

Commentary

An Update on the State of Palliative Care Development in the United Arab Emirates

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The United Arab Emirates (UAE) has recently celebrated its 50th birthday since its inception as an independent sovereign federal state in 1971. Over the past 5 decades, the UAE's healthcare sector has grown exponentially to include over 140 hospitals in both the public and private sectors.¹ Hospitals within the UAE provide a wide variety of services and maintain high quality standards, with over 206 national institutions and speciality programs boasting the Joint Commission International (JCI) gold seal of approval—exceeding all other countries in the Middle East.² The majority of medical specialties are represented, particularly in the major conurbations of Dubai and Abu Dhabi.

Palliative Care is among the more recent additions to the medical specialty landscape in the UAE (Figure 1). The first palliative care service within the public health service was established in 2007 at Tawam Hospital in Al Ain, Abu Dhabi, as a consult service alongside their oncology service. This matured into a separate division within the oncology department and now provides in-patient and out-patient consults for both adults and children, dedicated in-patient beds, a palliative care nurse outreach service and close collaboration with anesthesia for interventional pain management. To date, the Tawam palliative care team remains the sole palliative care service within the public health sector. Since 2015, the number of palliative care services has grown within the

private healthcare sector. The American Hospital in Dubai provides in-patient and out-patient consults and in-patient palliative care beds and, like Tawam Hospital, their referrals are exclusively for patients with a diagnosis of cancer.

In September 2019, Mediclinic City Hospital in Dubai launched its palliative care service and currently provides in-patient and out-patient consults and in-patient palliative care beds. An additional consultation service was initiated at a sister hospital, Parkview Hospital, in 2020. The most recent addition to the palliative care service landscape was in March 2020 with the launch of the Palliative and Supportive Care service at Burjeel Medical City (BMC) in Abu Dhabi. Like Tawam Hospital, BMC also provides a comprehensive palliative care service, with in-patient and out-patient consults integrated with pain medicine and physical medicine and rehabilitation clinics, an in-patient consultation service, dedicated palliative care in-patient beds and a palliative care nurse outreach service. The Burjeel healthcare ecosystem also includes a homecare service, and the palliative care team is able to provide some support for patients requiring palliative care input and end-of-life (EoL) care at home.

Most patients receiving palliative care input are either



hospital in-patients or patients who are well-enough to attend the out-patient clinic in person or have symptoms that are well-controlled on oral/trans-dermal medications and their relatives can attend the clinic to discuss and have their prescriptions refilled. However, for patients who wish to have EoL care at home, the situation is more complicated. Not all insurance providers offer home care as a standard option and the current prescribing regulations pertaining to controlled medicines (including opioids and other centrally acting medicines) do not permit the prescription of the injectable forms of these medicines for patients outside of the hospital.³ The net effect of these limitations is that for the palliative care team at BMC, in the past 28-months, only three (3) of our patients have received EoL care at home.

Access to essential palliative care medications goes hand-in-hand with the development of palliative care services. Having worked in other parts of the world, I can say that we are fortunate in Abu Dhabi that we do have access to all of the essential palliative care medicines listed by the International Association of Hospice and Palliative Care (IAHPC). While not all formulations of every medication may be available, what we do have access to, allows significant flexibility in our prescribing. However, there is substantial variability with regards to accessing these medicines from one hospital to another and from emirate to emirate.

The financial justifications for palliative care services are well established in the literature, with patients who receive palliative care input (compared with those receiving usual care) typically having a reduced number of hospitalisations, a shorter duration of hospital stay, reduced intensive care unit admissions and fewer visits to the emergency department. Whether health care is delivered within the government health system or the private sector, payment for services will either be as part of a health insurance ecosystem or self-paid by the patient. Within the UAE, each emirate has different laws for medical insurance with Abu Dhabi and Dubai mandating that employers are legally obligated to provide medical cover for employees and their dependents. The current reimbursement system has added complexity to being able to offer palliative care input to patients. Like many other non-procedure-based health care interventions, palliative care consultations including advance care planning are generally undervalued; there is a lack of value assigned to this cognitive, empathic and communication-based procedure.⁴ Traditionally, medical insurance companies did not cover palliative care input for their policy holders although this has now changed with the adoption of specific diagnosis related group (DRG) codes for palliative care covering both in-patient and out-patient consultations.

My perspective is that although there are significant issues affecting the ability to provide a more integrated palliative care service within the UAE, these are in effect teething issues. Although the number of specialist palliative care units within the country is currently limited to the four hospitals described, the number of clinicians with specialist palliative care training and experience is growing. At present, there are nine physicians with specialist palliative care training and at least four nurses working within palliative care in the UAE. As other hospital services develop, mature and subspecialize further, the need for palliative and supportive care

services will also grow. The alignment and earlier integration of palliative care alongside oncology services is a natural progression and the benefits for patients are well-established in the literature.⁵ These benefits are not limited only to patients with a diagnosis of cancer, but applicable to patients with end stage organ failure, progressive neuromuscular disease, advanced dementia, essentially, wherever there is healthcare related suffering, the case can be made for the benefits of access to palliative care services.⁶

The only way to improve palliative care service provision at the national level is by advocating for palliative care at the level of policy makers. A number of initiatives in this direction are underway:

- The department of health in Abu Dhabi has formed a Palliative Care Taskforce to provide technical advice and contribute to the development and implementation of palliative care pathways within Abu Dhabi. This task force is comprised of the above-mentioned physicians with specialist training in palliative care.
- This group is currently organizing and running a series of webinars, endorsed by the department of health, focusing on several key issues that affect the day-to-day provision of palliative care within the UAE. At the end of the webinar series, our aim is to generate a consensus document that identifies the areas for development and provides practical recommendations to achieve this.
- To give this group credibility and a platform for advocacy, we have recently been granted permission to form a UAE palliative care Special Interest Group; the aim of which is to raise the profile of palliative care within the UAE to help in improving the quality of life for patients with serious health related suffering, by bringing together all the members of the palliative care interdisciplinary team.
- Dr Neil Nijhawan, Palliative Care Consultant at Burjeel Medical City in Abu Dhabi was appointed to the World Health Organization (WHO) Eastern Mediterranean Region Expert Network on Palliative Care in May 2022.

Yes, there is much work to be done in improving access to palliative care across the UAE, but it is starting to feel as if we are taking steps in the right direction.

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