CULTURAL AND RELIGIOUS FACTORS INVOLVED IN PALLIATIVE CARE IN THE MIDDLE EAST

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DECLARATION

NO DISCLOSURE

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- Introduction .
- Culture and religious factors
- The trend in Western Societies
- An overview on Eastern Mediterranean region.
- Palliative care Model in few EMRO countries
- The trend in EMRO countries
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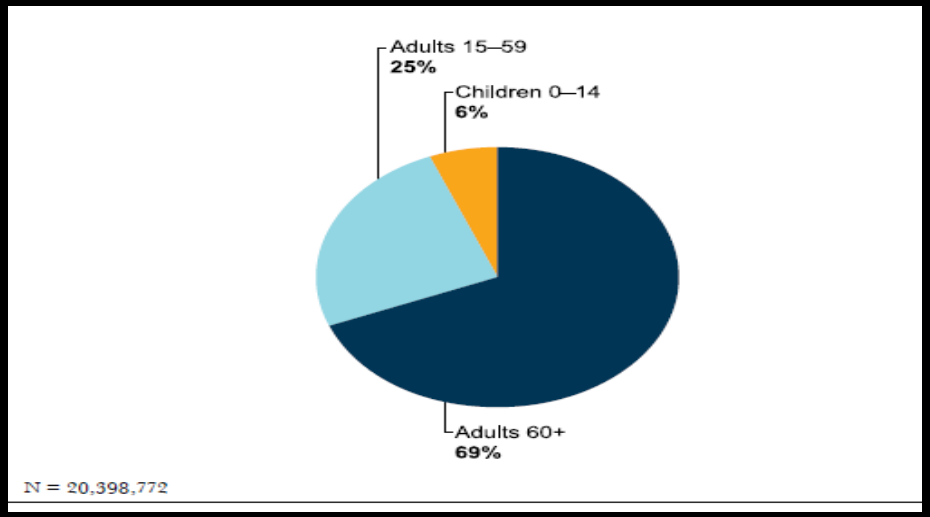
INTRODUCTION..!

Palliative Care is focused on improving quality of life for patients and their families. For most clinicians and patients, the discussion of palliative care is a difficult topic. It is complicated by both the clinician's and patient's belief systems, which are frequently heavily influenced by cultural and religious upbringing.

INTRODUCTION

Based on these estimates, each year in the world, around 377 adults out of 100,000 population over 15 years old, and 63 children out of 100,000 population under 15 years old will require palliative care at the end of life

INTRODUCTION

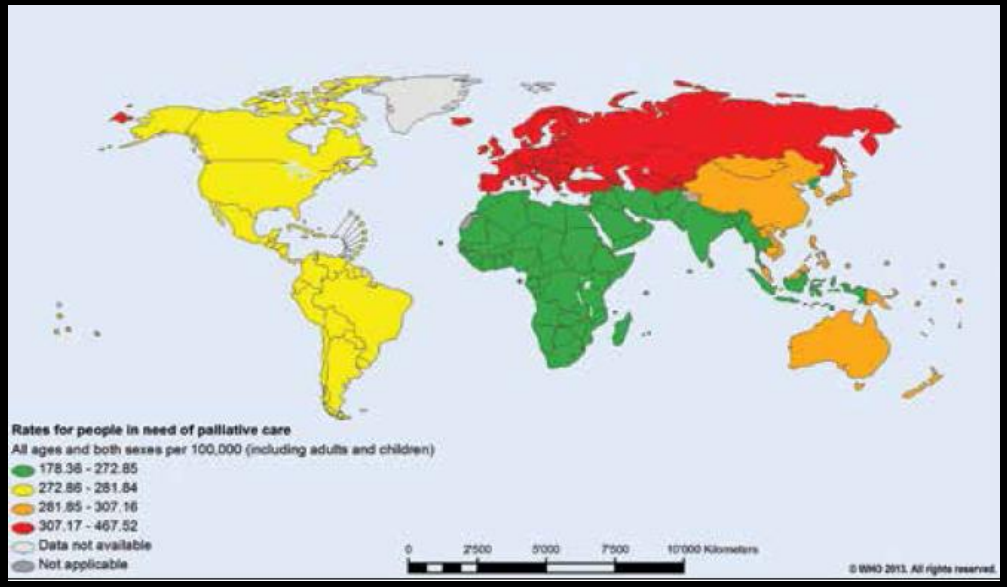


Globally, in 2011, over 29 million (29,063,194) people died from diseases requiring palliative care. The estimated number of people in need of palliative care at the end of life is 20.4 million. The biggest proportion, 94%, corresponds to adults of which 69% are over 60 years old and 25% are 15 to 59 years old. Only 6% of all people in need of palliative care are children

INTRODUCTION

Each year, an estimated 40 million people are in need of palliative care, 78% of them people live in low- and middle-income countries.

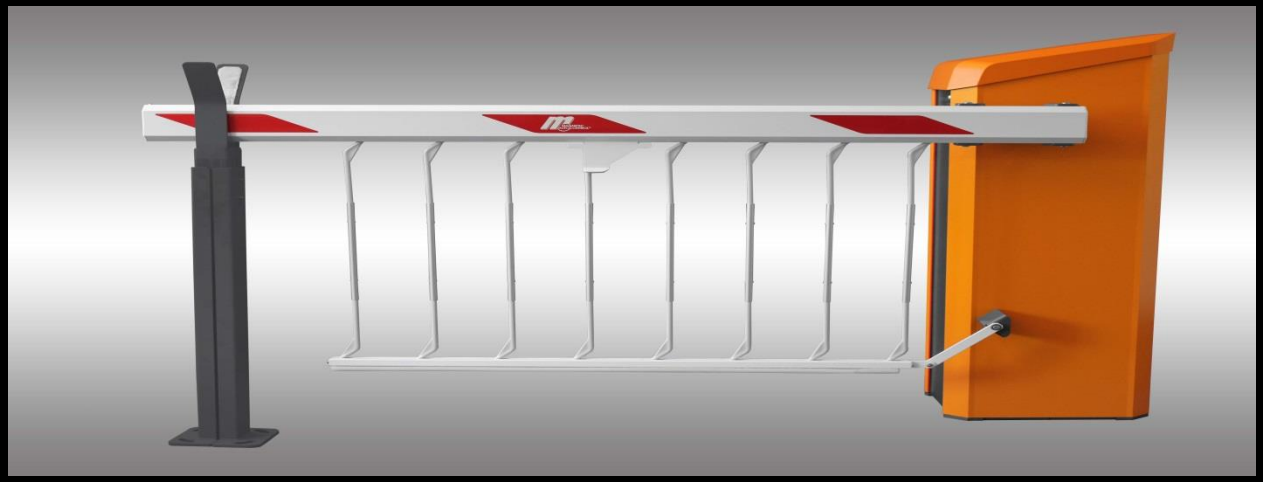
INTRODUCTION



WHO Member States are grouped in six regions: Region of the Americas (AMRO), African Region (AFRO), Eastern Mediterranean Region (EMRO), European Region (EURO), South East Asia Region (SEARO) and Western Pacific Region (WPRO).

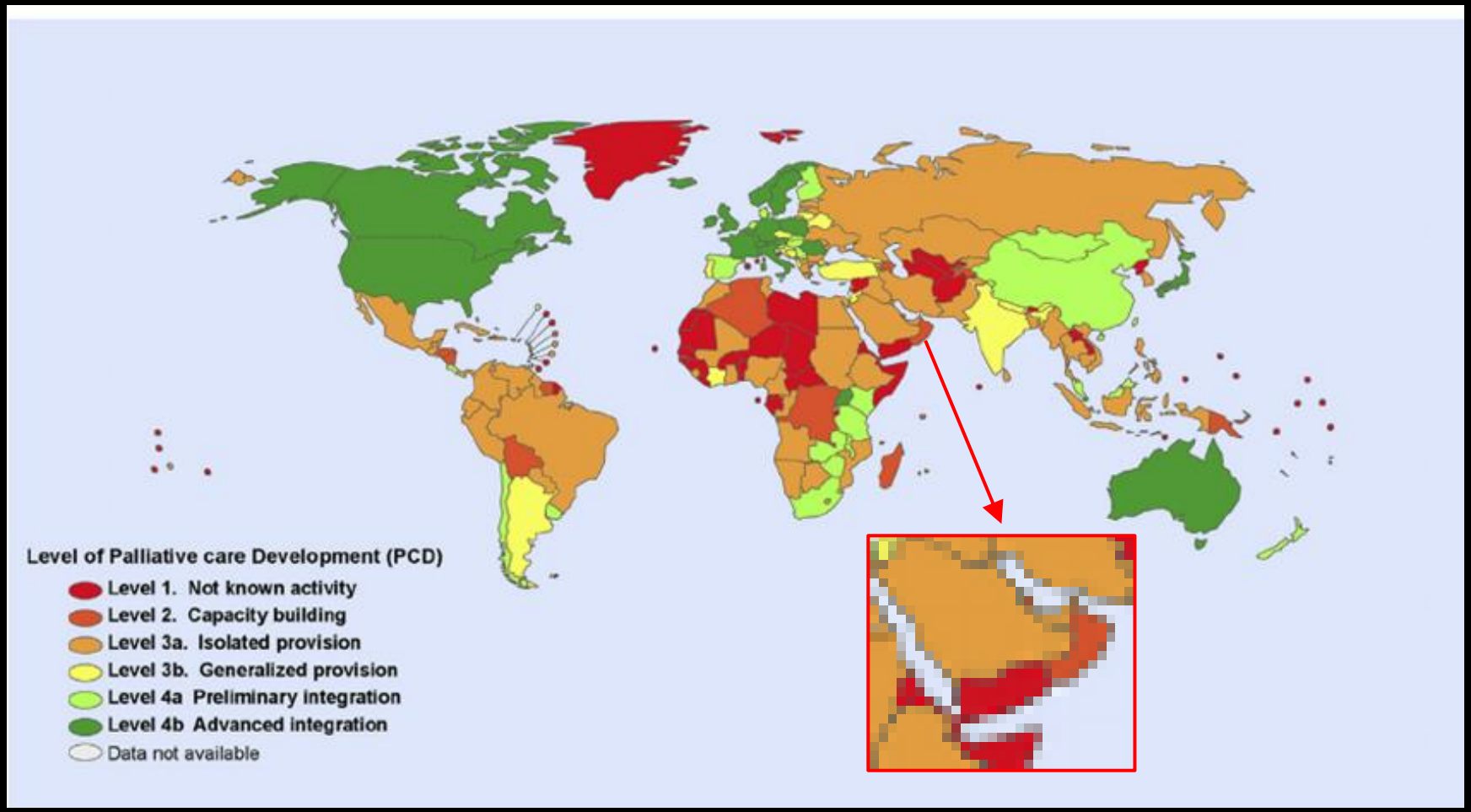
The global distribution of rates for people in need of palliative care at the end of life indicates higher rates in the European and Western Pacific regions.

INTRODUCTION



Worldwide, only about 14% of people who need palliative care currently receive it. Overly restrictive regulations for morphine and other essential controlled palliative medicines deny access to adequate pain relief and palliative care. Lack of training and awareness of palliative care among health professionals is a major barrier to improving access

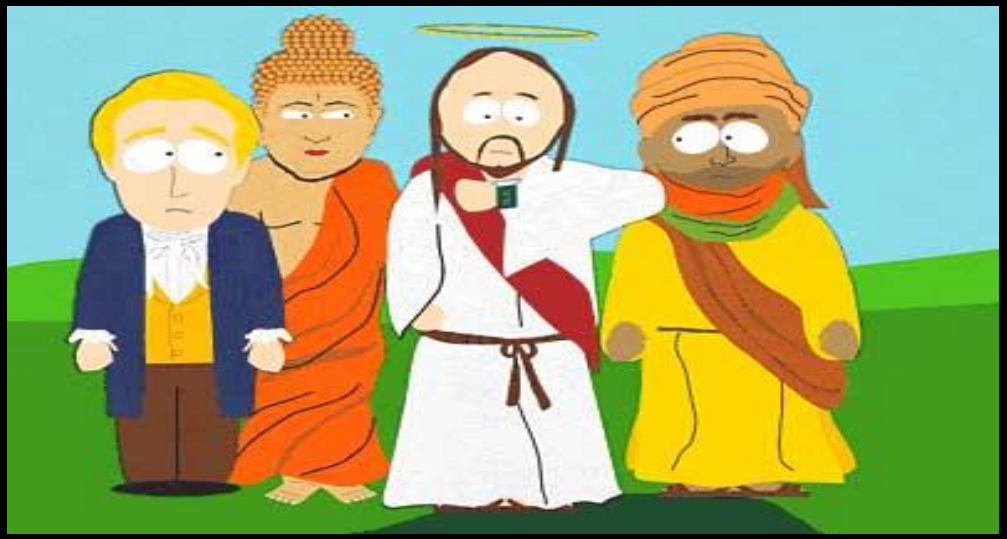
Palliative Care Models, WHO Report 2014



CULTURAL & RELIGIOUS FACTORS

Several different religions and cultures have been evaluated for their impact on perceptions of palliative care including end of life discussions. The effect of religion, sense of destiny, quality of life, and process preferences regarding end-of-life decision-making varies from nation to nation.

CULTURAL & RELIGIOUS FACTORS



Although the need for comfort, peace, dignity, and the presence of loved ones at the end of life is universal. Still, unique aspects of culture & beliefs can play a significant role in how the palliative team handles the dying process.

CULTURAL & RELIGIOUS FACTORS

Many factors influence a person's culture and, therefore, choices about end-of-life care: worldview, ethnicity, geography, language, values, social circumstances, religion/spirituality, and gender.

CULTURAL & RELIGIOUS FACTORS

There are certain cultures influencing the choices about types of support at the end of life, such as whether or not to use resuscitation measures, medications, medical interventions, or feeding tubes or whether or not to withhold nutrition and fluids.

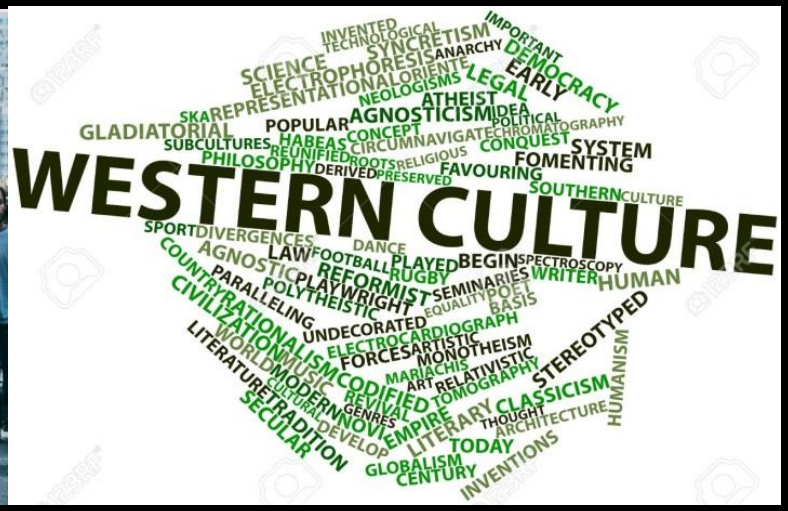
CULTURAL & RELIGIOUS FACTORS

There are certain cultures within the society preventing to disclose the diagnosis or the prognosis to the patient, rather insisting to discuss the condition only to certain member of the family.

CULTURAL & RELIGIOUS FACTORS

The culture can influence who is with the one at the time of death and whether the patient wants to die at home, in the hospital, or in a hospice facility. Some cultures treat death with the utmost reverence while others prefer to celebrate the life before it. Other cultures fear death. Communicating with the patient and the family regarding their cultural beliefs will help the palliative care team to provide more efficient support.

THE TREND IN THE "WESTERN SOCIETY"



In Western societies death has become medicalized and curative procedures are often prioritized ahead of palliative care. The 'cure at all cost' attitude of physicians, along with the strong religious views that many families hold on the sanctity of life often complicate end-of-life management.

THE TREND IN THE "WESTERN SOCIETY"

In Western culture there is a recognizable lack of acceptance of death, leading to reluctance in seeking end-of-life care; as Western culture often tries to deny death as a natural process. This may create an atmosphere where some people are unprepared for their own death or the death of a loved one.

THE TREND IN THE "WESTERN SOCIETY"

In many of the developed countries in North America, Western Europe and Oceania, great strides have been made in the treatment of cancer. Public awareness has increased, treatment modalities improved and consequently the number of survivors is rapidly increasing. Concomitantly, advances in palliative care have also taken place, albeit at a slightly lower pace. Unfortunately, that is not the case in most of the low- and middle-income countries

"EASTERN MEDITERRANEAN REGION"

The Eastern Mediterranean region as defined by the World Health Organization includes 22 countries that extend from Pakistan in the east to Morocco in the west. These countries have significant variability in population, size, income, Human Development Index (HDI), health outcomes, and health expenditure.

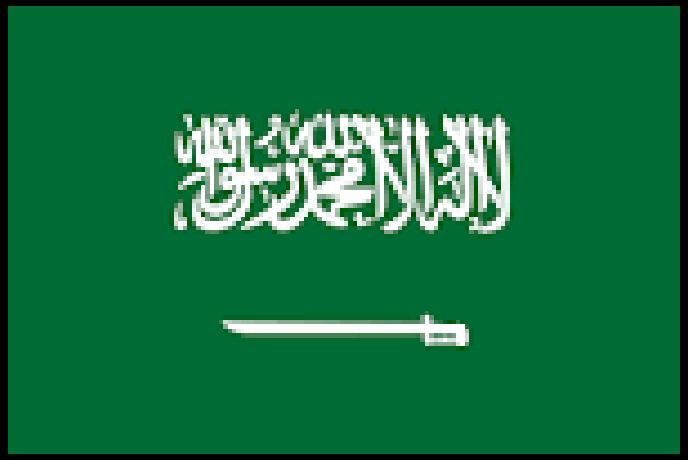
Statistics related to Palliative care in few countries

"EASTERN MEDITERRANEAN REGION"

COUNTRY	POPULATION DENSITY[1]	POPULATION, TOTAL	SURFACE AREA[2]	GDP PER CAPITA[3]	HEALTH EXPENDIT. (% GDP)[4]	HEALTH EXPENDIT. PER CAPITA[5]	LIFE EXPECTANCY AT BIRTH[6]	HDI	HDI RANK
Egypt	91.9	91,508,084	1,001,450	3,615	5.6	594	71.3	0.69	108
Iran	48.6	79,109,272	1,745,150	5,443[7]	6.9	1,082	75.6	0.77	69
Iraq	83.9	36,423,395	435,050	4,944	5.5	667	69.6	0.65	121
Jordan	85.5	7,594,547	89,320	4,940	7.5	798	74.2	0.75	80
Kuwait	218.4	3,892,115	17,820	29,301	3.0	2,320	74.7	0.82	48
Lebanon	571.9	5,850,743	10,450	8,048	6.4	987	79.6	0.77	67
Morocco	77.0	34,377,511	446,550	2,878	5.9	447	74.3	0.63	126
Oman	14.5	4,490,541	309,500	15,551	3.6	1,442	77.3	0.79	52
Pakistan	245.1	188,924,874	796,100	1,435	2.6	129	66.4	0.54	147
Occ. Pal. Terr.[10]	4.5	4,500,000	6,020	2,783[8]	10.9[9]	304	N/A	0.68	113
Qatar	192.5	2,235,355	11,610	1,435	2.2	3,071	78.8	0.85	32
Saudi Arabia	14.7	31,540,372	2,149,690	20,482	4.7	2,466	74.5	0.84	39
Sudan	22.1	40,234,882	1,879,358	2,415	8.4	282	63.7	0.48	167
Tunisia	72.4	11,107,800	163,610	3,873	7.0	785	75.0	0.72	96
UAE	109.5	9,156,963	83,600	40,439	4.0	2,405	72.5	0.84	41

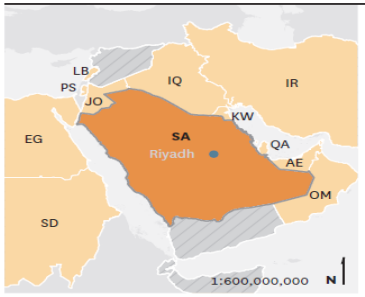
Table showing the Eastern Mediterranean Region's Health information

SAUDI ARABIA



SAUDI ARABIA

Saudi Arabia



31,540,372 Population, 2015	US$20,482 Gross Domestic Product per capita, 2015	US$2,466 Health Expenditure per capita, PPP, 2014
2,149,690 Surface, km²	2.49 Physicians per 1000 inhabitants, 2012	0.84 Human Development Index, 2014
14.7 Density, 2015 inh/km²	4.7% Health Expenditure total (% of gross), 2014	39 Human Development Index Ranking position, 2014

PALLIATIVE CARE PROGRAMS

9 Outpatient clinics (inpatient)	8 Mixed programs (community and hospital)	9 Consultation services (hospital support teams)	8 Hospital PC units (inpatient)
0 Hospices (stand-alone inpatient units)	8 Community-based programs (home care)	0 Nursing home-based programs	42 Total

Payment for PC programs

Patients have to pay for PC?	YES / NO
Patients have to pay for PC medications?	YES / NO
Health system	Mixed

MILESTONES

1991 PC services in Saudi Arabia started at the King Faisal Specialist Hospital and Research Centre (KFSH&RC) in Riyadh

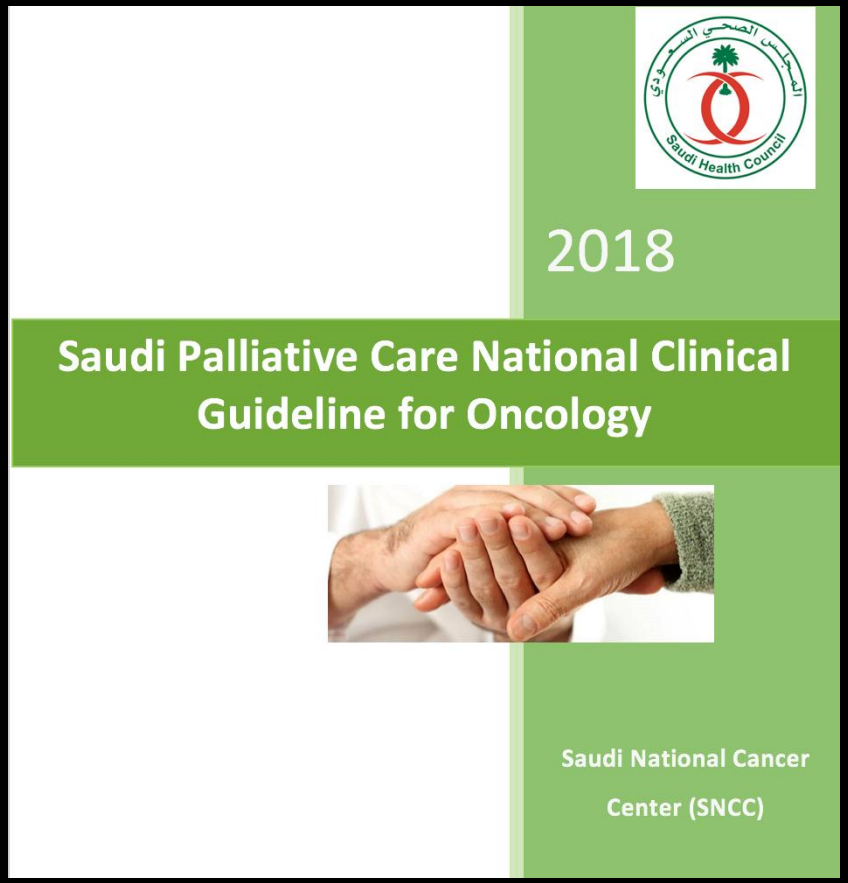
2000 The first fellowship training program in palliative medicine in Arabic countries was established at KFSHRC

2010 Existence of more than 15 comprehensive cancer centers in Saudi Arabia and well-established PC units with integrated home-based care

2013 Accrediting bodies approved the fellowship program

The first PC program in Saudi Arabia started at the King Faisal Hospital in the early 1990s. Over the past ten years, there has been an increase in the number of PC services to 20 institutes and an increase in the number of specialized Saudi trainers whereas before, it was run by experts.

SAUDI ARABIA



THE BEAUTIFUL CITY OF “QATAR”

QATAR

MILESTONES

2008 The first and only PC unit in Qatar was established

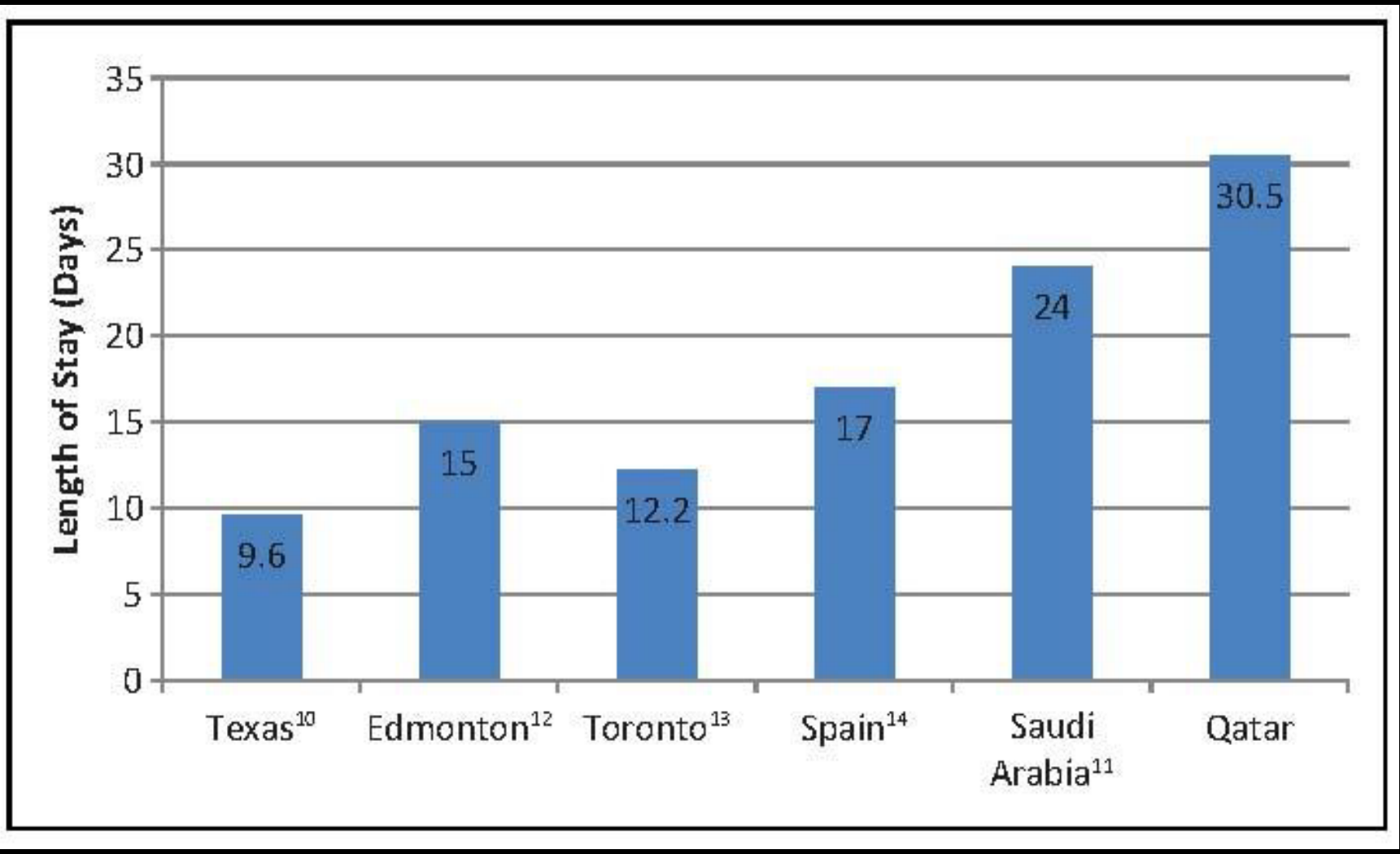
2014 The University of Calgary–Qatar (UCQ) introduced a Master of Nursing, with focus on oncology and PC

2016 Qatar National Health Strategy has outlined the need to educate health professionals regarding appropriate use of narcotics

The first and only PC unit in Qatar is a 10-bed unit that was established in 2008 to serve adult patients with cancer. National Center for Cancer Care and Research (NCCCR) is the only advanced cancer center in Qatar. Qatar currently has no specialized hospice and home PC services. Qatar has recently launched plans to address several gaps in the health system. The current Qatar National Health Strategy has outlined the need to educate health professionals regarding appropriate use of narcotics. Formal training in PC is now a part of residency and fellowship training programs in hematology/oncology and internal medicine specialties at Hamad Medical Corporation

NATIONAL VS. NON-NATIONAL

LENGTH OF STAY IN COMPARISON TO OTHER COUNTRIES



CURRENT STATUS OF PC IN QATAR VERSUS THE WORLD

Country	Qatar	US	UK	Jordan	Saudi Arabia
Free standing PC center(s)	None	Yes	Yes	None	None
Non-cancer diseases using PC%	-	63.4%	~71%	-	-
Access to out-of-hospital/ hospice care	Yes – Doha Medicare (commercial)	Yes – 6100 hospices via the National Hospice and Palliative Care Organization	Yes - Hospice UK	Yes - Al Malath (1990s)	Yes - King Faisal Specialist Hospital (1992)
Supply versus	130-170	1.6-1.7 million	92000 out of		-

A snippet of ... Patient Rooms

مركز الاتصال الصحي الحكومي
Governmental Health Communication Center

GULF TIMES

2

Monday

19/2/2018

WISH begins study into end-of-life care from Islamic perspective

The World Innovation Summit for Health (WISH), an initiative of Qatar Foundation (QF), has announced that 'Islamic Ethics and Palliative Care' will be one of nine research topics that will form the focus of the WISH 2018 conference. WISH 2018 will take place at the Qatar National Convention Centre (QNCC) from November 13-14.

In the months leading up to WISH 2018, an international group of experts will investigate the ethical challenges and questions palliative care gives rise to. The group's findings, to be published in a report ahead of WISH 2018, will be discussed in depth during a panel session at the prestigious event. In addition to exploring and analysing the key ethical challenges of palliative care from an Islamic perspective, the aim of the academic research within this forum is to produce policy recommendations that can have a positive impact on the management of palliative care in Qatar, the region, and beyond.

Dr Mohamed Ghaly, professor of Islam and Biomedical Ethics at the Research Centre for Islamic Legislation and Ethics, College of Islamic Studies at Hamad Bin Khalifa University leads the WISH Islamic Ethics and Palliative Care research group.

Dr Mohamed Ghaly

The intersection of Islamic ethics and biomedical sciences is Dr Ghaly's main specialisation and he is the editor-in-chief of the *Journal of Islamic Ethics*. Dr Ghaly has lectured on the topic of Islamic bioethics at many prestigious universities worldwide, including Imperial College London and Oxford University and he is a previous fellow of the Kenney Institute of Ethics at Georgetown University, USA.

Dr Ghaly said, "The emerging field of palliative care demonstrates the significance of treating a person as an indivisible whole, consisting of not only body but also thoughts, convictions, and beliefs, rather than only treating the strictly medical aspects of their disease. This has significantly contributed to bridging the gap between medicine and ethics and opens up new frontiers of interdisciplinary enquiry.

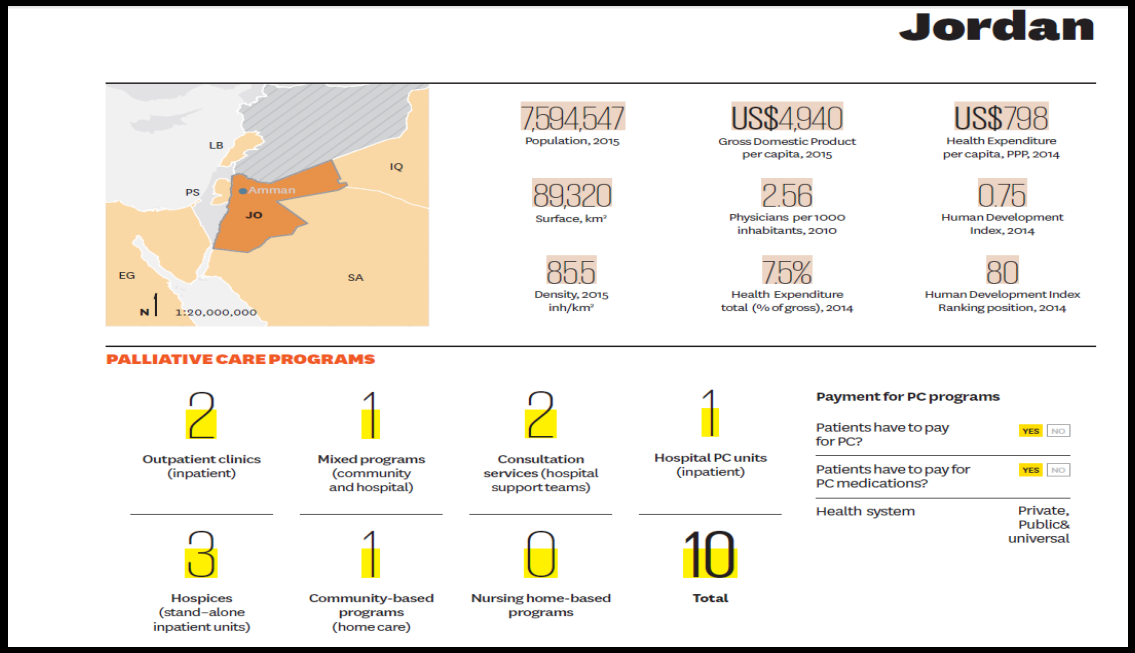
"Our forum will examine the ethical questions within the sensitive topic of palliative care, with a focus on insights from an Islamic tradition. The prospective study will include discussions surrounding international deliberations, the regional experience, and the relevance of Islamic ethical discourse."

Sultana Afdhal, CEO, WISH, commented, "Every healthcare decision made is influenced by a central moral and ethical code. When it comes to healthcare service provision, physicians, patients, and their caregivers all need guidance on how to align their moral compass with the best course of action. It is for that reason that since its inception, the WISH summit has featured discussions surrounding Islamic ethics and health."

WISH 2018 will feature nine research forums, each led by an internationally renowned expert in their field. The forums will highlight and address some of the world's most pressing challenges across topics that cover medical, ethical, technological, and humanitarian aspects of healthcare.

JORDAN

JORDAN



MILESTONES

2001 Palliative care nursing started in Jordan with the launching of Jordan Palliative Care Initiative

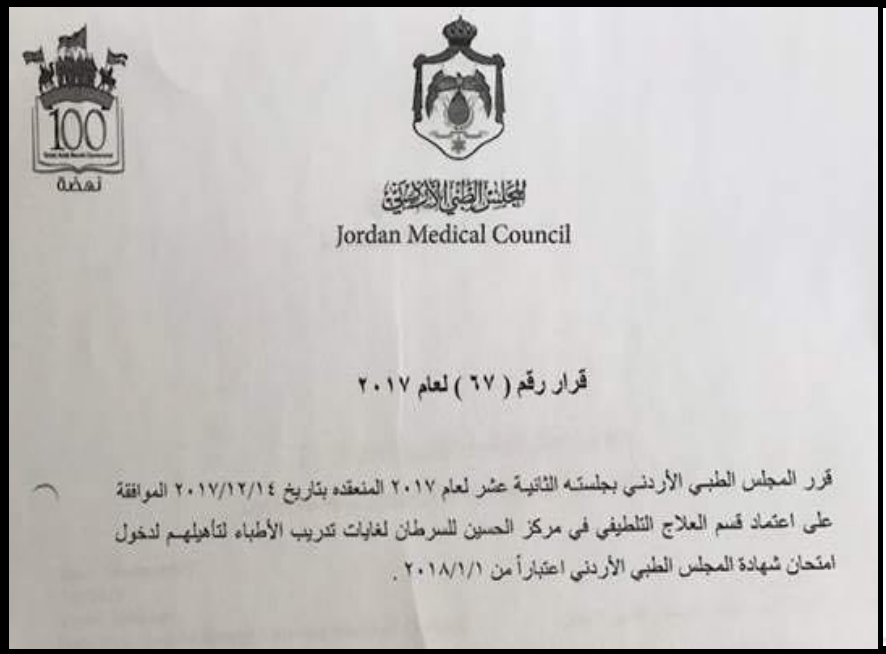
2004 A pain management and palliative care program was launched in KHCC

2005 Jordan Palliative Care Initiative resulted in a new home care hospice and a hospital-based team in the KHCC (main cancer hospital)

The history of PC in Jordan started back in 2003 with the WHO Palliative Care Demonstration Project aiming to establish a professional model of PC in the country PC program started at King Hussein Cancer Center (KHCC) As is the case for many other countries, Jordan has faced some barriers mainly the low level of awareness at both professional and public levels, the lack of financial support, and shortage of staff.

FIRST PRIVATE PALLIATIVE CARE CLINIC IN JORDAN

JORDAN



المجلس الطبي الأردني
Jordan Medical Council

قرار رقم (٦٧) لعام ٢٠١٧

قرر المجلس الطبي الأردني بجلسته الثانية عشر لعام ٢٠١٧ المنعقده بتاريخ ٢٠١٧/١٢/١٤ الموافقة على اعتماد قسم العلاج التلطيفي في مركز الحسين للسرطان لغايات تدريب الأطباء لتأهيلهم لدخول امتحان شهادة المجلس الطبي الأردني اعتباراً من ٢٠١٨/١/١ .

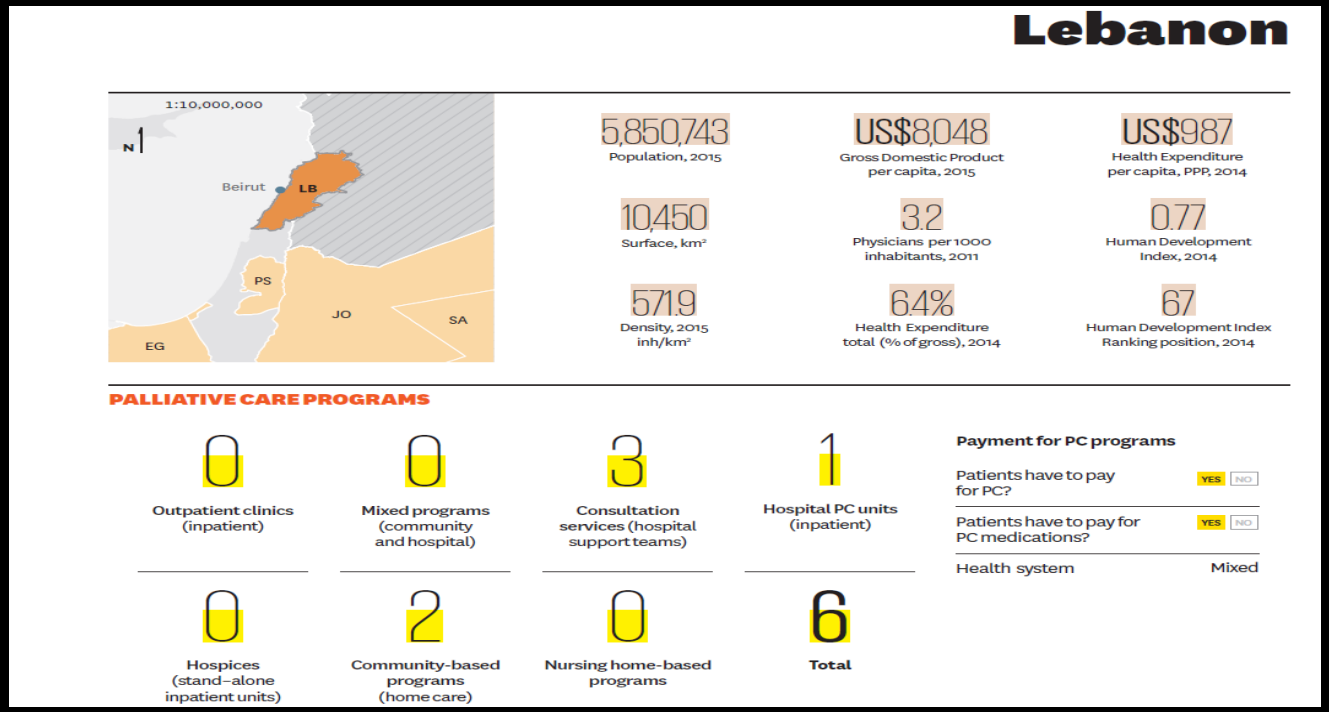
Jordan Medical Council

Formal decision (67) for the year 2017

The Jordan Medical Council, JMC approved the **accreditation** of the Department of Palliative Medicine at King Hussein Cancer Center, KHCC for post graduate fellowship training in Palliative Medicine starting from 1/1/2018. Physicians (fellows) who successfully complete the training will be eligible to set for the JMC Board in Palliative Medicine

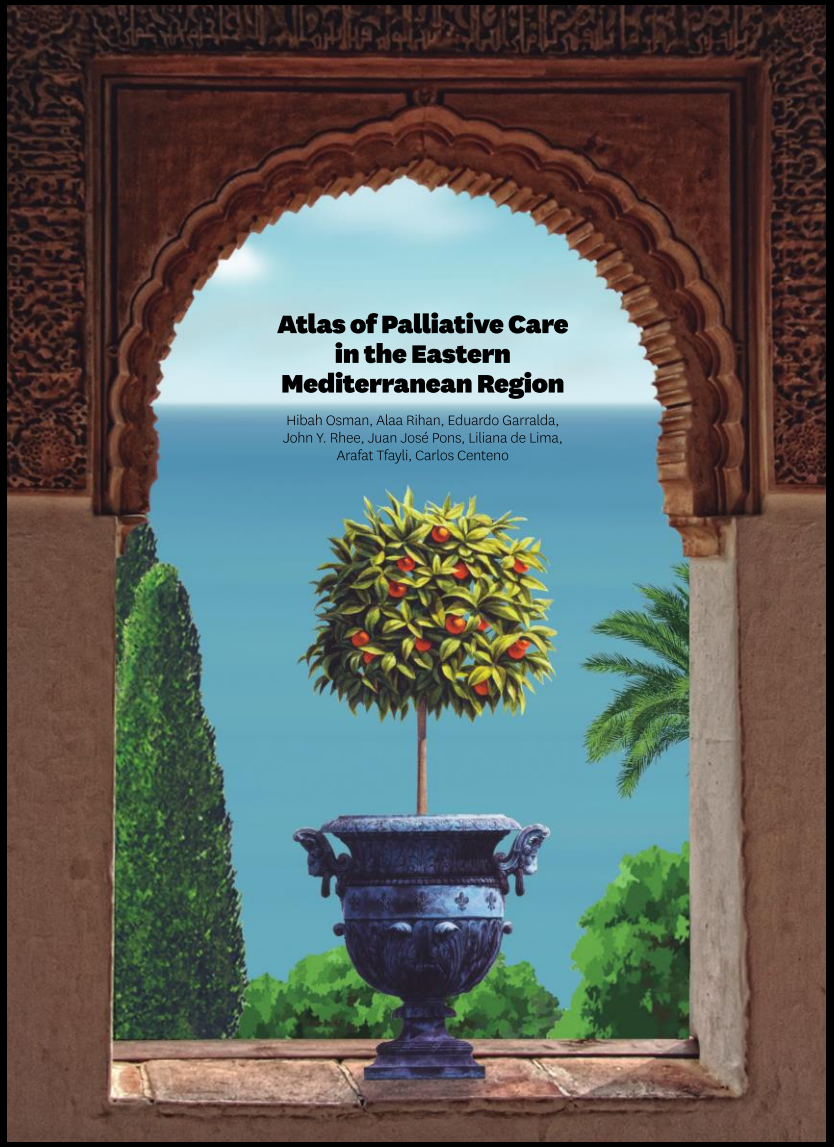
LEBANON

LEBANON



There has been significant advancement in the state of PC in Lebanon over the past 10 years from no PC service providers in 2009 to 2 NGOs providing home-based PC and PC programs at various stages of development in four hospitals. There is also a National Committee for Pain Control and PC in the Ministry of Public Health, and PC has become recognized as a specialty in the country.

LEBANON



MILESTONES

2006 Research palliative care programs became a priority at American University of Beirut School of Nursing

2010 NGOs start providing home-based PC

2011 National Committee on Pain Control and PC established

2013 The American University of Beirut Medical Center launched the first hospital-based PC service

2013 PC was officially recognized as a specialty

Balsam- Lebanese Center for Palliative Care
Beirut, Lebanon

بلسم
balsam

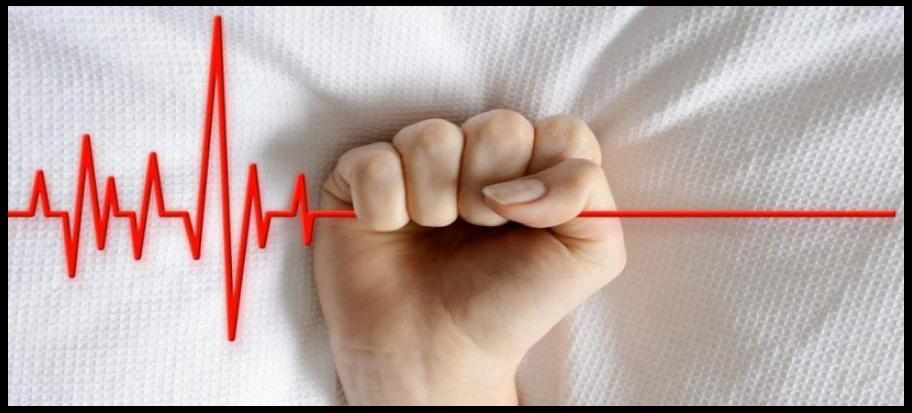
THE TREND IN THE "EASTERN MEDITERRANEAN REGION"

Middle Eastern societies, unlike several Western societies, are more death accepting, and live in coexistence with the realization of the inevitability of death. Such an attitude has an impact as to how a patient and his family may view death, also knowing what lies beyond it.

THE TREND IN THE "EASTERN MEDITERRANEAN REGION"

Islam is the dominant religion in the Middle East, and observant Muslims believe that having an illness represents an opportunity to enhance the Muslim's degree or expiating personal sins. Yet, Islamic teaching encourages Muslims to seek treatment when they fall sick, as it is believed that Allah did not send down a sickness but rather a medication for it.

THE TREND IN THE "EASTERN MEDITERRANEAN REGION"



The concept of euthanasia which is a accepted practice in the west is not a acceptable practice and seen with great distress in the region, Muslim's beliefs attribute to occurrence of pleasure and suffering to the will of Allah, and that every effort should be made to relieve suffering. Moreover, Islamic teaching considers the relief of suffering to be highly virtuous. According to Islam, adults of both genders are granted the full right to accept or decline medical intervention.

THE TREND IN THE "EASTERN MEDITERRANEAN REGION"

In reality, close family members are more often directly involved with the decision-making process. Generally, parents, spouses and older children, in descending order, have greater decision-making power than the other members of the family. Islamic teaching encourages the community members to visit the sick and the sick to welcome their guests. Patients, therefore, may entertain a larger number of visitors during their hospitalization.

THE TREND IN THE "EASTERN MEDITERRANEAN REGION

The use of drugs that might affect consciousness is strictly prohibited in Islam. However, medically prescribed opioids are generally permissible because of their necessity. Usually, patients and families accept the use of opioids for symptom management, provided the rationale for their use is clearly explained to them. Of great importance is to explain patients and their relatives the possible side effects, as there are great concerns about an imposed drowsiness. Issues that relate to end-of-life are compounded spiritually and ethically, and are open for interpretations.

THE TREND IN THE "EASTERN MEDITERRANEAN REGION"

While discussing the prognosis of the loved one, Muslim families are often skeptical about receiving clear cut massages from the treating physician. The former are for the most part more comfortable receiving less concrete information and quite often would respond with: 'This is in Allah's (God's) hands, and we are not to predict the fate of the patient'. Such a response is largely due to the Islamic belief that the life expectancy of every person is only up to Allah, who is the one to determine the timing of death..

THE TREND IN THE "EASTERN MEDITERRANEAN REGION"

Families, however, are very appreciative being updated as to the patient's condition, in order to enable them to carry out the traditional funeral rites. Taking all of the above into consideration, caregivers in ,middle east exercise all the precautions and sensitivity while talking to terminally ill patients and their families

The following are a few of the many interesting cases which we had encountered in our institution who had peculiar culture or religious believes which was a interference in the optimal palliative care for those patients.

CASE : 1

History of Present Illness

•A 33 year-old Filipino lady, G1P1+0,

Diagnosed with Right breast carcinoma with ER3+,PR3+,HER2-ve in 05/2016 cT3NxM1(Multiple pulmonary nodules suggestive of metastasis)

•Patient refused chemo treatment or any treatment.

•She was placed on hormonal therapy , she did not take the treatment.

•She is not following in oncology clinic

HER BELEIF

She believes that Jesus Christ has healed her cancer and she is doing fine now, every time there is a conversation regarding her medical condition, she would decline to listen and repeat a verse from a chapter in the BIBLE which says "Jesus heals the sick"

CURRENT ADMISSION

Patient was admitted under medical care in General hospital for severe shortness of breath. She was tachycardia and tachypnea. CT pulmonary angiography as done and it ruled out PE. However, it showed extensive metastatic nodules covering the whole lungs bilaterally. She has received steroids and has some symptomatic improvement. She has a large b/l fungating mass in the breasts.

She is currently not any treatment.

CURRENT STATUS

The primary Oncologist and his team has explained to the patient the nature of the disease and the need for treatment, the patient is in denial, she says that she is cured and does not have any disease. She assumes that the discharge from the fungating mass is sign of GOD that her condition is getting healed.

The oncology and palliative care teams with the psychologist are currently involved in the pt's care but despite all measures we cannot change her spiritual believe.

CASE 2

History of present illness

This is 18 year old Pakistani young girl k/c /o Right femoral Osteosarcoma

S/P Neo adjuvant Chemotherapy and wide Local Resection with Prothesis complicated by Infected Prothesis and multiple Surgical site infection and collections requiring debridement multiple times before

HISTORY

S/P underwent multiple surgeries due to infection of the implant

CT staging 16/2/2017 : Lung nodule of the lateral segment of the right middle lobe impressive of metastasis. Tiny nodule adjacent to it which is too small to be characterized.

She failed in all lines of treatment and was under palliative care for supportive measures and comfort care.

THE MOTHER'S BELIEF

The patient's mother strongly believed that the condition of her daughter was due to the Coco-Cola she drank at Pakistan during her vacation and also she strongly believed that the narcotics which was administered for her pain was all prohibited in Islam and it's a great sin her daughter is doing. She also believed that if the patient consumes sweet it would give energy to the cancer cells and abstained her daughter from consuming sweets even at the terminal stages

CURRENT CONDITION

With multiple orientations and counselling she was made to understand the significance of cancer related pain and the importance of narcotic medications in the terminal stages of her condition, After which the patient's mother started to cooperate with the Palliative care treatment for pain and eventually was very much satisfied with the care provided by the palliative physicians and nurses. And she was very sorry for her misconception regarding the pain medications and was thanking the team for clearing her thoughts.

The patient Expired on 10/Nov/2018


THANK YOU
FOR LISTENING