Introduction
Studies have shown patients with haematological malignancies are less likely to receive input from palliative specialist care and hospice services than patients with other cancers.1 This can be due to the need of continued blood product support, possibility of catastrophic bleeding and the establishment of close patient-doctor relationship with previously long follow-up at haematology unit.2 Haematology patients also have special characteristics when approaching end-of-life (EOL) stage: they have received high-technology and invasive treatment like bone marrow transplant (BMT) recently, fast speed of change to terminal event, varied diagnostic groups with different prognosis and disease patterns, long treatment history and the treatment has been continued for many years, unpredictability of death when showing sign of recovery, clinical optimism based a myriad of treatment options.2

Objectives
Objectives of the EOL care program: -Deliver the appropriate medical care in those terminally ill haematology patients who suffered from advanced, progressive and irreversible disease with short-term life expectancy in terms of days, weeks or months. -Introduce the issue of palliative care to haematology patients and their relatives. -Provide holistic care in a multidisciplinary approach with medical, nursing, psychological, social and spiritual support.

Methodology
Inclusion criteria: -Haematology ward’s in-patients -Fulfill the major criteria in intake assessment: 1. Physical condition: -Physical condition related to the underlying blood disease: -Advanced: progressive or relapse -Refractory to previous treatment -Not tolerate further treatment -Irreversible 2. EOL decision a. Physician’s comment
Haematology team’s decision - Other medical team’s decision b. Patient’s wish - Conscious - Unconscious - Relative’s wish/ acceptance - Content of EOL program: - Intake criteria assessment by physician based on intake criteria and regular evaluation of patient’s condition - Discussion of “DoNRCP” order, endotracheal intubation, nutritional, blood taking, drug or dialysis treatment, pain control and overall plan of management with patients and relatives - Daily physician and nursing assessment aiming for addressing patient’s need and provision of comfort care with daily physical/ nursing charting - Assessment and service planning by clinical psychologist within 1-2 days after intake - Provision of spiritual care and social support with support from chaplain and medical social worker - Provision of peaceful single room to allow family visit and privacy - After-death care: address moribund care in advance with psychosocial support. Deliver information on bereavement - Education by clinical psychologist to medical staff on the communication skill to EOL patients/ relatives. Allow sharing of emotions and support among staff.

Result
From June, 2011 to December, 2014, a total of 40 haematology patients were recruited. Age ranged from 22 to 82. M: F ratio was 2:3. Diagnosis of haematology diseases: AML (n=22, among them 3 had received BMT), ALL (n=3), myeloma (n=5), lymphoma (n=10). Length of stay (LOS) of EOL program ranged from 1 to 71 days, average LOS was 12.7 days, median LOS was 5 days. 2 (5%) of the patients could finally be dismissed from the program after improvement of condition. This program launched for 3.5 years has recruited 40 patients. There were no recorded complaints from relatives and most of them showed appreciation to the service provided. This program has allowed more communication between patients/ their relatives and the medical team, advised less aggressive intervention, provided appropriate comfort care and promoted dying in dignity and acceptance. More studies are needed to evaluate the quality and quantity of life concern in haematology patients. Reference: 1. Palliative Medicine 2010: 25(6), 630–641. 2. European Journal of Cancer Care. 2007:16, 164–171.