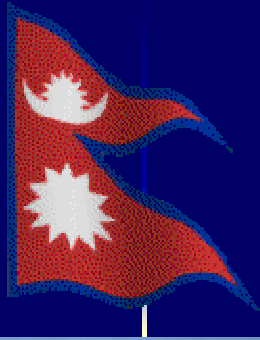


Establishing a palliative care service in a cancer Hospital in Nepal; Meeting the challenges

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Bhaktapur Cancer Hospital
Nepal



Greetings From Nepal



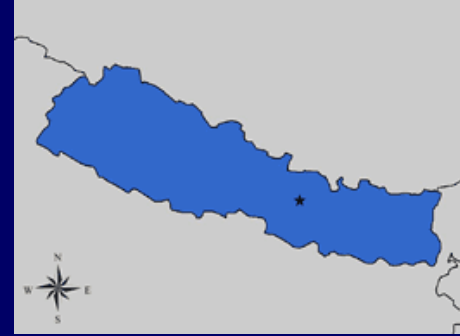
Topics of Discussion

1. Health statistics, Nepal
2. Status of palliative care services, Nepal
3. Palliative care services in Bhaktapur cancer Hospital.

Health statistics



Demographic



- Nepal has 24.2 million inhabitants (estimate 2003)
- 14 % of the population lives in urban and 86% in rural areas
- Population growth is presently 2.27%

Contd..

- Per capita income is only US\$220
- half of the population live on less than US\$1 per day.
- 38% of the population live below the poverty line.
- Illiteracy is very high, with around 40% of men and 75% of women not able to read or write.

Health economy

- Health expenditure: US \$ 11.2 per head (5.3% of GDP)
- Out of this 69% by out of pocket.
- Government input: 16% of total health expenditure.
- NGO: about 15% of total health expenditure
- No health insurance system.

Contd....

- Only 29% of the poor can reach a health facility within half an hour,
- While 57% of the wealthiest households can.
- the bed to population ratio is 1 bed to 2,993 people.
- The public sector has only one medical doctor for each 18,500 inhabitants.
- one nurse for 4000 people, a paramedic or health assistant for 4500 people, a VHW for 6000 people,

Status of palliative care Nepal

Palliative care in Nepal

- No Well organized palliative care systems
- Palliative care has to be done by primary physicians/ surgeons.
- Subject of Least priority:

Palliative care Services, Nepal

- Terminal care services in Pashupati Arya Ghat, next to the cemenetry, Kathmandu. (Not very scientific, more of traditional): 1995
- Hospice Nepal, Lalitpur: 2000.
- Palliative care service in Bhaktapur Cancer Hospital: 2004
- Palliative care Unit: Sheer Memorial Mission Hospital, Banepa: 2004
- Pain clinic : TUTH, Kathmandu:
- Hospice: BPKMCH, Bharatpur : 2005
- Palliative care: Bir Hospital, Kathmandu (expected).
- Pain clinic: Nepal Medical college, Jorpati, Kathmandu: 2004
- Palliative care , Kanti children hospital, Kathmandu (expected)

Mainly concentrated
in and around Kathmandu, The Capital city.
Only 50 inpatient beds

INCTR for palliative care development in Nepal

- Has been playing as an active catalyst since 2002. (INCTR/NNCTR)
- Dr Stuart Brown *(Director of the Palliative Care Program, INCTR)* and team: Active initiation to develop palliative care, Nepal.
- Dr Fraser Black and team Regular visit has boosted our moral.
- Regular visit and vision of Dr Ian Magrath *(President, Director, INCTR)* has given us fuel in our mission.

Cancer Services/Cancer Hospital Nepal



Comprehensive Cancer Hospital Nepal

- BPKMCH, Bharatpur: National Cancer Hospital: 100 bedded.
- Bhktapur Cancer Hospital 32 bedded (recently 44 beds)



Bhaktapur Cancer Hospital

Establishment 1998

1. *His Majesty's Government of Nepal,*
2. *Nepal Cancer Relief Society.*
3. *Rotary International,*
4. *Local community of Bhaktapur.*



Journey

- 15 bed
- 44 beds
- Complete cancer hospital

Organization

- Autonomous,
- Non-profitable,
- Charitable organization
- management committee:
 - representation from
 - Nepal Cancer Relief Society,
 - Ministry of Health,
 - Rotary Club and
 - Local Community of Bhaktapur

Services and facilities

- Preventive
- Curative:
 - Radiotherapy
 - Medical oncology
 - Surgical Oncology
- Palliative



Bhaktapur Cancer Hospital ***Statistics***

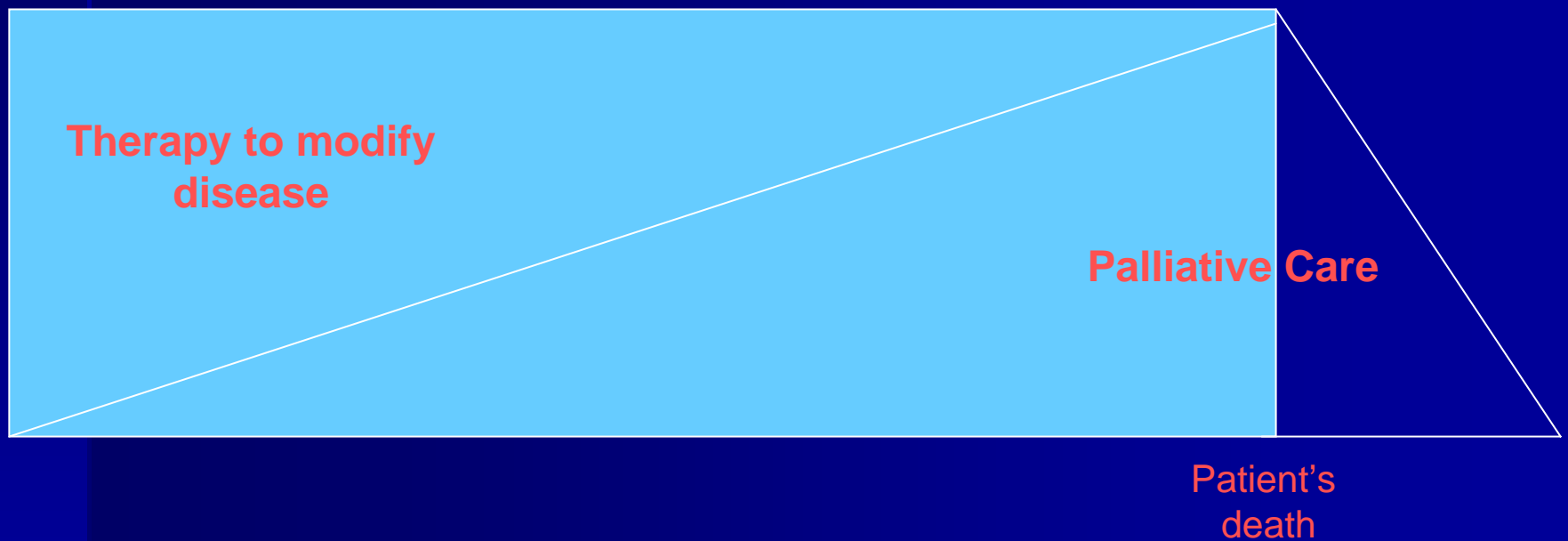
Services	1999	2000	2001	2002	2003	2004	2005
OPD New Patients	419	1152	2016	2643	2898	2944	5016
Admission	438	704	1064	1833	2093	2434	2578
Surgery	-	-	-	103	205	218	229
Radiotherapy	25	174	298	360	379	468	522

**Do we need
a palliative care service
in Cancer Hospital ?**

As a separate service?

Palliative Care (cont.)

■ Current Model (CHPCA, 2002)



Presentation/
Diagnosis

Illness



Advanced
Life-threatening

Bereavement

**Palliative medicine should not be
viewed as a separate specialty, but
rather as complementary
to
comprehensive cancer care.**

**Nelson KA, Walsh D: The business of a palliative medicine-
part 3: the Development of a palliative medicine program in
a an academic medical center:**

Am J Hospice Palliat Care 20: 345-352, 2003.

Burden of the patient Needing palliative care. 2005

Bhaktapur Cancer Hospital

Bhaktapur Cancer Hospital

2005

- NO of OPD Visit: 5016
- In patient Admission: 2578

Out patient Visit:

n= 5016

- On Best supportive care: 18%

In patient n= 2578

- Supportive care: 831 (32%)
 - Terminal care: 68
- Routine Chemotherapy: 1413
- Surgery: 112
- Miscellaneous: 145

Nearly 70% admitted patient needed some sorts of palliative supportive care mainly symptom control.

Supportive care (In patient) n= 831

Reasons for admissions:

- Pain: 112
- Poor food intake/ cachexia: 97
- Dyspnea: 87
- Vomiting: 76
- Pleural effusion: 66
- Ascitis: 58
- Diarrhea: 55
- Severe mucositis: 34
- Paralysis: 32
- Urinary retention: 28
- Upper airways obstruction (strider): 23
- DVT: 19
- Convulsions: 17
- Hemoptysis: 15
- hematemesis: 14
- Intestinal obstruction: 12
- Miscellaneous: 66

Routine Chemotherapy (n=1413)

Almost all needed some sort of
symptoms control

Routine Radiotherapy visit

n= 200

Almost all the patients needed some sort of symptoms needing treatment.

Survey(2005)
Patient on Best supportive care
n= 70

- Wants to continue Treatment in Cancer Hospital itself: 73%
- Wants to continue treatment at home: 16%
- Wants to continue treatment in Hospice away from the Cancer Hospital: 8%
- Do not know: 3%

Survey(2005)
Cancer Patient visiting Bhaktapur Cancer
Hospital
n= 250

**Need of Separate Palliative care service
and team?**

- Yes: 78 %
- Does not matter: 16%
- Do not Know: 6%

History of palliative care services

Bhaktapur Cancer Hospital

Scenario in BCH Before 2002

- No concept of having Palliative care Services separately.
- Doctor Dependent services:
 - Only oncologist.
 - No trained residents/ paramedics
 - Less time and attention.
 - Inadequate interest among the oncologist
 - Main thrust is only in symptoms control
 - No oral morphine/ and Fantanyl patch
 - inadequate treatment (lack of knowledge/resources)
 - Inadequate follow up
 - Inadequate counseling (lack of time)

Palliative care in the Year 2002

Bhaktapur Cancer Hospital

Need of improvement in palliative care services is felt strongly

1. Management of pain in advanced cancer
2. Management of other symptoms
3. Information and support for patients and caregivers
4. Attention to comfort and basic care those dying in hospitals.

Existing Challenges.

Lack of expert manpower.

NO full time palliative care physician or any qualified palliative care physician in the country.

Survey

Medical Students/ Residents

- Final year Medical Students: n= 100
- Residents Doctors: n= 75
- None of them have chosen palliative care as their choice for their Medical carrier
- None of the Medical students knew that any academic degree in palliative care existed.
- Only 4 of the residents knew that there is some form of academic degree in palliative care.
- None of the residents/ Medical students are interested to study palliative care if it is a Diploma degree.
- 15% of the Students/ Residents are interested to pursue the course in palliative care if it is Master Degree and if they are given a free offer. **(NOT Really out of the interest)**

Other Challenges

2002

- Other priorities area
- Very little knowledge among health care professionals
- Lack of resources
- Lack of awareness in the community
- NO Oral morphine.

**Palliative care Activities
BCH
In the year 2002**

Visit of Dr Stuart Brown on Behalf of INCTR

Breaking the Ice

Selection of Coordinator for the palliative
care services.

Palliative care Activities BCH In the year 2003

- Organized 1st Symposium in Palliative care In Nepal.
- To increase awareness and interest among the Residents/paramedics/staff
 - Series of CMEs on various aspects of palliative care.
 - Regular Bed sides teachings (practicals)
- Guidelines on pain management
- Developed a "Pain assessment chart."

Pain Assessment chart.

BCH

PAIN AND PALLIATIVE ASSESSMENT CHART BHAKTAPUR CANCER HOSPITAL

PATIENT'S NAME : _____ J/N PATIENT NO : _____


AGE / SEX : _____ DATE : _____

ADDRESS : _____ HABIT : ALCOHOL - YES ? NO
DRUG DEPENDENCE - YES / NO

COMPLETE DIAGNOSIS : _____

PAIN INFORMATION :

1) SITE : (EXTERN-E, INTERNAL-I, BOTH-IE, INDICATE BY NUMERICAL
IF PAIN IN MORE THAN ONE SITE)



2) DATE OF ONSET :

- 1.
- 2.
- 3.
- 4.
- 5.

3) CHARACTER OF PAIN : (VISCERAL -V, SOMATIC-S, NEUROPATHY-N)

- 1.
- 2.
- 3.
- 4.
- 5.

4) SEVERITY :

	1	2	3	4	5	6	7	8	9	10
1.										
2.										
3.										
4.										
5.										

5) PATTERN : (ACUTE-A, SUB ACUTE-S, CHRONIC-C)

- 1.
- 2.
- 3.
- 4.
- 5.

6) TEMPORAL PROFILE : (INTERMITTENT-I, BREAKTHROUGH-B, INCIDENT-IN CONTINUOUS-C)

- 1.
- 2.
- 3.
- 4.
- 5.

7) AGGRAVATING PROFILE : (E.G. WALKING, STANDING, LIFTING)

- 1.
- 2.
- 3.
- 4.
- 5.

1) RELIEVING FACTORS : (E.G. MEDICINE, REST)

- 1.
- 2.
- 3.
- 4.
- 5.

2) WHEN IS THE PAIN MORE SEVERE ?
(MORNING-M, AFTERNOON-A, EVENING-E, NIGHT-N)

- 1.
- 2.
- 3.
- 4.
- 5.

3) SLEEPING DISTURBANCE :

YES -
NO -

ACTIVITY LIMITATION :

YES -
NO -

PERFORMANCE STATUS (ECOG) -

2) ASSOCIATED SYMPTOMS AND SIGNS :

- 1.
- 2.
- 3.
- 4.
- 5.

3) PREVIOUS ANALGESIA :

NAME	DOSE	ROUTE	FREQUENCY
1.			
2.			
3.			
4.			
5.			

4) PRESENT ANALGESIC :

NAME	DOSE	ROUTE	FREQUENCY
1.			
2.			
3.			
4.			
5.			

5) PAIN DIAGNOSIS : (PAIN DIRECTLY RELATED TO CANCER - C, PAIN RELATED TO CANCER THERAPIES-T)

- 1.
- 2.
- 3.
- 4.
- 5.

6) COMMENTS :

7) TREATMENT PLAN

Achievements 2003

- All the residents and paramedics were aware of importance and scope of palliative care.
- Could assess pain and manage properly.
- Could manage physical symptoms
- Understood the importance of psychosocial, religious and also family/ care takers

5 in patient beds out of 32 for palliative care.

Achievements 2004.

- Training: (INCTR)
 - Oncologist: Observation of Palliative care set up, Calicut, India.
 - Nursing: 2 staff nurse: underwent 6 weeks training course
- Pain Clinic:
 - 3 Days a week,
 - To those with Chronic pain not under control
 - To those needing step III pain management.
 - Link up with pain clinic, Teaching hospital For invasive pain management e.g nerve block etc.
- 24 hrs emergency counseling on phone:

Palliative Care in BCH

Pain Clinic



Palliative care beds



Academic activity



Psychosocial support



Collaborative efforts

- Hospice Nepal: 1st Hospice of Nepal
- Palliative care services, Sheer Memorial Hospital.
- Hospice services, BPKM Cancer Hospital (National Cancer Hospital)
- Pain Clinic: Teaching Hospital
- Nepal Cancer Relief Society.
- NNCTR, Banepa.

Bhaktapur Cancer Hospital Year 2005.

Oral morphine made available in the Hospital for the First time as soon as it became available in the country.

Cancer Support Care Program (CSCP) started.

Cancer Support program

- To help newly diagnosed cancer patients and cancer survival to have better quality of life by helping:
 1. to cope with uncertainties of life
 2. and to alleviate symptoms and side effects of treatment
 3. To provide supportive activities like:
 1. Psychological support,
 2. Alternative modality classes: nutrition, stress or fatigue management
 4. To form support group of volunteer to help cancer patients and their family

Cancer support care program



Problems

- Rising Number of the patients.
- Increased burden on the oncologist.
- Need of increasing the other facilities: other areas of priorities for the Hospital managements.
- Increasing turnover of the residents and paramedics.

Year 2006.

Progression was hampered drastically due to the turnover of trained residents and nursing staff.

NO more trained staff

What went wrong ?

**NO Dedicated palliative
care unit**

Result of not having a separate unit.

- The Trained manpower had to work in other sector too:
 - Efficiency compromised
 - Motivation limited
 - No team work/spirit
 - Inability to deliver the service continuously by the trained manpower.
 - Even Patients and family were confused about the palliative care.
- Staff turnover created the vacuum.

What next ???

**Should have a
“dedicated palliative care unit”
for its long run and
efficient work.**

Most important Task

- To have a separate
 - Ward/Out patient clinic
 - Staff
 - Place for administrative work and logistic back up

(Challenges for the Management team
NO Budget/ NO Place)

Lobbying

Could convince Management Board
about the importance of having a
dedicated palliative care unit

Advantages specialized palliative care Unit in a Cancer Hospital

- Shares Burden from the Oncologist
 - Shift from Doctor based practice to team based practice.
- Helps Hospital/ Institute to develop a **system of palliative care** where all the staff will work under the system this in terms prevent from collapsing of the services even in the state of high turnover of the staffs.

Advantages specialized palliative care Unit in a Cancer Hospital

Focused care motivates staff, their works is easily appreciated, increases staff satisfaction, this in terms helps staffs retention.

Advantages specialized palliative care Unit in a Cancer Hospital

1. Time intensive communication with patient and family
2. Expertise in pain and other symptom management
3. Coordination with the treating physicians according to plan of care, safe and effective discharge/ follow up planning
4. Coordination with the local physicians, community hospitals/ Hospices for continuation of palliative care.
5. Efficient management of palliative care emergencies
6. Extension of services as home care services.

Increases **patient and family satisfaction** with hospital services and builds loyalty to the **institution**.

Hospital based palliative Care Program.

Palliative care programs structure a variety of hospital resources medical and nursing specialists, social workers, Clergy to effectively deliver the highest quality of care to patients with advanced illness, vigorous pain and symptoms control is integrated into all stages of treatment.

Increases patients and family satisfaction

maintains high quality of care

Maximizes Hospital efficiency.

Lucky days end of the year 2006

Twining
with the

"Nanaimo Hospice Society",

Canada.



Staff

**Year 2007
(January)**

Bhaktapur Cancer Hospital
Palliative care program

Newer phase

Bhaktapur Cancer Hospital Palliative care program

- Aims and objectives:
 - To develop a Comprehensive palliative care service
 - To develop 'hospital based palliative care program' as a model
 - To develop as a training center for palliative care in the country.

Bhaktapur Cancer Hospital Palliative care program (Present status)

■ Services:

- 12 inpatient beds
- Daily out patient service
- 24 hrs Emergency service
- 24 hrs Emergency phone call services.
- Cancer support care programs by volunteers.
- Psychosocial counseling

Bhaktapur Cancer Hospital Palliative care program



CSCP Hall

Cancer support care programs complementary to palliative care (goal)

- To improve the Quality of Life for cancer patients and their families.
- To reduce the severity of side effects related to cancer and its treatments.
- To provide supportive programs during the time of diagnosis, treatment and post-therapy including group support, exercise and complementary/alternative medicine (CAM) classes, and nutrition, fatigue reduction, pain management, and recreational activities (*Art for Recovery*).
- To provide patients and families/friends with information and education about their illness through lectures, classes, literature, videos.

Working team

- Presently:
 - Coordinator: Medical oncologist
 - Consultants: Oncologist
 - Residents.
 - Nursing team (Main work force)
 - Counselor
 - Volunteers/ Social workers
 - Administration clerk (supported by hospital administration)

Prerequisites of a palliative Medicine program in a cancer Center.

1. Palliative Medicine as a part of Medical Oncology:

It is important that palliative medicine be of part of medical oncology structurally and administratively to allow better coordination of care for patients with advanced disease.

- Nelson KA, Walsh D: The business of a palliative medicine- part 3: the Development of a palliative medicine program in a an academic medical center:
 - Am J Hospice Palliat Care 20: 345-352, 2003.

Prerequisites of a palliative Medicine program in a cancer Center.

Contd..

2. A physician trained in palliative medicine is the cornerstone of the service. The skill set required includes:
 1. Communication
 2. Control of symptoms
 3. Management of complications
 4. Care of dying
 5. Psychosocial care.
 6. Coordination of care
 7. Discharge planning.

Prerequisites of a palliative Medicine program in a cancer Center.

Contd..

3. Acute inpatient palliative Medicine Unit
 - Dedicated inpatient unit.
 - Patients are admitted mainly for symptom control and management of advanced disease.
 - Once this is accomplished patient discharged either to home or an appropriate inpatient facilities.

Working strategy 1

- Case are referred by the oncologist
- Initial detail evaluation will be done by palliative care nurse on duty.
- Consultant will review the problem and treatment planning is done along with the palliative care nurse/ resident
- Palliative care nurse/ resident in turn coordinates the treatment plan.

Working strategy 2

contd..

- Patient needing inpatient care is admitted: Acute inpatient Palliative Medicine Unit.
- Ambulatory patients are seen in out patient palliative care service which is run daily along with other out patient services.
- Patient needing hospice/ Home care services are referred to these services.

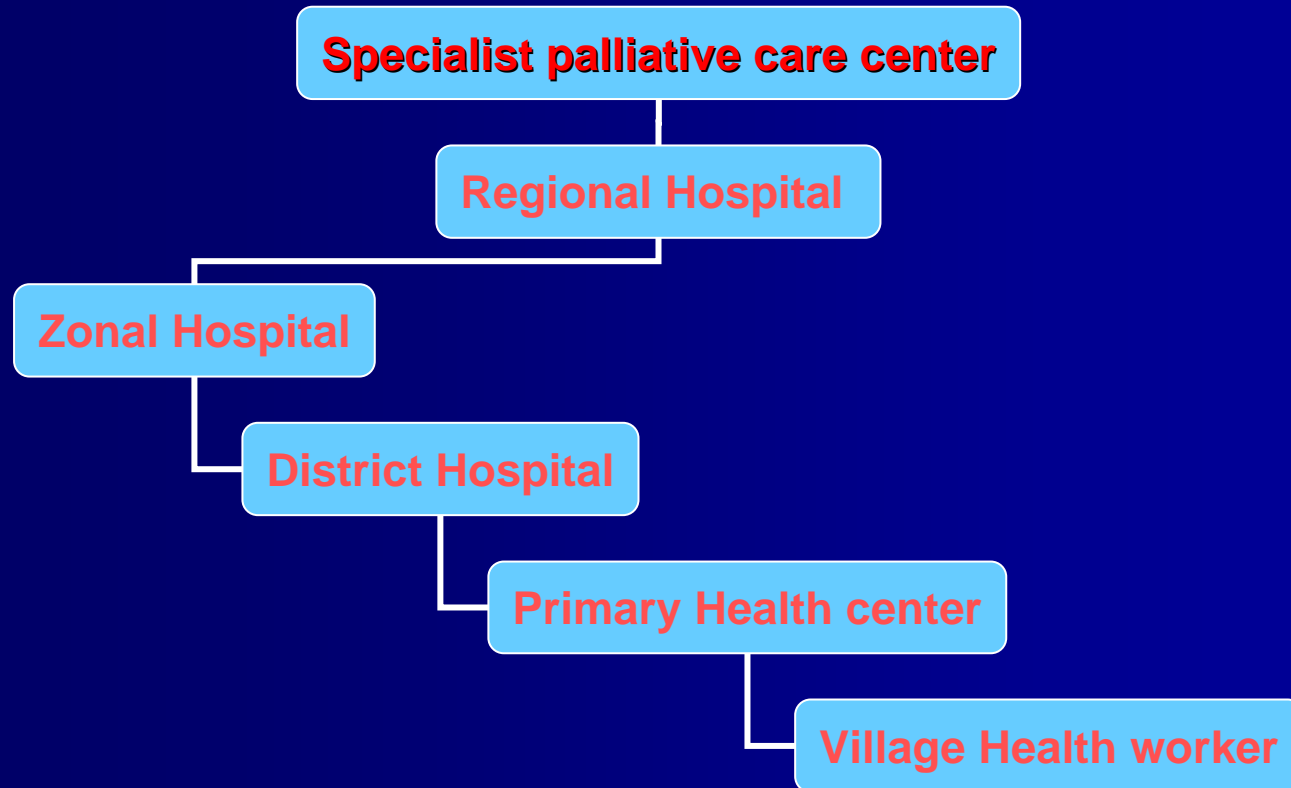
Working strategy 3 contd..

1. To take care of Palliative care emergencies
2. To Link with other National and International agencies for the development of palliative care service
3. Academic activities/ research activities.
4. Charity work.

Future strategy

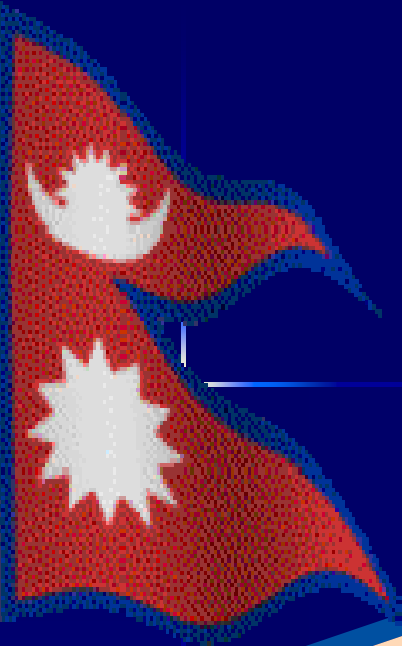
- Community out reach program
 - Mobile clinic.
 - Volunteers/ community health workers.
- Training Center/ Research activities.

community out reach program



Conclusions

- Palliative care has been a long need in Nepal.
- Integrating palliative medicine with cancer care provides substantial benefits to patients with advanced disease.
- A dedicated inpatient palliative medicine unit provides specialized medical to this unique patient population.
- A comprehensive integrated administrative structure that is responsive to the needs of patients/ families and is able to assist oncologist will allow a palliative medicine program to be viable .



Thank you

Back ground of nursing staff.

- Selected highly motivated staff who are already working in the hospital and familiar in dealing with cancer patients.
- Two of them had received a short introductory course in palliative care

Staff Selection strategy

- Series of Introductory classes on palliative care to Nursing staffs.
- Discussed on the scopes as a Palliative care nurse in the country.
- Selected highly motivated staffs who are willing to develop their carrier in palliative care.

Staff training strategy

- Theory Classes will be continued
- Staff will be encouraged to study and do presentations on specific subjects.
- Reading materials and access to internet will be provided.
- Bed side teaching will be done.
- Hands on training will be given regularly.
- Opportunities will be given to do some basic and advanced training on palliative care in near future
- Experts from abroad will be invited to help us.