

Integration of Palliative Medicine Education. An example from Latin America

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Palliative care is the active holistic care of individuals across all ages with serious health-related suffering due to severe illness, and especially of those near the end of life. It aims to improve the quality of life of patients, their families and their caregivers (1) based on the consensus of 400 palliative care professionals and volunteers from 88 countries. The Lancet Commission on Palliative Care and Pain relief estimate *“25.5 million of 56.2 million people who died in 2015 experienced serious health-related suffering, and another 35.5 million experienced serious health-related suffering due to life-threatening and life-limiting conditions”*, more than 88% live in Low- and Middle Income countries. The inequity in access to palliative care and pain relief is one of the world’s most striking injustices (2).

Palliative care, integrated into general health care, has enormous potential for the guarantee of human rights, in particular to guarantee the dignity of people with chronic and / or terminal illness and the associated suffering (3). Progress in this regard is reflected in the Report of the Special Rapporteur on Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (4) and in Resolution 67.19 of the World Health Assembly, *“Strengthening of palliative care as a part of integral treatment throughout life (2014)”* *“affirming that access to palliative care and to essential medicines for medical and scientific purposes manufactured from controlled substances, including opioid analgesics such as morphine, in line with the three United Nations international drug control conventions, contributes to the realization of the right to the enjoyment of the highest attainable standard of health and well-being”* (5).

The Sustainable Development Goals as Universal Health Coverage will be only possible with the integration of palliative care. In the document *“Primary health care towards universal health coverage Primary Health”* presented to the WHA 72 Primary Health are define as *“a whole-of-society approach that ... meet[s] an approach of the through comprehensive and integrated health services (promotive, protective, preventive, curative, rehabilitative and palliative)”* (6).

The World Health Organization recognized since the 90’s education of policy makers, health care workers, and the public as one of the four key pillars for the development of palliative care beside appropriate policies; adequate drug availability; and implementation of palliative care services at all levels throughout the society (7).

The World Health Assembly Resolution WHA 67.19 2014 recognizes the ethical responsibility of health systems and health professionals to alleviate pain and suffering and offer palliative care and that the avoidable suffering of treatable symptoms is perpetuated by the lack of knowledge of palliative care, and highlighting the need for continuing education and urges the Member States *“...basic training and continuing education on Palliative Care should be integrated as a routine element of all undergraduate medical and nursing professional education, and as part of in-service training of caregivers at the primary care level...”* (5). It has been estimated that 75% to 85% of people in a general population require only primary care services in a given year (8).

However, few medical schools include palliative care in the curriculum, especially in LMICs. In Latin America 6% of the medical faculties include palliative care as a subject, and in many countries medical school is the only opportunity to acquire a basic training on palliative care

(9). In EMRO countries 3,3% of medical schools report having palliative care as a subject (10). In Africa 20% of the medical faculties provide palliative care as a mandatory or optional subject (11). Initiatives coming from High Income Countries (HIC) are not appropriate for the local needs and perpetuate dependency models.

Following the recommendations from the WHA Palliative Care Resolution, regarding strengthening palliative care education and delivery at primary care and in undergraduate levels, representatives of the different institutions joined forces to develop and implement a project in Latin America called “Transforming the System”. The project aims to promote the teaching of Palliative Care in the medical and nursing schools and its integration into the undergraduate curriculum in countries throughout the Region.

The project was piloted in Colombia in 2014/2015 and was been reproduced in Argentina, Chile, Ecuador and Perú with some variations. The initiative has several steps:

1) Contact and awareness. This step involved meeting with deans, curriculum committees, teachers and other decision makers, followed by meetings with students to understand and evaluate their perception and interest in Palliative Care. Both decisions makers as well the students have reacted very positively and are interested in the proposal. A survey conducted during the meeting with the students shows the degree of discomfort with issues related to palliative care (12).

2) Consensus on competences: A workshop to identify the PC competencies in undergraduate level for physicians and nurses included participants (medical doctors, nurses and psychologists and social workers) representing universities (all universities are invited) as well as National Palliative Care Associations and other stakeholders. The final document from Colombia is available in the IAHPCC [website](#) to the global PC community for educational purposes (13).

The workshop concluded by planning new projects to improve, expand and introduce palliative care into the medical, nursing and psychology curricula. Networks were created and participants became familiar with their country’s resources.

Universities are using the resulting competencies as a model to develop their own PC curricula, tailored to meet the needs of their patients while taking into account their own resources and the educational needs of their students.

3) Train the trainer: A third phase demonstrates different and novel methods of teaching palliative care using the contents from the workshop.

The value of this Initiative is the involvement of local resources in the development of competencies and strategies that empower local providers for gain an ownership feeling and ensure sustainability and inspire reflection on their own particular needs.

Over time, this Initiative has facilitated also connections and resource exchange between countries.

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