PROFILE

In each edition we profile an allied health professional working in cancer or palliative care.

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I have worked for over five years as a dietitian in cancer care in public and private hospitals, private practice and in the community. I started my early career as a sport scientist working with elite athletes, in health administration and research. Although some say this is a stark contrast in professional working environments, there are so many similarities that I wouldn’t have believed to be true 10 years ago. I’ve worked with highly talented, motivated, and disciplined athletes who often have one goal in mind – improving performance to win – and have worked with people with cancer and their families who in some ways, are athletes in their own sport.

Allied health on the whole has had its fair share of ups and downs over the years as we’ve paved our way through an environment which has historically been a very medical and nursing model. A lot of job satisfaction from my current workspace comes from the very basis that oncology and palliative care functions as an integrated, multi-disciplinary care team of doctors, nurses, cancer care coordinators, palliative care specialists and a full complement of allied health professionals who are ‘on tap’ everyday to help improve patient outcomes and quality of life. This is especially so in the hospital setting where we have immediate access to a range of different specialities.

Dietitians are in a position to contribute significant value to patient care and there is sound evidence that nutrition support and education is effective in improving nutritional status, quality of life, and survival. If there’s one thing I will always take away from working in oncology it would be the relationships that are formed throughout the patients’ journey, sometimes over many years until their demise. You become an integral part of their management and sometimes, the only health professional that may be involved in their care. You may be the first person they call when something goes wrong … and the last person they want to speak to when you’ve seen them for the tenth time during a long hospital stay. I’ve been shown lots of family photos, house projects, and chemo holidays, and received thank you cards, notes, and eaten way too many chocolates from patients. There are some patients who I’ve met over the years who will forever stay in my memory and for this I am grateful for the personal impact we both may have shared.
Oncology patients can be very complex; so many medications, toxicities, targeted treatments, blood tests, CT scans/MRIs/PET scans, and doctors appointments, together with the psychosocial and nutritional issues that accompany a cancer diagnosis. The developments in anticancer treatments and supportive therapies has vastly improved over the five to six years that I’ve been working in oncology; allied health now sub-specialises in various tumour streams and needless to say it’s becoming increasingly difficult to remain abreast of all the new research across every type of cancer or haematological malignancy. The constantly-evolving nature of nutrition and cancer research, from prevention through to palliation, is what I love about working in dietetics; the challenges and opportunities are endless.

I’ve also had a range of invaluable professional development opportunities while working in oncology/palliative care, including attending the Clinical Oncology Society of Australia annual scientific meetings, the World Cancer Care congress in 2014 supported by a QLD Cancer Council grant, annual guest lecturing opportunities at the University of the Sunshine Coast, honours student supervision and mentoring, presentations to cancer support groups, collaborative research with other tertiary institutions, professional placements at other tertiary hospitals, and host placements for regional dietitians wishing to up-skill in oncology service delivery. I’ve also been involved in the development of new models of care for Cancer Care Services for the new Sunshine Coast University Public Hospital, including workforce planning and evaluating training/education requirements for staff. The hospital is due to open in November 2016 and so far the construction looks like an amazing piece of architecture.

Some practical reflections on working in oncology and palliative care...

- Communication is critical to effective patient care. Never make assumptions without first seeking to understand the patient, family, and medical team’s wishes. A prognosis of three months versus 12 months can have a significant impact on the aggressiveness of your nutrition management.
- Educate staff that palliative patients benefit from allied health support and it isn’t a ticket to abort all intervention.
- Refer or introduce patients to palliative care services early.
- Patients with malignant bowel obstructions can enjoy their favourite foods by chewing and spitting them out to enjoy the taste (I will never forget a patient who requested a vegemite sandwich because that’s all she craved in her final days).
- Understand patients’ worldviews, beliefs, and expectations about alternative and complementary therapies before offering your advice and counselling.
- More research is required among patients receiving palliative treatment for diseases that have increasing survival times due to evolving treatment options (e.g. colorectal cancer, breast cancer, prostate cancer).
- I don’t ever imagine I’d enjoy having my last meal in a hospital bed… always remember this when discussing food and nutrition towards the end of life.

Bon appétit.