Palliative Care Can Strengthen Cancer Care Systems, Improve Patient Outcomes, and Save Money

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Disclosures

- None

Learning Objectives

- At the end of this presentation, participants will be able:
  1. To discuss the global agreement that access to pain relief & palliative care are imperative for all patients with cancer and other serious chronic illnesses.
  2. To describe barriers to access by patients in low and middle income countries (LMICs) to pain relief & palliative care.
  3. To plan ways to integrate palliative care into national cancer control programs in ways that strengthen entire health systems and promote universal health coverage.

Global Agreements on Pain Control & Palliative Care

World Health Assembly 2014: Resolution on Palliative Care

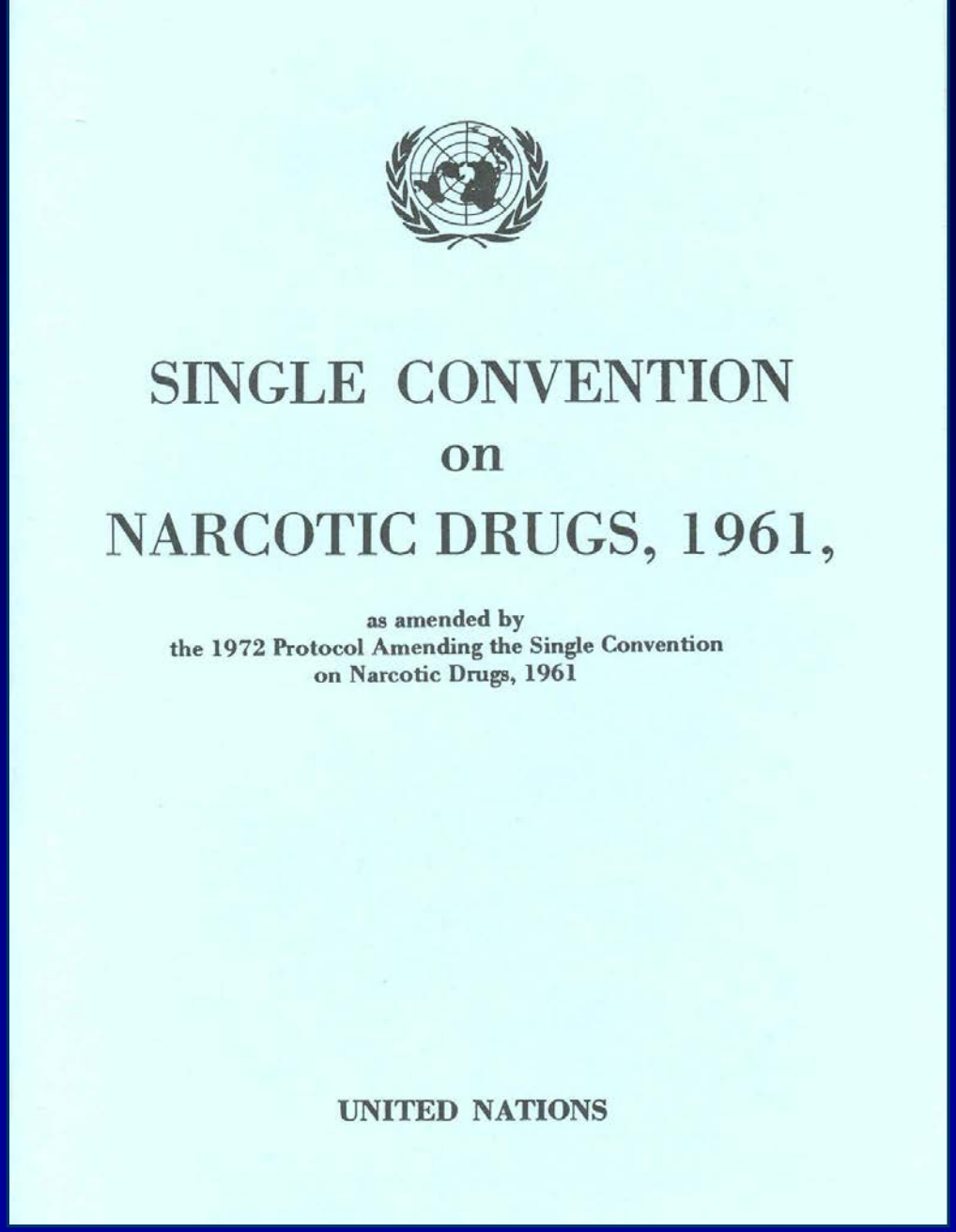
"It is the ethical duty of health care professionals to alleviate pain and suffering, whether physical, psychosocial or spiritual, irrespective of whether the disease or condition can be cured …

Palliative care is an ethical responsibility of health systems … ."

"Availability … of internationally controlled medicines … for the relief of pain and suffering, remains insufficient in many countries … Efforts to prevent the diversion of narcotic drugs [should] not result in inappropriate regulatory barriers to medical access to such medicines;"

1961 Single Convention on Narcotic Drugs as amended by the 1972 Protocol:

- Signed by almost all countries (including USSR)
- "The medical use of narcotic drugs continues to be indispensible for the relief of pain and suffering and … adequate provision must be made to ensure the availability of narcotic drugs for such purposes."
- Emphasizes **BALANCE** in national opioid policies:
  - **Maximize availability of opioids for medical uses**
  - **Minimize risk of abuse, diversion, trafficking**



Balance:

1. Prevent abuse and diversion, *and*
2. Ensure the availability of drugs for medical purposes

Ensuring Balance in National Policies on Controlled Substances (WHO 2011):

- As a minimum, countries should ensure, as part of Cancer Control Programs:
  - Access to and availability of strong opioid analgesics.
  - Integrated hospice and palliative care services.

Other UN Authorities that Assert Imperative of Opioid Accessibility for Medical Purposes

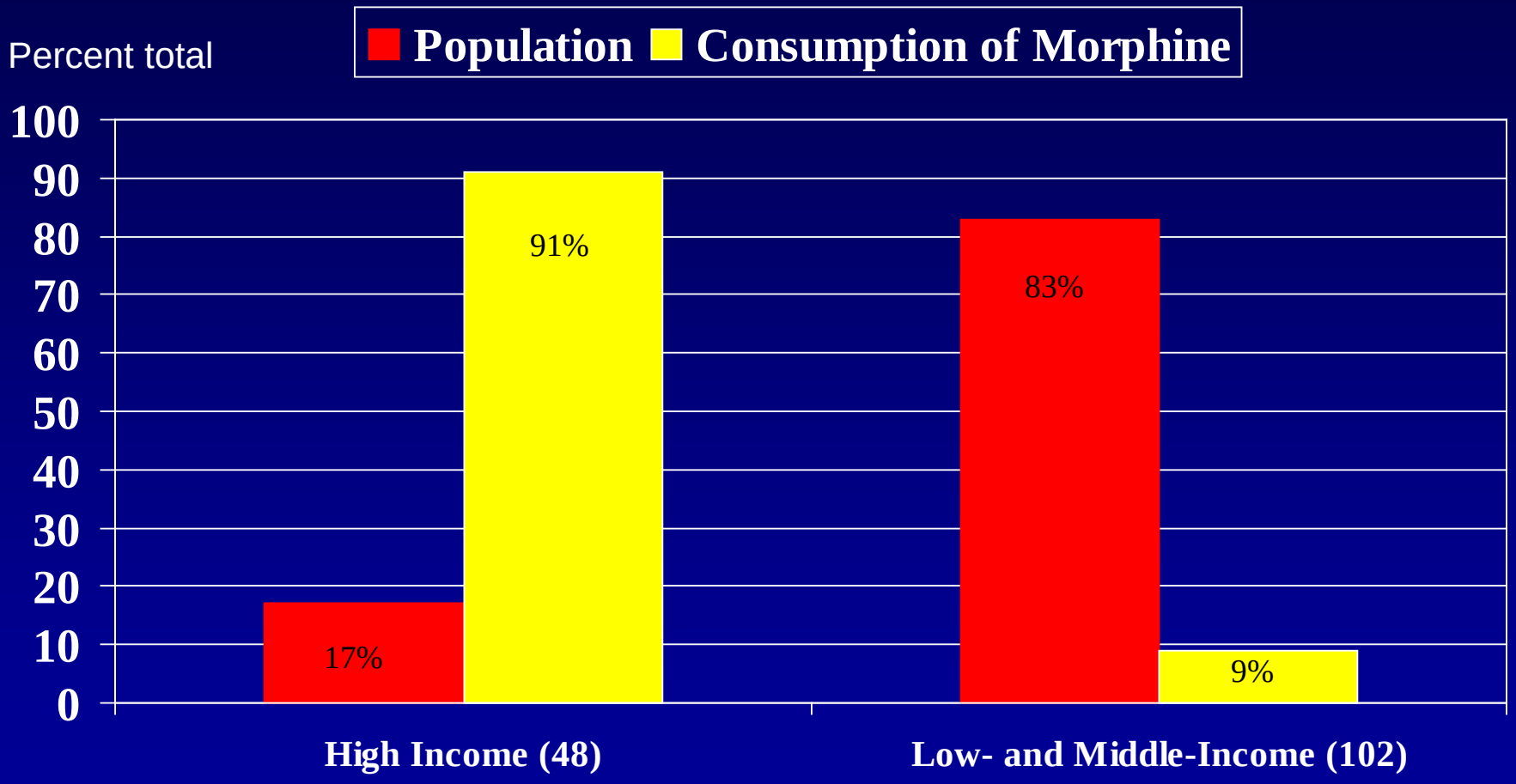
- UN Committee on Economic, Social, and Cultural Rights
- UN Special Rapporteur on Torture, Cruel, Inhuman, and Degrading Treatment and Punishment (2009)

Patients in Low and Middle Income Countries (LMICs) Rarely Have Access to Pain Relief & Palliative Care

- 83% of world's 7 billion people in LMICs (~5.8 billion)
- 5.5 million terminal cancer patients per year in LMICs
- Millions with other serious chronic illnesses (cardiovascular disease, liver or renal failure, lung disease, AIDS, etc.)
- Yet only 9% of world's morphine consumed in LMICs

Global Consumption of Morphine

High-Income vs. Low/Middle-Income Countries, 2008



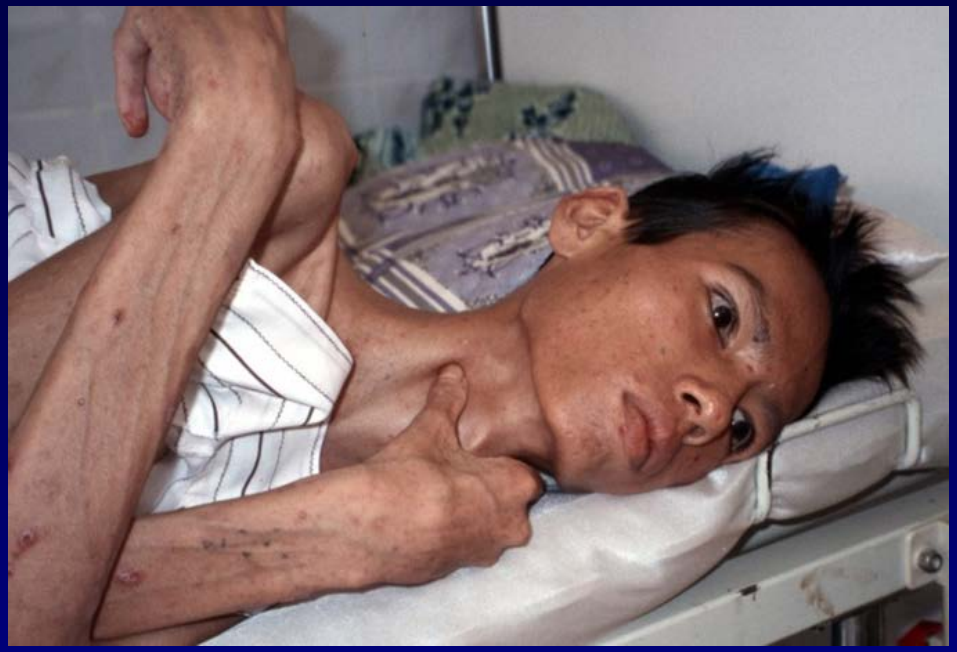
Source: International Narcotics Control Board; United Nations Population Data, 2007; World Bank Income Classification, 2008.
By: Pain & Policy Studies Group, University of Wisconsin /WHO Collaborating Center, 2010.

“Opiophobia”: Needless fear of opioids

- Among political and healthcare leaders:
  - Highly restrictive laws and regulations on opioids
    - Requirements for licensing or permission to prescribe
    - Complicated prescribing forms and authorizations
    - Restrictive rules for pharmacies
  - Explicit or implicit threats of punishment or arrest against clinicians for prescribing opioids.
  - Training in opioid analgesia not provided in medical, nursing, and pharmacy schools
- Among clinicians:
  - Doctors do not prescribe opioids, nurses to not give them, and pharmacists do not stock or dispense them.
- Among patients and their families
  - Pain not reported: no expectation that relief is possible
  - Opioid therapy declined due to fear

Consequences of Opiophobia

- Vicious circle:
  - Low opioid consumption in hospitals and in a country
  - Low estimates of opioid need reported to **International Narcotics Control Board** (INCB)
  - Little opioid allocated to that country
  - Little opioid produced or imported
  - Low opioid consumption



Victims of Opiophobia: Our Vulnerable Patients

Integrating Pain Relief & Palliative Care into Healthcare Systems

Definition of Palliative Care

- WHO (2002): “Palliative care … 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.”

Palliative Care is Essential to Comprehensive Care for Patients with Serious Chronic Illnesses

- There is no dichotomy between palliative and disease-modifying interventions for patients with serious chronic illnesses such as cancer.
  - Chemotherapy, radiation therapy, and surgery often can relieve pain and other symptoms.
  - Palliative care can:
    - Improve adherence to cancer therapy through relief of side effects and emotional distress and social supports to help avoid loss to follow-up.
    - Thereby reduce cancer morbidity and mortality.

Original Article from NEJM

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

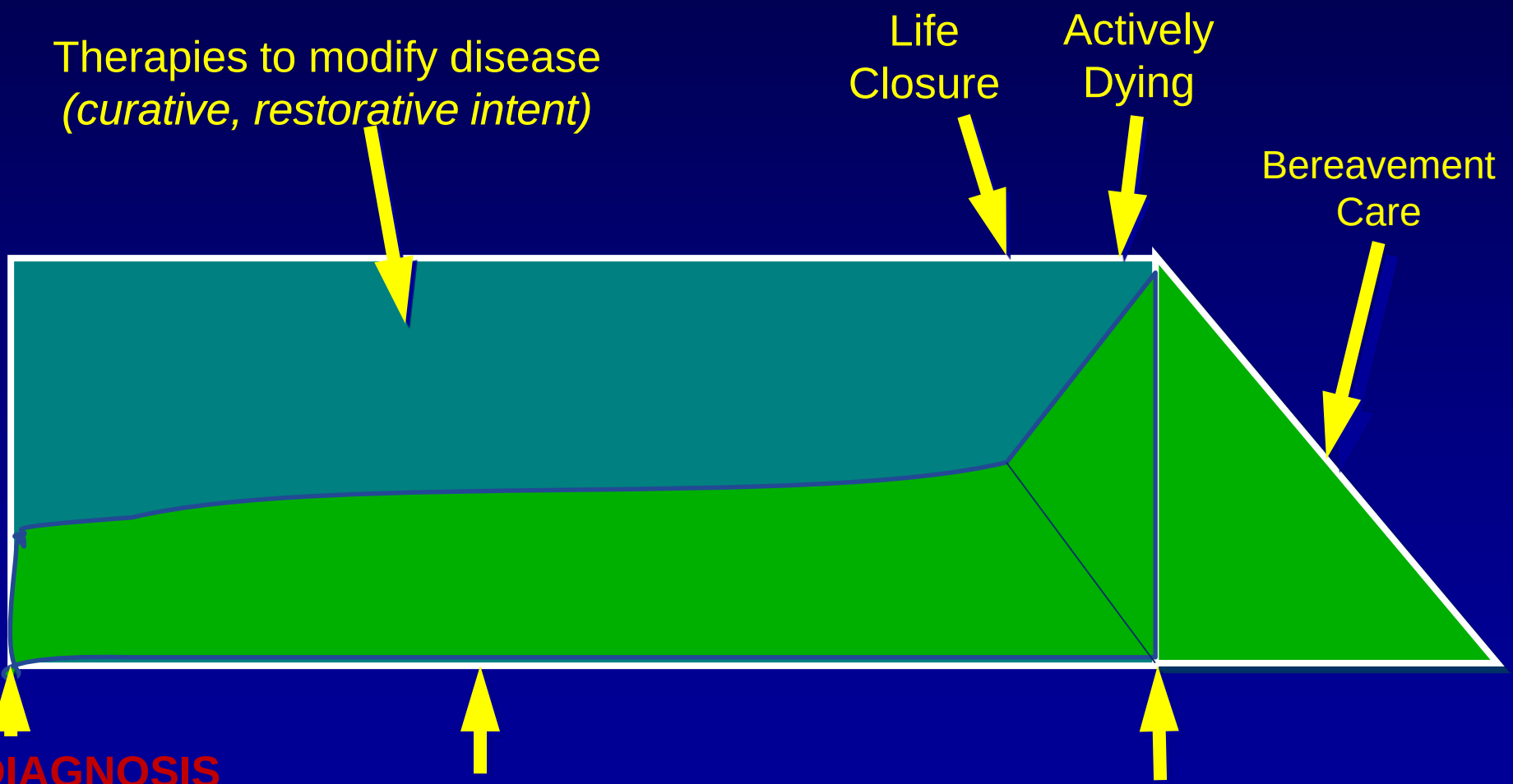
Jennifer S. Temel M.D., Joseph A. Greer, Ph.D., Alona Muzikansky , M.A., Emily R. Gallagher, R.N., Sonal Admane M.B., B.S., M.P.H., Vicki A. Jackson, M.D., M.P.H., Constance M. Dahlin, A.P.N., Craig D. Blinderman , M.D., Juliet Jacobsen, M.D., William F. Pirl M.D., M.P.H., J. Andrew Billings, M.D., and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

N Engl J Med
Volume 363(8):733-742
August 19, 2010

The NEW ENGLAND JOURNAL of MEDICINE

When should palliative care be provided?

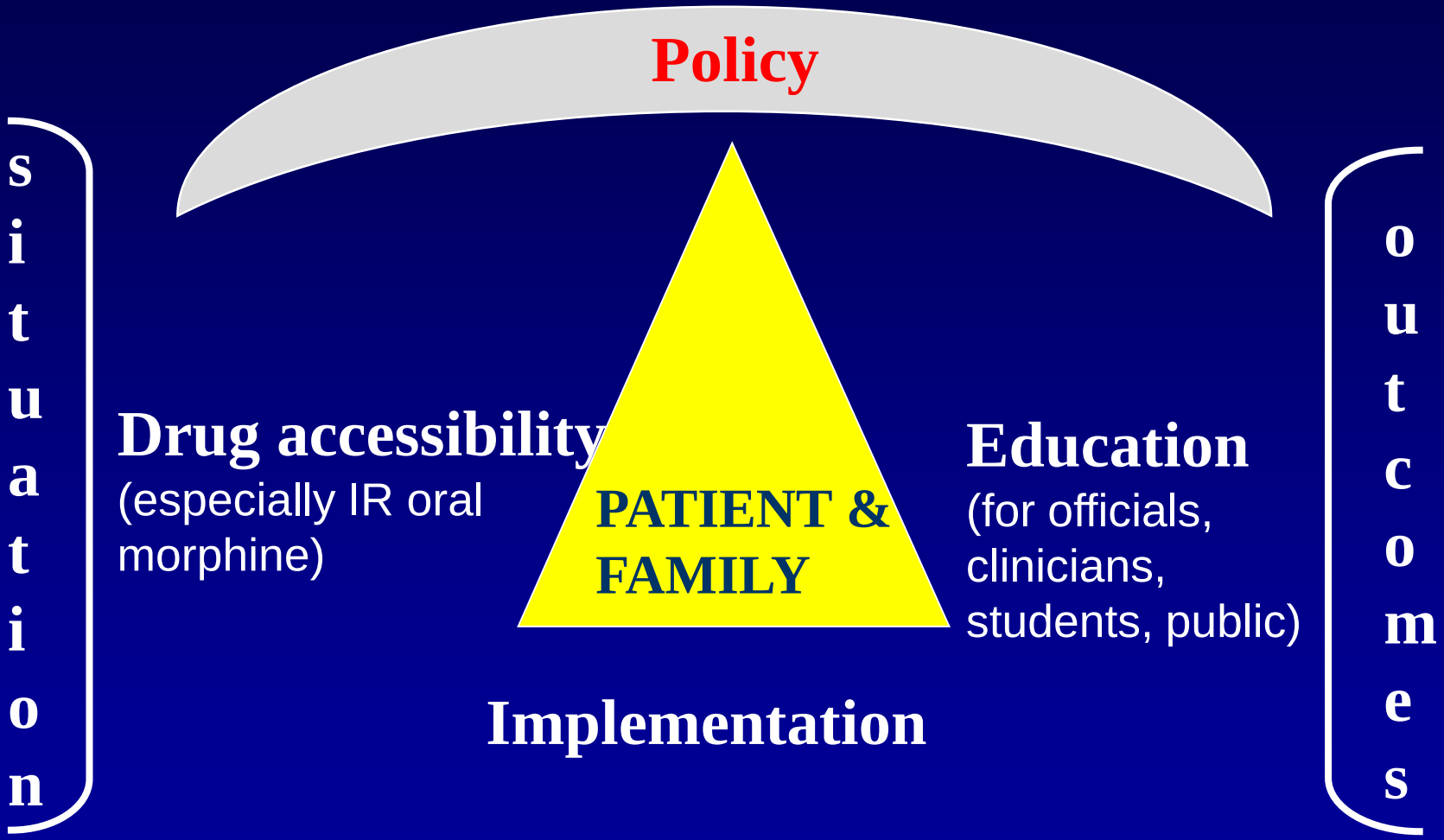
Adapted from World Health Organization. *Cancer Pain Relief and Palliative Care.* Geneva: WHO, 1990.



WHO Public Health Strategy for National Palliative Care Programs: Critical Elements

1. Situation analysis of palliative cancer care
2. National cancer pain relief and palliative care policy & guidelines
3. Essential palliative medicines accessiblility, especially immediate-release oral morphine
4. Education in pain relief and palliative care for healthcare officials, cancer clinicians, students, the public
5. Implementation of pain relief and palliative care services
6. Study patient outcomes and costs

WHO Public Health Model



Stjernswärd J, Foley KM, Ferris FD. The public health strategy for palliative care. J Pain Symptom Manage 2007;33:486-493.

1. Situation analysis of palliative care

- Prevalence among cancer patients in each country of pain, other physical symptoms, and psychological or social distress.
  - Use validated scales:
    - Brief Pain Inventory validated in Russian & Turkish
    - MD Anderson Symptom Inventory validated in Russian
  - If no need to convince MoH of importance of palliative care in your country, can use existing data.
- Existing palliative care services: What percentage of the need is currently met?

2. Palliative Care Policy & Guidelines

- Palliative Care Policy
  - Include palliative care in National Cancer Control Policy as essential part of comprehensive cancer care
  - Advocate for separate National Palliative Care Policy committing to universal access to palliative care as per WHA Resolution.
- National Palliative Care Strategy
  - Based on situation analysis
  - Minimum package of palliative care services at each level:
    - Cancer centers
    - Regional & district hospitals
    - Home care (Where do most patients die? Where do they prefer to die?)
  - Health insurance coverage of minimum palliative care package based on existing cost-effectiveness studies.
- National Palliative Care Guidelines
  - To promote and guide optimum clinical care
  - Adapt existing examples guidelines for local use.

Evidence: Cost-Savings

- Financial risk protection for patients and families.
- Reduced costs for healthcare systems.
- Reduced overcrowding in upper level hospitals.

Hongoro and Dinat, J Pain Symptom Manage 2011: Hospital outreach services have the potential to avert hospital admissions in generally overcrowded services in low-resource settings, to reduce healthcare costs, and to improve the quality of life of patients in their home environments.

Gómez-Batista, et al. J Pain Symptom Manage 2012: Systematic assessments of the hospital and home palliative care system in Catalonia, Spain, in 2010 indicate high cost-effectiveness of care (net savings to the government healthcare system of €2275 per patient or €17,000,000 total) as well as high levels of satisfaction by patients and their relatives.

3. Essential palliative medicine availability

- Review & revise opioid prescribing regulations to treat pain based on international standards.
  - Include on review committee senior representatives of WHO, UNODC, Ministry of Health, Ministry of Police
  - Key parts of regulations:
    - Allow dispensing of 30 days supply if no risk factors for diversion (history of substance abuse or mental illness).
    - No dose limit or diagnosis restriction.
    - Any physician who cares for cancer patients may prescribe.
    - At least one pharmacy in each district must stock oral morphine.
    - Pharmacies required to monitor supply, avoid stock-outs.
    - Require secure supply chain following international standards.
- Minimum package should include all palliative care medicines on "WHO Model List of Essential Medicines"
  - Import or domestically produce of immediate-release oral morphine.

4. Education in Palliative Care

- Require palliative care training for:
  - Oncologists, family doctors, others specialists who often care for dying patients
  - Medical, nursing & pharmacy students
- Train healthcare officials on new palliative care policies and opioid regulations.
- Establish an official specialty in palliative medicine to produce palliative care leaders and teachers.

5. Implementation of Palliative Care Services …

1. Regional and city cancer centers
   - Palliative Care Department:
     - Inpatient ward for patients with severe symptoms
     - Inpatient consultation service
     - Outpatient clinic
   - Multidisciplinary team:
     - At least 1 PC specialist doctor, nurses with pc training, social worker or psychologist, spiritual supporters
   - Permission to prescribe oral morphine for outpatients for all doctors with at least basic pc training
   - Inpatient and outpatient pharmacy with all essential palliative medicines including oral morphine

… Implementation of Palliative Care Services …

2. Provincial & city general hospitals with oncology department

- Palliative care service:
  - Inpatient consultation service (and possibly small ward)
  - Outpatient clinic
- Small team:
  - Doctor(s) with advanced pc training, nurses with pc training
- Permission to prescribe oral morphine for outpatients for all doctors with at least basic pc training
- Inpatient and outpatient pharmacy with all essential palliative medicines including oral morphine

… Implementation of Palliative Care Services …

3. District Hospitals
   - Small palliative care service
     - Consultation service
     - Outpatient clinic
     - (Inpatient hospice service if not available at community level)
     - (Home care if not provided by Community Health Centers)
   - At least one doctor with basic pc training and permission to prescribe oral morphine for outpatients.
   - At least one pharmacy in each district sells oral morphine by prescription.

4. Community Health Center
   - Services:
     - Inpatient hospice care for patients lacking adequate home care (if inpatient beds available)
     - Home care and supervision of home care providers
   - All doctors or assistant doctors with at least 6 hours of pc training
   - At least one nurse with 6 hours of pc training

Implementation of Palliative Care Services …

5. Patient's home (most patients are at home and die there)
   - Community healthcare worker:
     - Brief (3 hour) training to recognize uncontrolled symptoms or other needs, report to nurse at Community Health Center, provide emotional support.
     - Can visit daily if necessary.
     - Can be part-time volunteers chosen my community
   - Supervision by trained palliative care nurse at community or district level
   - Visiting nurse or doctor from community health center (or district hospital)
     - Assessment of palliative care needs
     - Adjustment of palliative treatment as needed so that patient can remain both comfortable at home.

- **Efficient referral and communication between all levels**

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Thank you

Palliative home care team based at cancer hospital in Vietnam.