

16th World Hematology Congress

March 18-19, 2019 | Rome, Italy

Home care for unfit and frail hematology patients: Not only palliation

Pierluigi Alfieri

AUSL-Grade Hematology Homecare Assistance Service, Italy

In order to prevent discomfort due to prolonged hospitalization, driving distances and long waiting times and to maintain quality of life among unfit and frail patients with blood malignancies, home care is considered a valid integration to the standard in-hospital services. Since the late '90s in Italy domiciliary programs of supportive and palliative care for hematology patients have been run generally by local no-profit organizations and only more recently by public health system. The home care team is usually composed by a hematologist and a specialist nurse with expertise in palliative care, who work side-by-side with general practitioners. According to the phase of disease, prognosis and type of interventions, we distinguish three different clinical settings: 1) home care for terminally ill patients requiring exclusively palliation, control of severe symptoms and end-of-life care; 2) home care for chronically ill patients (i.e. myelodysplastic syndromes or myeloma) with the aim to provide supportive care outside the hospital; 3) home care for actively treated patients (i.e. after chemotherapy or bone marrow transplant) with the purpose to anticipate discharge from hospital, reduce infectious risks and shorten recovery time. Blood and platelets transfusions and subcutaneous/oral chemotherapies are routinely delivered and administered at home, even in the setting of patients in advanced phases of disease when there is an expected improvement on fatigue, dyspnea, bleeding risks. One of the potential benefits for hematology patients assisted at home is the appropriateness of the place where to spend the end-of-life period until death. Regardless of cultural issues and preferences, patients with leukemia/lymphoma/myeloma die more probably in acute hospital beds instead of at home or in a hospice, due to the lack of network around families and caregivers while they have to face alone high symptom burden and/or severe complications. Home care has achieved a relevant role in the global management of unfit and frail patients with blood malignancies improving quality of life and reducing healthcare costs. When entrusted to a full-time specialist team through a careful selection of patients, home care seems promising in terms of feasibility, sustainability and safety.

Recent Publications

1. Home Care of Acute Leukemia Patients: from Active Therapy to End-of-Life and Palliative Care. The Three-Year Experience of a Single Center. Eur J Haematol. 2019 Feb 22, Capodanno I et al
2. Cost analysis of a domiciliary program of supportive and palliative care for patients with hematologic malignancies. Haematologica 2007 May; 92(5):666-73. Cartoni C et al
3. Transfusions at home in patients with myelodysplastic syndromes. 2012, Leukemia Research, 36: 684-688. Niscola P et al

Biography

Pierluigi Alfieri, born in Taranto (Italy) in 1979, is a clinical hematologist with expertise in palliative care and home care for patients with leukemia, lymphoma, myeloma. In 2005 he was appointed as visiting clinical fellow at Warwick Hospital. In 2008 he won a grant by European Hematology Association for a presentation on home transfusions. He has collaborated with several fundraising associations involved in delivering specialist onco-hematological care at home, such as AIL, LILT and GRADE.

pierluigi@alfieri.mp