

Opinion

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The Fight against the "Human Disaster" of Cancer in the Middle Eastern Countries

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Cancer is considered to be one of the leading causes of death globally. With the increasing prevalence of cancer, the World Health Organization (WHO) expects cancer cases to surge in the next two decades from 14 million in 2012 to 22 million in 2022.¹ Tremendous efforts are exerted world-wide to fight this "human disaster".

An important example of such efforts is the International Palliative Care Conference sponsored by Turkey's Health Ministry in Ankara during April 2-4, 2014, highlighting the Turkey's 13th National Cancer Awareness Week. Organizing bodies were the Middle East Cancer Consortium (MECC), in collaboration with the Oncology Nursing Society (ONS), the National Cancer Institute (NCI), and the American Society of Clinical Oncology (ASCO). More than 70 participants from the following countries attended the conference: United States of America, Egypt, Iran, Iraq, Israel, Jordan, Lebanon, Pakistan, Palestinian, Qatar, Kingdom of Saudi Arabia, Sudan, Sultanate of Oman, Turkey, United Arab Emirates and Yemen.

PALLIATIVE CARE IN MIDDLE EASTERN COUNTRIES

The population in the Middle Eastern countries, as in all other countries worldwide, is aging. Simultaneously, the risk of cancer and cancer prevalence is increasing, presenting a major challenge to the healthcare system.^{2,3,4} Meeting this challenge requires the availability of planned and organized palliative care. Palliative care is a medical service that is delivered to people with life-threatening disorders, aimed at improving quality of life for patients and their families. Palliative care services are provided by a multidisciplinary team to patients at any stage of life and illness.⁵ It is a relatively new field in the Middle Eastern countries; however, it is available in one form or another in almost all of these countries either as an individually established service unit or as an integrated service.⁶

MIDDLE EASTERN CULTURE AND THE CHALLENGES FACED IN TREATING CANCER PATIENTS

The conference started with a presentation discussing the diversity of the Middle Eastern culture that demands the provision of individualized, culturally relevant care to patients.² For example, in the Middle East, the code status is discussed at a terminal, end of life stage, and is usually decided by others, rather than by the patient, despite the patient's cognitive ability to make decisions.² Moreover, the identity of a person in this culture is determined by his/her affiliation to a group-usually a tribal group - on whom he/she depends when trying to cope with illness.² Patients seek treatment in the presence of their extended family, with the family viewing their presence in this situation as an obligation. Bad news is conveyed first to the family, especially to the oldest son to the son's spouse, who are often the family leaders. Females usually leave the decision-making to their husbands.² Bad news is often delivered in stages. Families prefer not to reveal bad news to elder patients, and the truth is often hidden, or a less serious diagnosis is given to the patient to protect him/her emotionally.² In order to accommodate these cultural norms when providing palliative care to Middle Eastern patients, healthcare institutions must surmount a series of barriers ranging from palliative care being focused at the tertiary care level, to the lack of trained personnel or resources; a lack of awareness of patients and professionals of geriatric specialty; and poor communication between professionals, patients and their families.²

The issue of communication is a major one. It is a vital skill for healthcare professionals in caring for their patients. Since the Middle East is made up of multilingual and multi-ethnic groups, people in diverse regions use language in different ways, with the result that many patients view language as a barrier to seeking healthcare in the health system. Health literacy, and deeply rooted ideas about health and death, can be major barriers in communicating with patients who have cancer. For example, some people believe that illness is a test of their faith, or that it can reduce the burden of their sins.⁷ Such beliefs can hinder communication between the healthcare provider and the patient. This generates a deeper problem in the delivery of healthcare, namely the patients' mistrust of the healthcare system, leading them to seek help from traditional healers and the use of alternative medicine.^{6,8} Consequently, such patients delay seeking help from medical personnel, with the result that cancer is diagnosed only at a late stage⁶ when the prognosis is poor, thus worsening the relationship of the patient and his family with the healthcare provider due to lack of trust.

PALLIATIVE CARE NEEDS ASSESSMENT IN MIDDLE EASTERN COUNTRIES

This year's conference in Ankara was highlighted by the results of a survey of needs assessment carried out in Middle Eastern countries. The survey aimed to assess awareness, activity, and available resources related to palliative care in Middle Eastern health care settings; understand barriers, challenges, and satisfaction in organizing palliative care in the Middle East; and review topics of previous educational programs attended by respondents and their preferred learning methods. Some 16 Middle Eastern countries took part in this survey, constituting a response rate of 78%. The results of the survey further validated the points discussed during the conference. The most often available palliative care services in the healthcare institutions in which the respondents worked were in descending order: pain management consultative team or service; discharge planning for patients with chronic illness; palliative care team or consultative service; ethics committee; palliative care unit; interdisciplinary care program for dying patients; nurses certified in hospice and palliative nursing; professional education program in palliative care; contractual relationship with one or more hospice programs; program to promote advanced care planning; and program for staff support in caring for dying patients. The least available service was the bereavement program.⁹

Middle Eastern healthcare professionals are aware of the lack of time, resources, and educational opportunities available. They are eager to learn more about palliative care and communication, with special attention to specific population groups. They also recommend moving palliative care to home care.⁵ This motivation and readiness to provide improved services is welcomed by several organizations that are ready to strengthen their international collaboration with the aim of advancing palliative care services worldwide. An excellent example of such an organization is the American

Society of Clinical Oncology (ASCO), which works to improve quality of care delivered; enhanced research and innovation; and health care professionals' support and development. In doing so, ASCO provides an International Development and Education Award (IDEA) in palliative care, pairing the recipient of the award with a mentor in palliative care who, after training, will return to his/her home country to serve as an agent of change in integrating palliative care into local services. ASCO also runs international workshops in palliative care and oncology for non-oncologists consisting of short, 2-5 day courses in various aspects of palliative care and oncology. ASCO volunteers travel to different countries to deliver clinical instruction. These are just a few examples of the many services provided by ASCO to enhance global services provided to low-to-middle income countries that can be utilized in the fight against cancer.⁴

ASSESSING AGING CANCER PATIENTS

One of the main areas of focus for preparing professionals in caring for the aging population is training them in the skills necessary to assess this population. Several factors other than age can affect mortality and morbidity, namely functional status, comorbid medical conditions, cognition, nutritional status, psychological state, social support and medications (poly-pharmacy). Consequently, a comprehensive geriatric assessment can be highly productive in predicting mortality and morbidity as well as the toxicity of cancer patients. This can result in better drug toxicity and survival prediction. It can also detect any further undetected co-morbidities, leading to better and more comprehensive care provision for these older adults, and improved pain control and quality of life.¹⁰ For instance, starting a comprehensive geriatric assessment, or assessing the functional status of a patient, is considered a valuable starting point in drawing up a care plan for the geriatric patient. A comprehensive geriatric assessment, however, can predict a better match of treatment and fitness than clinical judgment alone.¹¹

One of the methods to assess the aging cancer patient is by using an exploratory model that assists in planning better care for these geriatric patients. The model should consider involving a geriatrician, and age bias, or ageism, should be considered. A functional assessment should be performed at the start of the provision of palliative services. Additionally, when treating a patient, his/her life expectancy should be considered. The decision-making norms in the patient's family and their preferred communication style should also be assessed. Local resources, community agencies and available support should be sought. Technology should be used wisely and creatively. An interdisciplinary team should be on hand, involving community workers as well. Data should be collected and lessons should be learned from mistakes. The pain threshold is high in the older adult and their symptoms are often underreported. Pain management can face several barriers, including medical comorbidities, fear of causing delirium or presence of delirium, and age bias. In addition, culture can play a major role in pain expression, although this has not yet been studied systematically.³

CHALLENGES AND OPPORTUNITIES IN ESTABLISHING PALLIATIVE CARE SERVICES IN MIDDLE EASTERN COUNTRIES

Palliative care faces many access and utilization barriers in Middle Eastern countries, ranging from lack of time, lack of funding and resources, and lack of governmental support, to problems related to political instability in some of the countries. These challenges were also supported in a review earlier by Abu Zeinah, Al-Kindi and Hassan (2012).⁶ However, with these challenges come many available opportunities which can be utilized to address the challenges faced by the palliative care. The healthcare professionals in Middle Eastern countries are well aware of the obstacles encountered regarding palliative care. Persistence and advocacy are the key components in establishing palliative care services. Several Middle Eastern countries have established successful non-governmental agencies that provide palliative care. These efforts were exerted by individuals in these countries who were persistent in their demand for this service. An example of such an organization is AlSadeel, established in Palestine.¹²

Several cultural barriers, as well as a lack of awareness, regarding palliative care services persist among healthcare professionals, patients and their families. In order to advance palliative care in these communities, healthcare professionals need to be educated and their awareness of palliative care must be raised by offering them training programs that will enrich their knowledge and skills. This knowledge, in turn, can influence the public and heighten their awareness of the importance of quality of life in caring for terminally ill patients. It will encourage families to advocate and demand such services, rather than leaving the patient unaware of his/her diagnosis, or suffering pain due to a lack of availability of pain medication.

In order for palliative care to be widely accessible and acceptable, the approval of the healthcare organization, and support from larger organizations, is necessary.¹³ Many participants in the conference agreed that the support of organizations such as MECC, ASCO and WHO can be very useful in establishing and running successful palliative care programs. For example, support by the government of the State of Qatar¹⁴ and by the Republic of Yemen¹⁵ was clear, and, although at a tertiary care level, had nevertheless established large units for palliative care. In addition, the integration of palliative care in the health professionals' education curriculum, such as in Oman, is thought to play a vital role both in raising awareness and in heightening the understanding of palliative care among healthcare professionals and the organizations they serve.¹⁶ Consequently, these organizations can raise public awareness to promote the acceptance of palliative services. Participants at the conference suggested several methods of heightening public awareness relating to palliative care, including the use of media, information technology, celebrities, and interpersonal relationships with the larger community.

In discussions about the improvement of palliative care in the Middle Eastern countries, the conference participants

suggested several plans that included raising the awareness of the public, the healthcare professionals and the health organizations. They called for the creation of multidisciplinary teams that can provide care based on the best available evidence. These plans, however, were thought to be non-functional without the availability of proper funding and human resources. Notably, human resources referred to health professionals as well as lay people in order to raise public awareness. One of the main suggestions that were discussed in this conference, as at several previous ones, was supporting the availability of treatment modalities-especially pain medication-in community settings, as well as moving palliative care from tertiary care settings to primary healthcare settings, namely, community and home care.

In conclusion, while Middle Eastern culture is diverse in its characteristics, including languages and religions, the aim of the healthcare professionals is one and the same: to improve the quality of life and the care delivered to all patients regardless of color, language, religion and origin. This can be accomplished if people, organizations and policies are put in place to strengthen the base of palliative care in Middle Eastern countries.

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