

June 8, 2018

An Evidence-Based Policy Brief

Improving Older Persons' Access to Palliative Care in Guatemala

Executive Summary

Key messages

The problem

An estimated 28,500 Guatemalans experience advanced, chronic illnesses, such as cancer, heart, lung or renal disease, and HIV/AIDS.¹ Thousands of them suffer significant pain related to their diseases, as a result of being denied morphine or other strong pain medication. This pain can generally be controlled and treated well with inexpensive medications and eased with palliative care, which is a health service that includes treatment of pain but focuses on improving the overall quality of life with life-limiting illnesses. According to a Human Rights Watch report, Guatemala's lack of effort to ensure access to palliative care, regulatory barriers, and unnecessarily restrictive and complex regulations on controlled substances prevent many patients with pain to needless suffering, with devastating consequences for them and their families.

Only four public or government-supported hospitals offer palliative care: All are in Guatemala City, although nearly 80 percent of the population lives elsewhere. Only 50 to 60 out of around 14,000 doctors in Guatemala have special prescription pads needed to prescribe morphine, all of whom work in Guatemala City. Only 3 pharmacists in the country, all in Guatemala City, consistently carry opioid analgesics.

The populations that are mainly affected by the limited access to palliative care are the most vulnerable, including marginalized populations, disabled people, children, and, older persons. Out of the marginalized populations mentioned, pain is very frequent, especially in older people, and it is estimated that between 40% and 80% of older people with non-cancer pain and 40% with cancer pain receive no analgesic treatment. Many national health programs and strategies for cancer and HIV have no provisions to ensure access to palliative care for older people. According to the Pan American Health Organization, the population of older persons is increasing, and non-communicable disease are the most common causes of morbidity and mortality, resulting in a large older population with particular health care needs in Guatemala.

Lack of education for health professionals in Guatemala is another cause of limited access to palliative care. Availability of undergraduate education in pain management and palliative care is very scarce in the countries surveyed in the Americas.² It is available in only a few or some programs. Instruction on palliative care is compulsory

only in a few in Guatemala. Although all the region's larger countries have opportunities for post-graduate medical education in pain treatment or palliative care, these are lacking in the less-populous countries, such as Guatemala.

Policy options:

Option 1: Increase rational access to opioids at national level

Firstly, the government should take responsibility and ensure that a minimum number of pharmacies and hospitals that stock morphine are established in each region, including the rural areas of Guatemala. Specific professionals should also be assigned certain tasks to work with opioids. Not only is stocking important, but importing, transporting and delivering of opioids should be regulated as well.² Some barriers to this option can be potential abuse and costs since opioids are high alert medications.

Therefore, the government should not fail to ensure an effective distribution system for controlled medications to prevent potential abuse. Drug companies could also be contacted to see if the government can receive discounts or educational programs to educate everyone on the uses of opioids. The government could implement a program dedicated to the provision of opioids in a few cities first to experiment how the program would run in a few cities.

Based on this trial, results will show what needs to be improved on and what strengths the government possess to run an opioid program. Once a trial period has finished, the government could increase the number of pharmacies to work with and mix in improvements and modification from the previous trials. Cost should also be considered to extrapolate how much resources the provision would need. Cost is one of the biggest barriers since money is required in every step; importing more opioids, delegating people to handle logistics, and creating new facilities in rural areas to house these medications.

Option 2: Develop palliative care policies

Secondly, developing official policies and protocols on pain management and palliative care, including as part of cancer and HIV/AIDS control programs would be very important for the government.² To create these policies, experts in the field are needed to help guide the development and provide insight to mend a policy that would satisfy the needs of the patients, healthcare workers and the government. In addition, guidelines specifically for older population should be developed as they have different pharmacokinetics and pharmacodynamics of medicines.⁹ All the healthcare professionals, including those who are specialized in geriatrics, should get together to develop practical guidelines on pain management and palliative care for healthcare workers to utilize in the future, so that they are able to provide the older patients and general population with more accurate and personalized treatments to control their pain. Since the guidelines can be subjective and vary depending on certain healthcare professionals, it is also important that many different healthcare professionals participate in developing policies and protocols to ensure that the guidelines are appropriate and safe. Bringing together various professions may not be an easy task since resources would be needed. The government and the WHO as well as private organizations may be able to help fund the development. Social media can also play a role to increase awareness and could even help raise funds. Time may also be an issue since it may take months to weeks for the policy to be written. Comparing the guidelines to other countries that have better established system and guidelines would also be helpful.

Option 3: Include palliative care in educational programs

Investing in educational programs or classes to train healthcare workers, including doctors, nurses, and pharmacists, at both undergraduate and postgraduate level, would allow them to prescribe, dispense and administer pain medications appropriately and safely.² Proper education is needed for not only health care workers, but the patients and their families as well. It is important they understand the treatment being given to them and why the patient can benefit from it.

This option brings in the cost-related barrier once again. Relocating the government's revenue to develop thorough programs and classes can resolve this obstacle. Also, the government can possibly request for volunteers who are currently practicing as healthcare professionals in developed countries with well-established opioid educational program. If the government has issues requesting volunteers, the WHO and other charitable medical associations could be reached out to provide assistance.

Option 4: Review Drug Control Regulations:

The government with the support of WHO should review drug control regulations to assess whether they unnecessarily impede accessibility of pain medications.² Health care providers should participate in conducting this review as well. After the review, if regulations are found to be too restrictive and impeded access, they should be amended. Simplifying the requirements and steps to obtain special license should also result in easier access to these medications for the patients. Special prescription procedures should also be minimized. Limitations on the daily supply and amount of the medications should either be abolished or decreased. Potential abuse can also be one of the barriers to this option. Therefore, closer monitoring by the government with the support of WHO would be necessary.

Implementation strategies:

Work with media: To ensure the government is fully committed to the strategies, media can help play a role by updating people around the world what is occurring and if the government is properly executing each step. The media could interview the citizens and show their reactions to what the government is currently doing or if the citizens feel the government is committed to make a change. Since the world is connected through media, everyone around the world would be watching and the government would receive pressure from the international community as well.

Provide incentives such as recognition for their work with palliative care. If the country could provide the best care in the world, thousands of people would travel to the country to learn how to provide that care or patients may rather receive care there instead of their home country. This could help boost the economy with an influx of travelers and patients. Satisfaction from its citizen is also a big incentive. If people are satisfied with the efforts of their government, they would love their country more and be less prone to immigrate.

Empower citizens and involve celebrities: Citizens could become powerful voices to gain political access to the government. People should be encouraged to take office to fight for policies that promote change. If people are not up to the task, politicians could also be influenced by its citizens. People could hold events and collaborate with international organizations to promote awareness. Celebrities can

also help influence as well as promote changes. Celebrities can bring lots of attention to the country and topic which may pressure the government as well.

Create a dedicated government bureau. The government should also create a bureau within its health department to oversee and monitor the progress of the program. This branch would focus solely into palliative care in the beginning to spur it’s growth. Once it becomes fully functional, the bureau should put effort into further improving and updating it’s palliative care to international standards. It will also become the liaison between the government and its people, providing information to both sides to improve communication. The bureau members could also attend international conferences to provide updates with the international community as well as learning about new practices.

Implementation considerations

Table A. Implementation considerations

<i>Barriers to implementation</i>	<i>Strategies for addressing implementation barriers</i>
<p>Potential to develop Substance Use Disorder [Lack of Education on proper use of opioids and lack of a national monitoring system are barriers that increase the potential for misuse]</p>	<p>Implementation of Effective Distributing system Create a monitoring program</p> <ul style="list-style-type: none"> • Creation of online portal available to health care providers to access prescribing information as well as patient records outlining the dates/times they picked up opioid medication. • Require government issued identification in order to receive medication and start the program in few cities, and reassess progress before expanding. • Educational hand-outs and counselling sessions available to patients, caregivers, and healthcare providers
<p>Cost of Medication [Cost is always an important factor to consider, extra resources would need to be provided at additional cost]</p>	<p>Importing and producing more low cost opioid medications Widening the availability opioids by setting up distributors to negotiate costs, and reallocation of the budget.</p> <ul style="list-style-type: none"> • The availability of opioids will offset the costs spent by the government on emergency hospital visits the patients inevitably will have if they do not receive adequate pain management. • Gaining Access to appropriate licensures to grow poppy plants within the country to decrease the need for importation from other countries to decrease cost and provide quicker availability • Subsidizing and allocation of funds in specific patient populations such as cancer and other terminally ill patients to increase availability and resources needed to provide adequate treatment.

<i>Barriers to implementation</i>	<i>Strategies for addressing implementation barriers</i>
<p>Education of Healthcare providers in palliative care [Knowledge and safety of prescribing, dispensing, and administration of pain medication is a vital asset that needs to be more standardized throughout the profession]</p>	<p>Relocating the government’s revenue to develop thorough programs and classes Assistance from government resources and volunteer organization will be utilized in order to provide the proper standards and training</p> <ul style="list-style-type: none"> • Updating palliative care standards by attending international conferences to provide updates on new practices and techniques • Increasing the training and education of students in undergrad and graduate medical, pharmacy, and nursing programs
<p>Improving Access [Overregulation of opioids needs to be amended in order for patients to have better access to pain medication and be aware of their proper usages]</p>	<p>Gaining Access to medications on the essential medicines list Increasing availability of pain medications available to patients by their providers by enforcing strategies outlined in the palliative care resolution laid out by the WHO</p> <ul style="list-style-type: none"> • Improving the availability of medications, and gain collaboration with other countries to provide an international network to create workshops and strategic action plans. • Providing healthcare professionals with the tools and resources to monitor narcotic usage in patients to expand providers the ability and knowledge to prescribe opioid medications. • Increase the availability of prescribers and pharmacies able to carry pain medication by amending the laws such as the restrictive access to opioid prescription pads and verification letters required in order to obtain opioid prescriptions. • Develop a formulary that contains the essential medicines list recommended by WHO to provide optimal palliative and hospice care.

Next steps

The aim of this policy brief is to foster dialogue and judgements that are informed by the best available evidence. The intention is *not* to advocate specific options or close off discussion. Further actions will flow from the deliberations that the policy brief is intended to inform. These might include, for example:

- Healthcare providers hesitant when it comes to prescribing these medications even when medically necessary. The stigma is sometimes all the providers know about opioids, which is why it is important to educate not only healthcare providers, but also caregivers and patients about the benefits of opioids in treating pain associated with serious conditions such as cancer and HIV. Incorporating this topic into the curriculums of medical schools, nursing programs, and even undergraduate schools would decrease that hesitation to prescribe because they now know how to properly use these medications and it would also give healthcare providers the information they need to give to the patient and their caregivers.
- Health Organization developed a list of essential medications that satisfy the needs of patients in palliative care. This list includes medications for the treatment of symptoms such as Metoclopramide for nausea and vomiting, Docusate and Senna for constipation, Diazepam and Lorazepam for anxiety, and so on. Educating facilities that provide palliative care about the recommendations put forth by the WHO would optimize palliative care given. Palliative care has a lot to do with improving quality of life and managing uncomfortable symptoms with these medications listed by WHO. Since it is not required to follow these recommendations, a lot of healthcare facilities might not be inclined to carry these medications so having the government enforce these recommendations would allow these facilities to better care for their palliative care patients.
- Issue of supply shortage. Opioids are imported from other countries and cost plays a big role in being able to get those shipments. A few ways to increase medication supply is to order in bulk or even start production in Guatemala. In order for this to happen, the government needs to obtain the proper license and allocate funds to start production in designated areas and grow the poppy plant. Uganda has developed a model to increase availability of opioids for pain management for those with advanced diseases. The model started with increasing the number of providers able to prescribe opioids and providing proper training and education. Uganda has Morphine powder imported, however production of oral Morphine is done in the country itself. Upon dispensing, proper record keeping is in place to keep everything in order. Overall cost of production is low; 500 mL of oral Morphine costs about the same as one loaf of bread. Overall, training and education more prescribers, instilling laws to allow cost effective production of oral Morphine, and proper record-keeping are the key points Guatemala can take from Uganda's success and recreate.

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