TRANSLATION AND VALIDATION OF SUPPORTIVE AND PALLIATIVE INDICATORS CARE TOOL (SPICT) INTO THE FILIPINO LANGUAGE

A PRELIMINARY REPORT

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INTRODUCTION

- The increasing demand for palliative care in the Philippines highlights the critical need for early identification and timely referral.
- The Supportive and Palliative Indicators Care Tool (SPICT) is a validated instrument that supports healthcare providers in early recognition of patients who will benefit from palliative care.
- Developing a Filipino-translated and validated version of SPICT-LIS would be a significant step in ensuring that palliative care is more accessible, effective, and culturally sensitive for Filipino patients, particularly those with life-limiting illnesses.

METHODOLOGY

Validated SPICT (English Version)

SPICT-LIS™

THE UNIVERSITY of EDINBURGH

SPICT-LIS™ helps identify people in low-income settings with advanced, progressive illnesses. Offer the best available appropriate treatment. Assess unmet supportive and palliative care needs. Plan care.

Look for general indicators of poor or deteriorating health. May have one or more of these indicators.

- Performance status is poor or deteriorating. (e.g., person stays in bed or a chair more than half the day.)
- Depends on others for care needs due to increasing physical and/or mental health problems. Person's carer needs more help and support.
- Progressive weight loss; remains underweight; weight gain from persistent fluid retention.
- Persistent symptoms despite the best available appropriate treatment; cannot access treatment due to costs or distance to travel.
- Person wishes to focus on quality of life; chooses to reduce, stop or not have treatment; asks for palliative care.
- Unplanned hospital admissions; increased visits to hospital, clinic or health facility with progressive illness or complications.

Look for clinical indicators of one or multiple life-limiting conditions.

Cancer
- Progressive or metastatic cancer with symptoms and functional decline.
- Too frail for cancer treatment. Cancer treatment is for symptom control only, or is not available.

Dementia and frailty
- Unable to dress, walk or eat without help.
- Eating and drinking less; swallowing difficulties.
- Urinary or faecal incontinence.
- Little social interaction or communication.
- Frequent falls; fractured femur.
- Recurrent infections; aspiration pneumonia.

Neurological disease and stroke
- Progressive deterioration in physical and/or cognitive function despite available therapy.
- Increasing difficulty speaking and/or progressive swallowing difficulties.
- Episodes of aspiration pneumonia; breathless or respiratory failure.
- Ongoing severe disability after stroke despite best available rehabilitation.

Heart/vascular disease
- Heart failure or extensive, untreatable coronary artery disease; breathlessness or chest pain at rest or on minimal effort.
- Severe, inoperable peripheral vascular disease.

Respiratory disease
- Severe chronic lung disease; breathlessness or chest pain at rest or on minimal effort.
- Persistent hypoxia needing long term oxygen, if available.
- Severe respiratory failure during exacerbations.

Kidney disease
- Stage 4 or 5 chronic kidney disease with deteriorating health.
- Kidney failure complicating other life-limiting conditions or treatments.
- Stopping or not starting dialysis.

Liver disease
- Cirrhosis with one or more complications in the past year:
  - diuretic resistant ascites
  - hepatic encephalopathy
  - hepatorenal syndrome
  - bacterial peritonitis
  - variceal bleeds

Infections
- Advanced TB: deteriorating health despite best available TB drug regimen.
- HIV: deteriorating health or complications not responding to best available treatment.
- Other infections not responding to best available treatment and health deteriorating.

Surgical conditions and trauma
- Severe burns with predicted poor outcome.
- Serious condition with no access to surgery; condition or health too poor for surgery.
- Brain injury with clinical deterioration and no benefit from surgical intervention.

Other conditions
- Deteriorating with other illnesses and/or complications that are not reversible (e.g. diabetes, haematological disease).
- Deteriorating with multiple conditions or general frailty in older age despite best available treatment.

Review current care and care planning.
- Review current treatment and medication; continue making sure person receives the best available appropriate treatment; minimise polypharmacy.
- Consider referral for specialist palliative care review (if available) and/or other relevant specialist services when problems are complex and difficult to manage.
- Agree a current and future care plan with the person and their family. Support family carers.
- Plan ahead early if loss of decision-making capacity is likely.
- Record, share, and review care plans regularly.

Please register on the SPICT website (www.spict.org.uk) for information and updates.

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Forward Translation

The Center for Filipino Language (*Sentro ng Wikang Pilipino*) will conduct the forward translation of SPICT-LIS into Filipino Language.

Backward Translation

The University of the Philippines– Department of Linguistics will conduct the backward translation.

Expert Panel

- Includes Palliative and Family Medicine specialists.
- Evaluation of content and construct validity while ensuring linguistic, clinical relevance, and cultural appropriateness.

Pilot testing

- Ten palliative care providers will participate in the pilot testing.
- The clarity, usability and applicability of the tool will be evaluated.

Pretesting

- A total of 129 healthcare workers will participate in the study.
- Case vignettes will be provided and the translated tool will be used to identify patients in real-life scenarios who are in need of palliative care.
- The clarity, relevance, and applicability of the tool will be evaluated.

RESULTS AND CONCLUSION

- Feedback from each steps will form iterative revisions, culminating in the final version— SPICT-PH.
- By engaging the Filipino palliative care experts, clinicians, and healthcare providers, the translated and validated tool will be made culturally relevant and appropriate for identifying patients in need of palliative care within the Filipino healthcare context.
- The SPICT-PH could be used alongside the existing frameworks of the National Palliative and Hospice Care Program in the country to support the identification of patients who require palliative care.