

PAIN RELIEF AND PALLIATIVE CARE IN LEBANON

PALLIATIVE CARE EDUCATION IN LEBANON

Past Endeavors and Future Outlook

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ABSTRACT : Within the framework of medical and nursing education, formal attention to training in palliative care (PC) continues to be overlooked by the majority of training programs. PC is defined by the World Health Organization (WHO) as an “approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness...” In Lebanon, PC is new in the health care field and as such little is known about the preparation and education of nurses to provide PC. The purpose of this article is to describe present endeavors in Lebanon, and to recommend a model for future outlook.

In conclusion PC education needs to be developed in Lebanon warranting the need for a foundation course in palliative and end-of-life care.

Within the framework of medical and nursing education, formal attention to training in palliative care (PC) continues to be overlooked by the majority of training programs. This oversight is reflective of society’s avoidance of issues related to death. An international effort to develop training curricula that prepare care providers to offer PC has occurred over the past 10-15 years [1]. In Lebanon similar efforts have started but are still not adequate. Even though an increasing number of excellent articles and book chapters address the issues related to dying patients and grieving families, they are seldom taught or even integrated into the training of health providers [2].

Palliative care is defined by the World Health Organization (WHO) as an “*approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. It begins when disease is diagnosed and continues regardless of whether or not the client is receiving treatment. The goal of PC is the achievement of the best quality of life for*



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patients and their families. Control of pain, along with the management of psychological, social and spiritual problems is paramount” [3].

The purpose of this article is to describe present endeavors in PC education and recommend a model for future outlook. In Lebanon, the first attempt at raising healthcare professionals’ awareness and sensitizing the public to the need for PC services was in 1995. The need for pain relief and PC was identified as a priority, and affordable solutions were recommended. These recommendations and plans of action were submitted to the Lebanese Ministry of Public Health and WHO. In spite of these recommendations there seems to be gaps in the knowledge base in PC ; insufficient research-confirmed evidence to support some current practices and the lack of postgraduate training in pain and PC in Lebanon [4-7]. The position statement of the 1999 Palliative Care and Ethics symposium addressed the educational need of nurses and physicians on pain relief and PC [9] ; the recommendation is that PC needs to be emphasized, integrated in curricula and be eligible for exams [10]. Moreover, a unified curriculum on PC needs to be introduced in all medical and nursing schools in Lebanon [11]. As a follow-up, deans and directors of medical and nursing schools were motivated to introduce an undergraduate curriculum on pain and PC and nine fellows composed of eight physicians and one nurse educator [the author], were selected to attend a conference “Become an Education for Physicians on End-of-Life Care (EPEC) Trainer” [12] in the USA, New Orleans. The fellows spent a week with bedside training and visits to various programs under the auspices of the EPEC Team followed in Chicago Northwestern University. These fellows later became “The Pain Relief and Palliative Care Group” under the auspices of the Lebanese Cancer Society in 2001. The group feels committed to offer cancer pain relief and or PC to as many patients as possible, do advocacy, educate other colleagues and help developing undergraduate curricula for doctors and nurses. Hence pain and PC need to be included as soon as possible in education and undergraduate training of health professionals and should be eligible for exams [10].

Based on the above recommendations, endeavors to strengthen educational abilities of nurses in PC started to show results. Efforts concentrated on educational developments, specifically undergraduate training of nurses. Similar efforts were conducted by physicians in medical schools. A thorough assessment was done regarding the availability of pain and PC concepts in education and training of healthcare professionals in five major univer-

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sities in Lebanon, namely : the American University of Beirut, Saint Joseph University, Lebanese University, Balamand University and Makassed College. Results showed that in all the curricula of the five universities the concepts of pain and PC have been integrated into the education of nurses and physicians. Therefore, what needs to be done is to include the concepts of pain and PC in the education and training of health professionals, in their exams and state board exams [4]. In addition, postgraduate training programs should be developed.

At present, the nursing curricula reflect the integrated concepts of pain and PC in the undergraduate Bachelor of Science Nursing (BSN) programs in the five universities.

In the Sophomore Year concepts of pain, death and dying and loss and grievance are introduced in the Fundamental Nursing course. It is discussed in all its forms of assessment, diagnosis, treatment and evaluation.

In the Junior Year PC concepts are emphasized in almost every unit related to terminally ill patients and patients with cancer, AIDS, autoimmune and chronic diseases in both adults and children. Pain and pain management are stressed, together with care of the child and family.

In the Senior Year in Critical Care Nursing, Psychiatric and Mental Health Nursing and Community Health Nursing courses, students examine the client and the family as a whole unit, the focus is on emotional and psychological needs. They promote the quality of life of individuals and their support systems by helping them cope with stressors of life and utilize their resources to the fullest. Furthermore, concepts of PC are applied in the clinical settings where clients are suffering of severe pain that is progressive and is not expected to be relieved or stopped.

At the graduate level, Saint Joseph University offers a specialty in Oncology and Palliative Care ; at the Lebanese University a 20-hour course on Palliative and End-of-Life Care is given ; and at the American University of Beirut a Mental Health and Psychiatric Nursing Track has recently been developed and is expected to incorporate concepts of PC.

In addition to formal educational endeavors, staff development programs for nurses were created at the American University Beirut Medical Center. A Nursing Grand Round on Palliative and End-of-Life Care was conducted to all registered nurses, the EPEC curriculum was used.

Nursing educators and nursing leaders both internationally and nationally do indicate a collective awareness of the need to have joined efforts to include concepts of palliative and end-of-life care in the curricula of the professional nurses and to prepare nurses to cope with death and dying as a potential outcome for patients under their care [13].

In conclusion, nurses as citizens and members of health profession have an integral part to play in influ-

encing population and development of policies and plans at a national and local level. These efforts should focus on achieving integration and ensuring human needs and rights are properly addressed.

The skills we develop ourselves, and the institutions and systems we influence, will be the ones that we will experience when reaching the end of our lives.

We need to go back to each of our practice settings and act now.

It is our duty as a profession to advocate for a system that provides good palliative and end-of-life care, both for our patients and for us when we need it. Patients expect it. Our future outlook should concentrate on efforts to continue to include concepts of palliative and end-of-life care in the curricula of the professional nurses in a systematic way, through the development of a separate course "Foundation Course in Palliative and End-of-Life Care". The content of the course needs to include basic concepts of PC and end-of-life care namely, Principles of PC ; Elements and Models of End-of-Life Care ; Gaps of End-of-Life Care ; Whole Patient Assessment ; The Communication of Bad News ; Goals of Care and Treatment Priorities with Advanced Care Planning ; Symptom Management and Control ; Pain Management ; Ethical and Legal issues ; Care of patients in Their Last Hours of Life and Those Who are Bereaved ; Themes of PC, and Barriers to good End-of-Life Care with the development of potential solutions. It is only through offering a course in Palliative and End-of-Life Care that nurses can make an impact upon the quality care of their patients and families.

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