

'...we will do all
we can not only
to help you die
peacefully, but also
to live until you die...'

Dame Cicely Saunders OM DBE
Founder of St Christopher's Hospice,
the first modern hospice

THE DEVELOPMENT OF PALLIATIVE CARE SERVICES IN TRINIDAD & TOBAGO

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M.Sc. Palliative medicine

Objectives

- Definition of Palliative Care and its remit
- The Global and Local Need for Palliative Care
- To discuss the mandate to provide Palliative Care
- Review of existing Palliative care service development: infrastructure, education, access to medication
- Review the Challenges to service provision
- WHO Public Health Strategy Model
- The Way Forward

WHO DEFINITION

Latin Pallium=cloak

- The active total care of patients whose disease is not responsive to curative treatments
- Control of pain of other symptoms, psychological, social and spiritual problems is paramount.
- The goal is achievement of the best quality of life for patients and their families.

Cancer Pain Relief and Palliative Care. Technical Report Series 804. Geneva: World Health Organization, 1990.



THE CAURA PALLIATIVE CARE UNIT, TRINIDAD

WHO NEEDS PALLIATIVE CARE?

Anyone with a life-limiting illness

Includes advanced cancer but also end stage heart failure, liver failure, renal failure, respiratory failure, dementia, advanced neurological diseases, AIDS.



WHEN SHOULD IT START?

The NEW ENGLAND JOURNAL *of* MEDICINE

ORIGINAL ARTICLE

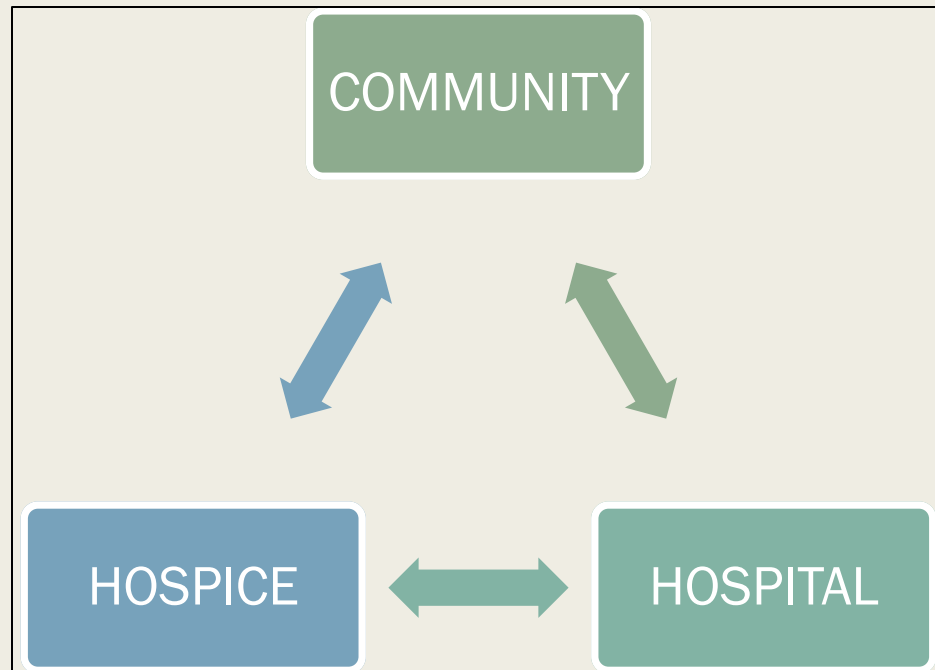
Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer

Jennifer S. Temel, M.D., Joseph A. Greer, Ph.D., Alona Muzikansky, M.A.,
Emily R. Gallagher, R.N., Sonal Admane, M.B., B.S., M.P.H.,
Vicki A. Jackson, M.D., M.P.H., Constance M. Dahlin, A.P.N.,
Craig D. Blinderman, M.D., Juliet Jacobsen, M.D., William F. Pirl, M.D., M.P.H.,
J. Andrew Billings, M.D., and Thomas J. Lynch, M.D.

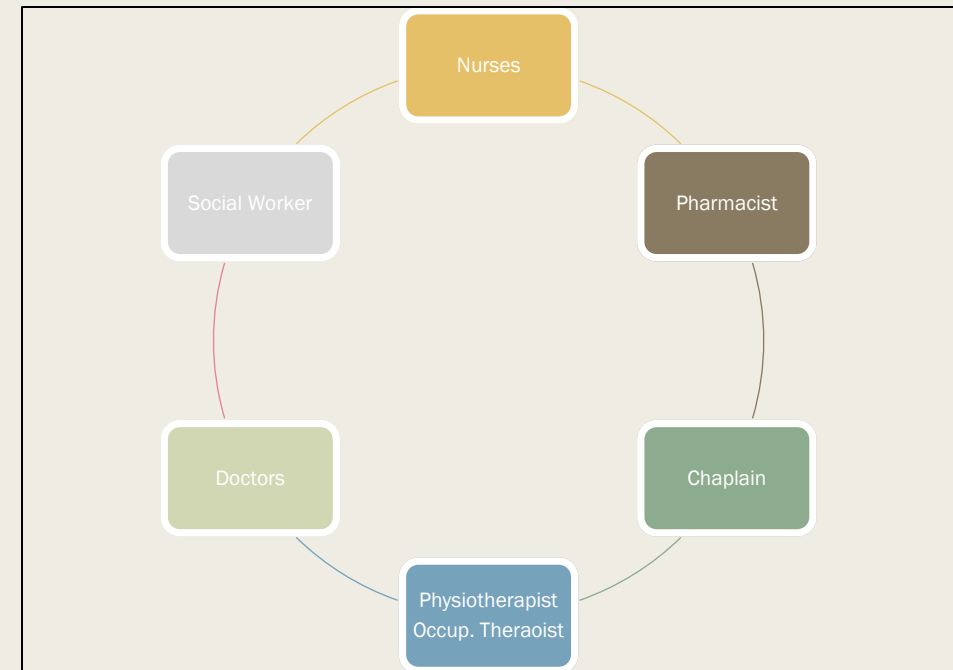
ABSTRACT

WHAT SHOULD IT LOOK LIKE?

A COMPREHENSIVE SERVICE



A MULTI-DISCIPLINARY TEAM



GLOBAL ESTIMATES OF NEED

- 60% those dying could benefit from Palliative care¹
- 66% of newly diagnosed cancer patients/year will be incurable²
- Of those with cancer 60% will need pain control²

1. Stjernsward J, Clark D. Palliative medicine-a global perspective. In: Doyle D et al, eds. Oxford textbook of palliative medicine, 3rd ed. Oxford: Oxford University Press, 2004: 1197-1224
2. Stjernsward J, Foley KM, Ferris FD. (2007) The Public Health Strategy for Palliative Care, *Journal of Pain and Symptom Management*, Vol 33 (5).

TRINIDAD & TOBAGO'S STATISTICS

- Cancer is the third leading cause of death¹
- 2172 new cancer cases/year²
- One of the highest cancer mortality rates in the region³
- 60% deaths due to Non Communicable Diseases
- Ageing Index has more than doubled in thirty years⁴ (1980-2011)

1.Ministry of Health, Trinidad and Tobago. 2015. "Hospital Utilisation Reports."

2.Dr Elizabeth Quamina Cancer Registry, Cancer in Trinidad and Tobago 2000-2002, The National Cancer Registry of Trinidad & Tobago

3. Pan American Health Organization, WHO., 2013. Cancer Mortality is declining in some countries of the Americas.

4. Central Statistical Office, 2012. Trinidad and Tobago 2011 population and housing census demographic report.

67TH WHA GENEVA MAY 2014

WHA RESOLUTION 67.19

Strengthening of palliative care as a component of comprehensive care throughout the life course

Recognized Palliative Care:

- As fundamental to improving the QOL of individuals
- As an **ethical responsibility** of health systems



PAIN RELIEF: PRIVILEGE OR RIGHT?

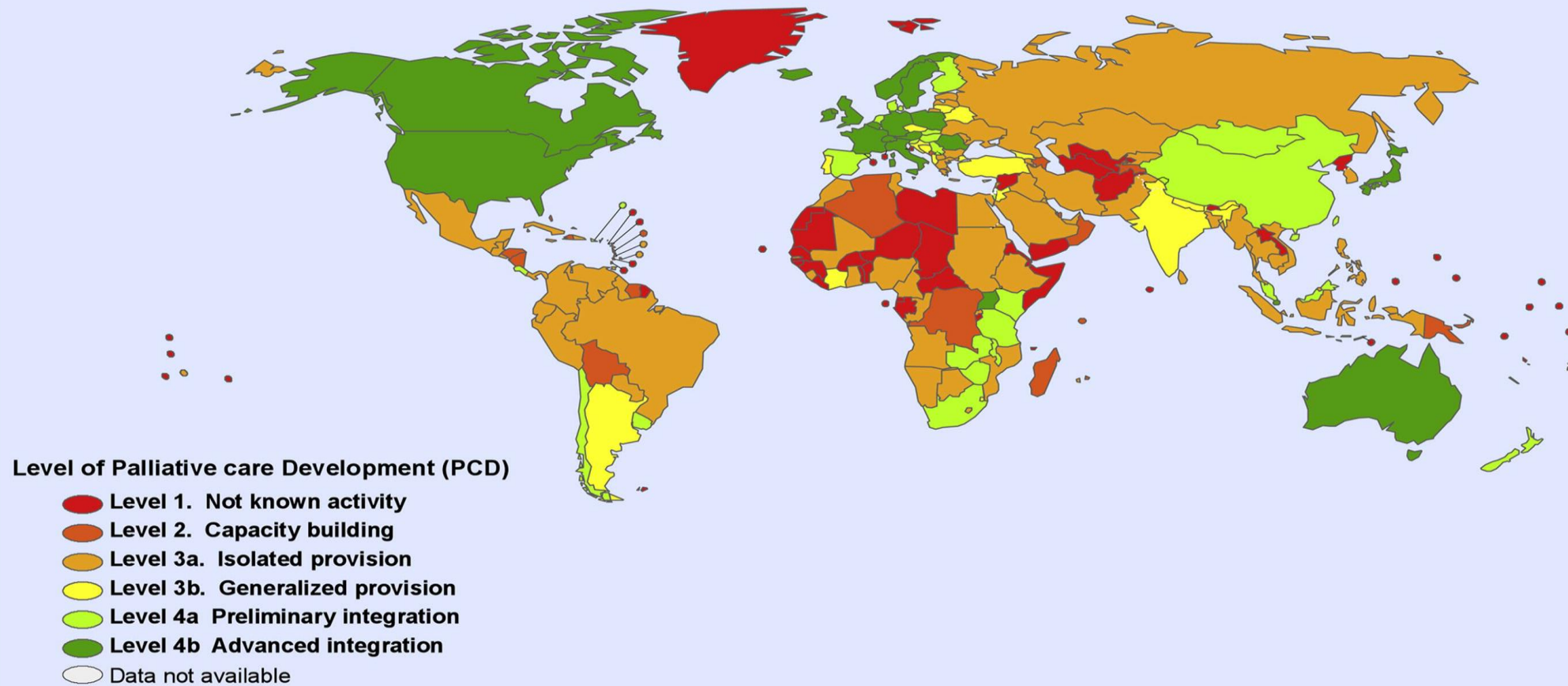


- Pain management as a fundamental human right¹
- Access to pain treatment as a human right²

1. Brennan F, Carr DB, Cousins M. Pain management: a fundamental human right. *Anesth. Analg.* 2007;105:205–221

2. Human Rights Watch. Please do not make us suffer anymore: Access to pain treatment as a human right. 2009.

WPCA Palliative Care Development All levels (n = 234)



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the WPCA concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

REGIONAL PALLIATIVE CARE SERVICES



- **ERHA** – home-based oncology/palliative care service (2007-2014??) Re-started 2017
- **SWRHA** – hospital based Palliative Care Clinic (2011)
- **NWRHA** – 2 hospices (NGO-run, 1983 & 2009)
- **TRHA** – home-based palliative care service (2014)
- **NCRHA** – Palliative Care Unit, Out-patient Service & Hospital Consult service (2014)

NGO's LEADING THE WAY



LIVING WATER COMMUNITY



TRINIDAD &
TOBAGO CANCER
SOCIETY



THE PALLIATIVE
CARE SOCIETY
OF TRINIDAD &
TOBAGO

HOSPICES

Two NGO-run hospices

12 beds each

LIVING WATER HOSPICE est. 1983

VITAS HOUSE HOSPICE est. 2009



NCRHA

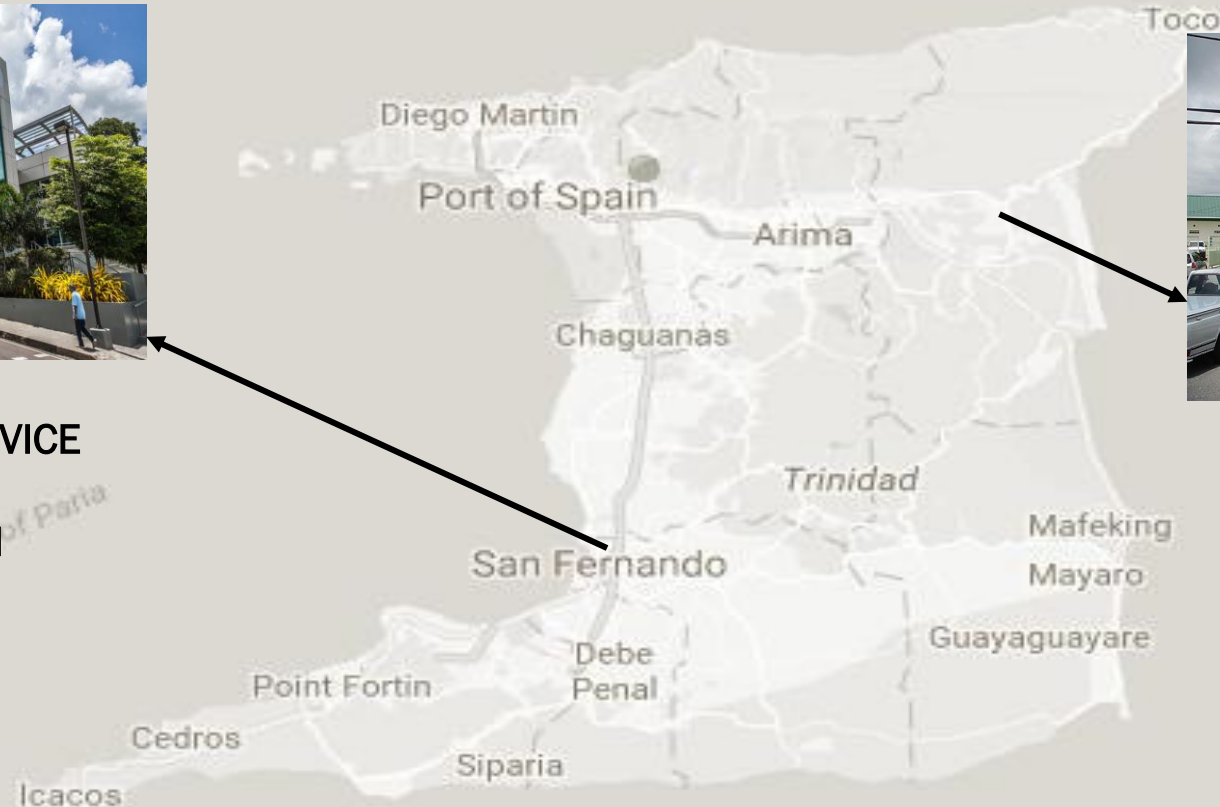


- CAURA PALLIATIVE CARE UNIT
- Est 2014
- 12 beds
- NGO/ Health Authority partnership

PUBLIC SECTOR SERVICES - TRINIDAD



OUT-PATIENT SERVICE
San Fernando
Teaching Hospital
Single GP led
Started 2011



**COMMUNITY
PALLIATIVE CARE
SERVICE**
Nurse-led
Started March 2017

PUBLIC SECTOR SERVICES - TOBAGO



- COMMUNITY PALLIATIVE CARE
- Nurse-led
- Started September 2014

EDUCATIONAL INITIATIVES



- Annual Conferences since 2011
- Regional Workshops
- 2012-2016 UWI M.Sc. in Palliative Care*
- Limited palliative care exposure for medical students



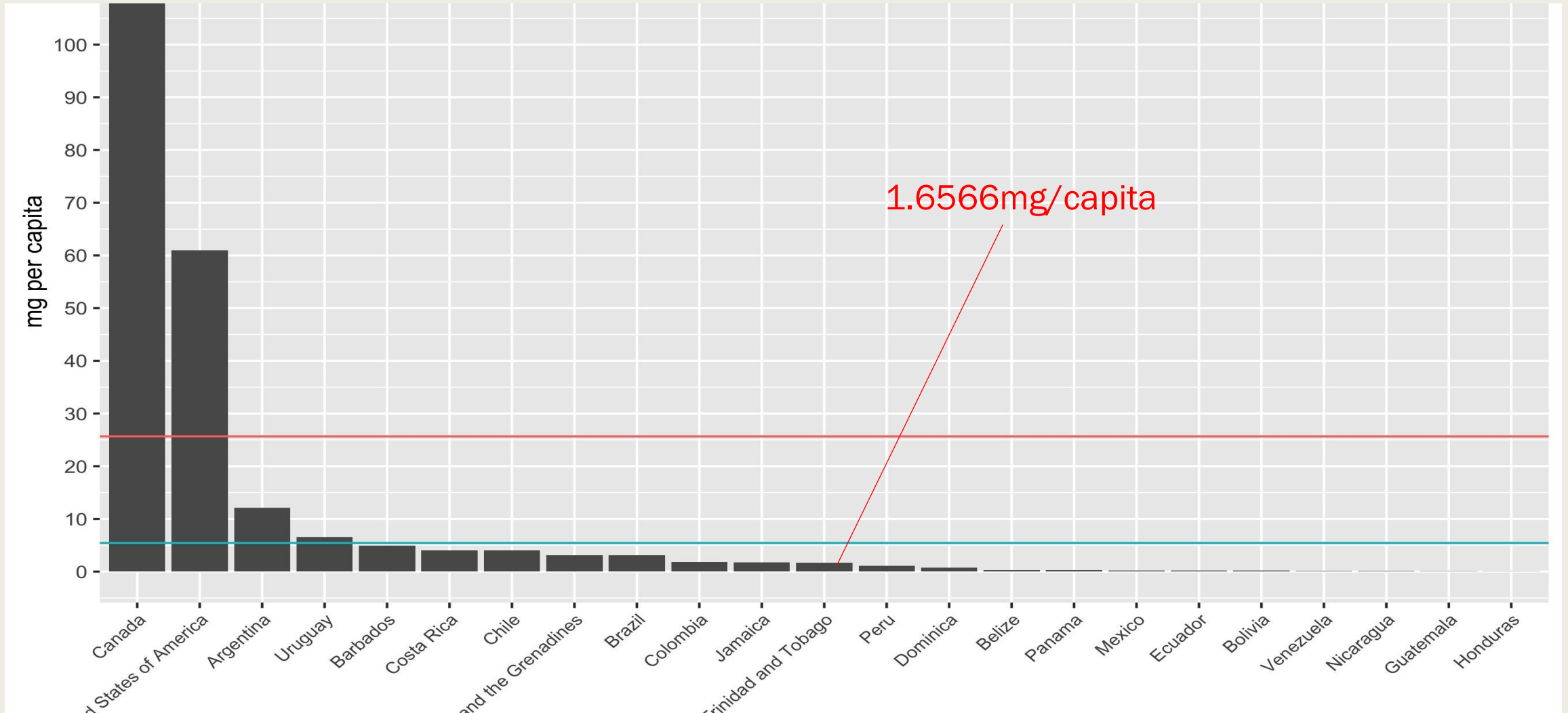
MEDICATION ACCESS & AVAILABILITY

THE SEVEN ESSENTIAL
OPIOIDS FOR PALLIATIVE CARE
(IAHPC)

Drug	Available
Codeine	Codeine linctus 15mg/5mL Codeine/Acetaminophen 8/500 & 30/500
Morphine immediate release	Oral solution 10mg/5mL
Morphine slow release	30mg & 60mg
Morphine injectable	15mg/mL
Methadone	NO
Oxycodone	NO
Fentanyl (transdermal)	NO



MORPHINE CONSUMPTION FOR THE AMERICAS



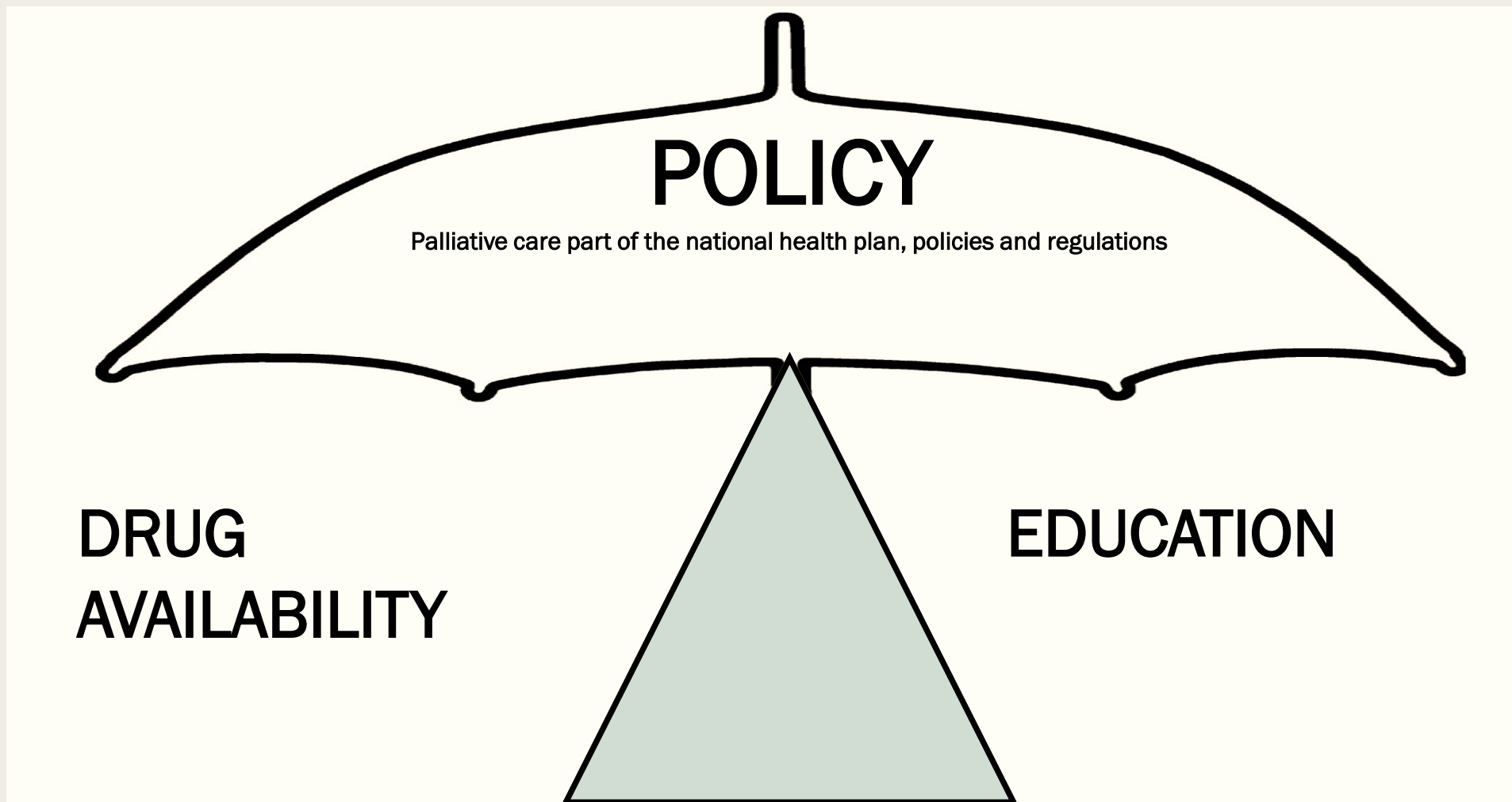
Sources: International Narcotics Control Board; World Health Organization population data By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2015 2015

CHALLENGES

- LACK OF A COMPREHENSIVE NATIONAL VISION AND COMMITMENT
- LACK OF POLICIES & PROTOCOLS
- LACK OF PUBLIC EDUCATION
- LACK OF PALLIATIVE CARE EXPERTISE AND LOCAL TRAINING OPPORTUNITIES
- ABSENCE OF REGIONAL INFRASTRUCTURE FOR PALLIATIVE CARE e.g. CLINICAL POSTS
- RETAINING SPECIALIST STAFF
- LIMITED REPERTOIRE OF MEDICATION
- FREQUENT STOCK-OUTS OF ESSENTIAL DRUGS

WHO PUBLIC HEALTH MODEL

Making Palliative Care one of the key components of comprehensive cancer care 1990



IMPLEMENTATION

Stjernsward J, Foley KM, Ferris FD. (2007) The Public Health Strategy for Palliative Care, *Journal of Pain and Symptom Management*, Vol 33 (5).

Developmental Steps

01

Engage opinion
leaders

02

National
situational analysis
and needs
assessment

03

Develop an action
plan

04

Establish a
steering committee

05

Develop the
components of the
MODEL

THE WAY FORWARD

POLICY

- National Policy on Pain Relief & Palliative Care
- Clinical protocols
- Essential Medicines Policy
- Recognition of PC as a specialty
- Creation of lead Palliative Care clinical posts at least 2 per RHA
- Policy on infrastructure needed for PC delivery per RHA

DRUGS

- Review drug estimates
- Review INCB quota
- Review distribution system
- Ensure community availability

EDUCATION

- General public & media
- Integrate Palliative Care into undergrad medical & nursing curricula
- Train specialists
- Incentives for specialist training e.g. sponsorship of fellowships
- Local/Regional certification or training in PC

IMPLEMENTATION

- Form linkages with community groups & leaders
- Train staff
- Multi-sectoral collaboration
- Strategic plan for the country's PC development

CARIBBEAN PALLIATIVE CARE ASSOCIATION



The basic right of
every individual

The duty of every
nurse and doctor to
provide it



A low-angle photograph looking up at a massive tree. The thick, dark trunk of the tree dominates the left side of the frame, with its branches spreading out towards the right and top. The branches are covered in dense, vibrant green leaves, creating a thick canopy. Sunlight filters through the leaves, creating a dappled light effect. The sky is a clear, bright blue, visible through the gaps in the foliage. The overall mood is serene and majestic.

Thank you