PDF version

Editorial

Nasim Pourghazian[1], Lamia Mahmoud[2] and Asmus Hammerich[3]

[1]Technical Officer, Noncommunicable Diseases and Mental Health, World Health Organization Regional Office for the Eastern Mediterranean, Cairo, Egypt. 2Regional Advisor, Noncommunicable Diseases and Mental Health, World Health Organization Regional Office for the Eastern Mediterranean, Cairo, Egypt. 3Director, Universal Health Coverage/Noncommunicable Diseases and Mental Health, World Health Organization Regional Office for the Eastern Mediterranean, Cairo, Egypt. (Correspondence to: Nasim Pourghazian: pourghaziann@who.int)

Citation: Pourghazian N, Mahmoud L, Hammerich A. . Strengthening palliative care in the WHO Eastern Mediterranean Region. East Mediterr Health J. 2022;28(8): 553–554. https://doi.org/10.26719/2022.28.8.553

Copyright © World Health Organization (WHO) 2022. Open Access. Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO license (https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Palliative care is an approach that improves the quality of lives of patients and their families when facing problems associated with life-limiting illness, whether physical, psychosocial, or spiritual (1). It is acknowledged as a crucial part of integrated, people-centered health services and a human right. In 2014, WHO Member States endorsed the World Health Assembly Resolution 67.19 on Strengthening of Palliative Care as a component of comprehensive care throughout the life course (2), recognizing the importance of palliative care for the attainment of Universal Health Coverage (UHC) and highlighting the opportunities to advance its integration into health systems through primary health care and home-based care services.

There is often limited understanding of what palliative care is, and numerous misconceptions about palliative care, combined with sociocultural beliefs about death and dying, pose serious challenges to the uptake of already scarce palliative care services (3,4). Many people, including health care professionals and policymakers, only associate palliative care with cancer and end-of-life care, while it is actually a core component of health care that should be available from the time of diagnosis and at all levels of care regardless of whether the cause of suffering is cancer, cardiovascular disease, birth prematurity, drug-resistant tuberculosis, HIV/AIDS, acute trauma, or extreme frailty of old age. The COVID-19 pandemic has shed light on the importance of palliative care, as health care systems and professionals faced situations where treatment was not available - making compassionate care even more essential (5).

Palliative care requires a multidisciplinary team approach to provide essential support to patients and their caregivers, which can include practical assistance and bereavement counselling for family members following the loss of a loved one (6). Effective palliative care offers a support system that helps optimize the quality of life and dignity of patients and should be available in every health system – whether in a stable or emergency context. In addition to the heightened quality of life and the ethical imperative to ease patients from preventable suffering and pain, studies have indicated a significant cost-saving public health impact when palliative care is integrated into health systems, allowing more effective use of resources and minimizing unnecessary and prolonged hospitalization (7,8).

Despite the growing burden of life-limiting illnesses that require palliative care in the Eastern Mediterranean Region (EMR), availability of palliative care services remains disproportionately low, with only about 1% of adults in need of palliative care receiving it (6). Coupled with the rapid increase in the need for palliative care, driven by an ageing population and increasing prevalence of noncommunicable diseases in the Region, this makes the need for better awareness and public health action urgent. Based on the World Hospice and Palliative Care Associations 2017 global mapping of levels of palliative care development, five countries in EMR have no known palliative care activity, and one country is currently implementing capacity-building activities on palliative care (6). While 12 countries offer some level of isolated palliative care services, only four countries provide generalized palliative care services. Although more than half of countries in the Region offer some palliative care services, none have reached either preliminary or advanced stage of integration (6).

Moving forward, countries of the Region should strive to integrate palliative care into their health systems in accordance with the WHA 67.19 and UHC commitments (9,10) while prioritizing advocacy and awareness-raising, strengthening professional education and accreditation in palliative medicine, improving access to essential medicines, and improving access to palliative

care for adults and children. The many ongoing humanitarian emergencies, protracted crises, and displaced populations in the Region should motivate the identification of suitable models of care that allow effective palliative care integration in all settings. The principles of humanitarianism require that all patients receive care and should never be abandoned – even if they are dying – a principle that has a significant overlap with the mission of palliative care to relief suffering, support basic needs, accompany the patient, and respect the dignity of all people (11).

To assist countries in their efforts to achieve palliative care integration, WHO/EMRO has established a regional palliative care expert network, which consists of a multidisciplinary team of local champions from across the region, who provide their expertise on regional technical tools and products across the domains of policy, human resources, and service delivery, as well as specific technical support tailored to the needs of countries when needed (12). Moreover, palliative care remains a core component of the three WHO flagship initiatives on childhood, breast and cervical cancer for which focused country support is being provided (13-15).

This special edition of the Eastern Mediterranean Health Journal is an important step to better understand some of the realities of palliative care in the EMR. It serves to provide insight and enlightenment that will guide efforts to improve access to palliative care in the Region. Achieving palliative care integration in EMR will provide opportunities to convey respect to our patients and their caregivers, and encourage them not to count their days but to make their days count.

References

1. World Health Organization. Palliative care. Geneva: World Health Organization, 2020. https://www.who.int/news-room/fact-sheets/detail/palliative-care.

2. World Health Organization. Strengthening of palliative care as a component of comprehensive care throughout the life course. Geneva: World Health Organization, 2014, https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R19-en.pdf.

3. Silbermann M; Arnaout M; Daher M; Nestoros S; Pitsillides B; Charalambous H; Gultekin M; Fahmi R; Mostafa KA; Khleif AD; Manasrah N; Oberman A. Palliative cancer care in Middle Eastern countries: accomplishments and challenges. Ann Oncol 2012;23(3):15–28 DOI: https://doi.org/10.1093/annonc/mds084.

4. Fadhil I; Lyons G; Payne S. Barriers to, and opportunities for, palliative care development in the Eastern Mediterranean Region. Lancet Oncol 2017;18(3):e176–84. DOI: http://dx.doi.org/10.1016/S1470-2045(17)30101-8.

5. The Lancet. Palliative care and the COVID-19 pandemic. Lancet 2020;395(10231):1168. DOI: https://doi.org/10.1016/S0140-6736(20)30822-9.

6. Worldwide Palliative Care Alliance. Global Atlas of Palliative Care 2nd Edition. London: Worldwide Palliative Care Alliance, 2020. https://cdn.who.int/media/docs/default-source/integrated-health-services-(ihs)/csy/palliative-care

/whpca_global_atlas_p5_digital_final.pdf?sfvrsn=1b54423a_3.

7. Sheridan PE; LeBrett WG; Triplett DP; Roeland EJ; Bruggeman AR; Yeung HN; et al. Cost savings associated with palliative care among older adults with advanced cancer. Am J Hosp Palliat Care 2021;38(10):1250–7. DOI: https://doi.org/10.1177/1049909120986800.

8. Patel V; Chisholm D; Dua T; Laxminarayan R; Medina-Mora ME editors. Mental, Neurological, and Substance Use Disorders. Disease Control Priorities, third edition, volume 4. Washington, DC: World Bank, 2015. DOI: 10.1596/978-1-4648-0527-1_ch12.

9. World Health Organization. Salalah Declaration on Universal Health Coverage 2018: The Road to Universal Health Coverage in the Eastern Mediterranean Region. Cairo: WHO Office for the Eastern Mediterranean Region, September 2018. http://www.emro.who.int/images/stories/health-topics/uhc/salalah_uhc_declaration_-_final.pdf.

10. World Health Organization and the United Nations Children's Fund. World Health Organization. Declaration of Astana, 2018. Geneva: World Health Organization. https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf.

11. World Health Organization. Integrating palliative care and symptom relief into responses to humanitarian emergencies and crises: a WHO guide. Geneva: World Health Organization, 2018. https://apps.who.int/iris/handle/10665/274565.

12. World Health Organization. Palliative care. Cairo: WHO Regional Office for the Eastern Mediterranean. http://www.emro.who.int/noncommunicable-diseases/palliative-care.html.

13. World Health Organization. Childhood cancer. Geneva: World Health Organization, 2021. https://www.who.int/news-room/fact-sheets/detail/cancer-in-children.

14. World Health Organization. Breast cancer. Geneva: World Health Organization, 2021. https://www.who.int/news-room/fact-sheets/detail/breast-cancer.

15. World Health Organization. Cervical cancer. Geneva: World Health Organization. https://www.who.int/news-room/fact-sheets/detail/cervical-cancer.

Thursday 11th of July 2024 05:51:49 PM