



Understanding the concept and challenges of palliative care medicine: a review of a centre in a tertiary hospital in South-East Nigeria

Ojimadu N.E¹, Okwuonu C.G^{2*}

¹Department of Family Medicine, Federal Medical Centre Umuahia, Abia State, Nigeria.

² Nephrology Unit, Department of Internal Medicine, Federal Medical Centre Umuahia, Abia State, Nigeria.

*Corresponding author: getchimezie@yahoo.com

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ABSTRACT

Background: Palliative care aims to provide and maintain the highest possible quality of life and not necessarily to cure, as long as life remains. This aspect of clinical medicine has been largely under-emphasized in Nigeria. Much emphasis has not been placed on palliative care in the health care curricula. Hence, health care givers focus more on cure, and many lack the knowledge of palliative care. **Aim:** This article aimed at briefly explaining the principles of palliative medicine and the challenges faced since its establishment at Federal Medical Centre Umuahia, Abia State, Nigeria. **Methods:** Literature review was conducted using HINARI and Google search engines. Publications on palliative care were identified using relevant keywords. Challenges encountered rendering palliative care in a tertiary hospital were enumerated and discussed. **Results:** There is knowledge and attitude gap with urgent need for manpower development in palliative care in our environment. Financial constraints, need for home visits and hospice were other challenges encountered. **Conclusion:** Palliative care medicine is an emerging area of medicine in Abia state and Nigeria. Thus, it is important that health care givers are aware and apply the principles of palliative care in practice.

Key words: Palliative care, pain control, hospice, spirituality, cancer, end-stage organ disease

INTRODUCTION

The World Health Organization (WHO) defines palliative care as an approach that improves the quality of life of patients and their families facing the problems associated with 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, psychosocial and spiritual.^[1] When a patient receives an “*end of life diagnosis*”, difficult and complex issues arise.^[2-3] The news can be as traumatic as actual physical pain; patients’ interaction with



the family and community may be affected, and often times spiritual needs are heightened as patients and their families get strength and hope from their religious and spiritual benefits.^[4,5]

Hence, palliative care, by integration of the psychological and spiritual aspects of patients care offers a support system to help patients live as actively as possible until death.^[6] It affirms life, regards dying as a normal process and offers support to help the family cope during the patient's illness and in their own bereavement.^[7]

All around us, millions of men, women and children have reduced quality of life and suffer long, painful deaths as a result of diseases such as AIDS, end-stage organ diseases and cancer.^[2] There has been a great surge in both incidence and prevalence of cancer, especially in the context of developing countries.^[8] This may be ascribed to the changing lifestyle and an improvement in both the diagnostic and therapeutic health facilities. This has led to the more patients developing cancer leading to overall increase in the cancer incidence with its associated increase in morbidity and mortality.^[8] The suffering experienced by these patients can be prevented. With the right care patients' pain and symptoms can be controlled and they can live fulfilling and productive lives despite their illnesses. Palliative care provides effective relief from pain and other distressing symptoms without hastening or postponing death.^[9]

The situation in Nigeria

This aspect of medicine is largely underemphasized in Nigeria. A study by Fadare *et al.* in a tertiary hospital in Ekiti state South-West Nigeria clearly showed that there were gaps in the knowledge of healthcare workers in Nigeria on the area of palliative care, especially with the use of morphine in pain control.^[10] Lack of money to procure analgesics, absenteeism from school and work, intramuscular and burden on the care givers have been implicated as some challenges in the management of painful crisis associated with sickle cell disease at Ibadan Nigeria.^[11]

What difference can we make?

Palliative care has been largely neglected in Nigeria and in Abia state. Yet we have opportunities to put an end to unnecessary suffering. All around us are patients with cancers and associated excruciating pains, end-organ disease and AIDS needing support. We can

contribute to their treatment by offering palliative care.

"The best time to plant a tree was twenty years ago. The second best time is now." - Chinese proverb

Who is eligible for palliative care?

- i. Patients with advanced cancer or patients with symptoms of cancer at an early stage
- ii. Patients with HIV/AIDS.
- iii. Patients with any terminal illness like heart failure, renal failure, liver failure, and end stage respiratory diseases.
- iv. Children with chronic disorders.
- v. Patients with progressive neurological disorders.



Figure 1: A 15 year old boy with ascites caused by cirrhosis of the liver



Figure 2: Terminally ill patients from advanced colonic cancer



Figure 3: A 60 year old woman with advanced cancer of the breast

Who offers palliative care?

Palliative care is a team approach made up of multidisciplinary specialties—physicians, surgeons, nurses, pharmacists, laboratory scientists, nutritionists, social workers, the clergy, administrators, accountants, psychologists, physiotherapists, radiotherapists and politicians.

Palliative care in Federal Medical Centre, Umuahia, Abia state

In Federal Medical Centre Umuahia, the palliative care team offers in-patient care, out-patient care and home-care services. Our holistic approach to palliative care involves weekly ward rounds to in-patients, tailored towards problem oriented care. Also out-patient hospital based hospice and home visits; hospice is an approach to deliver end of life care often provided in the home by trained nurses and/ or community care givers, in the community-based and hospital-based facilities, or in a free standing hospice.^[12] In other words, hospice is a nursing home for the care of the dying or the incurably ill.

Recruitment of clients

Clients are recruited strictly on invitation by the principal managing consultant. Such invitations are mainly for pain management (with oral morphine) and care of other symptoms that can improve quality of life and well-being of the patient.

Disease burden

Since inception in February 2013, we have encountered scores of clients with breast cancer, cervical cancer, end-stage organ

diseases, malignant melanoma and HIV/AIDS. Most of our patients in their terminal stage of illness are often abandoned to fate, some hardly able to settle their bills. We endeavor to bring meaning and hope to their lives.

Services provided by palliative care in FMC Umuahia

Providing Pain Relief: The process of relieving pain involves proper assessment, treating any reversible causes and giving medicines to reduce pain. Morphine is recognized by the WHO as drug of choice for relief of severe pain in diseases such as cancer and HIV/AIDS.^[13-14]

In FMC, we have legally registered prescriber. Patients can be referred promptly for pain control.

-In palliative care, we never say, "There is nothing we can do"

Providing support to patients with terminal illness: This includes patients with severe heart failure, end-stage renal failure, chronic liver failure, terminal respiratory diseases, progressive neurological diseases, and AIDS

Palliative care to support the bereaved:

Bereavement care is also offered to patients families and relatives by helping them through their time of grief with counseling and spiritual guidance, helping them come to terms with their loss gracefully and moving on with life bearing good memories of time spent with their deceased loved ones. This care extends up to the burial and even helping them resolve conflicts that might be in their families due to their loss.

Support for Palliative care in FMC Umuahia

Since its inception in February 2013, the palliative team has received support by the administration of the hospital. However, clients needing support rely on donations from members of palliative team, philanthropists and interested non-governmental organization

CHALLENGES

Little or no emphasis has been placed on palliative care in the health care curricula. Hence, health care givers focus more on cure, and many lack the knowledge of palliative care. Hence, there is need for manpower development in terms of training of palliative care members to enable provision of international best practices. As financial

constraints have been cited as one of the setbacks to offering palliative care in Nigeria, financial support as donations is needed for patients who most of the time are abandoned and hardly able to settle their bills. With the increasing number of moribund patients who cannot access healthcare services in hospitals, there is need for vehicles to enable and facilitate home visits. Furthermore, housing facility for hospice, that is, to serve as a nursing home for the terminally ill, is needed.

CONCLUSION

Palliative care is the active care of the whole body, mind and spirit of people with health challenges, including the provision of support to the family. The need for advocacy and greater awareness for palliative care has never been greater. The incidence of cancers is on the rise in developing countries like Nigeria. And in resource-poor settings palliative care is often the mainstay of treatment. Infective diseases like HIV/AIDS are ravaging our communities as has never been felt before. The prevalence of diseases commoner among the elderly people is growing, posing the increasing challenge for effective care for those with progressive and incurable diseases including cancers. The time to act is now. By acting together and sustaining our actions, we can put an end to unnecessary pain and distress for terminally ill patients across Nigeria in general and Abia State in particular, giving them a full life and a dignified death.

RECOMMENDATIONS

It is important that all health care givers who come in contact with people with terminal or life-threatening illness should apply the principles of palliative care in caring for patients. This involves a holistic approach of care- physical, psychological, social and spiritual. We also recommend inclusion of palliative care in educational curricula and in healthcare textbooks. Health policy makers also play a role in promoting palliative care in all health institutions (primary, secondary and tertiary care levels).

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