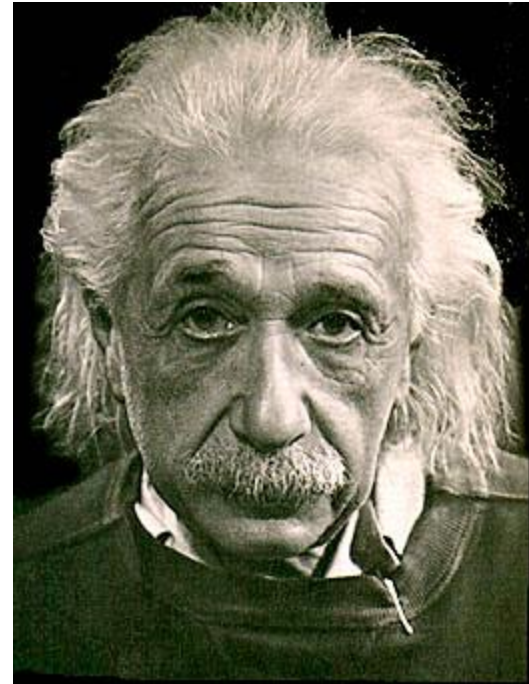


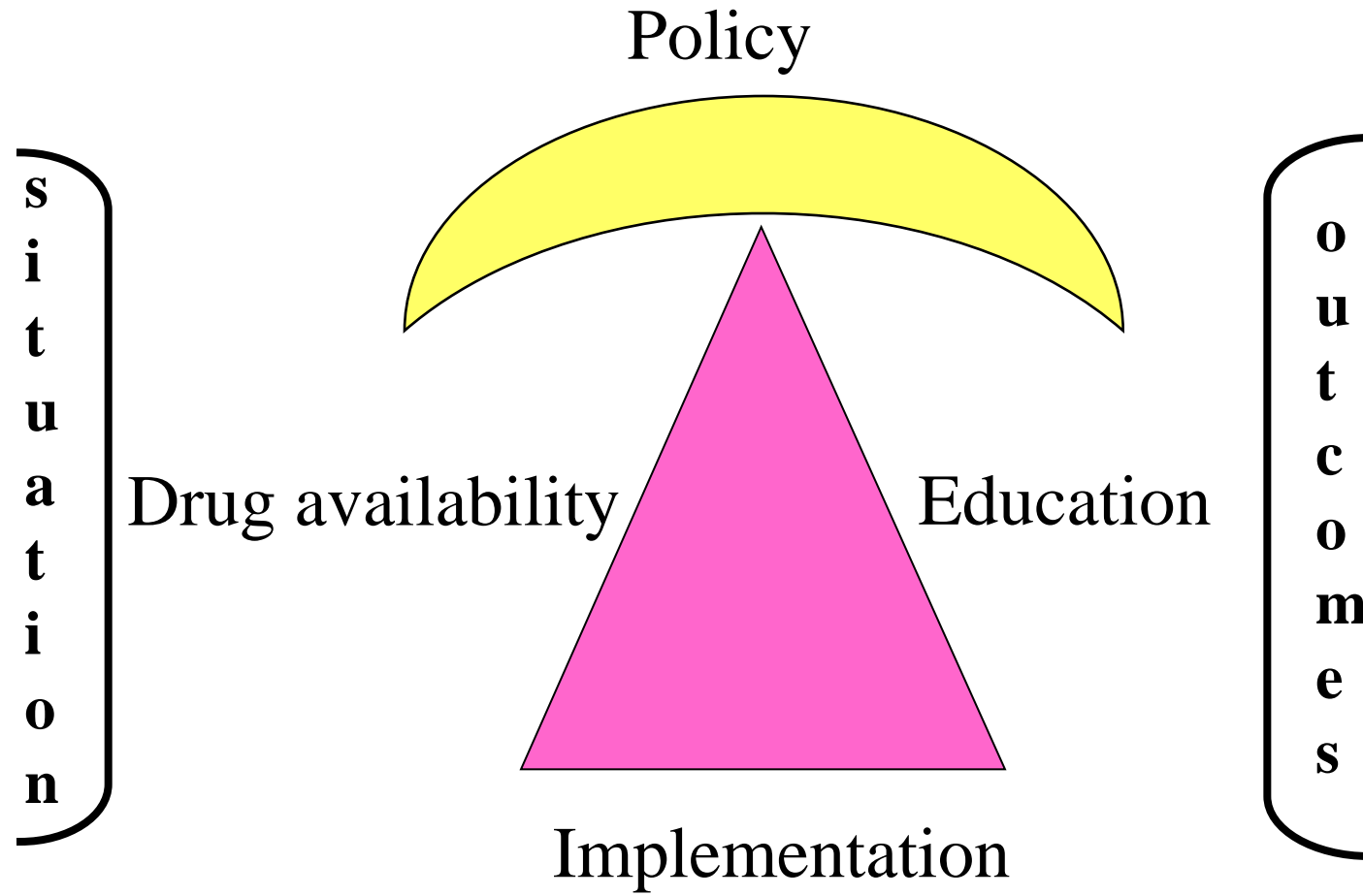
# **YOU CAN IMPLEMENT PALLIATIVE CARE**

- Learn from yesterday
- Live for today
- Hope for tomorrow

*Albert Einstein*



# Public Health Model



*WHO model, Stjernsward and Foley*

# Levels of palliative care

- Level 1: Primary/ Basic
  - essential or the minimum package
- Level 2: Secondary/ Intermediary.
  - intermediary services which provide a wide range of care components.
- Level 3: Tertiary/ Specialist
  - desirable for a specialist palliative care service

*APCA Standards for Providing Quality Palliative Care Across Africa 2010*

# Models of palliative care

- Palliative care integration
  - public health approach
  - health system strengthening
  - demonstration services
  - non governmental and faith based services
  - academic institutions
  - community and family empowerment

# Health system strengthening

- a working health system improves health.
  - delivers services
  - operates at community, local, national levels
  - uses effective organizations and processes
  - engages all sectors
  - reaches priority groups and health issues
  - responds to people's needs
  - employs appropriate incentives
  - characterized by strong political will and a viable vision.

[http://www.usaid.gov/our\\_work/global\\_health/hs/](http://www.usaid.gov/our_work/global_health/hs/)

# Models of palliative care

- Service delivery
  - inpatient hospice / palliative care unit
  - outpatient clinics and day care
  - outreach clinics / mobile hospice
  - home based care
  - hospital based palliative care teams

Wright M. Models of hospice and palliative care in resource poor countries: issues *Help the Hospices UK (2003)*

# IAHPC Essential practices

**Identify, evaluate, diagnose, treat and apply treatment and solution measures for:**

**Physical care needs:**

Pain (all types)

Respiratory problems (dyspnea, cough)

Gastro intestinal problems (constipation, nausea, vomiting, dry mouth, mucositis, diarrhoea)

Delirium

Wounds, ulcers, skin rash and skin lesions

Insomnia

**Psychological / Emotional / Spiritual care needs:**

Psychological distress

Suffering of the relative and/or caregiver

Anxiety



# IAHPC Essential practices

**Identify and evaluate - provide support and when possible, refer for diagnosis, treatment and solution measures for:**

**Physical care needs:**

Fatigue

Anorexia

Anaemia

Drowsiness or sedation

Sweating

**Psychological / Emotional / Spiritual care needs:**

Spiritual needs and existential distress

Depression

Family / caregivers grief and bereavement issues

# IAHPC Essential practices

## Other:

### Care Planning and Coordination issues:

Identify the resources and support available and develop and implement a plan of care based on the patient's needs.

Provide care in the last days/weeks of life

Identify, evaluate and implement solutions to facilitate the availability and access to medications (with emphasis on opioids)

Identify the psychosocial / spiritual needs of self and other professionals involved in the care

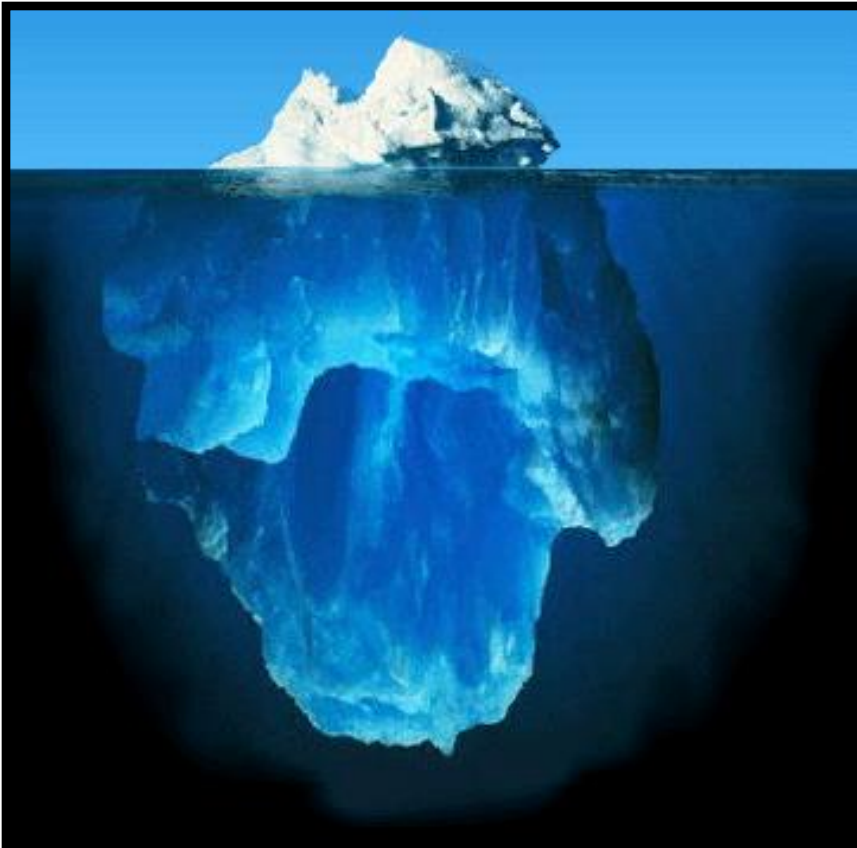
### Communication issues:

Communicate with patient, family and caregivers about diagnosis, prognosis\*, condition, treatment, symptoms and their management, and last days/weeks care issues.

Identify and set priorities with patient and caregivers.

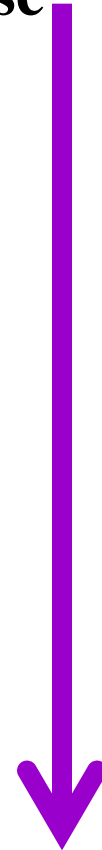
Provide information and guidance to patients and caregivers according to available resources. Sensitize other health care professionals and workers about palliative care.

# Palliative care; an opportunity



## Professional practise

- ◀ doing
- ◀ experience
- ◀ knowledge
- ◀ feelings
- ◀ expectations
- ◀ assumptions
- ◀ attitudes
- ◀ beliefs
- ◀ values



*D Fish and C Coles 1998*

*Leng M. Changing value, challenging practice; IJPC Jan 2011*

# A tool to help implementation

- SMART objectives
  - Objectives – things we want to do or change
- S – Specific
- M – Measurable
- A – Achievable
- R – Realistic
- T – Timely

	1	2	3	4	5	6
Specific						
Measurable						
Achievable						
Realistic						
Timely						

- When working as a team I add two more letters
- P – Person
- A – Accountable
- SMART PA
- That way things are more likely to get done.

# The challenge

- We often get excited when we learn new things
- We leave a training course full of good ideas
- We make promises to ourselves to do things differently
- *but*
- nothing changes

# The challenge

- Why does nothing change?
  - environment and systems
  - lack of leadership engagement
  - lack of practical mentorship
  - lack of clinical/work based support
  - lack of team work
  - does not seem relevant
  - ??????



# Next steps....

- Resources are limited
  - work together
  - be creative
  - integrate with other services / people
  - look for dedicated people
    - ‘fire in the belly’ ....’heart of compassion’
  - tap into existing resources
  - persevere

# Next steps....

A journey of a thousand miles  
begins with a single step

*Confucious*



Do small things with great  
love

*Mother Theresa*



- n These resources are developed as part of the THET multi-country project whose goal is to strengthen and integrate palliative care into national health systems through a public health primary care approach
- Acknowledgement given to Cairdeas International Palliative Care Trust and MPCU for their preparation and adaptation
  - part of the teaching materials for the Palliative Care Toolkit training with modules as per the Training Manual
  - can be used as basic PC presentations when facilitators are encouraged to adapt and make contextual



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