

PAIN RELIEF AND PALLIATIVE CARE IN LEBANON PERSPECTIVES IN PALLIATIVE CARE ?

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Elias TUENI*

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ABSTRACT : Palliative care is an important issue to both patients and their families. It is a major contributor to the improvement of the quality of life of patients suffering from chronic diseases as well as terminally ill patients. Its importance increases with the aging of our population. Palliative care has met an enormous success in Western countries and particularly in the USA over the past two decades. In Lebanon we are far behind the international health community in this field. The educational efforts initiated by medical schools are to be applauded but unfortunately very few institutions offer palliative care to their patients in our country. This is mainly due to the lack of support for such an activity from official health organizations and the lack of information among the public concerning the advantages of palliative care. The efforts of medical schools to incorporate palliative care in their teaching programs will be useless if they are not conjugated with an integration of palliative care in every day's clinical practice.

PALLIATIVE CARE IS THE JOB OF EVERY HOSPITAL

Advances in modern medicine have resulted in unprecedented gains in human longevity. But the fact is that eventually most adults will develop chronic illnesses with which they may live for years. Research indicates that for most people, advanced disease is characterized by big trouble : inadequately treated symptoms [1-7] ; fragmented care systems ; poor communication among physicians, patients, and families [8-9] ; and enormous strains on family caregivers [10-13].

Trying to cure patients or prolong their lifespan should not let us forget about their comfort. The overwhelming majority of people living with advanced illness require both life-prolonging *and* palliative treatments. Forcing a choice between cure and comfort until the end-of-life predictably results in preventable suffering during all other stages of a serious illness [13].

Palliative care is the medical specialty that provides interdisciplinary care focused on relief of suffering.

*St George Hospital, Medical Oncology, Beirut, Lebanon.
Correspondance : *Elias Tueni, MD, Saint George Hospital, Department of Medical Oncology, Beirut, Lebanon.*
e-mail : tuenif@inco.com.lb



Non-hospice palliative care is offered at any point in a serious illness, along with life-prolonging treatments. It is not dependent upon prognosis.

In recent years, hospital-based palliative care programs have grown rapidly in number, increasing from almost none to 50% of all hospitals over 75 beds in the United States [14-17]. But even there, only 50% of these programs meet quality standards, and provide the best care for their most seriously ill patients [14]. Every hospital must install a palliative care team that provides both hospice and non-hospice palliative care.

Given the evolving demographics of our aging population, hospital palliative care programs are a necessity, not an option.

A consortium of five key American palliative care organizations initiated in 2001 a "National Consensus Project" aiming at initiating voluntary clinical practice guidelines to promote consistent, high-quality palliative care as its mission. They met again in 2005 in New Orleans to discuss the progress in this initiative [18]. They issued guidelines which include eight domains : Structure and Process of Care, Physical Needs, Psychological and Psychiatric, Social, Spiritual/Religious and Existential, Cultural, the Imminently Dying Patient, and Ethics and Law.

The complete guidelines are available on the National Consensus Project Web site [19] and in the first two months alone, over 200,000 complete copies were downloaded from the site, indicating the immense interest in the community for this resource.

These guidelines have substantial application for hospices, hospitals, long-term care facilities, and home care agencies. They address all patients with serious life-threatening illness so they can be applied to heart failure, end-stage pulmonary disease, cancer, and many other chronic life-threatening diseases.

The basic structure of this plan is like a series of concentric circles, with the core circle as the most immediate audience of direct providers of palliative care. The next ring in the circle includes geriatricians, oncologists, cardiologists, and others who consistently see patients and families for whom palliative care is intended. The outer ring of the concentric circle includes all healthcare providers, patients, and families who should be aware of the goals of palliative care. Engaging all the rings of the circle is critical for optimum efficacy.

Most importantly and besides their clinical application, these guidelines help to promoting research and educational programs in palliative care and increasingly, programs are developing abroad that integrate palliative care content into medical schools.

In clinical practice, palliative care is provided by interdisciplinary teams composed of physicians, nurses, social workers, chaplains, bereavement counselors, volunteers, and sometimes other healthcare professionals.

WHERE ARE WE IN LEBANON ?

In Lebanon, we are far behind Western countries. A few medical schools started integrating palliative care in their curriculum but the paucity of education in palliative care issues in this country is still discouraging and much remains to be done. We are still far from developing fellowship training, masters degree nursing programs, social work education, and other disciplines as done elsewhere. The American National Consensus Project guidelines could serve as a framework for educational programs to build a cohesive structure across these educational endeavors. Having a more consistent curriculum will help to train healthcare professionals in a similar content and also foster interdisciplinary collaboration.

However, education is meaningless without a supportive context in the clinical practice setting to promote application of knowledge to patient care. In our country we are far behind. Countries like Egypt and Saudi Arabia offer palliative care to their patients. In Lebanon till today, palliative care is not available in most hospices and medical centers. Three major reasons are responsible for this delay ; the first being the lack of financial support from health organizations to back up the launching of palliative care units in Lebanon. The second is the lack of awareness among the media and even among health professionals about the advantages and the benefits that palliative care units may offer to patients and to their families. The third is that many patients in Lebanon suffering from chronic diseases like cancer ignore their diagnosis.

The social and the family support available to patients in our country may be stronger than in Western countries but on the other hand the emotional approach to fatal diseases and the denial of the failure to cure, may push doctors to overtreat their patients in many cases. In countries where palliative care is well developed and well established in people's mind, it offers a rational alternative to such overtreatments.

The American National Consensus Project guidelines can provide a clinical practice framework for the implementation of palliative care in Lebanon. We may also learn from the experience in Arab countries and see how they adapted to the mentality of people and to the social structure.

Palliative care is an important issue to both patients and their families. The goal now becomes to make it an important issue in Lebanon among oncologists and healthcare professional as well. We all must therefore press hospitals to provide palliative care programs that meet quality standards guidelines [20], staffing them with properly trained professionals. Hospitals will bene-

fit from increased patient satisfaction and decreased length-of-stay [21]. Patients and families will benefit from increased satisfaction and higher quality care.

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