

Palliative Care: An Overview

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Palliative Care: an essential part of medical and nursing training



What is palliative care?

WHO defines palliative care as an approach that:

- improves the **quality of life** of **patients and families** facing the problem of life-threatening illness, through the prevention and relief of suffering by means of early **identification and impeccable assessment** and **treatment of pain** and other problems, **physical, psycho-social and spiritual.**

(Sepulveda et al, JPSM Nov 2002)



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Definition explained

- **Identification and impeccable assessment**
 - High standard
- **Pain relief is paramount**
 - Appropriate pain control
 - WHO pain ladder
- **Treatment of other symptoms**
 - Diarrhoea, nausea
- **Psychological support**
 - Fear of dying, guilt
- **Support for families & carers**
 - Care of carers

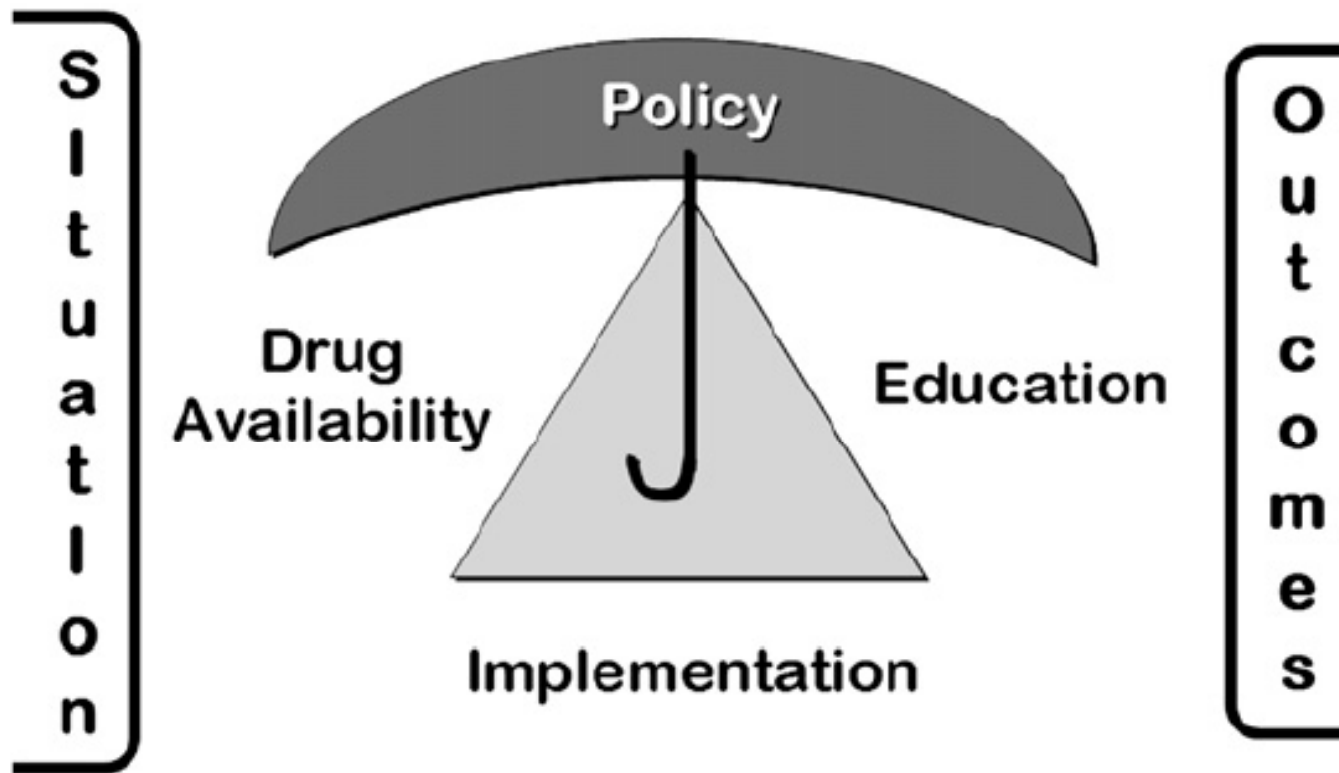


Why palliative care?

- Disease burden
 - Cancer worldwide: 10 million each year diagnosed and 6 million deaths
 - HIV/AIDS rate estimated at 46 million worldwide
 - 2007: 3.7 million infected and 2.1 million deaths
- Disease projections
 - Cancer increase by 50% by 2050
 - HIV/AIDS increase to 278 million by 2050
- Disease distribution
 - Cancer 50% in developing world and 80% late presentation and thus incurable
 - HIV/AIDS: 65% in SSA
- Other issues
 - Humanitarian arguments - reducing pain and suffering



How do we deliver palliative care?



(Stjernsward, 2007)



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Challenges to delivering palliative care in Africa

- Disease burden
- Unfavourable national policies around drug availability
- Accessibility, affordability and culturally appropriateness
- **Inadequate training of health care professionals**
- **Recognition of the importance of palliative care in different sectors (e.g. MoH, Universities, donors, NGOs etc.)**
- **Linking quality training and care to coverage**
- Logistics and infrastructure (including 'brain drain')
- Volunteer-based services



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How has the education challenge been addressed?

■ **Emergency capacity building**

- Decentralized pilot sites with on-site training and regular support supervision
- In-service training and workshops
- Ad hoc training programmes, of which access is uneven
- Limited integration and specialised training programmes

■ **The outcome and challenges of this approaches**

- Those who need to be trained don't get trained
- No clear career progression
- Limited opportunities to utilise the skills and small numbers trained
- Lack of expertise
- Lack of opportunities to provide regular updates in knowledge
- Cost and follow-up



The need to integrate palliative care into core curriculum for health professionals

- Era of HIV epidemic and the high incurable disease burden in Africa, palliative care crucial
- To boost the number of health professionals trained, which is critical to the roll-out of palliative care
- Provides an organised and systematic approach that ensure all health professionals have basic palliative care principles before getting into the workforce
- Less costly in comparison with in-service training
- Shapes the attitudes of health professionals



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APCA Partnership with IHSG - Botswana

- Partnerships goal - to provide TA to the Institute of Health Sciences, Gaborone, Botswana to strengthen their institutional capacity to provide quality palliative care education for undergraduate and post-graduate students
- The Process
 - Face to face meetings and assessment of gaps and expertise
 - Agreeing work-plan and signing MOU
 - PC orientation visits
 - Training of lecturers from different departments on PC
 - Review of the course plans and curriculum
 - TA to integrate PC into the curriculum



Food for thought

- Is your institution ready and willing to integrate palliative care into the curriculum?
- What type of support do you need from the experts present here?
- Who else in your institution needs to be involved?
- What are some of the challenges you might face when you go back and how do you want us to support you?



The End

Thank you



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