

Palliative Care in Iran: The Past, the Present and the Future

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Abstract

Futurology identifies and lists the most desirable possible future(s) out of the most likely ones, and plans for the best options according to these possibilities. Future studies in health are an instance of future studies in medical activity that have a great application in real life and present strategies that can help achieve better conditions. Palliative care for cancer is a major challenge faced by the national health system in Iran. Analyzing the trend of palliative care through exploring the current status of palliative care for cancer in the country and finding strategies to fill the gap between the current status and the desirable one is an important subject in health studies. This article addresses the trend of palliative care in Iran from the past to the present by reviewing articles, books, documents, and news in online databases, and gives an overview of the future in the context of the presenting challenges and opportunities. Although palliative care in Iran has had a slow progress, recent efforts made to promote its status appear promising. This article seeks to help improve the status of palliative care in Iran, even if only moderately, so that cancer patients can live the rest of their life in comfort.

INTRODUCTION

After cardiac diseases and accidents, cancer is the third leading cause of death in Iran, and is estimated to effect more than 50 thousand cases per year [1]. Given the increasing population of senior citizens in the country, the increased life expectancy, technological advancements, and the daily increase in environmental pollutants, the incidence of cancer is expected to double over the next 2 decades, and the World Health Organization predicts that cancer will affect 85 653 people by 2020 and that the cancer-related mortality rate will also reach 62 897 in Iran [2]. Given the rising number of cancer cases in Iran and the importance of improving health and quality of life in these patients and their families, palliative care for cancer becomes a highly important issue in healthcare [3]. In line with the global development of palliative care techniques and the cost-effectiveness of this area of care for incurable patients at advanced or end-of-life stages of cancer, these patients have reported support services as one of their crucial needs, further doubling the need for palliative care [3]. Palliative care is considered one of the six pillars of cancer control across the world and plays a major role in the management of cancer complications and treatments for the patient, their family and the healthcare personnel in charge [4]. The World Health Organization defines palliative care as a series of measures taken to improve quality of life for patients and their families and to solve problems associated with incurable life-threatening diseases through the prevention or mitigation of pain, the facilitation of early diagnosis

and the full assessment and treatment of pain and other physical, psychological, and spiritual problems [5]. Palliative care is a holistic approach that considers physical, mental, social, and spiritual dimensions of the patient and their family and seeks continuity of care from the time of the patient's diagnosis through to their death and the subsequent mourning phase of their family, and operates through the provision of services such as home, hospital, clinic, and hospice care within a team of doctors, nurses, social workers, clergies, counselors, and volunteers [6, 7].

The History of Palliative Care in Iran: From the Past to the Present

The history of palliative care in Iran dates back to the early 1920's, when the first hospice for patients with leprosy was established in Mashhad and was then followed by the establishment of other hospices for psychiatric and tuberculosis patients [8]. However, the history of modern palliative care for cancer in Iran dates back to year 2000. When Professor Zahra Eftekhari, Gynaecological oncology surgeon of Tehran, spent one year (2001) with Professor Neville Hacker at the Royal Hospital for women in Sydney, Australia, and observed the value of palliative medicine consultancy in influencing the care of the patients. On her return, she decided to introduce these ideas in Iran. She held the first palliative care workshop in 2004 and one of the Gynecologists at this workshop decided to train in specialist palliative medicine at the Sydney Institute of Palliative Medicine. After that, the

first palliative care counseling service was established at the Cancer Research Center in Tehran in 2006; counseling services are considered as part of palliative care, and the Palliative Care Clinic of the Cancer Center began offering its services three days per week from 2009 [7]. Along with these efforts, centers were set up in other cities for providing these services, including Entekhab Palliative Care Center, Seyed Al Shohada Cancer Hospital of Isfahan (April 2010), Entekhab Home Care Network across the city of Isfahan (October 2012), Entekhab Center for Supportive and Palliative Care in Isfahan (March 2013), Entekhab Palliative Care Department of Firoozgar Hospital in Tehran (October 2013) and Valiasr Palliative Care Clinic in Zanjan (October 2012) [9, 10]. The establishment of pain clinics in Iran dates back to 1995, when the first Iranian Pain Society was established, which joined the International Association for the study of pain in 1998 and was officially approved by the Ministry of Health in 2001. In 2007, education and research also began in this field and it has been less than a decade since graduates of this field have started their multidisciplinary work in pain clinics [11].

The Current Status of Palliative Care in Iran

There are currently no systematic structures for providing palliative care in Iran and only about 5 to 6 centers are active in this field in Tehran, Isfahan, and Zanjan. The following section discusses the main actions taken by these centers. Entekhab Cancer Control Center, consists of the palliative care center at Seyed Al Shohada Cancer Hospital of Isfahan and the Center for Supportive and Palliative Care. The Entekhab care team consists of internist, anesthesiologists, surgeons, psychiatrists, psychologists, spiritual care specialists, social workers, general practitioners, lymph therapists, physiotherapists, nurses, dietitians and etc. This center covers Isfahan by expanding its hospital services and establishing special out-of-hospital clinics and by providing home care as well as 24-hour free telephone counseling services in spiritual, psychological, and physical care. Since its establishment in 2010 until the present (winter 2014/2015), this center has provided services to over 7000 cancer patients. Firoozgar Hospital, which established its palliative care department for patients in end-of-life stages of diseases in October 2013, is also under the support and supervision of Entekhab center [9]. Shohada Tajrish Hospital has a 6-bed palliative care department for patients in end-of-life stages of diseases and contains psychology, spiritual care, pain, and palliative medicine departments that admit patients free of charge. Behnam Dadeshpour Charity Institute also holds training sessions on the management of chemotherapy complications at this department and has a 40-bed hospice near this hospital, which provides services to both patients and their families and is run on a voluntary basis. This NGO provides its services at the radiology and oncology departments of Shohada Tajrish Hospital and is currently being run by more than 2000 volunteers and covers 3200 patients and their family members [12]. Located at Imam Khomeini Hospital of Tehran, the Cancer Research Center has a Palliative Medicine clinic and department and provides counseling services to patients in all their areas of need [13]. Valiasr Palliative Care Clinic of Zanjan was established in 2012 for providing services for the control of pain and other symptoms, especially psychological problems, for patients and their families; it also provides on-

going support to the patient's family through effective communication with them and attending mental distresses of the patient and their family and handling the psycho-social problems faced by the patients. The total number of referrals to this clinic since establishment in October 2012 until May 2014 was 113, a significant percentage were referred by an oncologist and some by the clinic specialist. The services provided included treatment care for the control of pain and other symptoms and consultations with the patient and their family. Once the doctor had examined the patient and determined his care protocol, the patient received nursing, dietary, and psychological services during his first and second visits. The resident nurse was available 24/7 to all patients over the phone and guided the patients with regards to home or hospital care in case of emergency [10]. The Ministry of Health and Medical Education has also taken major steps in the development of palliative care for cancer, including:

Recommending the establishment of Iran Cancer Association to Iran Scientific Associations Commission of the Ministry of Health and Medical Education, which began its work in 2003 after the approval of a multidisciplinary scientific association consisting of specialists in the field of cancer, including radiotherapists, oncologists, surgeons, pathologists, radiologists, pediatric and adult hemato-oncologists and basic scientists. Programs implemented by this association thus far include: Holding the 8th annual congresses on macro policies for cancer, launching the official website of Iran Cancer Association, research projects, participation in the development of national cancer treatment guidelines, implementation and publication of the Cancer Audit project, publication of specialized books about cancer, communication with health policy-makers, and ongoing communication with cancer NGOs [14]. Local charity institutions have also been cooperative in this field and their main contributions include the establishment of the Palliative Medicine Center at the Cancer Research Center in Tehran and the Palliative Care Center at Seyed Al Shohada Cancer Hospital of Isfahan. These institutions have not dedicated themselves to mere financial contributions and have been directly and extensively involved in providing related care services. Mahak Institute has been involved in providing palliative care services and treatment to children with cancer while Sepas Institute has provided psycho-social support to cancer patients. Palliative care programs for cancer have sought to facilitate the establishment of palliative and supportive medical units across the country, especially in selected hospitals of Gilan, Golestan, Ardabil, and Zanjan provinces [15]. It can thus be argued that palliative and supportive care services in Iran are mostly provided as counseling in clinics, and the departments that provide these services are designed specifically for patients in end-of-life stages of their diseases; nonetheless, the services do not follow a specific organizational chart. At any of the centers, caring is not provided from the beginning of diagnosis until after death.

Challenges

Although the need for providing palliative and supportive care has been justified in the "development plan for the comprehensive national plan for palliative and supportive care for cancer" from three perspectives, including human rights, public satisfaction and reduced healthcare costs, and

although palliative care has been emphasized as a fundamental principle in the control of cancer, the current status of palliative care in Iran still differs from the ideal [16]. There are several barriers to providing palliative care in Iran, including: The lack of a defined structure for palliative care in the health-care system, the lack of a defined job position for palliative care providers, and the absence of serious training on palliative care in the formal curriculum of medical universities. One of the reasons for this problem appears to be the lack of comprehensive domestic studies about palliative care, which limits the application of the concept of palliative care in patients requiring these services [17]. Despite the need for palliative care for patients with incurable diseases, the lack of educational programs seeking to enable professionals to provide these services has been proposed as a challenge to the provision of palliative care services in Iran, and the need for the design and development of the first national inter-professional curriculum for teaching palliative care for cancer patients at the Nursing and Midwifery Care Research Center at Isfahan University of Medical Sciences supports this claim [18]. The design of a fellowship program in palliative medicine for general practitioners in 2003 further demonstrates the important role of this field of healthcare. Nevertheless, there is no formal palliative care training in general practice education in Iran, as the results of one study showed that only 12% of GPs had excellent and good knowledge of palliative care, while more than half had poor or no knowledge in this area [19]. Another study showed that Iranian nurses had relatively negative or neutral attitudes towards palliative care and that, in general, they had no knowledge about the concept of palliative care and its demands [16].

The lack of both human and physical resources also effects the status of palliative care training. At present, 140 thousand nurses work in 850 hospitals of Iran, which is inadequate, given the country's population and the number of doctors and hospital beds, and should be at least doubled [17]. Authorities are therefore focused on training a general nursing workforce to make up for this shortage and thus overlook the training of specialist nurses. Moreover, the absence of different palliative care models in the country conceals the need for training specialist nurses. Another important challenge in the provision of palliative care is the restricted access to opiates (opiate-phobia) and the inadequate training on the use of these medicines [16]. The most-frequently-used analgesics include morphine injection, methadone injection or tablets and pethidine [20]. In Iran, opiates lack the required variety and the administrative and treatment routes of their prescription are deficient for many physicians, and are unfamiliar for the majority of the patients as well. The available medicines are also not used in accordance with clear guidelines or standards; rather, their prescription and administration follow the doctors' experiences and the patients' needs [16]. It is worth noting that, despite the existence of pain relief clinics, their services are not covered by insurance companies, and patients incur great costs upon using them and are therefore unsatisfied with the available services.

The sociocultural differences particular to the Iranian community are also considered among the challenges posed to palliative care; these peculiarities make doctors unable to tell the truth to their patients in many cases, thereby creating ethical challenges regarding care for cancer patients in end-of-life stages of their disease [16]. Lastly, one of the main

challenges in providing palliative care services is the process by which the patients make their payments and the insurance coverage that they receive. Having good insurance coverage and receiving financial support from the government enables patients to receive better treatment services, and doctors then undergo less stress [21]. Despite the country's health system reform plan seeking to reduce out-of-pocket payments and provide financial support to patients with incurable diseases, receiving palliative care is still a challenge and concerns about the lack of basic insurance coverage for the majority of pain relief services supports this claim [22, 23].

Opportunities

As shown by some of the progress indicators of palliative care, the status of palliative care is expected to progress significantly in the next few years in Iran. However, according to the 2006 ranking, Iran was placed within the second group of countries, that is, countries seeking to build capacities for providing palliative care. Given the leaps made in this area, Iran's ranking improved to the 3A group in 2011. As for capacity building, it appears that the public awareness has increased about this subject, at least in those involved in the healthcare system; in line with this increased awareness, experts and enthusiasts have held and participated in international congresses on palliative care and have sought to establish international links with other organizations providing palliative care. Considering the "Development plan for the comprehensive national plan for palliative and supportive care for cancer", which is still only a draft version, the successful implementation of this plan is expected to improve palliative care significantly in Iran [2]. Furthermore, the steps taken by charity organizations provide another opportunity in this area, and the agreement made between Ala Institute and the Ministry of Health is one example promising such improvement [24]. The great attention paid by the Ministry of Health to the issue of pain and its coverage by insurance companies provides another opportunity for accomplishing the set objectives [23].

Future Prospects

Based on the current status of palliative care in Iran, the prospects of this aspect of healthcare include:

- Creating a variety of centers providing palliative care across the country as per the particular cultural climate of the region;
- Providing access to palliative and supportive care for all cancer patients;
- Developing a standard care service package for cancer patients;
- Developing an independent discipline of palliative and supportive care;
- Providing palliative care courses as part of the curriculum in relevant disciplines;
- Creating international links for training and research into the development of palliative care services;
- Extensive national and international research into palliative care.

Continued efforts are needed to overcome the barriers to successful implementation of palliative care. Ways to integrate palliative care into the health care system include, ed-

ucation, pain management, available to opioids multidisciplinary approach, research and clinician resources. As shown by some of the progress indicators of palliative care, the status of palliative care is expected to progress significantly in the next few years in Iran and with the activities started in this area is expected to result in further forward development in palliative care in Iran.

LIMITATIONS

Lack of sufficient and updated information on the website of palliative medicine centers was the major limitation of this study.

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CONFLICT OF INTEREST

The author reports no actual or potential conflicts of interest.

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