PALLIATIVE CARE NEEDS AND REQUIREMENTS IN A RESOURCE POOR SETTING

Malcolm, Richard and Vanessa Adams

Velindre Health Link
Areas to cover

• Terminal illness in sub-Saharan Africa

• Models to achieve effective palliation

• Pain control opportunities and pitfalls

• Discussion and sharing experiences
Palliative Care

• provides active support for patients with a terminal illness.

• improves the quality of life of patients and families who face life-threatening illness, by providing pain and symptom relief, spiritual and psychosocial support to from diagnosis to the end of life and bereavement.
Estimating the disease and palliative care burden
Terminal illness (AIDS and Cancer)

• Each year in Botswana, Ethiopia, Tanzania, Uganda and Zimbabwe there are approximately 610,000 deaths from HIV/AIDS and 81,000 deaths from cancer (UNAIDS, 2002; Ferlay, 2000).

• Thus 0.5% (1 in 196) of the population of these countries requires palliative care every year
Cancer in Africa
a critical public health problem

Velindre Cancer Care Link & Cardiff University
Cancer Care Link with Sierra Leone
A Neglected Health Problem in Africa

- In Africa in 2007, 1/2 million cancer deaths
- Est by 2030, in Africa
  - 1.6 million cancer new cases a year
  - with 1.3 million deaths
- Cancer causes more deaths globally than AIDS, malaria and TB combined
- In Africa survival poor; most patients have advanced cancer
- Lack of quality data for cancer control planning

Sierra Leone Cancer Registry Initiative

Velindre Cancer Care Link
Welsh Cancer Intelligence Unit
Sierra Leone Cancer Charity
IARC
Connaught Hospital Freetown
Ministry of Health & Sanitation Sierra Leone
Identify and facilitate management:

- where cancer prevention is feasible
- of cancers for which cure is possible and affordable.
- of cancers for which non-curative treatment is appropriate and affordable
- of terminal illness through palliative care
Hepato- cellular Cancer

- Most common tumour in males in W Africa – 38-49/100,00

- Advanced presentation - treatment palliative

- HBV causes 50-70% hepatoma in Africa

- Mass vaccination effective prevention
Cervical Cancer

- Caused by HPV - second most common cancer
  
  (29.6-49.6/100,000 West Africa)

- Advanced disease is the rule leading cause of cancer death

- Radiotherapy rarely available

- Screening & HPV vaccination offer prospect of prevention
Breast cancer

Incidence 7-25.3 / 100,000

Early presentation
- The exception
- Links to appropriate surgery

Late presentation - the rule
- Chemotherapy expensive and toxic
- Hormone manipulation effective and “affordable”

Advanced breast cancer.

20p-70p per day-50% benefit ~ 6 months
Burkitt’s lymphoma

- Probably the commonest malignancy in children
- Rapidly growing related to EBV infection & malaria risk
- Curable 40-60% with ‘affordable’ chemotherapy.
- Probably 100 cases per year in Sierra Leone (0.8-1.8/100,00 in W Africa)

Child with advanced Burkitt’s Lymphoma.

No treatment in Sierra Leone at present
The Need for Palliation

- 80% present advanced disease and require pain treatment ~ 3 months
- ~ 10% receive adequate pain control for cancer or HIV
- Majority die in severe pain
Models to achieve effective palliation

• A building...
  • Hospital unit
  • Free standing inpatient hospice
  • Day-care
Models to achieve effective palliation

• A building...
  • Hospital unit
  • Free standing inpatient hospice
  • Day-care

• Hospital support team
<table>
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<tr>
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Models to achieve effective palliation

• A building...
  • Hospital unit
  • Free standing inpatient hospice
  • Day-care

• Hospital support team

• Home care...
  • Mobile unit
  • Volunteer based
  • Community lead
Maximizing impact with minimum resources

• Grafting onto existing
  – NGOs
  – Community Based Organisations
  – Faith based organisations
  – Drug access schemes (TB, HAART)
  – “Integrated community based home care”
Mobile “Hospice”

- Road-side clinics
- Home visits
- Outreach teams
The 47 countries of Africa:

• Four categories:
  – no identified hospice or palliative care activity (21 countries);
  – capacity building activity is underway to promote hospice and palliative care delivery (11 countries);
  – localized provision of hospice and palliative care is in place, often heavily supported by external donors (11 countries);
  – hospice and palliative care services are approaching some measure of integration with mainstream service providers and gaining wider policy recognition (4 countries).
Pain Relief
one of the essential components of Palliative Care

• promoted as an Essential Human Right by IASP, WHO & IAHPC

• Pain occurs in
  ~ 70% adv cancer patients (Hearn 2003)
  > 50% adv AIDS, COPD, heart & renal disease (Solano 2006)

• South African study found 98% AIDS pts had pain (Noval 2004)

• Ugandan study 60% cancer pts severe pain (Merriman 2006)
Opportunities

Management of pain
- Psychological, social, faith & inexpensive oral drugs
- Local treatments – Frangipani milk
- Palliative care principles apply to children

WHO ladder – 2 Step approach
- effective in 45 – 100% of patients.\(^{(10)}\)

- Strong Opioid (morphine, fentanyl, oxycodone)
  +/-
  Paracetamol +/-
  Adjuvant +/- NSAID

- Weak Opioid (codiene, tramadol)
  +/-
  Paracetamol +/-
  Adjuvant +/- NSAID

- Paracetamol
  +/-
  Adjuvant +/- NSAID
UN ECOSOC Resolution 2005/25

• Medical use of narcotic drugs (opioids) is indispensable for the relief of pain and suffering.
• Morphine should be available at all times in adequate amounts and appropriate dosage forms for the relief of severe pain.
• Low national consumption of opioids is a matter of great concern.

UN World Health Assembly resolution 58.22 2006

• importance of opioids in pain relief
• Barriers to medical use and availability of opioids to be removed.
In reality............

• ~7% of all people in the world will suffer cancer pain that could be treated, but will not be (WHO 2006)

• 2006 survey of 18 palliative care services in sub Saharan Africa:
  – 21% never had access to oral morphine;
  – 39% oral morphine ‘not always available’

• To prevent pain important supply is not interrupted
Barriers

Erratic drug supplies
Access to medical facilities
Staffing capacity
Manufacturing capability
Barriers
National laws and regulations

INCB, International Narcotics Control Board

29 African countries, morphine and other opioids are not legally available for medical use [www.apca.org.uk](http://www.apca.org.uk)

- Importation, manufacturing & distribution
  Licenses required, lengthy process, not cost effective
- Length of supply permitted; max dose
- Who is allowed to prescribe morphine?
- Are dispensing laws practical?
Barriers - Fear of addiction, tolerance, respiratory depression, hastening death

If I start morphine now there will be nothing to take when the pains really bad....

My patients got a chest infection – isn’t respiratory depression a side effect?

They want to start morphine, she must only have days......

I don’t want to get addicted I want to be in control....

Will she just keep needing bigger and bigger doses?
Lack of knowledge
‘Nothing more can be done’
Education

- HCWs
- Patients & carers
- Traditional Healers
- Community leaders – allay social stigma
- Policy Makers
- Drug inspectors
- Police
- Manufacturers

- Undergraduate/professional curriculum
- Specialist diploma / postgrad
- Radio, media
- Integral part of National Cancer Control Plan, HIV/AIDS Policy
- Accountability, records
Wales ↔ SS Africa

- **Education**
  - Key personnel
  - In country
  - In Wales
  - Scholarships

- **Advocacy**
  - Within Wales
  - National Policy

- **Guidelines**

- **Grant Application**

- **Resources**
  - Textbooks
  - Equipment
  - Drugs