.



Photo 1: Participants of Pamemmazi's 2018 Forum included: Lena Pateraki, Director of Psychology Department of the American College, Mrs. Maria Charitou, Director of the General Oncological Hospital of Kifissia "Aghio Anargyroi", Mr. Panagiotis Bechrakis, Director of Public Health of the American College of Greece, Mr. Ilias Yannoglou, Vice President of the National Pharmacological Organization, and Mr. Christos Mantas, senator of Ioannina and psychiatrist on behalf of the Ministry of Health.



Photo 2: Presenters and commentators at the close of the 2018 Forum

2 PROGRAM

2.1 OVERVIEW

The forum was held from Saturday morning until the evening (see the detailed agenda below). During the morning panel, scientists, patients, and family members sat together on stage during two presentations. As a group, they then responded to audience questions, discussed and shared their own knowledge and experience. One of the main aims of PAMEMMAZI is to underscore to health professionals that the patient's voice is of utmost importance and to present a model of discussion that shows that mutual respect is necessary to achieve a constructive relationship that can lead to a productive cooperation and a better quality of life for the patient.

2.1.1 Daily Agenda

Saturday, October 20, 2018 – Panel presentation and Discussion

09.00 Registration at Pierce Theatre Lobby

10.00 Commencement

PAMEMMAZI Representative

Participant of PAMEMMAZI's hospital activities

10.30 - 12.30 Round Table Discussion

Moderator: [Tessie Catsambas](#)

CEO Encompass LLC & Partner of PAMEMMAZI

10.30-10.50 - Title: ["The importance of communication and coordination of the multidisciplinary team in the era of individualized cancer treatment."](#)

Speaker: [George Tsioulis](#)

MD, PhD, Surgical Oncologist, Associate Professor at Rutgers Medical School, New Jersey, USA

10.50-11.10 - Title: [Quality of life beyond the clinical criteria: The importance of addressing psycho-social needs for a better quality of life for cancer patients."](#)

Speaker: [Giannis Dinos](#)

Clinical Psychologist, Oncology Hospital "Aghios Savvas", Scientific Coordinator of the Centre for the Support, Education and Research in Psychosocial Oncology of the Greek Cancer Society

11.10-12.30 – Round Table Discussion

Commentators:

[Evnomia Alexopoulos-Vrahnou](#)

Anesthesiologist in charge of the Pain Management Unit at “Agios Savvas” - KHN. “Νίκος Κούρκουλος” και Γεν. Γραμματέας της Ελληνικής Εταιρείας Θεραπείας Πόνου και Παρηγορικής Φροντίδας – ΠΑΡΗ.ΣΥ.Α.

[Theodora Pappa](#)

MSc, Lead Nurse of the Surgical Unit of the University of Athens Nursing School, at the General Oncology Hospital of Kifissia “Agioti Anargyroi”

[Dr. Theodora-Irene \(Dorina\) Sialvera](#)

Ph.D., Clinical Nutritionist at the General Oncology Hospital “Agioti Anargyroi,” President of the Pan-Hellenic Nutritionist’s Association, Post-Doctorate Researcher, ΓΠΑ Αθηνών.

12.30-13.00 Light Lunch Break

13:10 – 14.45 Workshop 1

Title: “Scientific collaboration to ensure quality of life for oncology patients”

Moderator: [Tessie Catsambas](#)

CEO Encompass LLC & Partner of PAMEMMAZI

Facilitators:

[George Tsioulis](#)

MD, PhD, Surgical Oncologist, Associate Professor at Rutgers Medical School, New Jersey, USA

[Michael Hadjoulis](#)

Assistant Professor of Psychiatry, Mental Health Unit and Behavioral Sciences, Nursing Department of the National and Kapodistrian University of Athens.

Commentators:

[Jose Duran-Moreno](#)

MD, MSc, Pathologist-Oncologist

[Dimitra Dimomeleti](#)

Nurse Unit Leader, Surgical Unit at Oncology Hospital “Agioti Anargyroi” Social Worker and Research Associate of the University of Western Attica

[Vasiliki Pandeli](#)

Msc., Clinical Psychologist, Oncology Hospital “Agioti Anargyroi”

[Sophia Kostarakou](#)

Clinical Nutritionist, Oncology Hospital “Agiou Anargyroi”

[Athanasia Goula](#)

Social Worker, Oncology Hospital “Agiou Anargyroi”

14.45-15.00 Coffee Break

15.15-17:00 Workshop 2

PIERCE THEATRE

Title: “Cancer pain and quality of life”

Moderator: [Evnomia Alexopoulou-Vrahnou](#)

Anesthesiologist in charge of the Pain Management Unit at “Agios Savvas”

Facilitators:

[Zinais Kondouli](#)

Anesthesiologist, in charge of Pain Management Office, Metropolitan Hospital

[Sotiria Kostopoulou](#)

Clinical Nurse, Pain Relief Unit “Tzeni Karezi” of the A’ Radiology Laboratory of the Medical School of EKPA

[Eyfimia Parpa](#)

Clinical Psychologist, Pain Relief Unit “Tzeni Karezi” of the A’ Radiology Laboratory of the Medical School of EKPA

Commentators:

Ekaterini Bousboukea

Onocologist- Pathologist, Metropoliltan Hospital

Athina Delidaki

Head of the Residential Nursing department, Oncology Hopsital “Agiou Anargyroi”

Efstratios Tselas

Nurse, Residential Nursing Department, Oncology Hospital “Agiou Anargyroi”

14.00-15.20 Workshop 3, PIERCE BLACK BOX THEATER

“Music Therapy in the oncology framework”

[Kandia Bouzioti](#)

MA, AVPT, Psychologist- Music Therapist

14.00-15.00 Workshop 4, PIERCE FACULTY LOUNGE

“I am not just an oncology patient”

“I am also breath, movement, spirit, psyche, energy, creation. I am...”

[Katerina Lyngeridou](#)

Therapeutic Yoga Teacher

17:00-17.15 Coffee Break

17.15 -18.15 Closing of the Forum- Conclusions

3 SPEAKERS, COMMENTATORS, & WORKSHOP PRESENTERS

3.1 MAIN SPEAKERS & PANELISTS

George Tsioulis

Mr. George Tsioulis was born and raised in Athens. He graduated Varvakeios High School and then Athens Medical School in 1982. He served in the Greek Air Force as Reservist Pilot Officer for two years. With a scholarship granted to him by the Japanese State and the European Union, he completed his biomedical studies at Tokyo University, Japan where he also received his doctoral degree. By invitation, he continued his research at the Medical School of Cornell University and Rockefeller University. He specialized in Surgery at the Medical School of Cornell University and trained in Surgical Oncology at the John Wayne Cancer Institute in Los Angeles. Between 2001 and 2010, he was Assistant Professor of Surgery at the Medical School of Mount Sinai and since 2011, he has been Associate Professor at the Medical School of New Jersey and Consultant Surgeon at the Veterans Hospital of New Jersey. His research work and publications, which exceed 100 articles, chapters in edited books, and presentations, focus on early diagnosis, immunology and chemoprophylaxis of cancer. He is a member of many scientific and professional organisations, among which are the American College of Surgeons, the American Cancer Research Society, the British Medical Association and the Athens Medical Association. He has served as President of the International Greek BioMedical Society between 2010 and 2011, President of the Greek Medical Association of New York between 2009 and 2010, when the Association was twinned with the Greek Cytological Association.

Giannis Dinos

Giannis Dinos studied psychology in Greece and France. He specialized in Clinical Psychology at the Paris Institute of Psychology (Sorbonne - Paris 5 - Rene Descartes). He works at the Oncology Hospital "Aghios Savvas" since 2003. He is a member - instructor of the French Society of Physical Psychoanalytic Psychotherapy as well as Scientific Coordinator of the Centre for the Support, Education and Research in Psychosocial Oncology of the Greek Cancer Society.

Evnomia Alexopoulou-Vrachnou

Evnomia Alexopoulou-Vrachnou, Anaesthesiologist, Director of the Anesthesiology Department and Pain Unit at the Oncology Hospital Aghios Savvas - Day Care Center "Nikos Kourkoulos" and General Secretary of the Hellenic Society of Pain Relief and Palliative Care - PARISIA. She studied at the National Kapodistrian University of Athens and specialized in Anesthesiology. She did graduate studies in Algology and Palliative Care. She has participated in 192 national and international conferences (as participant, presenter, chair and commentator), has organized 7 educational seminars on the topic of Palliative Care, has authored chapters for 2 scientific books, has written articles in scientific journals, has made 77 presentations, and has published 8 scientific papers. She is a member of the Editing Team of the National Social Security Fund (IKA) Medical Review, of the Hellenic Society of Algology publication, Clinical Updates, and of the "Palliative Care" Newspaper issued by the Hellenic Society of Pain Relief and Palliative Care (PARISIA). She was a member of the Educational Committee and Board Member of the Hellenic Society of Algology and PARISIA. She was President of the 11th, 12th, 14th, 15th, 16th, and 17th Panhellenic Conference of Local Anesthesia, Pain Relief and Palliative Care (with international participation). Member of EuLAP, EFIC, ESRA, WIP.

Theodora-Irene Sialvera

Dr. Theodora-Irene Sialvera is a Clinical Dietician - Nutritionist. She is a graduate of the Diet - Nutrition Studies Department at the Charokopeio University and holds a Master's Degree in Applied Dietary Studies and Nutrition from the same university. She also holds a PhD from the Agricultural University of Athens since 2013 and is scientific advisor for the Department of Food Science and Human Nutrition as Post-doctoral Researcher with an interest in the relationship between nutrition and cardiovascular disease as well as its related diseases, such as hypertension, hyperlipidemias, diabetes and obesity. Since 2017, she has been working for the Kifissia General Oncology Hospital "Oi Aghioi Anargyroi, while she also participates as guest speaker in scientific conferences and workshops in both Greece and abroad. In 2013, she was elected Special Secretary for Public Relations and Press of the Panhellenic Association of Dieticians and Nutritionists while since October 2016, she is the President of the Association. She writes regularly for daily and

weekly publications as well as contributes with articles to international scientific journals and in Greek and international academic textbooks.

Anastasia (Tessie) Tzavaras Catsambas, MPP

Tessie Catsambas is the founder and CEO/CFO of EnCompass LLC, an 18-year-old organization that provides 6 | P a g e PAMEMMAZI: 2018 Forum Program services in evaluation, learning, leadership and organizational development. In 2018, EnCompass was named one of the Top Workplaces in the Washington D.C. area by the Washington Post. Ms. Catsambas brings 30 years' experience in planning, evaluation and organizational development. She has managed large-scale, international evaluations, delivered training in different aspects of evaluation, and advocated for evaluation at global level. Ms. Catsambas is an innovator and practioner in appreciative evaluation, a methodology that incorporates the systematic study of successful experiences in evaluation, and has co-authored a book entitled, Reframing Evaluation Through Appreciative Inquiry (Sage Publications 2006). She has taught evaluation and management courses at the American Evaluation Association (AEA), The Evaluators' Institute of Claremont Graduate University, and around the world for associations and communities interested in using evaluation for productive and inclusive social and organizational change. Ms. Catsambas is President-Elect of the AEA and will be president in 2019 and has received an International EvalPartners Award in recognition for her contributions to building the global coalition of evaluation organizations. Ms. Catsambas holds a Bachelor's degree in Economics and Political Science from the College of Wooster in Ohio and a Master's degree in Public Policy from Harvard University. She has trained with the late Dr. W. Edwards Deming in Quality Management. She is fluent in French and Greek and speaks Spanish.

3.2 SPEAKERS, COMMENTATORS, & WORKSHOP PRESENTERS

Michael Hadjoulis MD, MRCPsych

Michael Hadjoulis MD, MRCPsych was born in Athens and studied Medicine at the Aristotle University of Thessaloniki. He specialized in Adult Psychiatry at Maudsley Hospital and at the Institute of Psychiatry, at King's College, London. He worked as a Clinical Lecturer of Psychiatry at King's College, London, as Registrar at Maudsley and Bethlem Hospitals as well as Visiting Research Fellow at Mount Sinai School of Medicine in New York. Later on, he worked as Consultant Psychiatrist at the Camden and Islington NHS Trust, in London. At present, he is Assistant Professor of Psychiatry at the National

Kapodistrian University of Athens and works at the Kifissia General Oncology Hospital, "Oi Aghioi Anargyroi."

José Durán Moreno, MD, MSc. Pathologist-Oncologist

Of Spanish origin, Jose Duran Moreno studied Medicine at the University of Complutense in Madrid and specialized in Oncology at the University Hospital Son Espases of the Balearic Islands. His graduate studies and clinical specialization are on bone sarcomas and soft tissue. He is an active research member of the Spanish Team of Sarcoma Research (GEIS), with whom they have conducted extensive research, has authored chapters in international books and has numerous publications on this rare form of cancer. In 2016, he moved to Greece where he concentrated on the clinical treatment of sarcomas in our country. He worked at Metropolitan Hospital and the General Oncology Hospital, "Oi Aghioi Anargyroi." Furthermore, he is a member of the Society of Medical Oncology of Spain (SEOM), of the European Society of Medical Oncology (ESMO), of the Group of Young Greek Oncologists (ONEO), of the Spanish Group of Urogenital Cancer (SOGUG) and is a Board Member of the Hellenic Society of Cancer Indicators and Targeted Therapy.

Sophia Kostarakou

Sophia Kostarakou studied as a Clinical Dietician - Nutritionist at Leeds Metropolitan University. She acquired her working experience in Clinical Nutrition at Airdale General Hospital NFT while she also worked as Basic Grade Dietitian at the Pilgrim Hospital of the United Lincolnshire Hospitals NHS Trust. For several years, she worked for the endocrinology society Endocrine Clinics, mainly in the Sector of Metabolic Syndrome, Diabetes, and Pregnancy Diabetes. She has also collaborated with the Press, contributing to articles concerning nutrition. Since 2008, she has been working for the Greek National Healthcare System, initially at the General Hospital of Drama and since 2011 as Head of the Clinical Nutrition Unit at the Kifissia General Oncology Hospital, "Oi Aghioi Anargyroi."

Zinais Kondouli, MD, MSc, PhD, FIP

Zinais Kondouli, MD, MSc, PhD, FIP is an anesthesiologist, lecturer at Imperial University, London, UK, and Director of the Pain Unit at Metropolitan Hospital. She graduated from the Athens University Medical School and specialized in anesthesiology. The topic of her doctoral studies, which she conducted at the Athens Medical School, was "The effect of centhaquine combined with hydroexyl- starch on hemorrhagic shock induced on young pigs." She specialized in chronic pain at Imperial College, NHS, London, UK as well as in Neuromodulation and Chronic Pain at King's College, NHS, St. Thomas Hospital London, UK. She has participated in conferences in both Greece and abroad, in the Panhellenic Oncology Conference, the Efic meeting in Copenhagen, the Global Pain Conference in New York, the Annual Meeting of the British Pain Association and in the European Pain Federation EFIC in Vienna. She has published in numerous scientific journals and international conferences: (2016) 8-year study of patients with a spinal cord stimulant for chronic pain; (2015) The use of morphine pain pump in patients with cancer pain; (2014 -

2017) Sentaquine improves cardiac output and survival rate after major hemorrhage in young pigs. *Anaesthesiology*. P. Papapanagiotou, Z Kondouli, T Xanthos, (2012) Sugammadex administration improves neuromonitoring (baseline response MEPs) in spinal cord surgery patients anaesthetized with TIVA Zinai Kondouli, V. Mariatou 2012, Paris EJA, etc.

Sotiria Kostopoulou

Sotiria Kostopoulou is a Clinical Nurse, Pain Relief Unit "Tzeni Karezi" of the A' Radiology Laboratory of the Medical School of EKPA from 2015 to today. She's a graduate of the nursing school of EKPA and graduate of the Interdisciplinary Postgraduate Program in Medical and Nursing Studies entitled: "Organizing and Managing Relief and Supportive Care for Chronic Patients". She has submitted electronically to the Library and Information Center, Library of Health Sciences, Postgraduate thesis entitled "Preparatory Mourning and Dignity in Advanced Cancer Patients" prepared at the academic unit: Forensic Medicine and Forensic Medicine, School of Forensic Medicine, School of Medicine Organization, Management of Relief & Supportive Care for Chronic Patients. She has authored a number of articles on the topic.

Efi Parpa, BSc, MA, Clinical Psychologist, Professor Medical School EKPA

Efi Parpa, BSc, MA, is a Clinical Psychologist, with a degree in Medicine from the National Kapodistrian University of Athens. She works at the Unit of Palliative Care "Jenny Karezi," of the Aretaion Hospital, Medical School of the National Kapodistrian University of Athens as a psychologist, supporting patients with chronic terminal illnesses or chronic non-terminal illnesses as well as their relatives for the duration of the illness. In the case of death, relatives are supported to deal with their loss and bereavement. Also, she participates in the research and educational activities of the hospital's unit.

Kandia Bouzioti, MA, AVPT

Kandia Bouzioti was born in Athens. She holds a Diploma of Classical Song, a BA in Psychology (from the American College of Greece), an MA in Music Therapy from the University of New York and a Post Master's Degree (AVPT) in Phonetic Psychotherapy / Dr. Diane Austin/ Vancouver. As a music therapist in New York, she worked at the Cabrini Nursing Center, the Memorial Sloan Kettering Cancer Hospital, as well as at the Gilda's Club support centre. In Athens, she has collaborated with the Aghia Sophia Hospital - Christodoulakio Foundation, various art centres, etc. Since October 2017, she has been working with the NGO "Pamemmazi," and in particular, with the patients of the General Oncology Hospital, "Aghioi Anargyroi" and their families. She also works as a music therapist and phonetic psychotherapist with the Athenaeum Conservatory. She has participated in presentations, lectures, symposia and seminars held at New York and Athens as well as conducted experiential workshops focusing on expression mainly through voice. She is also a Board Member of the Hellenic Society of Certified Professional

Music Therapists. In parallel to her work as a music therapist, she works as a soprano and since 2000 she belongs to the Athens Municipality Music Ensembles.

Katerina Lyngeridou

Katerina Lyngeridou began her work in yoga in 2005. She is an instructor of therapeutic yoga with 550 hours of special training in London and a specialization in yoga for mental health and chronic diseases. She is also a Hatha Yoga instructor, specializing in yoga for persons with mobility issues and chronic diseases, which she has been teaching at the Society of Psychosocial Studies for the past eight years. She has completed her training in the instruction of Kundalini Yoga, Yin Yoga, and Yoga Nidra in both Greece and abroad and has also attended seminars on children's yoga. Having studied and trained in different systems of yoga, she believes in the importance of all for the good health and well-being of humans and for this reason she incorporates elements of all systems in her classes, depending on the needs of the group. In the past few years, her interest lies in therapeutic yoga for the improvement of patients' life quality, and ultimately aiming at patient treatment. She believes firmly that yoga and medicine can work hand in hand and aspires to promote and incorporate therapeutic yoga in hospitals. She is co-founder of the Centre for Therapeutic Yoga, where she offers yoga lessons to adolescents and adult 8 | Page PAMEMMAZI: 2018 Forum Program groups and implements therapeutic programs. Her vision is the study and analysis of the science of yoga so that it can be interpreted in medical terms and integrated as a therapeutic tool, complementary to the medical profession.

4 PRESENTATIONS

4.1 THE FRAMEWORK OF PAMEMMAZI

Mrs. Eleni Tzavara, representative of PAMEMMAZI, attributed its success to the emphasis that it places on the role of empathy in the care of cancer patients both during and after their treatment. Empathy helps patients but also all those who come face to face with it; Oncologists, radiologists, anaesthesiologists, pain management doctors, nurses, dieticians, psychiatrists, psychologists, hospital personnel, family, and friends.

For the last year and a half, PAMEMMAZI has been present in the oncology hospital "Aghioi Anargyroi" and offers creative and productive activities to patients, their families, and nurses. We have served more than 1000 people. You can see the progress of our organization below. (Table 1: Timeline of Pamemmazi).

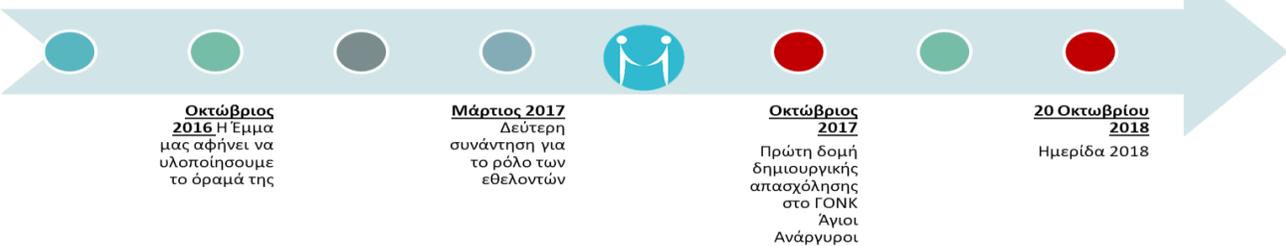
Table 1: Timeline of Pamemmazi

Μάρτιος 2016
 Η Έμμα
 ξεκινάει το
 blog της, Scars
 & Scarves και
 αρχίζει να
 σχεδιάζει την
 ΜΚΟ

**26
 Δεκεμβρίου**
 Πρώτη
 συνάντηση για
 την ανάπτυξη
 της ιδέας με
 25 άτομα

Μάρτιος 2017
 Το
 ΠΑΜΕΜΜΑΖΙ
 ιδρύεται!

**20 & 21
 Οκτωβρίου
 2017**
 Διημερίδα
 2017 με 300
 συμμετοχές



The activities offered by PAMEMMAZI lighten the burden felt by patients. In their own words, the activities "change the hospital space" help in "socialization of patients," and "fills with joy."



Photo 3: Facials, drawing activity, library, day therapy and the areas given to PAMEMMAZI by the hospital GOHK.

It's an amazing action, I give you an A+, it's innovative, I've never seen it done anywhere else.

The time has come for hospitals to put these kinds of activities at such difficult times. .

From evaluations, completed by participants of PAMEMMAZI activities

Just as Yota Florou said (photo 4), our inspiration comes from the example and philosophy set for us by Emma Vernicou continues and grows.



Photo 4: Article about PAMEMMAZI and its inspiration, in "Reportaz" issue 18th March 2018

4.2 OPENING STATEMENTS BY ONCOLOGY PATIENT NADIA ZORZOU

Mrs. Zorzou described her happiness at finding PAMEMMAZI at G.O.H.K.

«I've spent endless hours staring into space in the hospital's rooms until one day the door opened and a beautiful girl with bright eyes took me by the hand and led me to the PAMEMMAZI room ».



Photo 5: Ms. Nadia Zorzou.

Mrs. Zorzou did not miss a single activity from the day she came across PAMEMMAZI and throughout her stay. She thanked the organization, saying

«For me, PAMEMMAZI means many things. It's not just that it filled my empty hours of hospital stay. It's that it filled my spirit with energy, love, hope and my arms with special people that have a glint in their eye and with

determination to give everything to their fellow human beings. However my biggest thanks I owe to Emma»

4.3 THE IMPORTANCE OF COMMUNICATION AND COORDINATION OF THE MULTIDISCIPLINARY TEAM IN THE ERA OF INDIVIDUALIZED CANCER TREATMENT

Speaker : George Tsioulis, MD, PhD, Surgical Oncologist, Associate Professor at Rutgers Medical School, New Jersey, USA

Excerpt: Cancer has become one of the most frequently diagnosed diseases in developed countries and is one of the biggest challenges of the medical field regarding public health. The continuous advances in research have brought about new perspectives on the biology of cancer and in innovative therapies that give hope for a cure, life expectancy, and improved quality of life to millions of cancer patients around the world.



Photo 6: Mr. Tsoulis emphasizes the importance of cooperation amongst professionals for a better quality of life for cancer patients.

In this new age of individualized cancer treatment, and in light of the variety of available types of therapies (such as surgery, chemotherapy, radiation, hormone therapy, immunotherapy) it is of vital importance that the different disciplines remain in constant communication.

Many factors contribute to the improvement of communication and in joint decision making. These factors have been studied and are increasingly included in the current techniques of a multi disciplinary team in order to achieve better results.

First is the concept of team, which has largely replaced the concept of physician as a unit acting alone and autonomously. Cancer specialist doctors, following widely accepted guidelines from national and international research, work closely together at the team level to develop the treatment and ensure it flows smoothly at all the various stages. Regular meetings of the oncology committees in each hospital are also very useful for the interdisciplinary team. The appropriateness and effectiveness of the chosen treatment, as well as its smooth application within the prescribed time-limits, go through quality control of the hospital but also through large independent bodies tasked with such tasks.

Also important is the widespread implementation of the electronic patient file, where all clinical information and results of diagnostics can be safely stored, updated and studied easily by all team members resulting in a rapid exchange of views, dialogue about new findings, response to treatment, side effects of various medications, continuation or modification of treatment, etc. Patients are also given access to their electronic files, which gives them the chance to remain updated but also to ask clarifying questions of their attending physicians by actively participating in the whole process via email.

Due to the often complex and long-lasting cancer treatments which are administered by a number of specialist doctors, there has now been established a role of coordinator whose main role is to facilitate contacts between the patient and the health team member and also between the health professionals themselves. The coordinator can also facilitate the test-taking process, ensure that the various types of treatment continue to progress smoothly, and generally have a supportive role in meeting the various needs of a cancer patient. The addition of a coordinator to the multidisciplinary team has helped improve communication among team members, reduced errors and omissions, reduced delays for necessary examinations and therapeutic sessions, and increased the sense of security and satisfaction that patients and their families feel.

4.3.1 Developments in the treatment of cancer

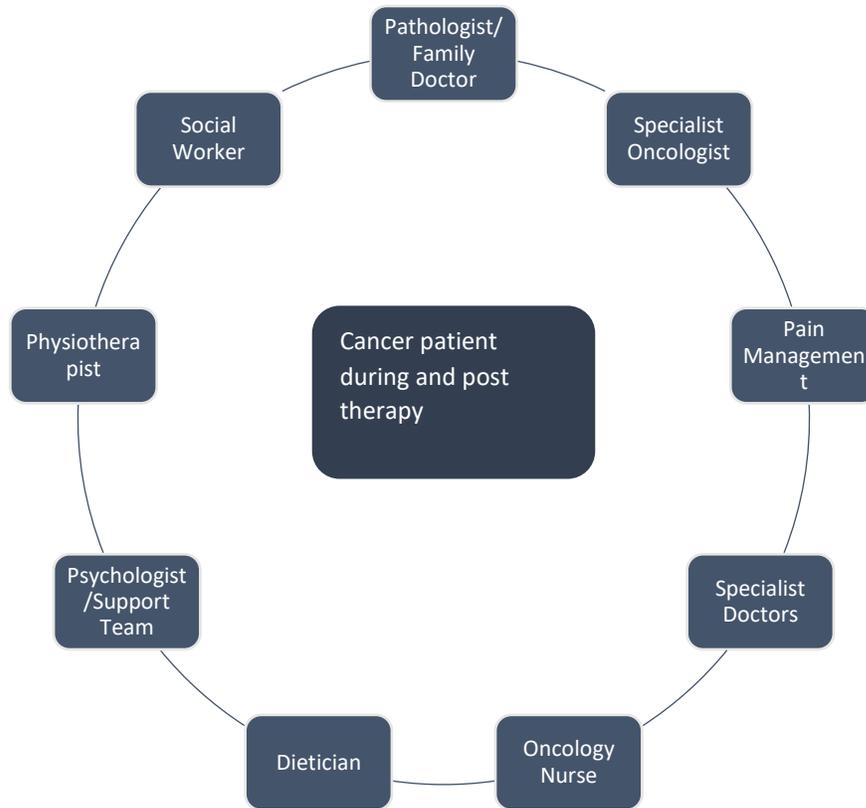
In the last 20 years, there has been a significant increase in the survival rates of people affected by cancer. This is due to various factors such as:

- Treatment: new chemotherapies, advances in surgery and radiation, targeted therapy and immunotherapy.
- Prevention: treatment of carcinogenic infections, predisposing genes, and strategies to reduce complications and side effects.
- Quality of Life: improved toxicity management, milder treatments, and integration of palliative care.

- Survival: increased research, long-term impact recognition and monitoring strategies.

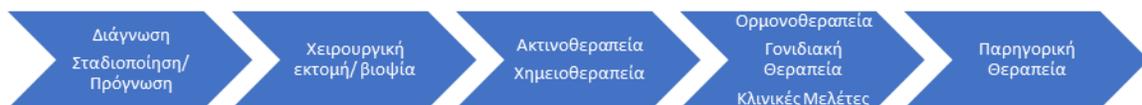
This gives us hope and at the same time requires holistic monitoring of patients by different specialists (Table 2).

Table 2: The various specialists who treat cancer patients during and post therapy



These experts play an important role throughout the course of cancer and recovery (Table 3).

Table 3: Timeline of therapy and post therapy



4.3.2 Innovations in therapy

Specific factors that contribute to improved efficacy of cancer treatment include:

- Communication / Coordination
- Preparation / Performance of Therapy
- Oncology Boards
- Analysis of Results
- Quality control
- Cancer Data Banks
- Digital Patient Records
- Therapy Coordinator

For example, Digital Patient Records have many advantages (Table 4):

- Creation, storage and accessibility
- Immediate disposal / Accuracy
- Time / space saving
- Improved Insurance / Services documentation
- Increased protection of personal data
- Statistical analysis
- Databases
- Public Health Strategy

The Digital Patient Records have changed the way the disease is monitored and managed (Table 4).

Table 4: Processes made easier due to the Digital Patients Record



Also important is the role of the coordinator (or coordinator) in the treatment of cancer. The management of cancer is complex and the coordinator:

- Directs
- Monitors
- Encourages
- Coordinates
- Facilitates
- Networks
- Understands
- Explains
- Simplifies

It has been shown that the coordinator improves the quality of life, increases patient satisfaction, facilitates timing, helps complete treatment, and shortens hospitalization time.

The theoretical framework in which the coordinator operates presupposes that the treatment is for the patient:

Available, which includes:

- There is a list of services available
- There is a variety of appropriate treatments
- It is possible to extend programs
- It is possible to increase available services
- There is free or low cost treatment

Appropriate, which includes:

- Appropriate communication
- Customized support
- Patient values system

Accessible, which includes:

- Communicates with health providers
- Communicates with patients
- Appointments & Reminders
- Transportation and accompaniment

Affordable, which includes:

- Low cost care
- Insurance coverage
- Finding sponsors
- Cooperation with other entities

Accountable, which includes:

- Information retention and ease of use
- Treatment choice
- Informing the community
- Participation in quality controls

Understandable by the patient, which includes:

- Information and education
- Websites and services
- Library with printed material
- Health care provider information

4.3.3 Conclusions

Cancer is transformed into a chronic disease.

The treatment of cancer is long-lasting, multilevel, personalized and evolving.

Communication and coordination of the interdisciplinary team is crucial.

Personalized gene therapy humanizes the patient.

The use of digital patient records and treatment coordinators facilitates better patient monitoring and treatment implementation.

4.4 QUALITY OF LIFE BEYOND MEDICAL CRITERIA: HOW DOES HIGHLIGHTING PSYCHOSOCIAL NEEDS CONTRIBUTE TO A BETTER QUALITY OF LIFE FOR A CANCER PATIENT?

Speaker: [Giannis Dinos](#)

Clinical Psychologist, Oncology Hospital “Aghios Savvas”, Scientific Coordinator of the Centre for the Support, Education and Research in Psychosocial Oncology of the Greek Cancer Society

Excerpt: A patient facing a life-threatening illness such as cancer faces two major psychosocial upheavals: The first relates to the relationship with time, where the present, the here and now, seems to cut the patient out of his own history, his past, as well as his vision of the future, his ambitions, his life plans. It is a restraint that is traumatically experienced, causing feelings of fear and insecurity.

The second upheaval concerns his relationship with others (doctors, family, friendly environment) where dependence on the other threatens his own independence creating feelings of diminished life, impotence, anger and many times loneliness.

Facing and treating these two major upheavals during the treatment of the illness together with the patient’s family, his medical team, and his can make a significant contribution to the quality of life of the patient.



Photo 7: Mr. Dinos invites us to see matters through the perspective of the patient.

Mr. Dinos said that his presentation was inspired by Emma's writings, the way Emma attributed the unexpected and difficult developments in her life to cancer, and the adjustments she had already made to her daily life, something which seemed surreal to her. Mr. Dinos began his presentation by reading one of the stories of Emma's blog www.scarvesandscars.com.

"I'm in America, thousands of miles away from home, doing chemotherapy. Who? Me?"

Illness gives us the feeling that suddenly the balance is lost and the world becomes hostile. The disease ruptures with time, meaning that one loses the sense that he is "coming from somewhere and moving forward". Somehow there is no tomorrow, and we have to face time step by step. The patient loses his points of reference and finds it difficult to think of himself in the future. Indeed, drawing on the wisdom of ancient Greece, Mr. Dinos set health as an indispensable precondition for happiness and therefore quality of life. After all, according to Atul Gawande, good quality of life makes us want to be alive.

Mr Dinos put forward two principles: (1) Health is not a given to anyone, but it is a virtue to be gained by our actions and depending on the circumstances that arise. When we are well we think it is natural but from the moment that we are born and are completely helpless, we must act to maintain our health. The state of being healthy is not constant. (2) We cannot change people, but only accept them. Every expression and action is

directed not only at ourselves but also to someone else. Even a self-destructive move such as suicide contains a message to survivors.

Mr. Dinos mentioned three "dipoles" in cancer:

Dipole 1: the announcement and the concealment. This characterizes the quality of the patient's communication with their physicians. Mr Dinos spoke of a case where a patient's relatives asked him not to disclose to the patient the seriousness of her illness, and in a discussion with the patient, she asked him not to disclose to her relatives that she was aware of the seriousness of her condition.

Dipole 2: security and risk. Mr Dinos has cited an example of a patient who wants to use a stroller to move although this carries the risk of a spine bone breaking.

Dipole 3: life expectancy and quality of life, where efforts to extend life sometimes diminish its quality.

These difficult dipoles bring about the complete upheaval of the patient's reality, which can be dealt with by proper doctor-patient communication. In this way and with the help of a psychologist, the doctor can become curative before treatment. It is very important to change the role of the physician from the "authority physician" who decides everything to a "physician participant" who guides the patient's decisions. But also the patient's family and friendly environment must understand how difficult the illness's dependency is on the patient. The positive quality of the patient's communication with the medical and family environment, helps the patient to think and take a stand against the disease by seeking a better quality of life.

4.5 PANEL DISCUSSION

4.5.1 What is the meaning of "quality of life";

What "quality of life" means to each person is subjective and dynamic — that is, it varies with age, gender, marital status, personality, but also varies for the same person over time and as the disease progresses. Ms Palaiologou, as a sister and wife of patients, believes that factors such as physical and mental security and comfort are essential for everyone. At the same time for that quality of life it means that during the illness you can stay unchanged as much as you can, even though this can be very difficult as well as impossible. Also a quality of life is achieved when professionals who come into contact with the patient, at all levels and stages, show humanity and respect, as we all owe, to the people who fight for their lives.

For Ms Miller, the definition of quality of life has changed. She has had cancer for four years. At first she had put it like Mrs. Paleologou, that the quality of life is to do exactly what she did before she was ill, just with a wig, and she did so in the first year. During the treatments, however, things began to change slowly. Some treatments had a greater

effect on fatigue. When her white blood cell count was low, she was forced to tell her employers that she could not travel or get on a plane. She has recently stopped working and is again asking herself what quality of life is. Now, having lived through some periods of intense pain or exhaustion, she thinks that if at some point she starts to suffer too much pain which cannot be controlled, this will not be her quality of life. So she wants to have realistic discussions about what will happen the next day, what will happen if the next cure does not work, and to communicate openly with those who care for her, whether that is with a doctor or her family. And finally, in the period she can and does move, she would like to feel that she is helpful, that she has something to offer, whether it is to her family, society at large, or other patients.

4.5.2 How do we control pain through the course of cancer?

Mrs. Vrachnou (Photo 8) said that the key to a good quality of life, in relation to health, is not to experience pain. In the past, pain was considered unavoidable in human beings. It was considered to be the continuation of life, part of life, and perhaps indispensable in order to repay human sins and that it could not be remedied. Nowadays, we have overcome that way of thinking and now believe that pain, chronic pain and cancer pain, are considered useless and harmful and the good thing is that they can now be treated.

Mrs Vrachnou said that in 1976 the World Health Organization and the World Pain Research Institute have established that dealing pain relief is a human right and that not providing it is a criminal negligence. The science of algology has evolved a lot since the '70s. Research, neurobiology, neurology, science in general have greatly helped this. So today, an oncologist can help a patient avoid pain and have a better quality of life. Therefore, treating pain is precisely a part of improving the quality of life of the patient.



Photo 8: Ms. Vrachnou would like Greece to start matching the international guidelines and to have pain management implemented as a necessary part of an oncology team. .

Today the strategy is to treat pain primarily with medication where indicated by interventional techniques, as well as with various other supportive treatments such as psychological support, counseling, alternative and complementary therapies. The new developments in treatment are as follows: there are new drugs and pharmaceuticals to treat the pain. For example, in the past all transdermal medications were taken by the patient either intravenously or orally. Today there are patches or sublingual tablets and intranasal sprays. Invasive techniques and implant pumps where appropriate have also evolved a great deal. There is neurostimulation, neurotransmission, radio frequencies, TENS, acupuncture and many more. So pharmacology and pharmaceuticals have evolved and there are many techniques that can help.

As soon as the patient feels pain, he or she should discuss this with the treating physician and seek help. If it is acute pain, something is happening, it may be a progression of the disease, an oncological or surgical emergency, so it must definitely be resolved and a diagnosis made. The important thing is that the pain must be treated immediately, because there are neurobiological mechanisms that turn acute pain into chronic. If the pain turns into chronic it turns out to be an additional disease that has to be dealt with so as not to develop into chronic pain and discomfort the patient, negatively affecting his quality of life.

Usually patients are ignorant of their right to pain relief. Many think they have to deal with the problems themselves. They are worried that if they report their pain to the doctor, they may be considered bad patients or they may be deeply afraid that something bad is going on as the disease progresses and so, despite the pain, they do not want to admit it, in order not to face it. They decide on their own to go online and find ways to deal with it. The right thing to do is to tell the treating physician that they are in pain and then the treating physician will guide them.

Oncologists are considered to be the primary physicians in relation to cancer-related pain, because they are the ones who come into direct contact with the patient and, although not specialized in pain management, they have the knowledge to provide analgesic treatment, although not fully specialized, thus monitoring and changing the pain management treatment takes second place to the treatment of cancer itself. For that reason, oncologists should recommend that their patient go to a pain clinic. Unfortunately, in many hospitals, many oncologists and physicians of other specialties do not know what algology is and do not direct patients to the pain clinic from the start, but rather wait till there is a complication or no other option. Often, people learn about the existence of pain clinics through events like this one today. There are 57 pain clinics in the country, 25 in the province, 24 in Athens and 3 in Thessaloniki. Ms Vrachnou would like all oncology patients to know what their pain relief options are and where to go.

4.5.3 What can clinical nutrition offer to quality of life?

Ms. Sialvera, a clinical dietitian (Photo 9), started by saying that nutrition is one of 4-5 basic, normal, biological needs of man. But beyond the real need of man for a good quality diet, we must always remember, in the back of our minds, that the patient's meal is also the time for his relaxation, it is his break, it is his pleasure, so one's diet has many meanings. After all, according to the World Health Organization, good nutritional care along with physical activity is the cornerstone of good health.

In cancer patients, nutritional care first involves assessing the nutritional status and identifying eating problems, which we all know there are many of; such as anorexia, dyspepsia, cachexia, sarcopenia, goal setting, intervention and evaluation.

All cancer patients are potentially at risk as concerns their nutrition, but fortunately, not all of them are malnourished. Nutrition is the problem I would like to highlight here, as it is one of the most important issues that arise even, in many cases, before diagnosis, and certainly occurs during the treatment of the illness either due to the progression of the disease or from the use of medication. For this reason it is particularly important to detect nutritional risk throughout the course of intervention, evaluation and follow-up.



Photo 9: Ms. Sialvera reminds us that according to the WHO, good nutrition along with good physical condition, is the cornerstone of good health.

However, unfortunately, I have some negative statistics as malnutrition worldwide is not detected and therefore not treated. Studies show that 60 to 70% of patients are not identified within hospitals. And outside of the hospital the percentage of unidentified malnourished patients is at 45 to 100%. And if we include patients who are of normal weight or even overweight, where sarcopenia is not recognized, then the rates may be even higher.

All that I'm referring to obviously has an impact on quality of life, as the first results of malnutrition are weight loss, loss of muscle mass and fat, changes in inflammatory conditions in the human body, increased risk of complications, increased hospitalization time and increased infections.

The dietitian is the healthcare professional who is responsible and plays a critical role in ensuring that the patient's nutritional issues are high on the priorities of the multidisciplinary team and the treating physician's agenda. The dietitian will ensure that all of these patients receive the total nutritional support they need and are entitled to without having to fight for it. The dietitian will propose the nutritional regimen, assist the patient in meals in the hospital, protect the patient's feeding hours, and effectively assist the nutrition support team. When the health system is functioning properly, the dietitian comes into contact with the patient at all stages of the disease from the beginning, from diagnosis, to treatment, to rehabilitation, to supportive and palliative care: from

beginning to end. The patient is part of our group, and dietary intervention can improve the patient's nutritional status, which ultimately affects overall survival, disease-free survival and quality of life in general.

4.5.4 Is the clinical dietician part of the multidisciplinary team?

According to Ms. Sialvera it should be, since the process has been legalized since 2012 but this is not always the case. First of all, staff shortages always play a very important role. When there should normally be at least one dietitian for every 80 beds or at least no less than 2 dietitians in each hospital, this is not the case. Ms Sialvera estimates that overall, dietitians do not exceed 140 people working throughout Greece in public hospitals and public structures, where the number of patients who really need nutritional support are much greater than the available dietitians. Thus it is doubtful that the coverage is adequate. One could potentially research the extent to which nutritional risk can be detected upon admission to the hospital.

A nutrition support team has also been established since 2012, consisting of the treating physician, the nurse, the clinical nutritionist, and the pharmacist or clinical pharmacist. This nutrition support team can be engaged at any time that malnutrition has been indicated whether the physician, dietician, or nurse requests it, but even in some cases the patient himself.

Patients are often unaware that they have the right to work with a dietitian free of charge in a public hospital. They have the right to full cooperation as well as ongoing monitoring and reassessment, so when a member of the oncology team decides to refer the dietitian, the dietitian is there to record and confirm nutritional risk with assessments of the patient's history, his measurements, and any tools at his disposal to then consult with the physician, the nurse and the pharmacist to create a plan that will result in patient nutrition support.

This is what Ms. Salviera is trying to do at Kifissia General Oncology Hospital where referrals to nutritionists come from both nurses and doctors, as well as psychologists. Sometimes dieticians will also refer a patient to a physician and psychologist, because they too assess the whole person. The problem of nutrition is multifaceted, so referrals can often be made by a nutritionist to a psychologist, physiotherapist or dentist.

Nutritionists would like their voice to be stronger within the oncology group. Also, the oncology boards, which should be held more often, by law are given the opportunity to call the dietitian, which also does not happen. This workshop is an opportunity for us to be heard and engaged, all for the benefit of the patient.

4.5.5 What does a nurse offer to the quality of life for cancer patients?

Ms Theodora Pappa, a nurse, emphasized the importance of nursing care to the quality of life of oncology patients. Ms Pappa, if she had to prioritize the nurse's job description, the first to listen. The nurse listens, which is something that every health profession should be doing. To listen, to talk less, because everyone is ready to offer solutions, everyone thinks that things are too easy, giving a standardized answer. But that's not the case, people don't want standardized answers. They want an answer to what they are asking, very specific and when you are listening, you first build a relationship. From there the nurse will begin to solve the patient's problem. The nurse should be able to build a relationship consistently, with love, with respect and empathy, which are characteristics supported and promoted by PAMEMMAZI. All of this creates the right and beneficial relationship.

The nurse must be close to the patients and their companions, be close to them, available not only as a health professional but also as a human being. Oncology and all that surrounds the health field should first have a human dimension, and unfortunately we forget it all too often and we stay focused on statistics or new medicine. Ms Pappa has seen that patients want regularity in their lives, whatever that means for everyone, and the nurses being next to the patients contribute to that greatly. lot to it.

4.5.6 How important is psychological support in the quality of life of cancer patients?

When we talk about psychological support we first think of the psychologist. But psychological support is a broader responsibility of the people around the patient as well as the patient himself.

Ms Miller did not seek psychological support from experts. She felt that what she had was something quite common and that there was enough information available about other patients' experiences, she treated it realistically and could generally make her decisions by discussing with her oncologist, who presented her choices, medications and side effects. She always felt that he was involved in all decision.

Mr. Dinos as a psychologist is trying to help people look the disease in the eyes and deal with it. This is something that is very important, that, like Mrs Miller, one does not succumb to the disease. But if at some point one gets to the point of "there is nothing else to do!", "One person cannot do it alone," there begins the great difficulty and it would help him to visit a specialist. As long as the patient can create conditions of autonomy, competence, etc., he / she can handle the disease very well on his / her own. The point is that at some point our reality is painfully present. Painfully means that I am suffering and at that moment of "suffering" there needs to be an ear as Nurse Pappa said, an ear that will hear you, a person, a doctor, a nurse, someone to whom the patient can turn to and who will listen to him so he can help. This is the importance of psychological help: that

the patient can independently cope with what he or she can but can be offered help when needed.

It is true that nurses in the hospital hear more of "suffering" issues. Most doctors have another attitude towards patients, which is that of "doing", "now I have to solve it here and now and I'm on it" and so the other "listening" may be lost, the underlying one, that goes wrong in every patient's life. The nurse, because he or she has frequent contact with the patient, can and does listen. As a result, nurses themselves often suffer due to their relationship with the patient and can become distressed. Nurses, instead of doctors, have often requested psychological support teams from psychologists. So it is the nurse who will usually make a suggestion to the patient, and the patient will have to voluntarily see a psychologist. However, the responsibility for the patient being treated in the hospital lies with the treating physician, and the psychologist can only accept a referral from the doctor.

Mr. Tsioulis as an oncologist in America writes on his website that he offers empathetic care. He believes that it is necessary not only to act but also to listen to the patient, understand their needs and adapt the proposed treatment in that context because the patient's cooperation is necessary and if we do not feel for him as a human being, then this cooperation does not have much of a future. So we have to listen to the patient and understand him, and this is the only way to create a balanced relationship of mutual respect to complete this mutual effort and get the best results. For example, Mr. Tsioulis does not look at his watch and does not type on his computer when he is with the patient. He is 100% absorbed with the patient. Every word the patient says matters, every experience he shares, Mr. Tsioulis will try to merge with the general picture so he can better understand and be able to help the patient more effectively.

4.5.7 To what extent should we tell the "truth" to patients about the status of their illness?

Ms Miller would find it inconceivable that her doctor would consult her family, even with the best of intentions, and conceal something from her. She thinks she has the responsibility for the decisions she makes and is not a child. She generally believes that the patient should be informed. If she herself felt that she didn't have the information to know what she has, the complications that could occur, the statistics, etc., she would feel more insecurity. If she suspected that her doctor was hiding something, not telling her the whole truth or not respecting her own wishes, she would change doctor.

Mrs Palaiologou agreed. As a caregiver, she has been missing out on information. For example, she was not informed that her sick relative had been given a patch and when she saw some side effects she could not determine if they were due to the disease or the new patch. She had to go through many difficulties to come to an answer. She believes that doctors have an obligation to inform people who accompany a patient at the

beginning of the disease and where there is a lot of obscure, but also through to the last stage where doctors have an even greater obligation to inform on their action plan and its expected outcomes. Of course doctors do not have the luxury of time, but information must come first, to be the primary objective.

Mr. Tsioulis speaks openly to his patients. Knowing that some patients may not be ready to deal with all aspects of the disease, he tells them what is going on in a way that they understand but do not get discouraged, do not get depressed, or neglect themselves. He tries to discuss the facts in a way that will keep them active in the treatment, make them a partner in the process, and not give up on themselves. Everyone has different life experiences, different levels of education, different values and perceives things differently and Mr Tsioulis, as a clinical doctor, is trying to give the facts and data to the patient in a way that he will understand, absorb and will be able to continue the course.

Mr. Dinos warned us that even though they have a lot of information, the doctors do not know the truth. Truth is a reality that is ultimately understood only by the patient himself, so the truth is the patient himself. No one knows his body better than the patient himself.

So how a doctor will say what he knows is part of their patient's quality of life. Some patients may not know why they are doing chemotherapy, nor what exactly it is. Others are locked up like an oyster, refusing to eat, quarreling, and becoming confrontational with people. Not because they don't know, they've actually figured it out, they know they're in an anti-cancer hospital.

On the other hand, the doctor may be knowledgeable, but is also human and confronts his own imagination. He is there to do good to his patient and wants his patient to do well. Without this desire, without this condition, the doctor would not be there. Therefore, his anxiety when he sees a test showing a relapse is almost the same as his patient, that he does not want to say and admit it himself.

4.5.8 How can a psychologist be of aid in these difficult discussions?

A psychologist can help in difficult times, in difficult conversations. For example, when a physician was about to announce to a nineteen-year-old with sarcoma that the oncology board had decided to have his whole arm amputated and the doctor in charge told Mr. Dino "what can I say to him now?" Because there was already collaboration with the doctor and the patient before, Mr. Dinos was able to tell him "your patient can hear it, he knows how to hear it, because I've had sessions with him" and we then see a family that initially couldn't discuss the issue of amputation, now brings it to the foreground and quality of life is being discussed. This issue is not avoided. This child can't come out of surgery with a hand missing and not know it, but with psychological help he can now begin to imagine, before the surgery is even done, what his life could be like without his hand, what it means to be a person without a hand in his own society, how he can play his electronic game and a thousand questions. Fears, when discussed, allow us new ways of

thinking, so that the patient can start to think of all that he can do — swim, go to the Paralympic Games, live.

Therefore, doctor-patient communication is not a matter of scientific information. It's really on a scientific level where we can seek it. The question is how to make the scientific evidence and the complexity of the disease fit into the minds of patients and families. When we realize that we are here and that this is the state of the disease, it involves fear, anxiety, feelings, and these we are called upon to deal with in relation to the quality of life.

We need to help each other so that we can have these conversations. Just like PAMEMMAZI does at this forum , which is of great value. Psychological oncology in Greece and oncology in general were taboo, and PAMEMMAZI invites us to speak openly about these issues in the best possible way, to delve deeper , specialists and patients together.

4.5.9 How do all the specialist coordinate with each other in order to add to quality of life? (American model)?

Mr. Tsioulis explained that the coordination of specialists depends on whether the patient is an outpatient or admitted to the hospital. If he is hospitalized, it depends on what stage of his illness he is in and why he has been hospitalized. If he is an outpatient, a specialist will see him after referral from the physician or family doctor and usually the first to see him is the surgeon, surgeon-oncologist, to decide whether surgery or a biopsy is needed to confirm diagnosis. Then, depending on the results, referrals are made to the other specialist doctors in the group whether they are a chemotherapist or a hematologist or a radiotherapist and so on.

If the patient is in the hospital, the incident is reported and discussed during the official oncology consultations on a weekly basis. There is emphasis on patients with complications or when treatment modification is needed, that is, at the focal points of the course. With the widespread application of digital patient records, communication is increasing, with almost daily real-time updating and searching for new patient data in these digital folders, which can be done both in the hospital and outside the hospital. Also, with the help of digital technology again, patients can access their file at any time and ask electronic questions to the attending physicians. The system places so much emphasis and priority on it that the doctor is obliged to respond within 24 hours to the patient. If the patient's message is left unanswered, it is escalated and the doctor is reminded and reprimanded for not responding immediately. So this widespread application of technology has helped both the team to work very well in a coordinated and efficient manner, and to help the patient become a part of this effort.

4.5.10 How difficult will it be to implement this coordinated system, that is so vital to quality of life, in Greece?

Ms Palaiologou had two cases of cancer in her family. One was treated in a public hospital and the other in a private hospital. In the public hospital, she was not informed if more than one specialty was needed, perhaps they were involved but the family knew nothing about it, nor did they know if any consultations had been made, as Mr Tsioulis said was happening in America. At the private hospital when an issue arose, and the need for a board was apparent, unfortunately it did not happen because the oncologist refused to cooperate. That is, this oncologist's needs came before that of the patient's. However, the doctors from other specialties responded to the need and were willing to work together, so maybe a medical board could be done but off the record

Of course, Mr. Dinos reminded us that we should not demonize doctors because they too may need psychological support when faced with such difficult situations. But the system is such that it is neither obvious nor easy how such cooperation should take place. It depends on the individual.

Ms Miller is in a private hospital and has the impression that the convocation of a medical boards needs to be requested by the patient, who again may not know when to seek it. She organized her own medical team on her own. For example she had some side effects that led to osteonecrosis and she had to find a dentist and a dentist who had some relevant experience in Greece on her own. When it started to hurt, he found a radiologist. Overall there was no coordination or sufficient time to be informed about what to eat or the side effects of the drugs and their interactions and how to take them. "For example in one of the medicines I was taking I read by chance that I should not eat grapefruit." She had to coordinate it all by herself - when chemotherapy would be done, when MRI appointments would be made, etc. - "this coordination does not exist in Greece." "You have to say I'm going to chase it, I'm going to learn, I'm going to ask, I'm going to be annoying, me or my relatives." Mrs Miller does not stop thinking, if at some point her situation gets worse, who will take care of and organize what needs to be done. But even with the simplest things like "who will cook for me". In Greece, there is no help in coordinating, in all of these things that are everyday, the logistics of getting sick.

Ms Pappa, a nurse, said the oncology board made therapeutic decisions, meaning that most issues were related to treatment issues, especially in a difficult case. The oncology councils, by law, are open to everyone, everyone can attend. At Kifissia General Oncology Hospital "Aghioi Anargyroi" the oncology council meets weekly, invites all specialties and engages a secretary who keeps minutes. The board is open and the patient whose case or problem will be discussed by the oncology board is informed accordingly. Some hospitals may not have an oncology council, but the law does exist, as does the nutrition support.

4.5.11 What could ensure, in a more effective way, the quality of life for those dealing with cancer, in Greece?

The panel's responses to the coordinator's questions:

Ms Sialvera: "There is a need to add empathy in the training of health professionals, doctors, nurses, dietitians, that is how to empathically manage their patient. The psychologist might do it in his training, but the rest of us probably don't.

Ms Pappa: "I would like a completely human-centered health system. What may be more feasible today, because I think things have matured, is the institution of coordinator care as mentioned by the first Speaker Mr. Tsioulias, and I think this is very important. It will solve a lot of problems and make it much easier to communicate in a health system, which we should say is not user friendly. "

Ms. Palaiologou: "Information and again information, ie by all (health professionals) surrounding this disease".

Mr. Tsioulias: "Let us never forget that we are dealing with people who are in need and have a lot of pain in them and we have to stand as people first and then as doctors. As far as coordination is concerned, I believe that we initially addressed it in the speech but it is also very important to be able to give the best in a human way that creates security, comfort and confidence for patients and their families. "

Ms Miller: "Creating electronic folders. That is, when I think, as a patient, how many hours I spend running from here and there, doing the examination in the diagnostic centers and then going to the doctor's results and all of that ends up in a folder that I keep, then in a folder held by my doctor, third in a folder held by a second doctor. In the end, I'm afraid that opportunities are lost even when you take preventive exams, let alone when you get to the point, get sick and have to go through this whole bureaucratic process. I think that the electronic file would allow the patient to focus on his illness and treatment rather than 'paperchase'.

Mr Dinos: "The interdisciplinary dialogue that can bring together all the skills needed to tackle this disease in order to exchange views, discuss our approaches to the patient, and most importantly understand one another's science. This is a story that is starting to happen. You do it here, we do it at the anti-cancer company. I want to say that there are some hospitals where all this can work and it is already a good step to strengthen it all and build it as much as possible. "

Ms. Vrachnou: "The respect among all those involved in patient care. If there is respect, mutual respect, there will be good communication.

5 WORKSHOPS

Four two-hour workshops were held in different areas of the ACG. In the workshops, psychiatrists, oncologists, psychologists, families and people living with cancer had an open discussion about living with cancer, explored interdisciplinary collaboration and cancer pain management strategies, and presented methods for managing stress.

5.1 WORKSHOP 1: INTERDISCIPLINARY COOPERATION FOR THE QUALITY OF LIFE FOR ONCOLOGY PATIENTS.

5.1.1 Strategies for collaboration to ensure the quality of life for oncology patients.

Presenter: Michael Hatzoulis, MD, MRCPsych (Photo 10)

Excerpt: The quality of life of cancer patients refers to an overall feeling of well-being with physical, emotional, psychological and social considerations.

Taking care of an oncology patient to improve their quality of life is a complex process that requires an interdisciplinary approach. Early evaluation of patients for the purpose of detecting psychiatric disorders and their effective management by providing targeted and documented psychological and psychopharmacological therapies in collaboration with the oncology team can lead to improved quality of life for patients.

We will look at examples from daily clinical practice, how early assessment can be applied to help the oncology patient and improve their quality of life.



Photo 10: Mr. Hatzoulis presents the conditions for “quality of life”

5.1.1.1 What does “quality of life” mean?

Mr. Hatzoulis presented quality of life as a broad and multi-dimensional concept that includes how the individual self-assesses his emotional state, self-assessment of participants' mood, ability to manage / deal with stressful situations, and self-esteem. Quality of life integrates in a complex way individuals' physical health, psychological status, level of independence, social relationships, personal beliefs and relationships with the characteristics of their environment, emotional, social, sexual, cognitive and physical functioning.

The quality of life of cancer patients is undoubtedly compounded by depressive and anxiety symptoms, fear of relapse and lack of adequate social support, difficulties in family and social relationships. Cancer survivors also often suffer from fatigue, changes in sexual activity, and the development of other co-morbid medical conditions that have been affecting their functional levels for many years.¹

5.1.1.2 Interventions that ensure quality of life

Mr Hatzoulis referred to interventions that can help with quality of life such as medications (eg pain management, anxiety / depression medication treatment, chemotherapy side effects, etc.) but also non-medication interventions such as

¹ Miller KD, Triano LR. Cancer J 2008;14:375–87

psychosocial interventions , GSM, training in disease management strategies, psychotherapy, yoga / meditation / Tai Chi, dietary interventions, physical activity, physiotherapy, emotion management techniques, etc. Psychosocial interventions overall, significantly improve Quality of Life during and after cancer treatment, with a small effect size. Psychotherapy seems to have stronger effects compared to training in disease management strategies (CST).

Therapies that protect the patient's quality of life require interdisciplinary collaboration in their implementation. For the last 20 years internationally, cancer treatment is now provided by specialist groups. In this context, interdisciplinary, multidisciplinary were created for the care of cancer patients. Who the members of the Interdisciplinary Team are, varies from provider to provider and have changed over time - usually the interdisciplinary team consists of surgeons, radiologists, histopathologists, oncologists, specialist nurses, other health professionals, and one or more physicians. Oncology boards are also an additional way to provide interdisciplinary care and have now been established by most providers in Greece since their legislation in 2012. Law 4052/2012 establishes a "cross-sectoral treatment of a patient who is suffering or suspected of having suffers from malignant neoplasms. " The function of the oncology boards (a pathologist-oncologist, a surgeon and a radiotherapist, a pathologist, a pharmacist, a nurse as a permanent and other non-permanent member) is now officially introduced.

There is now a significant number of studies that appear to support the effectiveness of interdisciplinary care delivery. A systematic review of the EPAAC project showed that interdisciplinary care can:

- Improve survival from the disease
- Reduce the time from diagnosis to treatment
- Improve the quality of life of patients
- Improve patients' access to clinical services.
- Improve coordination between departments.

Incident discussion / management in the interdisciplinary team entails:

- Better treatment planning
- Better pain control
- Better compliance with medication
- Decrease in hospitalization in patients with end-stage disease
- Improving the quality of life of patients in palliative care.

There are, of course, problems in interdisciplinary encounters such as additional costs, documentation of their effectiveness, use of encounters as a way of avoiding medical decisions, limited educational value, legal issues about medical liability, possible delays in providing care and anxiety of patients.

In Greece, there are additional potential obstacles, for example:

- We start from the very basic - eg key interface deficits - there is no primary (ie Community) care that would often act as a care coordinator / interface structure
- Sub-financing of services - increased workload
- Strict, limited medical center model - hierarchical model
- Lack of continuity of care - fragmented health care system
- Lack of organizational culture - support systems (cost, allocation of resources)
- Lack of proper technology infrastructure (e-records and so on) Lack of SOPs / local guidance (translation of clinical guidelines into codes of practice)

5.1.1.3 Findings

There is currently significant evidence supporting the importance of interdisciplinary collaboration in the treatment of cancer patients, and in particular in improving their quality of life. In Greece there is now considerable awareness of the use of this approach, but there are also many obstacles to the full implementation and development of its potential. These barriers may perhaps be overcome through the cooperation of all the involved figures, through information and awareness-raising, similar legislative initiatives and the involvement of patients and patient organizations and of volunteer and non-profit organizations.

5.1.2 Strategies for a closer working relationship amongst the interdisciplinary team

Presenter: George Tsioulis, MD, PhD, Surgical Oncologist, Associate Professor at Rutgers Medical School, New Jersey, USA.

Excerpt: The closer collaboration of the interdisciplinary team is not only intended to give the patient the most appropriate and effective treatment in an increasingly complex range of options, but also to help directly and effectively improve the quality of life of cancer patients.

To make this effort successful, it is important that members of the interdisciplinary team be guided by a holistic, rather than a strict scientific, philosophy, and to understand and respond promptly to the patient's needs, in all aspects of his or her life and in all phases

of his treatment. Also, the harmonious collaboration of the interdisciplinary team members gives the cancer patient and family the confidence that they have put their hopes in a well-functioning, efficient and effective team that works in a coordinated, accurate and consistent manner to achieve the best results.

This effort not only gives the patient a sense of optimism and satisfaction, but also motivates him to work more closely with the interdisciplinary team, complete the appropriate treatment and overcome any adversities successfully.

5.1.3 Discussion

Mr. Tsioulias spoke about the responsibility he feels as an oncologist-surgeon in America for comprehensive follow-up on all issues. He talked about the sanctity of the oncology and oncology patient relationship, the confidence that needs to be cultivated, and the doctor's responsibility to his patient. He greatly appreciates the contribution of the dietitian, the oncologist, the psychologist and all the specialties necessary for the patient to deal with all issues arising from illness and treatment.

Mr. Moreno, an oncologist, talked about his experience in Spain and Greece, and while in Spain and elsewhere the model of interdisciplinary collaboration is working, in Greece only the oncologist can take the initiative to work with a psychologist, a dietitian, and other experts.

Ms Panteli, a psychologist, agreed that in Greece a personal initiative is needed to achieve collaboration between experts, one that the system may not always help but does not forbid.

Ms Dimomeletti, a nurse, Ms Kostarakou, a clinical nutritionist and Ms Goula, a social worker, spoke about their institutionalized role in the care of oncology patients and the functioning of the Oncology Council.

5.2 WORKSHOP 2: « CANCER PAIN AND QUALITY OF LIFE »

5.2.1 Overview and Outline

Excerpt: Cancer pain occurs in approximately four (4) of the ten (10) patients suffering from neoplasia. It is a chronic symptom and should be treated promptly because it otherwise affects both the quality of life of the patient and the course of their disease. The treatment of the cancer pain needs to be done by a team of oncologists, nurses, psychologists and other specialties. There are new techniques today and the evolution of medicine has reached the point where we can say that we are capable of eliminating cancer pain. It has now been shown that patients who are in pain live less and have poorer quality of life. It is up to all of us to work together as a team and improve the symptoms of pain as well as the overall quality of life of our patients.



Photo 11: Ms. Zinais Kontouli presents at the interactive workshop for pain management.

Cancer pain management is essential. When a person is in pain, his life is full of this suffering and he can deal with nothing else. The view of the audience was that if one had to manage many problems, e.g. from his treatment, his finances, his bad psychology, etc. and if his pain is not treated, then subsequently everything else is negatively affected and the ability of the individual to cope with everything else is reduced.

5.3 WORKSHOP 3: MUSIC THERAPY AND CANCER

This was an experiential workshop.



Photo 12: Music Therapy workshop.

5.4 WORKSHOP 4: THERAPEUTIC YOGA: I'M NOT JUST A CANCER PATIENT: I AM ALSO BREATH, MOVEMENT, SPIRIT, SOUL, ENERGY, CREATION

This was an experiential workshop



Photo 13: Therapeutic yoga workshop

6 PRESENTATION OF QUESTIONNAIRE RESULTS

During the workshop, participants were asked to answer a series of questions. The purpose of the questionnaire as well as the findings from the analysis of the answers are presented below.

For the purpose of the evaluation of the Conference, a questionnaire was designed and addressed to the participants. It consisted of a few questions and was easy to fill in so that it would not tire the participants but at the same time be substantial and sufficient to obtain the desired information. The questionnaire questions are divided into the following categories:

- Questions about the profession, role in the workshop, age and gender of the participants.
- General comments regarding the Summit.
- Specific questions related to the evaluation of the content of the Conference, with regard to the main recommendations, the round table discussion and the workshops
- Total thoughts and feelings about attending the workshop

- Suggestions for future training / updates, as well as if they'd like the information shared at the forum.

6.1 SAMPLE OF PARTICIPANTS THE PARTICIPATED IN THE FORUM AND RESPONDED TO THE QUESTIONNAIRE

Of the 130 participants in the workshop, 64 (49.2%) completed the questionnaire. 69.4% were women while 30.6% were men. Most of the participants were over 36 years of age, with 36.1% being in the age range of 36-55 and 42.6% reporting over 55 years of age. The proportion of younger ages was much lower, with 8.2% being under 25 and 13.1% between 26-35. Table 5 below presents the participants with regard to their role in the workshop and their specialty.

Table 5: Participant Profile

Role	Numer	Percentage
I knew Emma	18	36.6%
Nurse	12	23.1%
Doctor	7	13.5%
Relative/Friend of a patient	6	11.5%
Psychologist/Psychiatrist	6	11.5%
Patient/Survivor	3	5.8%
Total	52	100%
Profession		
Mental Health Professional	4	6.25%
Doctors	4	6.25%
Lawyers	4	6.25%
Retirees	4	6.4%
Teachers/Professors	2	3.2%
Students	2	3.13%
Employees, private sector	2	3.13%
Yoga Teacher	1	1.60%
Homemaker	1	1.60%
Director of Social Services at "Aghios Savvas"	1	1.60%
Importer	1	1.60%
Midwife	1	1.60%
Health Economics	1	1.60%
N/A	36	56.25%
Total	64	100%

6.2 GENERAL COMMENTS REGARDING THE FORUM

Of those who answered these questions, 79.3% agreed that the content of the Meeting was extremely useful for their work (Table 6), and 93.8% extremely useful for their personal information (Table 7). 95.3% would recommend the workshop to others (Table 8), while 87.3% of the respondents expressed great interest in attending similar trainings / updates on the topic of the Meeting (Table 9). 90.4% reported that their familiarity with issues related to the quality of life of a cancer patient increased significantly (Table 10).

Table 6: Content was useful for my work (n=58)

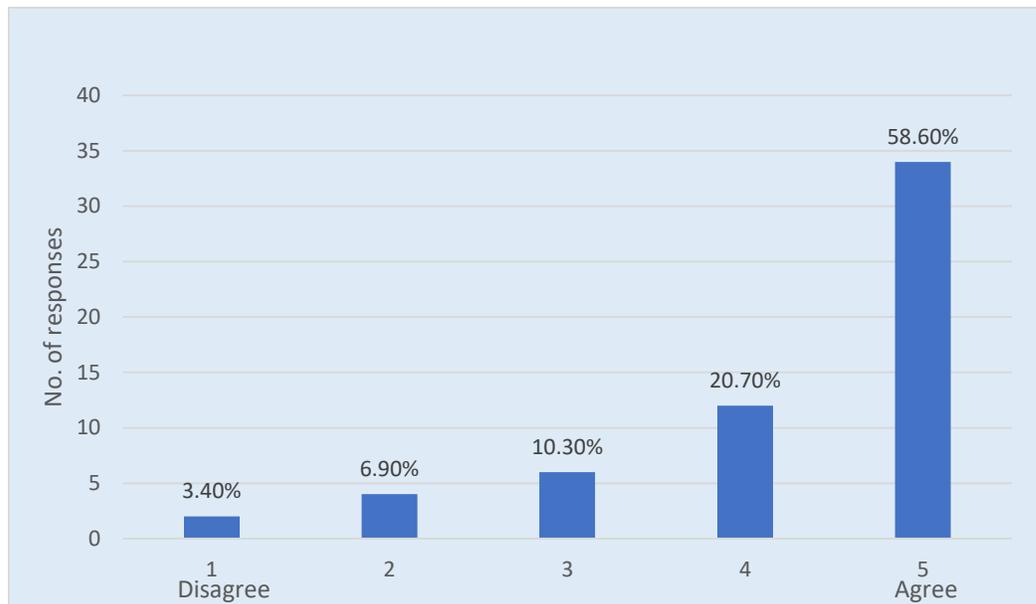


Table 7: Content was useful for my personal information (n=64)

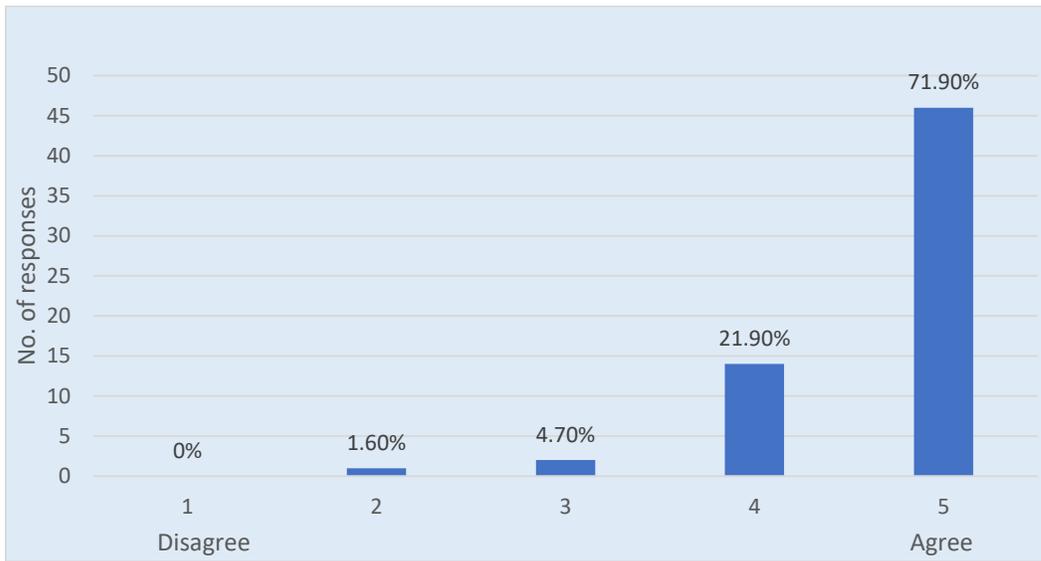


Table 5: I would recommend the Forum to others (n=64)

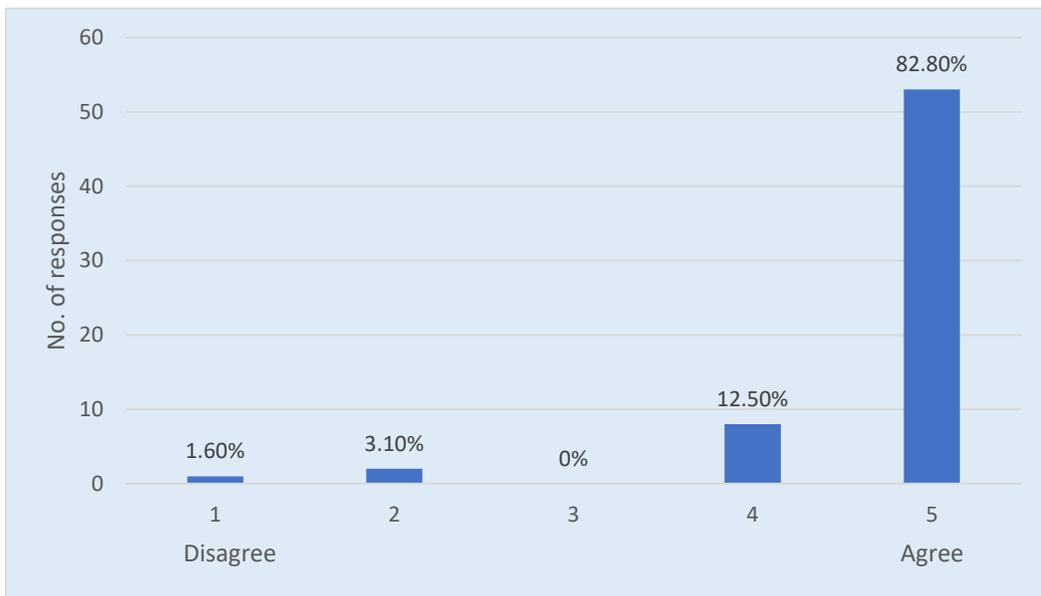


Table 6: I would participate in similar events (n=63)

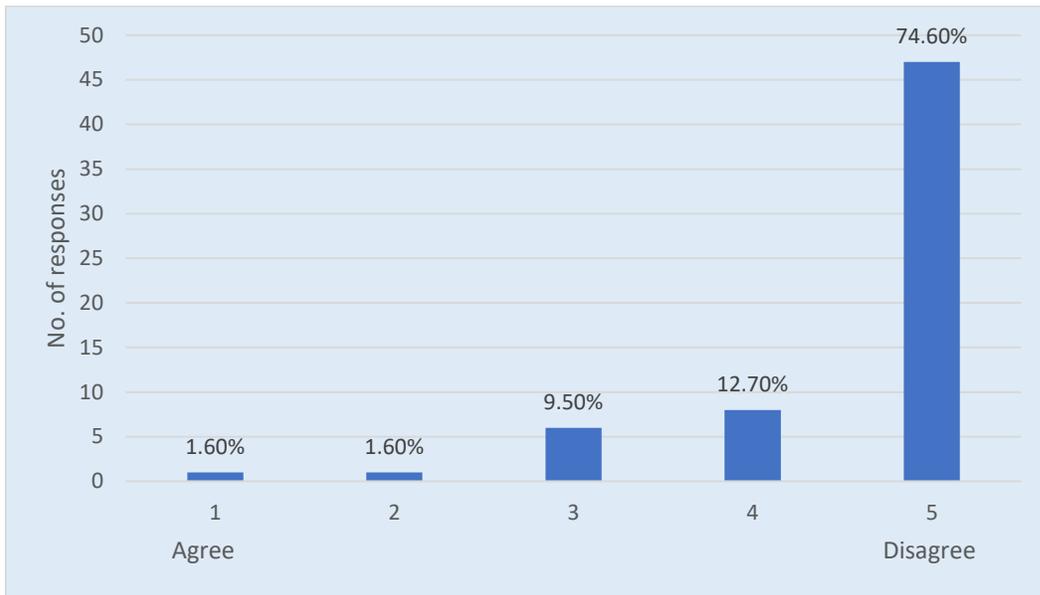
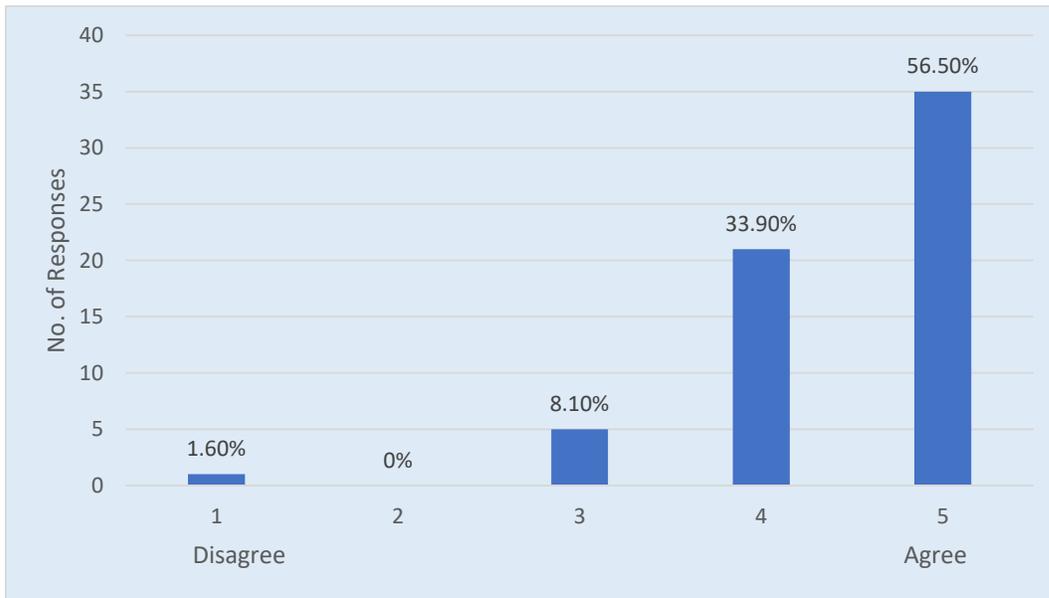


Table 10: My familiarity of this topic increased due to the forum



Overall, the participants were extremely positive about the presentations and workshops of the Forum. Specifically, for questions 1-5, the overwhelming majority of the response was “5”, indicating high levels of agreement regarding the value of information for personal or professional use, the willingness to attend similar events, increasing familiarity with issues related to the quality of life of the cancer patient. There were some discrepancies, such as retirees (n = 3) and private employees (n = 2) who rated the

professional usefulness of the information as “moderate” , but this is to be expected. All other occupational categories (health professionals, mental health professionals, teachers and lawyers) rated all questions very favorably.

6.3 EVALUATION OF THE CONTENT OF THE FORUM

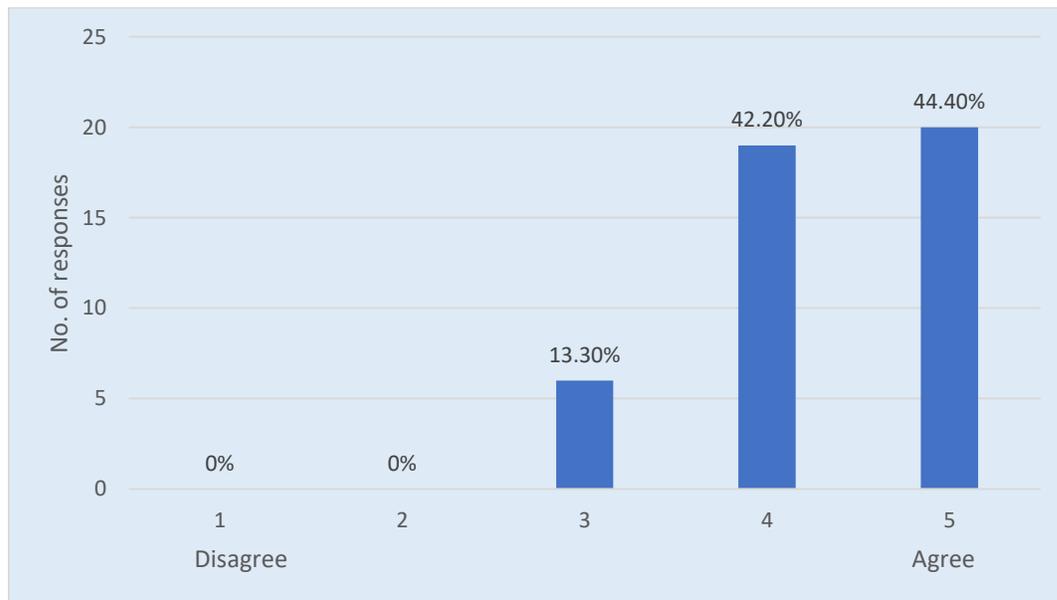
a. Main presentations

Presentation A (Mr. Tsioulis)

Title: The importance of communication and coordination of the multidisciplinary team in the era of individualized cancer treatment

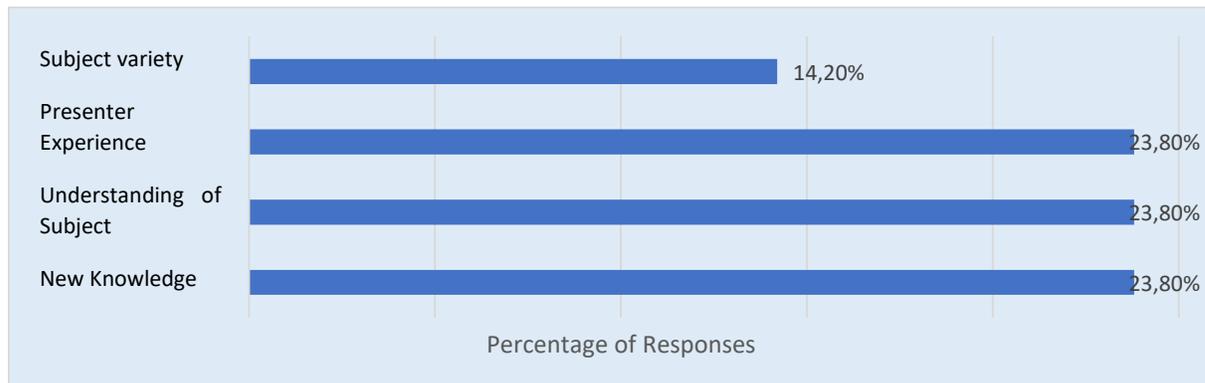
Participants' evaluation (Table 11) of the quality of the presentation was very positive with 42.2% strongly agree and 44.4% very strongly agree that the quality was high. Of course, ratings 4 and 5 in this question can mean either that those who attended did not feel they understood the information because it was advanced or that they recognized and valued the professionalism with which it was presented.

Table 11:: High quality of presentation A (n=45)



The following qualitative analysis supports the second explanation (Table 12. Specifically, participants recognized the diverse modes of the topic was presented in (14.2%), valued the presenter’s experience (n = 23.8%), understood the topic (n = 23.8%) and found that their knowledge increased (n = 23.8%).

Table 12: What did you appreciate most about Presentation A? (n=21)



Some of the responses of the participants are representative of the table above:

"The scientific framework was informative"

"He stressed the importance of immediate response the oncologist must have towards the patient"

"He was extremely calm, up-to-date, excellent doctor and Speaker"

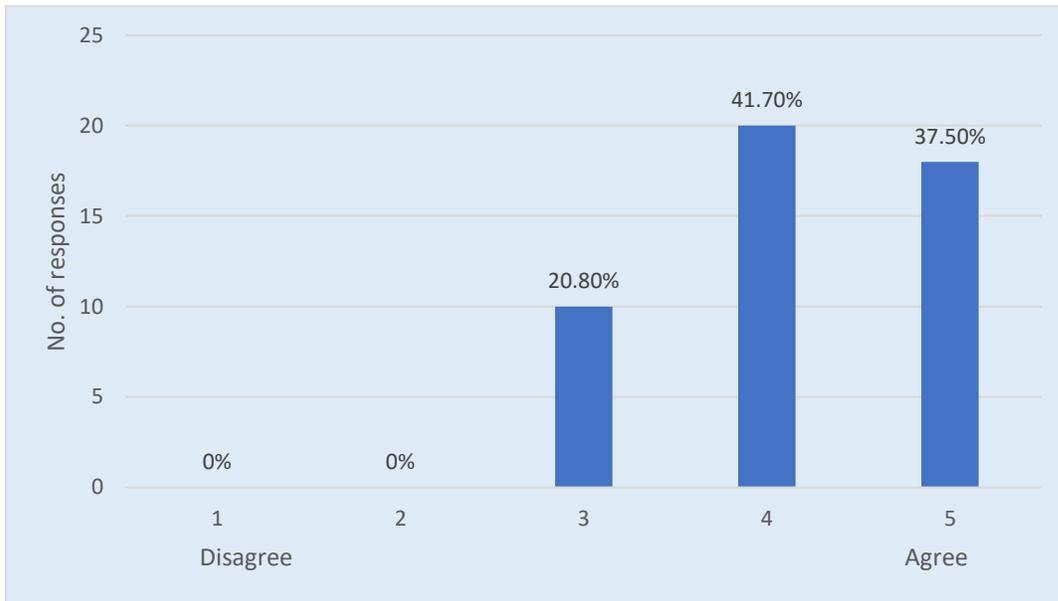
"The existence of oncology boards in the US and digital files"

Presentation B (Mr. Dinos)

Title: Quality of life beyond medical criteria: How does highlighting psychosocial needs contribute to a better quality of life for a cancer patient?

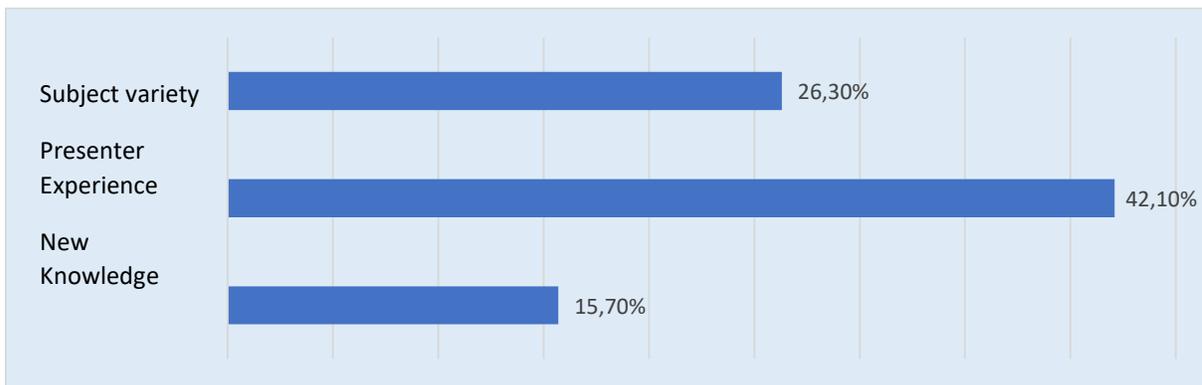
Regarding the second presentation, participants rated the level of the presentation very positively (Table 13). They agreed with 20.8%, strongly agreed (41.7%) and very much agreed (37.5%) that the presentation was of a high standard.

Table 7: Quality of Presentation B (n=48)



The qualitative analysis showed that the participants (n = 19) positively assessed the diversity of the topic presented (26.3%) and the knowledge they gained (15.7%), but more appreciated the speaker's experience, knowledge and ability to communicate. (42.1%).

Table 14: What did you value most about Presentation B B; (n=19)



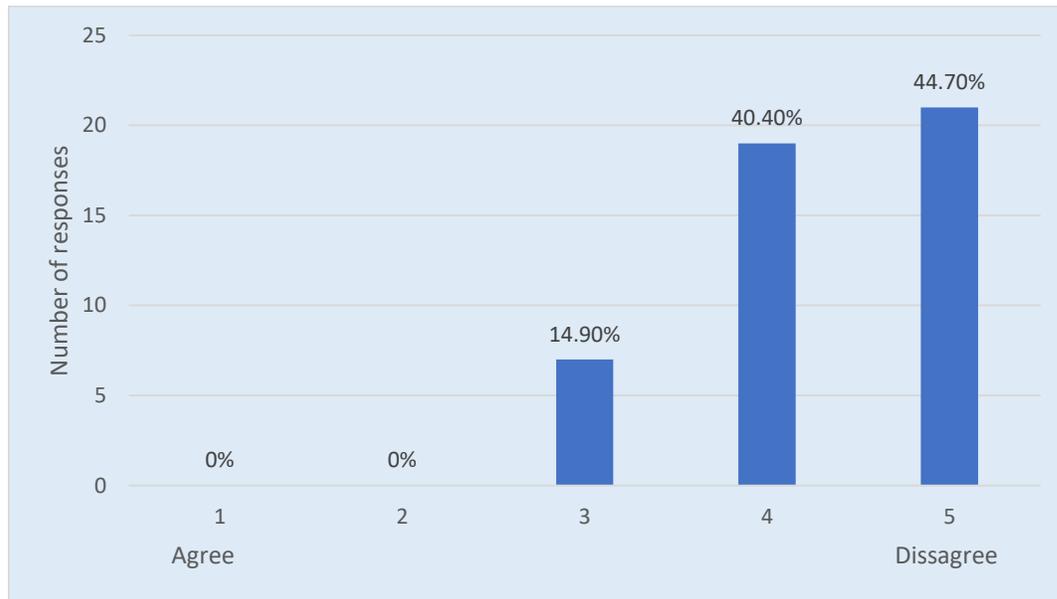
A sample of the participant responses to the question: What did you value most in Presentation B?

- "Clarification of how psychological support is provided in the hospital"
- "Excellent outline of the patient's psychological course"
- "Belief in the ability of patients to decide, control and manage cancer"

b. Panel conversation

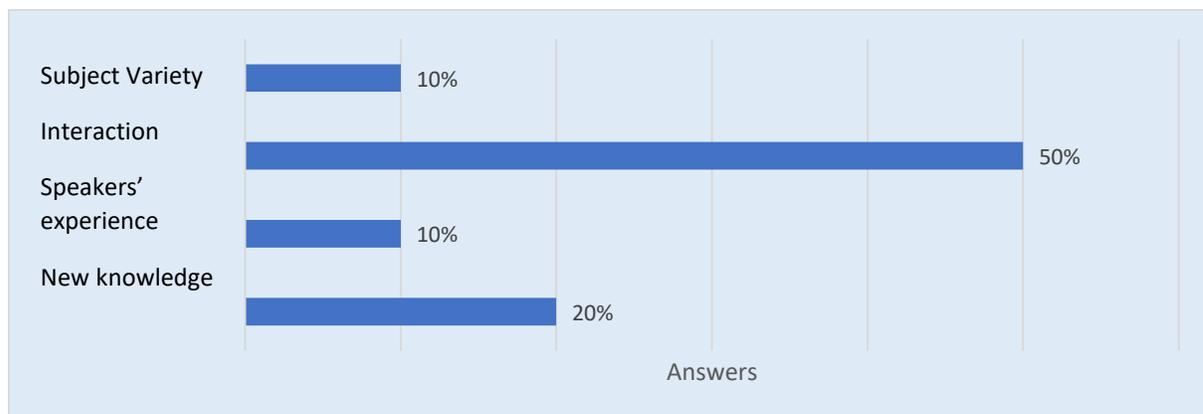
Most participants stated that the level of the panel conversation was ‘high’ (40.4%) or ‘very high’ (44.7%) in the evaluation report they completed. (Table 8).

Table 8: Panel conversation’s high standard level (n=47)



Even though the panel consisted of a variety of speakers, the audience observed the conversation was informed by professionalism and high quality. The qualitative analysis (Table 9) shows that a high percentage of the participants appreciated the fact that they could interact with the panel and share their thoughts (50%). They also positively commented of there was a variety of subjects to discuss (10%), the panel’s level of experience (10%) and that they were able to gain insight (20%).

Table 9: What did you most appreciate at the panel discussion? (n=20)



Here are some responses about the question: What did you most appreciate at the panel discussion?

“How the patient’s and his caregivers’ testimonials were presented”

“The multifaceted approach on the patient’s quality of life”

“The emphasis on the person-centered medical care”

“All my questions were answered”

c. Workshops

On the tables bellow we can see how the participants evaluated the workshops. In detail, the participants considered the Workshop I (Multidisciplinary Collaboration) to be of high standard (34.6%) and advanced (30.8%) (Table 10). Similar results were found at the evaluation reports regarding the Workshop II (Workshop on pain) (32%-high standard and 40%-advanced) (Table 11). There were only 13 participants at the Workshop III (Music Therapy) and 5 at the Workshop IV (Therapeutic Yoga), so results cannot be considered valid. However, Workshop No III was evaluated as ‘high standard’ by 38.5% and 61.5% as advanced level and Workshop No IV as 20% and 50% respectively.

Table 10: Workshop’s I level (Multidisciplinary Collaboration) (n=26)

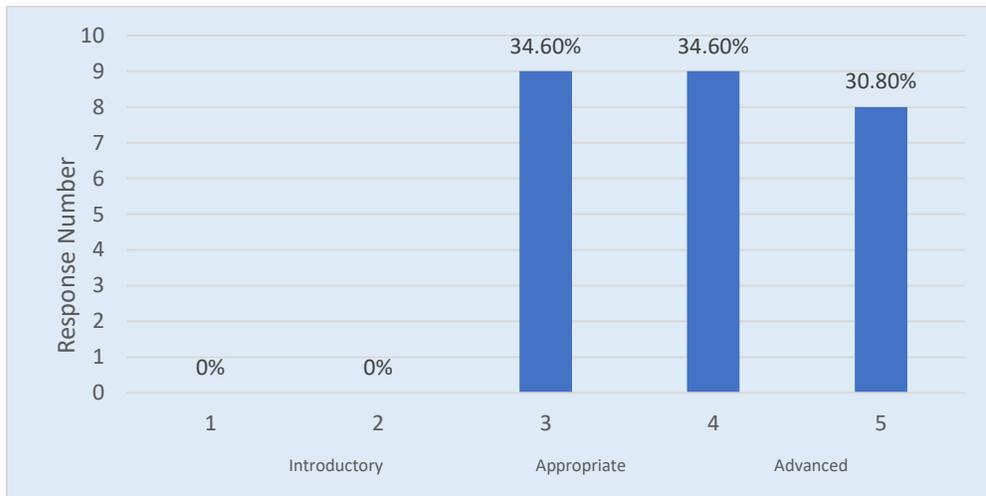


Table 11: Workshop's II level (Pain Workshop) (n=25)

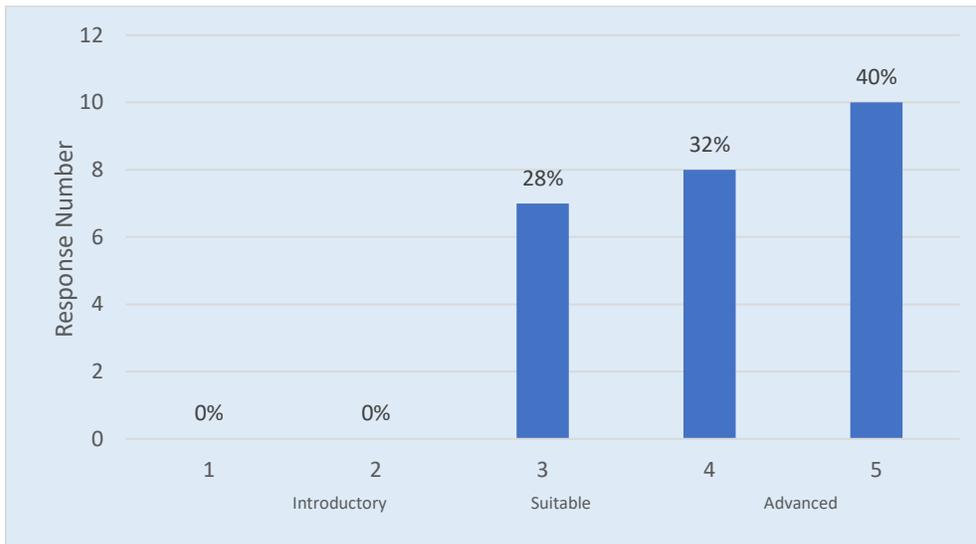


Table 12: Workshop's III level (Music Therapy) (n=13)

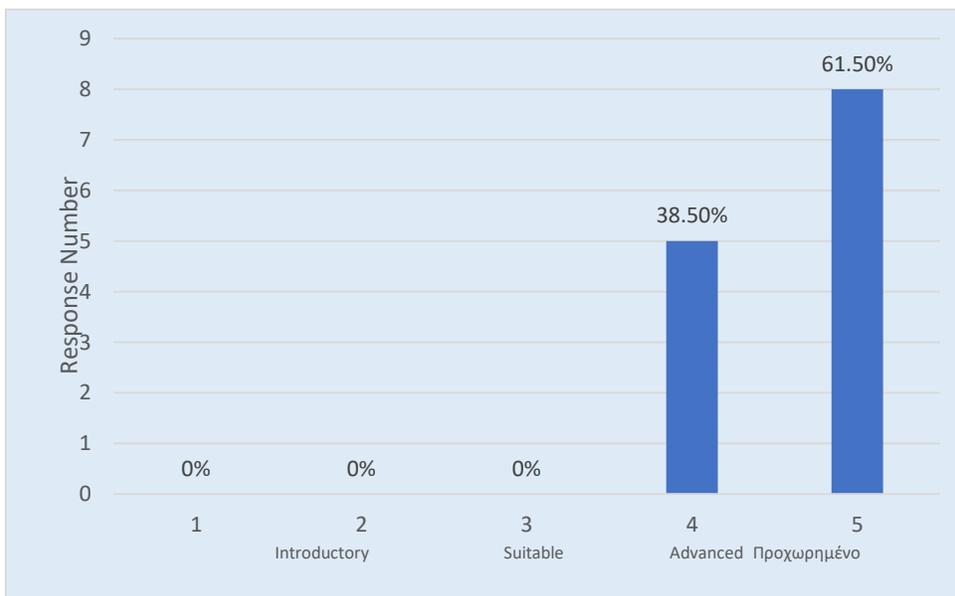
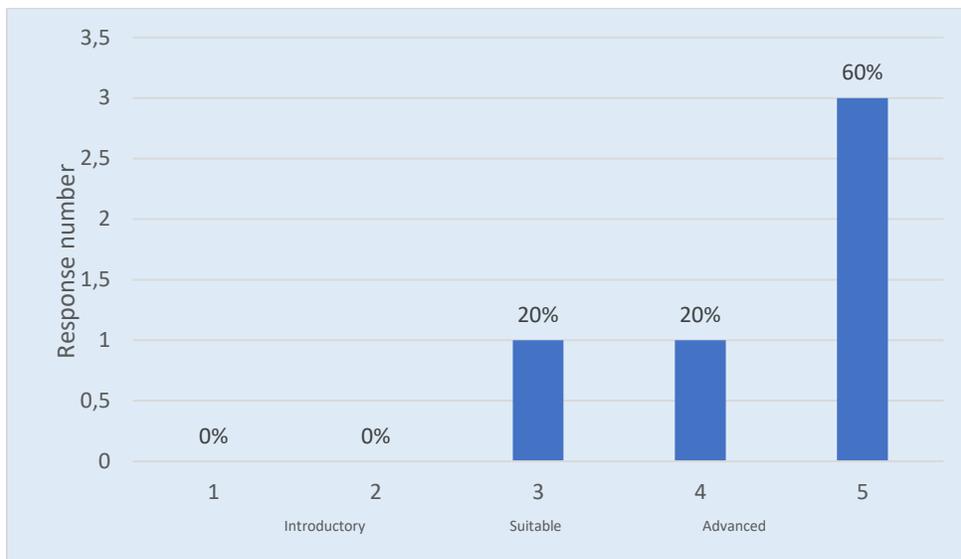
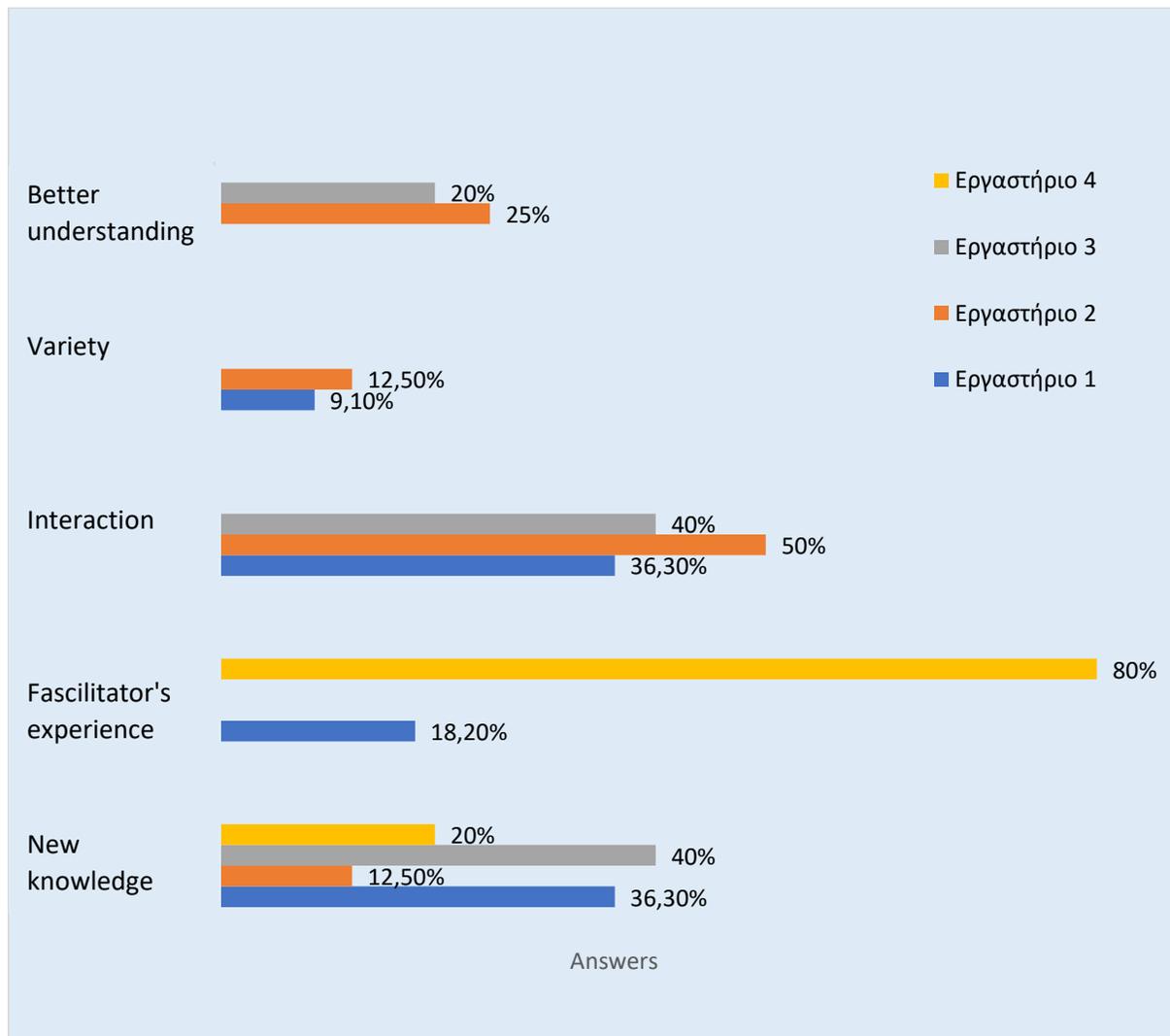


Table 13: Workshop's IV level (Therapeutic Yoga) (n=5)



At the following table (Table 14), one can see what the participants found more interesting and useful about the workshops.

Table 14: What did you most appreciate about the workshops?



Overall, interaction was the most important aspect of the workshops according to the participants. They also found the workshops informative and they stated that they were able to acquire new knowledge. Workshop IV (Therapeutic Yoga) was interesting in terms of how experienced, communicable and direct the facilitator was. On the other hand, Workshop I (Interpersonal collaboration) offered the greatest insight.

6.4 GENERAL THOUGHTS AND FEELINGS ABOUT THE FORUM

The participants expressed some positive thoughts about the forum. In Particular, they appreciated Pamemmazi’s initiative in offering care to cancer patients to ensure quality of life. They stressed the importance of multidisciplinary team working and collaboration in terms of therapy. This included the highest percentage of answers. They also felt that

the forum created a hopeful feeling for the future as far as cancer care is concerned. One of the participants wrote:

“There is hope in terms of the holistic approach in treatment provided that there is collaboration and humility amongst patients and professionals”

Emphasis was given on professionals approaching the patients with empathy, the communication with qualified scientists, the patients’ involvement in their treatment has led the participants to express hope about the current progress in care. Obtaining such kind of **knowledge** from the forum was very important. Other comments circled around the importance of adequate information, the differences in care systems in Greece and other countries as well as between private and public hospitals and the contribution of creative therapies and other activities in the cancer patient’s quality of life. Lastly, they all appreciated the fact that the forum’s level was high yet the participants were able to comprehend all topics discussed. One of them wrote:

“The forum was very interesting and ‘real’ without being tiring or too theoretical”

The combination of presentations, panels and workshops and the fact that some participants were patients and caregivers was important in terms of understanding the subject in depth. A participant wrote:

“I learnt a lot about the illness from the doctor but also from the patient”

Finally, it is evident from the comments that the participants shared with us, that the Forum touched them on many different levels depending on their personal experiences. But what was most commented on was the participation and the dynamism of the patients, starting with references to Emma and continuing with the speeches of the patients and survivors themselves. Another point that touched them was the sensitivity, desire and effort of doctors, scientific and nursing staff, as well as PAMEMMAZI to improve services to the suffering person. As one participant mentioned:

"The love of all the experts for their work was impressive"

6.5 PROPOSALS FOR FUTURE EDUCATION / INFORMATION

Participants expressed a wish for more workshops in the future and proposed the following topics:

Alternative therapies through scientific methods, including developments in immunotherapy, occupational therapy and quality of life, the contribution of art programs, and information to treat illness in other countries (eg USA).

Psychological support and counseling to end-stage patients, to family members for their own well being but also as a support to patients, psychology seminars to oncologists, the presence of psychologists as a necessary specialty in nursing homes.

Communication, mainly at the physician-patient level, treatment of chronic illness but also information / training by scientific staff on the problems faced by patients and relatives.

6.6 GENERAL CONCLUSIONS FROM THE EVALUATIONS

The workshop was informative and interactive, where the participants gained knowledge and awareness of various issues, while PAMEMMAZI received ideas for future events and in particular received acknowledgement and encouragement of the work being done by PAMEMMAZI. Through the lectures and interactive workshops, the importance of empathy was emphasized as an essential element in ensuring the quality of life of a cancer patient.

In the specific topics covered, the participants highly valued (Table 22):

1. the different approaches presented by the interdisciplinary care environment;
2. the importance of managing cancer pain as a prerequisite for the quality of life of a cancer patient;
3. the involvement and views of patients, ex-patients and family members.

Table 15: Participants' comments



7 CONCLUSIONS AND THOUGHTS OF PARTICIPANTS

At the close of the forum, the participants gathered and shared their own conclusions and perspectives. Of note were the following comments:

7.1 CONCLUSIONS BY “NON-PROFESSIONALS” (PATIENTS, FAMILY MEMBERS, VOLUNTEERS)

There is hope for a comprehensive treatment of the disease with collaboration, interdisciplinary teams, oncology councils, collaboration of all disciplines. And with all the humility that these very high level presenters had, and what they do is ... more than a calling. I felt there were very special people, who love mankind, love life, were gathered here. We thank them.

I was struck by the approachability of the scientific staff. I liked the human dimension that was given, in addition to the medical protocols that exist and need to be seen in Greece and abroad.

It is so important that everyone recognizes each other's work in everyday life.

7.2 CONCLUSIONS BY PROFESSIONALS

I admit that I did not know that an NGO, such as PAMEMMAZI, can provide so much information and so much pressure. This has enthused me and I will take advantage of it for patients.

Man is made up of many aspects besides the physical. It is also emotional, psychological, spiritual .. And this is very important .. It is not enough to see only his physical status. image.

As a specialist in caring for cancer patients, I needed to learn how to approach them properly, how to do my job properly in the hospital, to work together, to compromise, to disagree when needed. There is a great deal of wealth we get from our patients.

I am very optimistic about Greece. There is great opportunity for growth.

I was impressed with everything we shared. I would like to leave here ready to make suggestions: (1) Nurses must be legally regulated. (2) We need to think about creating hospice in Greece. (3) Every pain clinic should have psychologists working very closely in all hospitals (both in Volos and Rethymnon and everywhere). We have to work together. Now we are all PAMEMMAZI. You are not alone.

It touched me that patients were present. We make decisions for these people.

We talked today about the agonies of the experts — if we compete, how do we work together. The patients were calmer. We have anxieties that mirror the failures of the system. What needs to be corrected.

We gave a picture to the patients which is usually the picture they give us. That is, that we have doubts, we have fears, that we are people as they are. The clinic and the visit are just a conversation between two people where one has the problem, the other has the knowledge and they are trying to solve things.

7.3 THANKS

The PAMEMMAZI team is grateful to the presenters and participants for the quality of the discussion on the difficult and abstract topics discussed.

Prior to the workshop, some expressed concern about the ability of patients to speak with specialists about issues that fill us with stress and anxiety.

What we have seen, as in our first Meeting in 2017, is that when we really listen to each other, we find understanding and empathy, we demystify cancer and achieve positive and effective collaboration.