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Editorial

Uncovering the Gaps of Palliative Care in Pakistan

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Editorial

Palliative Care (PC) is a form of healthcare that aims to improve quality of life of patients suffering from chronic, life-threatening illnesses by early detection of disease, efforts to reduce pain and provision of holistic treatment by considering social, emotional, psychological, and spiritual perspectives. It entails a comprehensive, multi-disciplinary approach, mobilizing a team of healthcare professionals, such as physicians, nurses, skilled allied health personel, social workers, and often, the patient's family members, who play a vital role as caregivers [1]. Globally palliative care is accessible to merely 14% of the population, with a predominant concentration in European countries [2]. In a study that aimed to highlight global levels of development for palliative care in 234 countries, the results revealed that only twenty countries had access to advanced palliative care while remaining either had isolated service or lacked palliative care activity altogether [3].

Disparities in the availability of palliative care persist among countries with varying socio-economic conditions. Most High-Income Countries (HICs) have effective palliative care interventions. However, there is little to no palliative care in Low- and Middle-Income Countries (LMICs) [4]. Pakistan, as a developing nation, confronts a complex web of challenges in delivering palliative care. The following are some of the key issues at play.

Budget allocation in Pakistan remains a concern. The total health expenditure of Pakistan is just 2.6% of its GDP [5]. Whereas according to a study conducted by McIntyre Di et al. [6]. In 2017, the government should ideally allocate at least 5% of GDP to health to make substantial progress towards achieving Universal Health Coverage (UHC). Importantly, this target is deemed attainable, even for LMICs.

Despite efforts to improve healthcare delivery, Pakistan has mostly given importance to provision of curative therapy, keeping prevention and palliation at low priority. According to a survey by the International Observatory at the End-Of-Life Care (IOELC), Pakistan displayed the least favorable patient-to-facility ratio, having only one service offered to almost 160 million people [3]. Similarly, according to statistics released by the Worldwide Hospice Palliative Care Alliance (WHPCA), palliative care services were not available to more than 1% of the Pakistani population, which led to Pakistan's classification as level 3a indicating isolated palliative care provision [7]. As per the statistics provided by the Atlas of Palliative Care in the Eastern Mediterranean Region, in Pakistan, there is an annual need for palliative care among 870,813 individuals. However, the available palliative care services are limited to just 16, resulting in a mere 0.01 palliative care services per 100,000 people [5]. Only a small number of institutions in the nation currently offer formal palliative care services, and they are mostly in the private sector. There are also a few hospices sponsored by nonprofit or non-governmental organizations in Karachi, Hyderabad, and Rawalpindi. Five major tertiary care hospitals in Pakistan currently provide palliative care as a specialty multidisciplinary service, two of which are situated in Karachi. These hospitals are the Aga Khan University Hospital (AKUH) and The Indus Hospital (TIH), as well as the Islamabad-based Shifa International Hospital (SIH) and the Shaukat Khanum Memorial Cancer Hospital and Research Center (SKMCHRC) in Lahore and Peshawar [8]. The substantial revenue generated by antineoplastic treatments creates a disincentive for institutions and private oncologists to reduce these treatments, even when prognosis is poor. Pharmaceutical companies invest heavily in this lucrative sector, attracting cancer care providers through sponsored events and promises of benefits. The concept of collaborative patient management faces limited acceptance, and patients are often seen as commodities. Recommending them for palliative care is often linked to potential business losses. Healthcare facilities prioritize revenue over cost savings, preferring intensive care treatments despite the counterproductive nature of palliative care teams [9].

A significant challenge lies in the lack of awareness, leading to the expressed need for palliative care inclusion in the curriculum by a majority of healthcare providers (92.5%). Although there's some understanding of palliative care, 40% of physicians feel they lack the skills, especially in breaking bad news. Communication skills, crucial in palliative care, are also lacking. These challenges collectively hinder the growth of palliative care in Pakistan [8]. In Pakistan, institutes offering specialized education in palliative medicine are extremely limited. Out of the 114 medical schools, only 10 include a mandatory Palliative Care subject, and similarly, out of the 125 nursing schools, merely 5 offer dedicated coursework in this essential field [5].

Palliative care education is not mandated for undergraduate medical students by Pakistan's Medical and Dental Council (PMDC), which regulates hospitals connected to medical schools. Similarly, the College of Physicians and Surgeons (CPSP), responsible for postgraduate education and training, doesn't recognize palliative

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medicine as an independent specialization. Additionally, there is no requirement for oncologists to gain specific experience in palliative medicine during their residency and fellowship. Similar to this, the Higher Education Commission (HEC) does not require that palliative care be taught as part of the core curriculum for nursing education, either at the undergraduate or graduate levels [9].

The insufficient comprehension of PC's concept and scope, along with misconceptions among both patients and caregivers, significantly hamper the adoption and effective utilization of this approach [10]. In South Asia, a study by Dosani et al. in 2020 found a widespread lack of awareness about palliative care among both patients and caregivers. Initially, only 70% of participants knew about palliative care, and among them, 80% had limited knowledge, 10% had moderate knowledge, and 10% had a comprehensive understanding. Caregivers' knowledge varied but was limited. Increased public access to information on palliative care was supported by the majority of participants [11].

Palliative care in Pakistan is also beset by numerous cultural obstacles. Culturally, discussing death is avoided in Pakistan due to beliefs that it brings negativity. Optimism is stressed, even when faced with the inevitable. Patients often hesitate to hear bad news about terminal illnesses, and it's typically shared with close family members first. Physicians and nurses generally respect "family autonomy," letting family members decide when to disclose the diagnosis. This silence around end-of-life discussions leads to over-treatment. However, recent surveys indicate a shift, with more patients and families desiring truthful information about prognosis. Those informed often prefer home-based care to avoid unnecessary hospital expenses this practice deprives patients of symptom-control care [12]. Pain management is another challenge in palliative care. While pain relief is just one aspect of palliative care, it's a crucial component because addressing other symptoms and psychological distress is often impossible when a patient is in uncontrolled pain. Despite international advocacy efforts, many countries still have limited access to opioids, often due to stringent regulations. This restriction is intended to prevent opioid abuse or misuse, but research indicates that providing sufficient morphine for legitimate use hasn't resulted in increased diversion or misuse of these medications [13].

The storage and dispensing of opioids are subject to strict regulation by no fewer than four different regulatory agencies. An annual opiate quota based on the prior year's use is given to each federally designated cancer hospital. Once this supply is exhausted, there are no alternative options, forcing healthcare providers to resort to suboptimal, inferior non-opiate analgesics for pain relief [9]. In Pakistan, it is estimated that a mere 2% of individuals facing terminal illnesses can avail themselves of opioids to alleviate pain. Data from the Pain and Policy Studies Group reveals that the average morphine consumption in the Eastern Mediterranean Regional Office (EMRO) was 0.384 mg per capita in 2014, significantly lower than the global average of 6.24 mg per capita. Notably, Pakistan's mean opioid consumption stands at a mere 0.05 mg per capita, indicating a substantial disparity in access to these pain management resources [14].

The options for pharmacological palliation are restricted to Tramadol in both immediate and delayed-release oral forms, as well as the injectable version, Tapentadol in immediate-release oral form, Buprenorphine in sublingual form, Nalbuphine in injectable form, and various adjuvant analgesics. Due to the absence of Morphine and other potent opioids, Tramadol, a weak opioid, has become the most utilized analgesic in the region for addressing moderate to severe pain. Advanced care institutions offer radiation and interventions such as nerve blocks to enhance the management of painful symptoms.

Pakistan ranks eighth among the world's top opium and morphine producers. Paradoxically, it is one of the lowest-rated countries in terms of palliative care pain relief services availability. In 2012, despite over 350,000 people requiring palliative pain relief in Pakistan, only about three hundred individuals received any such care. This shortfall is due to the classification of morphine as a "controlled drug" in the country, with limited allocations to tertiary care and military hospitals. These allocations are inadequate to meet the acute pain management needs of patients in these institutions [12].

Morphine use in Pakistan is also hindered by a pervasive taboo. This stigma, prevalent among both the public and many physicians, links morphine with notions of criminality, immorality, hedonism, or even self-destructive tendencies. In a predominantly Muslim society, pain is frequently regarded as a test of endurance and a pathway to seek atonement for one's transgressions. Despite scholars' emphasis on pain relief not conflicting with Islamic beliefs, Due to concerns about not being able to recite the Kalema when deeply sedated, very few patients prefer powerful opiates like morphine. This ideology conceals the shortcomings of the healthcare system, leaving patients with no choice but to endure their pain [10].

In conclusion the deficiencies in palliative care in Pakistan are undeniable. With inadequate healthcare budgets, low priority, a lack of physician training, and the absence of palliative care in medical education, the terminally ill are left in a vulnerable position. Moreover, the stigma surrounding the use of morphine, limited awareness, and cultural beliefs only compound their suffering.

However, recognizing these gaps should not leave us feeling helpless; it should galvanize us into action. Palliative care is not a luxury; it is a fundamental human right. We must call upon policymakers to allocate more resources, prioritize education, and destigmatize essential medications. Healthcare providers should seek palliative care training, and our society must replace ignorance with empathy. The media can also contribute by shedding light on this issue. By bridging these gaps, we can ensure that in the face of inevitable demise, we prioritize imperative comfort.

Keywords: Palliative care; Pakistan; End of life care; Hospice; Pain Management

References

1. Shah S, Qaisar F, Azam I, Mansoor K. Perceptions, knowledge and attitudes towards the concept and approach of palliative care amongst caregivers: a cross-sectional survey in Karachi, Pakistan. BMC Palliat Care. 2020;19(1):180.

2. Clark D, Baur N, Clelland D, Garralda E, López-Fidalgo J, Connor S, et al. Mapping Levels of Palliative Care Development in 198 Countries: The Situation in 2017. J Pain Symptom Manage. 2020;59(4):794-807.e4.

3. Wright M, Wood J, Lynch T, Clark D. Mapping levels of palliative care development: A global view. J Pain Symptom Manage. 2008;35(5):469-85.

4. Poudel A, Kc B, Shrestha S, Nissen L. Access to palliative care: discrepancy among low-income and high-income countries. J Glob Health. 2019;9(2):020309.

5. Osman H, Rihan A, Garralda E, Rhee Yohan J, José Pons J, de Lima L, et al. Atlas of Palliative Care in the eastern mediterranean region.

6. Meheus F, McIntyre D. Fiscal space for domestic funding of health and other social services. Health Econ Policy Law. 2017;12(2):159-77.

7. The Worldwide Hospice Palliative Care Alliance. 2024.

8. Ambreen A, Taj A, Zaheer H, Jabeen I, Rajwani S, Atif Waqar M. Palliative Care in Pakistan: Current Landscape, Challenges, Progress and the Way Forward. 2023.

9. Silbermann M. Palliative care for chronic cancer patients in the community: Global approaches and future applications. 2020.

10. Ahmed Shaikh O, Amin S, Shaikh G. Palliative care in Pakistan: patients endure in agony. Int J Surg. 2023;2:115.

11. Dosani N, Bhargava R, Arya A, Pang C, Tut P, Sharma A, et al. Perceptions of palliative care in a south asian community: findings from an observational study. BMC Palliat Care. 2020;19(1):141.

12. Punjwani R, Ashraf MS. Palliative care in Pakistan. Indian J Med Ethics. 2017;2(1):165-70.

13. Webster R, Lacey J, Quine S. Palliative Care: A Public Health Priority in Developing Countries. J Public Health Policy. 2007;28(1):28-39.

14. Jabeen I. Pain Management in Palliative care: Challenges and strategies in Pakistan. ehospice. 2021.