

Palliative Care in Egypt: Awareness is the problem.

Khaled Abdelhmeed Mostafa, MD, Dipl. Card., Dipl. QMHC. National Cancer Institute, Cairo University, Cairo, Egypt.

(Address for correspondence: k24mostafa@hotmail.com)

Introduction

Egypt, at the northeast corner of Africa on the Mediterranean Sea, is bordered on the west by Libya, on the south by the Sudan, and on the east by the Red Sea and Israel. It is nearly one and one-half times the size of Texas. Egypt is divided into two unequal, extremely arid regions by the landscape's dominant feature, the northward-flowing Nile River. The Nile starts 100 mi (161 km) south of the Mediterranean and fans out to a sea front of 155 mi between the cities of Alexandria and Port Said. **Land area:** 384,344 sq mi (995,451 sq km). **Population (2012 est.):** 83,688,164 (growth rate: 1.92%.Cairo, 10,902,000, Alexandria, 4,387,000; Giza, 2,597,600 and the country is divided into 26 governorates(1).



FIGURE 1:- MAP OF EGYPT

Regarding care of cancer patients, there are cancer care centers affiliated to the ministry of health in 12 governorates. Also, all faculties of medicine (10 in number) and military hospitals have sectors for cancer care. In fact, the biggest and more specialized center is the National Cancer Institute (NCI) which is affiliated to Cairo University. NCI is carrying research, education and clinical responsibilities and is considered the main reference in Egypt regarding cancer.

Palliative care in Egypt is in an early stage of development with very few palliative care activities available even in all of the above specialised centres. At this stage, research is crucial to develop suitable palliative care models with respect to the needs, culture, and resources in Egypt.

Opioid consumption figures in Egypt are among the lowest worldwide indicating largely inadequate cancer pain control. Based on the data published in the most recent annual report of the International Narcotics Control Board, the average opioid consumption in Egypt during 2008-2010 was 62 defined daily doses for statistical purposes (S-DDD) per million inhabitants per day⁵. With this Figure Egypt was ranked 115th among 184 countries(2).

In 2011, I did a fishbone analysis to discover the root cause(s) of this very low morphine consumption as shown in the following figure.

FISHBONE DIAGRAM

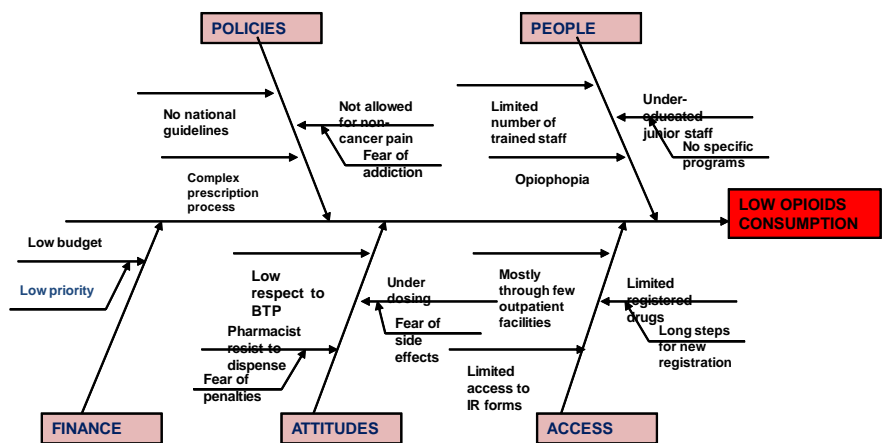


FIGURE 2:-FISHBONE DIAGRAM ANALYSIS FOR LOW OPIOIDS CONSUMPTION

Low awareness of government, physicians, pharmacists and community was found to be the root cause of underuse of opioids.

POSSIBLE ROOT CAUSE(S)

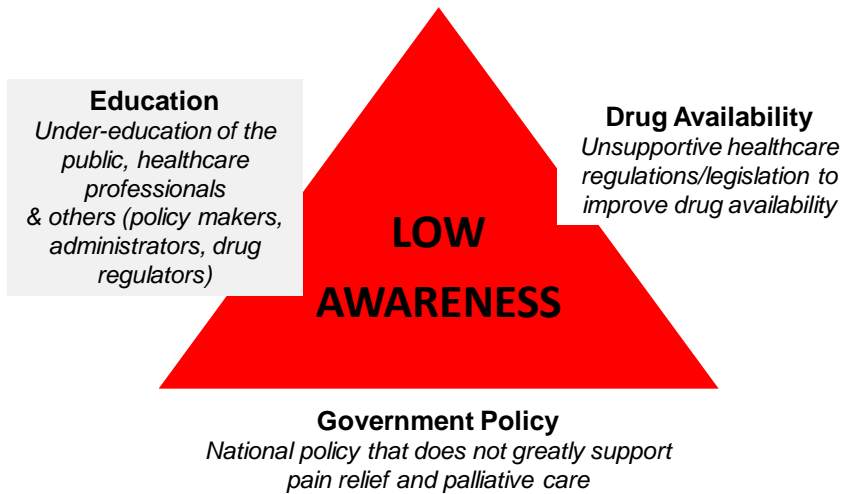


FIGURE 3:-LOW AWARENESS IS THE ROOT CAUSE

NATIONAL CANCER INSTITUTE OF EGYPT

- NCI has started providing its service since 1969
- NCI provides free service for more than 80% of cancer patients in Egypt.
- Outpatient clinics receive about 700 patients per day for treatment or follow up
- Number of new patients in 2010 was about 18,156 70% of them with advanced disease
- Starting from October 2008 ,we have been providing a one-day-per week palliative care service (out-patient clinic) for adult patients.

Faced Problems in NCI program:-

- ▶ There is no applied national program.
- ▶ Insufficient communication with concerned departments
- ▶ Poor understanding and awareness of the role of palliative care in community

- ▶ A well-trained nursing staff and volunteers are not available for palliative care service
- ▶ Insufficient supplies and equipment

- ▶ Difficulties in access and continual care (weekends)
- ▶ No available inpatient service

As a result of increasing waiting lists of patients attending palliative clinic in NCI of Cairo, we are faced to provide a high quality pain-care service through our outpatient pain clinic. The program was intended to provide a 24/7 outpatient cancer pain management service in a rapidly accessible, high-quality care to patients with complex pain and palliative care symptom burdens. In addition, this model avoids inpatient hospital admissions.

FEATURES OF HIGH QUALITY SERVICE IN NCI PALLIATIVE OUTPATIENT FACILITIES

- 1. Accurate identification of patient and his illness in all settings of care.**
- 2. Easy and accurate scheduling and follow up systems.**
- 3. Easy access to ancillary departments.**
- 4. Adequate number of staff with comfortable working environment.**
- 5. Organize policy & procedures and guidelines of standards.**
- 6. Safety and effective opioid therapy.**
- 7. Highly educated and trained providers available during work hours and on-call.**
- 8. Easy communication and collaboration between staff members and with other specialties.**
- 9. Active involvement in palliative care literature reviews and scientific activities towards the goal of maintaining best practice protocols for clinical use.**
- 10. Continuous and careful monitoring for periodic re-evaluation of the service.**

Our experience in NCI, Cairo University demonstrated that urgent, high-intensity cancer pain management and palliative care services may be delivered with great efficiency in an outpatient setting that avoids use of the emergency room and inpatient ward. We have not attempted to assess explicit patient and family satisfaction about this particular issue in a scientifically validated manner. However, we receive a great deal of anecdotal feedback from patients and families; these comments often compare our model favorably with clinical settings that lack a 24/7 infusion area. In particular, feedback centers on our easy access of services and our responsive and expert staff. In addition, patients and their families stress that avoiding unnecessary hospital admissions minimizes the impact of urgent pain/symptom management on the activities of daily living⁽³⁾.

WHAT WE NEED?

- 1. National governmental home based palliative care program to cover awareness, education with evident guidelines and reasonable policy for opioids availability and disposal.**
- 2. Encourage community share in the program by money donations, hospice places, volunteers and training.**
- 3. Organize a national master or diploma degree in palliative care with a reasonable training hours.**

REFERENCES

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3. Hameed KA. Optimizing pain care delivery in outpatient facilities: experience in NCI, Cairo, Egypt.J
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