

# PALLIATIVE CARE AND UNIVERSAL HEALTH COVERAGE

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# WHAT IS UNIVERSAL HEALTH COVERAGE?

- Universal health coverage (UHC) means that **all** people have **access** to the health services they need, when and where they need them, **without financial hardship**. It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and **palliative care**.



[https://www.who.int/health-topics/universal-health-coverage#tab=tab\\_1](https://www.who.int/health-topics/universal-health-coverage#tab=tab_1)



# WHAT IS PALLIATIVE CARE?

- Palliative care focuses on quality of life for people diagnosed with serious illness and for their families.
- The principles of palliative care include:
  - The prevention and relief of pain and other distressing symptoms
  - Providing psychosocial and spiritual support for patients and families
  - Helping people to live as actively as possible with their illness



# WORLD HEALTH ASSEMBLY RESOLUTION 67.19

- “Palliative care is an ethical responsibility of health systems,”
- “ and that it is the ethical duty of health care professionals to alleviate pain and suffering, whether physical, psychosocial or spiritual,”
- All healthcare workers should be trained in palliative care



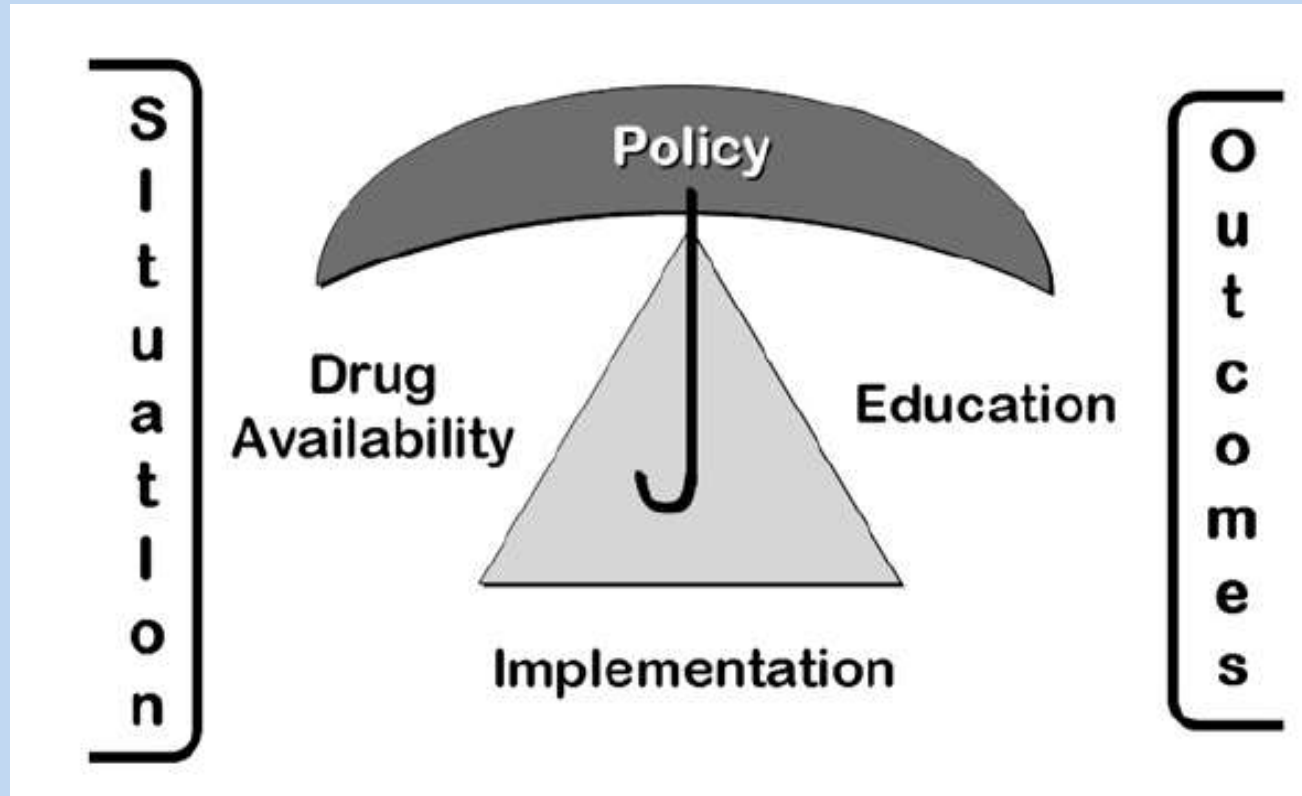
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# THE RIGHT TO HEALTH

- The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being
- This is not the right to be healthy
- World Health Organisation states that UHC is the practical enactment of the Right to Health
- Palliative care is part of the Right to Health



# PUBLIC HEALTH STRATEGY FOR PALLIATIVE CARE



# WHO NEEDS PALLIATIVE CARE?

- Building on the original Supportive and Palliative Care Indicators Tool developed at the University of Edinburgh
- Consensus document SA clinicians
- A tool to help identify adults with advanced life-limiting illness when the best available treatment has been given and their condition continues to deteriorate.

**SPICIT™ - SA Supportive and Palliative Care Indicators Tool**

SPICIT™-SA is a generic tool to help identify adults with advanced life-limiting illnesses when the best available and appropriate treatment has been given and their condition continues to deteriorate. These people benefit from a palliative care approach as well as ongoing care by their current clinician or team. SPICIT™ is designed for South Africa and similar middle income countries and settings.

**Look for Disease Specific Indicators.**

<p><b>Cancer</b></p> <p>Cancer not amenable to curative treatment.</p> <p>Progressive or metastatic cancer with symptoms.</p> <p>Too frail for oncological interventions.</p>	<p><b>Kidney Disease</b></p> <p>Stage 4 or 5 chronic kidney disease with deteriorating health.</p> <p>Stopping or not starting dialysis.</p> <p>Kidney disease complicating other life-limiting conditions or treatments.</p>	<p><b>Neurological Disease</b></p> <p>Progressive deterioration decline in physical and/or cognitive function.</p> <p>Increasing difficulty communicating and/or progressive difficulty with swallowing.</p> <p>Stroke with significant loss of function, and ongoing disability and dependency.</p> <p>Recurrent pneumonia, breathlessness or respiratory failure.</p>
<p><b>Haematological Disease</b></p> <p>Haematological cancer with recurrent bleeding or infection or needing recurrent transfusions.</p> <p>Any haematological condition or cancer with deteriorating clinical condition and not responding to best available treatment.</p>	<p><b>Lung Disease</b></p> <p>Patients on long term oxygen.</p> <p>Breathlessness at rest or on minimal effort between exacerbations.</p>	<p><b>Dementia / Frailty</b></p> <p>Unable to dress, walk or eat without help.</p> <p>No longer able to communicate using verbal language; little social interaction.</p> <p>Recurrent febrile episodes or infections.</p> <p>Fractured femur/hip.</p> <p>Swallowing difficulties and/ or significant reduction in oral intake.</p>
<p><b>Infectious Disease</b></p> <p><b>HIV</b></p> <p>HIV with deteriorating clinical condition and not responding to best available treatment.</p> <p><b>TB</b></p> <p>TB with deteriorating clinical condition and not responding to best available treatment.</p> <p><b>Other</b></p> <p>Other infections with deteriorating clinical condition and not responding to best available treatment.</p>	<p><b>Heart / Vascular Disease</b></p> <p>Heart failure or extensive, untreatable coronary artery disease with breathlessness or chest pain at rest or on minimal exertion.</p> <p>Severe, inoperable peripheral vascular disease.</p> <p><b>Liver Disease</b></p> <p>Cirrhosis with one or more complication in the past year:</p> <ul style="list-style-type: none"> <li>• Ascitic resistant ascites</li> <li>• Hepatic encephalopathy</li> <li>• Hepatorenal syndrome</li> <li>• Bacterial peritonitis</li> </ul>	<p><b>Trauma</b></p> <p>Severe burns (ABSI score &gt;10).</p> <p>Brain injury with clinical deterioration and no benefit from surgical intervention.</p> <p><b>Other Diseases</b></p> <p>Any deteriorating clinical condition not responding to best available or appropriate treatment.</p>

**Look for one or more general indicators of deteriorating health:**

- Two or more unplanned health care facility visits within a period of 3 months with deteriorating life-limiting illness despite best available or appropriate treatment.
- Performance status is poor or deteriorating, with limited reversibility e.g. the person stays in bed or in a chair for more than half the day.
- Dependent on others for care due to increasing physical and/or emotional and/or mental health problems.
- The person's carer needs more help and support in caring for the patient.
- Progressive weight loss over the last few months or remains underweight or low muscle mass.
- Persistent symptoms despite best available or appropriate treatment of the underlying condition(s).
- The person (or family) ask for palliative care; choose to reduce, stop or not have treatment; wishes to focus on quality of life.

**Review supportive, palliative care and care planning**

- Review current treatment and medication so the patient receives best available or appropriate care.
- Consider referral for specialist assessment if symptoms or needs are complex and difficult to manage.
- Agree current and future care goals, and a care plan with the patient and family.
- Plan ahead if the patient is at risk of loss of capacity.
- Record, communicate and coordinate the care plan.

Please register on the SPICIT™ website ([www.spicit.org.uk](http://www.spicit.org.uk)) for information and updates

SPICIT™ - SA, October 2020

# WHO PROVIDES PALLIATIVE CARE?

- All health care workers should be trained in palliative care
- All doctors should be competent to provide basic palliative care
- Family Physicians, Oncologists, Paeditricians, specialist physicians... should be competent to provide intermediate or specialist palliative care





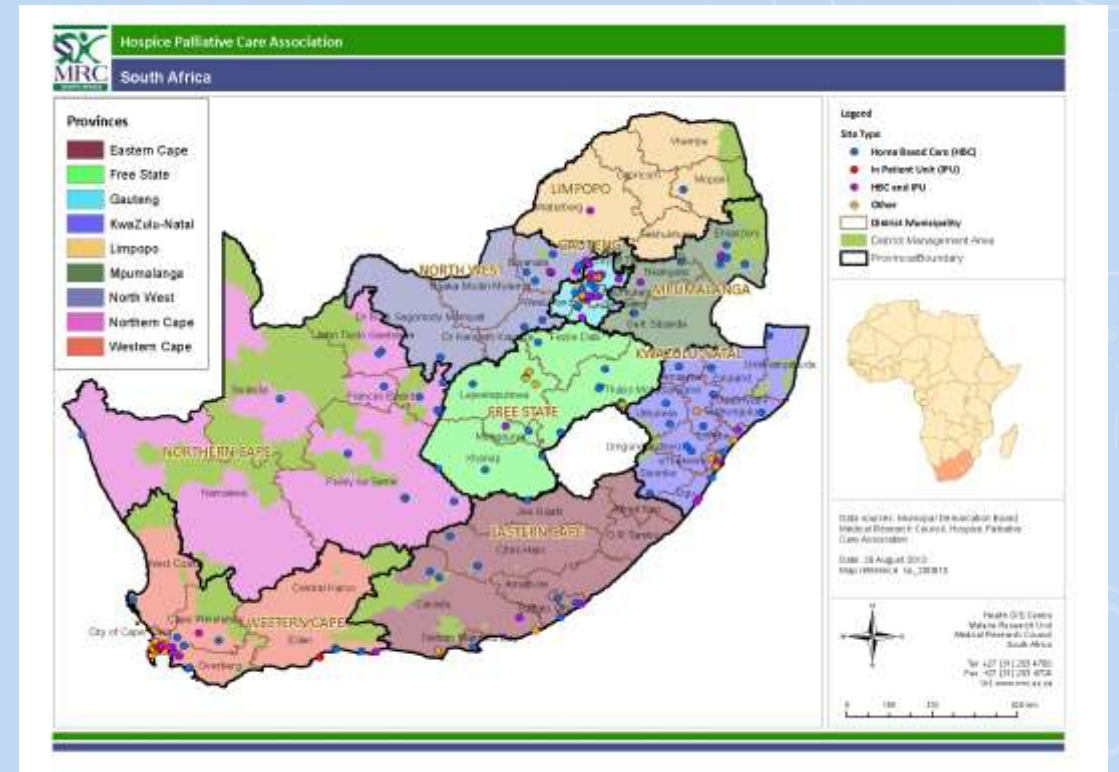
# WHERE CAN PALLIATIVE CARE BE PROVIDED?



- In hospital
- In clinics, CHCs, OPD, private practice
- In the community
- Care homes for older people, children's homes, homes for people with disabilities
- Hospice, sub-acute care facilities
- In the patient's own home

# WITHOUT FINANCIAL HARDSHIP

- Palliative care a free service?
- Hospices – funded through donations; many have had to close due to financial difficulties
- Public health facilities, private health care
- Funded by medical aids
- Remember these are people with serious illness, they are not able to work, are unlikely to return to work.
- They do not need financial distress on top of the physical and emotional distress of the illness



TO ACHIEVE UHC WE NEED QUALITY PALLIATIVE CARE FOR ALL!!

