Palliative Care in Nursing - Where are we in Pakistan?

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In 2012, age-standardized cancer incidence rate of Pakistan was estimated at 111.8 per 100,000 people/year with approximately 101,000 persons dying of cancer per year [10]. Given this, the need for palliative care services in Pakistan cannot be ignored since the majority of patients present to health care facilities with an advanced stage of cancer and require palliation from the beginning.

Despite a large cancer burden, in the presences of competing health issues, and an overburdened and inefficient health and development systems, palliative care remains a relatively unknown and low priority health agenda item. This is further confirmed by a dearth of evidence-based or programmatic research in the area of palliative care.

For the successful implementation of palliative care into health care system, there needs to be an emphasis on education, training and research. In Pakistan, facilities established to provide specialized healthcare needs like oncology care are not accessible to the majority since they are situated in urban cities and are expensive private sector facilities. Treatment is therefore beyond the reach of the majority [12].

With high rates of cancer even within the younger population, in 2002, Pakistan initiated its National Cancer Control Plan with the primary purpose of cancer control. The plan included building a health system prioritizing pain relief and palliative care alongside prevention and control efforts [13]. However, despite more than a decade of initiating a plan and recognizing a need for it, the development of palliative care services is far from adequate and Pakistan still struggles with implementation of the three pillars of palliative care [14]. According to a recent mapping of palliative care development, Pakistan is classified as a country with isolated palliative care provision [5]. Pakistan's ratio of services to population is one of the highest (1:90 million), which is in sharp contrast to the ratio in developed countries like Austria (1:34,000) or Australia (1:67,000) or even other populous Asian countries like India (1:42 million), China (1:8 million), and Indonesia (1:22 million) [5].

Political instability, economic conditions of country, poor infrastructure and only 1.8% of GDP being allocated towards health expenditures can be attributed to this ratio of services [12]. Health care facilities in neighbouring developing countries like India, are mostly disease oriented [15]. Pakistan follows a similar pattern with current policies and planning being disease oriented [16]. Palliative care suggests focusing on patient centred care, i.e., the needs of patient and family [15]. The prime goal of palliative care is to alleviate suffering and improve of quality of life for patients with advanced illnesses. This is responsibility of a team, comprising doctors, nurses, counsellors, social workers, and volunteers and should start as soon as a chronic life threatening disease is diagnosed [15]. This model of interdisciplinary, multi-dimensional team is an area where work needs to be done in Pakistan. It would involve a paradigm shift in the way health delivery is perceived and received by the health community as well as the general population.

Barriers to Palliative care

At present in Pakistan, the major barriers to palliative care are an uncommitted government, lack of drugs and an unrecognized specialty. To establish and improve palliative care in Pakistan, two areas that need priority focus are the availability of opioids and education and training in palliative care. Without a palliative care module being incorporated in undergraduate and postgraduate curriculums of medical and nursing colleges, the specialty will not be recognized and services will not grow [12]. For an institution to obtain morphine, they have to go through four different authorities, and the whole process is complicated and takes approximately six to eight months. So while morphine stock outs are not an issue currently, the process of obtaining it is very tedious and it can only be prescribed by a few authorized physicians. This process may work for patients living in an urban setting close to the healthcare facility but it is of little use to patients living in areas with limited or no healthcare facility. For these types of patients, the only recourse is returning to their homes without continued access to palliative care. To improve palliative care, the recommendation for emerging countries is to make the process of obtaining access to morphine simpler, available in more locations and with fewer restrictions [12].

Palliative Care in Nursing

Generally, palliative care nurses need to develop special holistic skillsets through experience as well as training in order to help in caring for patients needing palliative care and their families. It requires a mix of clinical skills as well as an ability to provide psycho-social, and culturally appropriate care for the patient as well as family. This would include taking into account religious as well as cultural beliefs and life experien winingElif y Efs dp e Io u e

revolving around death and dying though role plays, clinical simulations, and other strategies to enhance their professional practice [19]. Palliative care education should also emphasize the principles of effective communication so nurses are able to carry out patient assessment and development of management plans.

Generally policy makers are responsible to develop and review curriculum in any country [18]. In Pakistan, the nursing curriculum is the responsibility of the Higher Education Commission [20] and Pakistan Nursing Council [20]. As per the author's knowledge, they have not discussed any idea to develop comprehensive curriculum for palliative nursing [20].

Review of Existing Pakistani Nursing Curriculum

A review of the Pakistan Nursing Council website indicated that there are 112 Diploma nursing programs, 24 Post Registered Nursing programs, 22 generic BScN programs, 2 programs offering a general Master of Science and one institution offering 2 year part time modular program on Oncology/Cancer nursing [21].

The published curriculum revealed that the Diploma curriculum had a total of two hours which was dedicated to care of the dying patient and care of the body after death [20]. The introductory psychology course had four hours dedicated to effects of culture on illness. In year two of adult health nursing course, there are 15 hours dedicated to cancers and under the topic of management there is just a reference to palliative therapy. Similarly, the Pharmacology course had one module dedicated to chemotherapy.

The Generic BScN curriculum [21] showed that there was one unit in the fundamentals of nursing course which had one unit of two hours in which the concepts of loss and grieving as well as death and dying are covered. In the pathophysiology and adult health nursing course, there is a unit in which cellular adaption and aberrant cell growth is covered. While the former covers the entire cell adaption and aberrant cell growth, the latter focuses on the nursing care of cancer patients and treatment modalities. There is no mention of the word "palliative care". In Paediatrics which is offered in the third year of the program there is two hours devoted to care of a child receiving Chemotherapy. Both the diploma and generic BScN curriculum have no clinical hours and no specification for the number of hours in palliative care or cancer setting.

In 2011, one private teaching university introduced an elective course titled "Concepts of Palliative Nursing" to meet the gaps in the national nursing curriculum. By combining academia and nursing services, the course was developed for generic BScN students and staff

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