The Need for End-of-Life Palliative Care for Elderly terminally-ill Cancer patients in Nigeria

A Policy Brief by Dr Olanrewaju Onigbogi

Abstract
The Nigerian Medical System has been conservative in the use of pain killers for terminally ill patients especially for cancer patients. This has become more prominent as the population of the elderly in Nigeria including those who have cancers and co-morbid conditions increase. The current health system also does not guarantee access to quality health for these elderly patients who are most likely retired from active formal work and live on stipends as retirement benefits or had been in the vast informal sector with no regular stipend payments. Poor funding of healthcare in this group further complicates the issues and makes quality end-of-life care for them near impossible. Therefore there is a need for concerted efforts to ameliorate the pain that these persons experience by introducing end-of-life palliative care with provision of pain-relieving medication and increasing their quality of life.

Statement of the problem
Globally, it is estimated that the number of people aged 60 years and above will double from the current 600 million to 1.2 billion by 2025.[1] Although the proportion of older people is higher in the developed countries, the percentage increase of the elderly population is much greater in the developing world.[1] A total of 80 percent of the one million people reaching the age of 60 years every month are in the developing countries.[1]

In the traditional African society, the family has been the most natural and conducive social organization for the care and support of the elderly.[2, 3, 4] However, industrialization and urbanization is eroding long standing patterns of interdependence between the generations of a family, often resulting in financial and emotional hardship for the elderly.[5-7] The diminished family roles as a result of one or a combination of these factors put the elderly in a position of risk of abuse.[5] The traditional caring and social support mechanisms now appear to be under increasing strain.[7]

Current situation
While ageing in itself is not a disease, old age leads to frailty and sickness and increasing demands on the health sector. This puts pressure on the health care systems in developing countries with a growing population of older persons. This challenge is further compounded by the loss of status and dwindling resources that characterize retirement from active service.

Suggested Options and expectations
One policy option will be to include older HIV/AIDS and cancer patients in planning for Universal Access to health care initiatives by Nigerian health authorities. This is not the situation currently. The second option is about increasing awareness on palliative care. The stakeholders

in healthcare, policy makers and opinion leaders need to understand and recognize the value of palliative care. At the moment, the level of awareness in very low across all these groups. The option 3 will be to consider a need for investment in education of health personnel in order to meet up with growing community needs. These gaps address by the formulation of policy options in inadequate funding have to be addressed from allocation (at the level of elected officials in the executive arm of government, to appropriation (by the legislative arm of government) and execution by the executive arm of government. There is a need for the officials to realize that palliative care promotes comfort, alleviates suffering and improves quality of life.

The fourth policy option relates to investment in palliative care. Stakeholders need to understand that spending money on palliative care activities is not a waste because palliative care enables people to focus on what matters most to them. Therefore funds spent on palliative care are spent for the common good and in the overall interest of public health.

In addition, funding for palliative care activities should increase because the need for the option is on the rise mainly due to growth in overall population, higher proportion of aged persons and increasing incidence of chronic diseases. Funds targeted at improving community palliative care also reduce the demand for hospital beds which resulting in improved overall national health efficiency. Moreover, some studies have indicated that the overall cost of palliative care services is usually less than care in an acute bed or intensive care bed.

The most feasible policy option to implement in Nigeria is the one that increasing awareness about best practices in palliative care among critical stakeholders. this has the tendency of having a ripple effect on other policy options. A review of the existing practices and inclusion of new training modules on palliative care in the curriculum of health education institutions is also a viable policy option that is relatively easy for the country to implement.

Policy options

1. Options related to Improved overall health policies
a. Need for Legislative reform to support the establishment of end-of-life palliative care centers for elderly persons who have cancers and associated co-morbidities.

b. Need for review of current policies on use of opiods and other drugs with strong pain-killing properties.

2. Option related to increasing awareness on palliative care

a. Increased awareness among key stakeholders in healthcare and the general community.

3. Options related to improved education

a. Need for introduction of training modules in the curriculum of undergraduate medical and nursing students.

b. Need for extra training in geriatric medicine nursing and medical practitioners with special interest in end-of-life care.

4. Option related with increased funding

a. Need for funding innovation in Palliative Care and reviewing funding models to drive changes in policy.

Implementation strategies for the policy options

The policy options listed in the previous section would be implemented via the following means:

1. Integrating the strategy into all horizontal national programmes which would also encourage the insertion of quality generic medicines related to palliative care as part of the national essential medicines list. Furthermore, there is the urgent need to strengthen existing laboratories to conduct activities in support of palliative care.

2. Setting up of a National Palliative Care support group: In order to make the process of integration of palliative care efficient, a National Palliative Crae support group which will work to collect, coordinate, monitor and share data regarding palliative care. This national group can then work with regional centres to develop model protocols for other centres to follow. The suport group with interested researchers to develop educational materials to increase national awareness about the subject. This group would also work with relevant Non-governmetal Organizations and the media.

3. Harmonising policies on palliative care and ensuring synergy with the National Communicable and Non-Communicable Diseases (NCD) Control Programmes.

4. Passing of bills to address issues of stigmatization and discrimination of persons undergoing palliative care especially those on end-of-life medication or gadgets.

5. Increasing awareness in health and health-related institutions: This includes advocacy for increased awareness and resource mobilization for palliative care. the modules for training health workers would also involve developing robust multi-level communication strategies.

6. Improved Research: Establishment of research teams with a regional spread in order to determine the efficiency of palliative care programs.

Resource implications

Comprehensive palliative care programs are cost-intensive and require sustainable funding.

1. Funding from the Federal Government: This would be in form of direct funding of Government as a percentage of the overall health budget. Government can also secure funding for paliative care through Value Added Tax (VAT) or special taxes paid by companies who manufacture products targeted at the elderly.

2. Support by State and Local Governments: State governments can fund palliative care programmes at their level. Local Government authorities should also be encouraged to support pallitive acre by having specialised clinics.

3. Grants from Foundations and Agencies: Support in cash and kind from local and international aid agencies cabn be in form of single or counterpart funfing in support of palliative care programs.
4. Private Sector participation: Indigenous and multi-national companies should be encouraged to implement innovative support programs. There should also be scholarship programs targeted at under-graduate and post-graduate students interested in specialised advanced palliative care training.

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