Palliative Care Key in Cancer Management

By George Achia.
(Staff Science Writer)

There is an urgent need for clear policies on terminal pain management, as the issue of palliative care for cancer patients in Kenya, says Dr. Ziporah Ali, the national coordinator for the Kenya Hospice and Palliative Care Association (KEHPCA).

As cancer cases are on the rise, pain relief and palliative care has been identified as an integral and essential element for pain management in cancer patients. Palliative care is an approach that improves the quality of life of patients facing problems with life-threatening illnesses.

Dr. Ali notes that palliative care improves the quality of life of patients facing problems associated with such diseases as cancer, HIV/AIDS and hypertension by means of identification, assessment, treatment of pain and holistic treatment of other problems including the physical, psychosocial and spiritual well being of the patient.

However, she regrets that 80 percent of reported cases of cancer are diagnosed at advanced stages, when very little can be achieved in terms of curative treatment. This, she notes, is largely due to low awareness of cancer signs and symptoms, inadequate screening services, inadequate diagnostic facilities and poorly structured referral facilities.

"Palliative care should be strategically linked to cancer prevention, early detection and treatment services," says Dr. Ali.

She observes that palliative care services in the country have greatly improved over the years with the new development of integrating palliative care into services offered by selected public hospitals and level 5 government hospitals operating at high patient volumes.

Some of the government facilities where palliative care has been integrated include Machakos, New Nyanza general hospital, Nakuru provincial general hospital, Coast general, Kitui, Meru and Thika.

However, Dr. Ali observes that there is still a great demand and need to integrate palliative care services into all health services across the country.

"This is a great achievement in the history of palliative care in Kenya. It is important because more cancer patients will have access to palliative care services including pain management," Dr. Ali told ScienceAfrica during an exclusive interview at the KEHPCA offices in Nairobi.

"A working health system that includes palliative care services is vital to ensure widespread pain and symptoms control and an improvement in the general care, support and quality of life for patients and families facing life-threatening illnesses in Kenya," explains Dr. Ali.

Despite this achievement, Dr. Ali calls on medical training institutions to integrate palliative care into their core curriculum for undergraduate students. This, according to her, will increase the number of medical experts in the field of palliative care in the country.

"A small number of Kenyan universities provide a limited number of hours on palliative care to medical and nursing students during 4th and 5th year of studies," she points out. Nevertheless, Kenya Medical Training College, which is the largest training institution for nurses in the country, is planning to start a diploma course in palliative care for health professionals.

The plight of a cancer patient necessitated the importance and accessibility of palliative care in the late 1980s at Nairobi Hospice. Cancer is one of the major non-communicable diseases (NCDs) in Kenya, and together with cardiovascular diseases, diabetes and chronic respiratory diseases, they cause over 60 percent of total global mortality every year.

According to the National Cancer Control Strategy, cancer ranks third in the country as a cause of death after infectious diseases and cardiovascular diseases and it causes 7 percent of total mortality rate every year.

With many reported cases of cancer, one key challenge remaining is the unavailability of essential drugs for pain management. According to Dr. Ali, essential drug list does not include chemotheraphy for cancer and management of the very essential drugs for pain management are rare to find in most public hospitals.

"Until recently, syrups morphine was mostly available in hospices providing palliative care. However, with the integration of palliative care services into government institutions, syrup morphine is now available in almost all the government hospitals providing palliative care," says Dr. Ali.

She regrets that these drugs are only at the provincial level but not at the lower levels which have not integrated palliative care.

Dr. Primus Ochung, an oncologist at the Kenyatta National Hospital, says the silent epidemic of non-communicable diseases now imposes a double burden of disease to the country which, unless it is addressed, will overwhelm the country in the near future.

"The bias in the system has resulted in weakness in programmes that should be addressing non-communicable diseases and their risk factors in the country," he says.

He further notes that there is need for more cancer specialists in the country since the few who are available are concentrated in a few health facilities in Nairobi and this makes it difficult for a great majority of the population to access cancer treatment services.

Zambia: Experts Advocate Behaviour Change to Avert Cancer Epidemic

By Violet Mengo in Lusaka
(AfricaSTI.com)

Experts have called for behaviour change in Zambia to avert an impending cancer epidemic in the Southern African country already ravaged by HIV and AIDS.

The experts met 6th National Health Research Conference and the Inaugural National Cancer conference.

Kennedy Lichimpi, executive director, Cancer Diseases Hospital, said the institution has noted an increase in the number of new cases of cancer since its inception.

Lichimpi, in a presentation entitled "An Overview of Cancer and Other Non-Communicable Diseases," attributed the increase cases of cancer to socio-demographic and technological changes that go with urbanisation and industrialisation.

"There is an epidemiologic transition from communicable to non-communicable diseases. Cancer is among major chronic non-communicable diseases (NCDs)," said Lichimpi, who is a consultant clinical and radiation oncologist and paediatrician.

Other NCDs, according to Lichimpi, include cardiovascular problems, diabetes and chronic respiratory diseases.

He said NCDs are being increasingly recognised as major causes of morbidity and mortality, adding that evidence of the health transition in sub-Saharan Africa has increased intake of fat while the intake of fibre-containing foods has fallen among town dwellers.

"Mean serum cholesterol level is almost double that of rural populations; the level of physical activity has decreased. Obesity has risen enormously," Lichimpi said.

He said that 75 percent of the Zambian population is not involved in personal physical exercise.

"Thirty-nine per cent per cent are overweight while 24 per cent have eleven or less blood pressure," he said.

The percentage with at least three of the risk factors aged 45 to 64 years old is 46.8.

The percentage with at least three of the risk factors aged 25 to 64 years old is 23.7, a further 3 percent have elevated blood pressure while 5.7 percent have raised cholesterol while the percentage with none of the risk factors is only 1 percent.

The mean age at onset of tobacco smoking was 20 years, with an average eight cigarettes consumed per day while 20 percent consume alcohol.

"More people are consuming less of vegetables and fruits," Lichimpi added.

The 2004 national cancer register of Zambia, published by the epidemiological profile of cancer, highlights over 5,000 cases of cancer as being on the waiting list for treatment abroad.

The report was based on historically proven cancer cases in the two major hospitals with this facility. A global organisation, the International Agency for Research on Cancer, estimates a rise in new cancer cases from 11 million in 2000 to 16 million in 2030 and 70 percent of these will be in developing countries.

Nicholas Mwansa of CDC says over 80 percent of the deaths from cervical cancer occurred in the developing world, with sub-Saharan Africa being the worst-affected region. He says in Zambia, cervical cancer affected 53 women in every 100,000 but rarely occurs in women younger than 20 years.

Mwansa said, there were decreasing cancer rates in the developed world due to effective screening programmes, citations V:IA and pap smear with an increase in early diagnosis and treatment of pre-invasive cancers as well as vaccination.

Joseph Kazende, Zambia's Minister of Health, said government was committed to improving the health research facilities to facilitate the training of young Zambians as well as enhancing research and development to address the myriad health challenges confronting the country.

The government will invest in putting up facilities for research and development of drugs and vaccines and a national repository of biological materials, facilities for data storage and management will be improved," Kazende said.