Clinical Issues in Palliative Care for HIV/AIDS

E. Hamzah

Hospis Malaysia, Kuala Lumpur, Malaysia

Over the past 40 years, palliative care has made inroads in healthcare services. Although it has its roots in the care of the dying and advanced cancer, it is slowly making an impact in the struggle against HIV/AIDS.

Clinical issues in dealing with HIV/AIDS needs to be considered along with the psychosocial, cultural, ethical and specific nature of the HIV/AIDS illness. The myriad of symptoms that may present in a patient needs to be individualised and take into account the resources available, the desired outcomes and whether the patient is in a hospital or community setting. The aim is to minimise the symptom load to improve the quality of life but palliative care services need to be tailored to the fluctuations of the disease as well as consider the possible reversibility of associated conditions.

In the setting of providing palliative care for HIV/AIDS in developing countries, much of the suffering of such patients could be addressed by integrating palliative care into the disease management programme of current service provision. Palliative Care complements the other medical treatments and with a holistic approach could assist those with controlled illness but also with those with advanced and dying of the illness.

doi:10.1016/j.ijid.2008.05.135

Successful Development in Hospice and Palliative Care in Asia

C.R. Goh

Lien Centre for Palliative Care, Singapore, Singapore

Hospice and Palliative Care services in Asia developed in the more economically developed countries in the 1980s. Countries like Japan, South Korea, Taiwan, Hong Kong and Singapore have relatively well developed palliative care services. In the 1990s services started developing in Malaysia, Indonesia and the Philippines, and good progress has been made in various centres in these countries, though overall coverage still needs to be improved. The Asia Pacific Hospice Palliative Care Network is a regional network of individuals and organizations which act as a resource for palliative care. Faculty from established palliative care services travel to resource-poor countries to help train trainers at the invitation of local organizations. One such project is in Vietnam where a 3-year Training of Trainers project organized by the Singapore International Foundation provided training in two palliative care units in Ho Chi Minh City and Hanoi in Vietnam. Together with simultaneous efforts by the Vietnam-CDC-Harvard group to provide a National Palliative Care Program for Vietnam, palliative care services for both cancer and HIV patients have been developed, and Vietnam is in the process of establishing its own National Association for Palliative Care. A further example of palliative care development in Thailand will also be presented.

doi:10.1016/j.ijid.2008.05.136

National and International Measurement Opportunities

D. Casaret1, S. Connor2

1 University of Pennsylvania, Philadelphia, PA, USA
2 National Hospice and Palliative Care Organization, Alexandria, VA, USA

The growing field of hospice and palliative care has been promoted most effectively in industrialized countries, where it has focused primarily on chronic illnesses such as cancer. However, in underdeveloped countries, HIV/AIDS represents a major public health problem. Despite aggressive prevention efforts and growing access to antiretrovirals, HIV/AIDS remains a fatal disease for many people. Therefore, there is growing international interest in applying principles of hospice and palliative care to improve the care that patients with HIV/AIDS receive near the end of life.

This symposium will provide an overview of worldwide hospice and palliative care efforts in HIV/AIDS, identifying key opportunities and challenges. First, presenters will describe common palliative care needs in this population, including estimates of the prevalence of pain and other symptoms. Next, presenters will trace the growth and development of HIV/AIDS-focused efforts to provide hospice and palliative care in resource-poor settings. Finally, presenters
Emerging Infections: What Have We Learned After 15 Years? (invited)

D. Heymann

WHO, Geneva, Switzerland

Infectious diseases are complex, dynamic, and constantly evolving. Examples during the past 15 years range from changes in transmission patterns of human monkeypox and dengue; more frequent re-emergence of cholera, legionnaire’s disease, E. coli 0157, hepatitis C and, the haemorrhagic fevers - Marburg, Lassa and Ebola; and emergence of bovine spongiform encephalopathy (BSE), severe acute respiratory syndrome (SARS) and H5N1 influenza.

Causes of emergence and re-emergence include weakened public health infrastructure, increases in human and domestic animal populations, rapid urbanization, and effects on the environment from global warming to deforestation and flooding. Human behavior also plays a major role, ranging from unsafe sexual practices to over- or under-prescribing of antimicrobial drugs, patient adherence, unregulated sale, and indiscriminate use in humans, plants and animals.

Emerging and re-emerging infections occur in a world where international travel and trade facilitate their spread, and where their impact affects economies as well as health. Attempts at regulation to prevent their international spread occurred first in the 14th century quarantines in Venice. They continued during the 19th and 20th centuries in Europe and the Americas through a series of conferences and conventions leading to the International Health Regulations. The goal of the Regulations is to strengthen national capacities to detect and respond to emerging or re-emerging infections when and where they occur, with the guarantee of a safety net of collective detection and response should they cross international borders.

The lesson over the past 15 years - whether from the global response to SARS or preparations for the next influenza pandemic - is that collective action will decrease our vulnerability, and increase our public health security. The challenge is to ensure resources for our collective action under the framework of the International Health Regulations.

doi:10.1016/j.ijid.2008.05.137