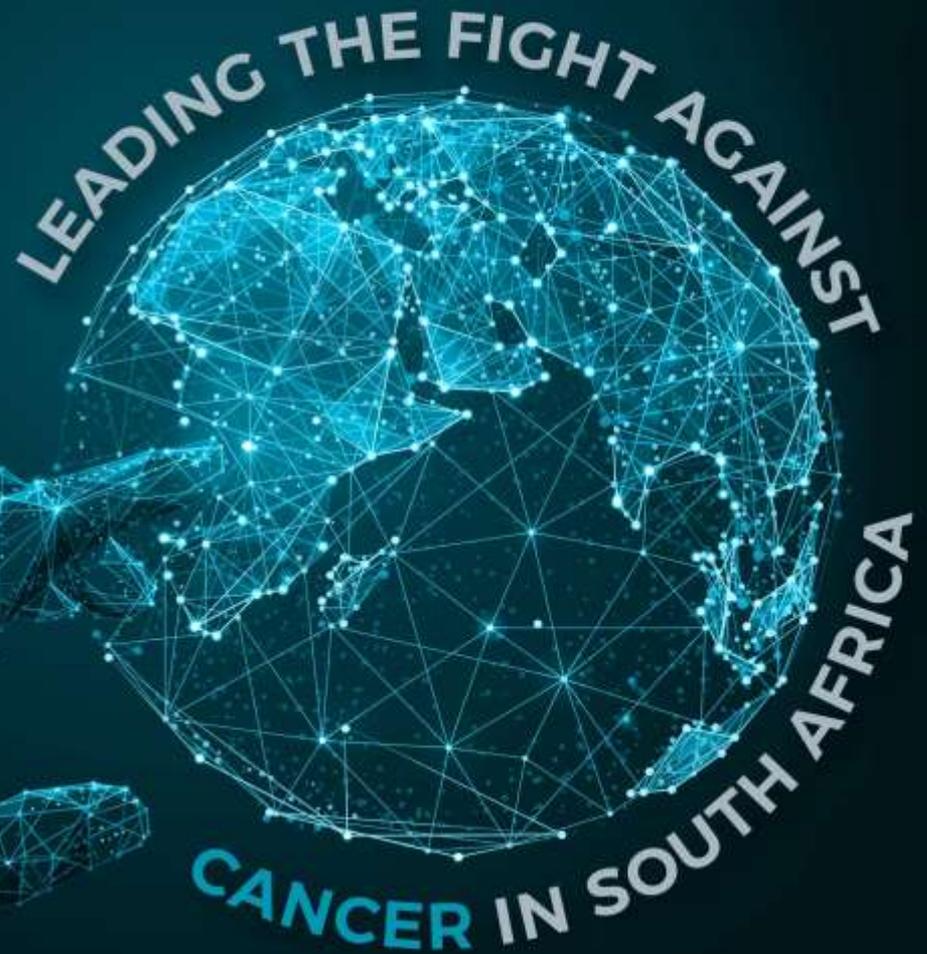




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WHY PALLIATIVE CARE IS ESSENTIAL FOR CANCER PATIENTS



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90 YEAR
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CANCER ASSOCIATION
OF SOUTH AFRICA (CANSA)

UNIVERSAL HEALTH CARE & CANCER GLOBALLY

- Cancer - 2nd leading cause of mortality, morbidity and disability
- Estimated 18.1 million new cases and 9.6 million deaths in 2018
- Highest increases in low and middle-income countries (LMICs), accounting for ±70% of all cancer deaths
- Access to cancer services is characterised by inequalities
- Approx. 90% of high-income countries can provide access to the essential treatment (surgery, radiotherapy, and essential medicines) for cancer patients, compared to 30% of LMICs



UNIVERSAL HEALTH CARE & CANCER GLOBALLY

- While around 80% of cancer patients live in LMICs, are only served by 5% of global radiotherapy resources
- Despite radiotherapy being recommended for around 52% of cancer patients
- Addressing these disparities will be an important focus within the progressive realisation of UHC



WHEN IS PALLIATIVE CARE USED IN CANCER CARE

- Palliative care (PC) may be provided at any point along the cancer care continuum.
- Patients can receive PC and continue to receive cancer treatment

How does a person access Palliative Care?

- Your oncologist is the first person you should ask about PC

Is there any research that shows Palliative Care is beneficial?

- Studies have shown that integrating PC into a patient's usual cancer care soon after a diagnosis of advanced cancer can improve their quality of life and mood, and may prolong survival



WHY PALLIATIVE CARE IS ESSENTIAL FOR CANCER PATIENTS

"Health is a human right. No one should get sick and die just because they are poor, or because they cannot access the health services they need."

*Dr Tedros Adhanom Ghebreyesus
Director-General WHO*

- It's an essential component of cancer care
- It improve quality of life
- Prevent unnecessary hospital admissions and the use of health services especially when introduced early in the course of disease

WHY PALLIATIVE CARE IS ESSENTIAL FOR CANCER PATIENTS

- Provides relief from pain and other distressing symptoms
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, (chemotherapy or radiation therapy)
- Pain can influence an individual's health status and can have serious negative consequences:
 - poor nutrition
 - decreased appetite
 - abnormal sleep patterns
 - fatigue
 - impairment of daily living activities



WHY PALLIATIVE CARE IS ESSENTIAL FOR CANCER PATIENTS

- The initiation of PC and discussion of the patients' goals and preferences earlier in the course of disease can lead to:
 - improved symptom control
 - reduced distress throughout the disease-directed therapy
- Patients with advanced cancer often experience symptoms of disease and treatment that contribute to distress and diminish their quality of life
- Pain is one of the most common and most feared symptoms of advanced cancer
- Pain relief should encompass physical, psychosocial and spiritual aspects of care



WHY PALLIATIVE CARE IS ESSENTIAL FOR CANCER PATIENTS

- All health care professionals should receive education and training to develop PC knowledge, skills, and attitudes
- An interdisciplinary team of PC specialists should be available to provide consultation or direct care to patients and/or families as requested or needed
- Telephone support may be offered for family caregivers who may live in rural areas or are unable to travel to the clinic



BARRIERS TO ACCESS TO OPIOIDS

Political

- Little political will within some government departments
- Lack/implementation of Palliative Care/cancer policies
- Outdated policies and overly restrictive legislation

Clinical

- Little knowledge of pain assessment and management
- Fear of opioids (opiophobia)
- Inadequate training of health-care providers
- Little or no interest in PC
- Stigma of PC as synonymous with end-of-life
- No access to pain management for a variety of reasons e.g. limited access, personal and cultural biases



BARRIERS TO ACCESS TO OPIOIDS

- The anxiety surrounding death and dying - some oncologists believe that PC referrals destroy hope and tempering patient anxieties about death
- These beliefs may be caused by lack of adequate PC education in medical school and even differences in attitudes and opinions about PC within the oncologic community

Facilities

- Procurement difficulties
- Absence of skilled professionals
- Concerns about addiction and misuse



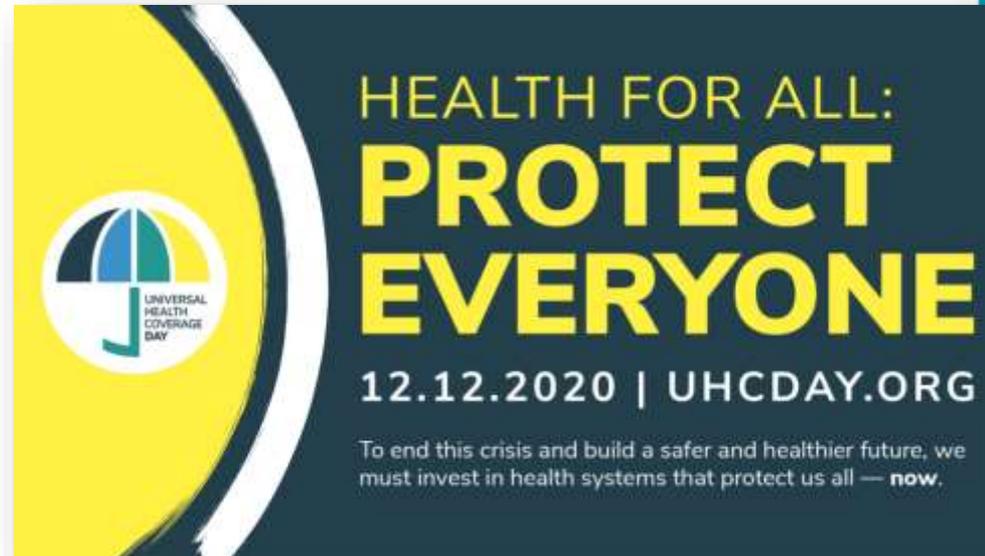
CONCLUSION

- *At the 2019 World Cancer Leaders' Summit on 19 October 2019 , governments globally, recognised how important it is to deliver UHC and to accelerate efforts to tackle the growing burden of NCDs, including cancer*
- Leaving no-one behind must be our message, if we want to achieve health for all by 2030
- We need to see governments fulfilling the commitments they have already made



CONCLUSION

- We need strong health systems that are built around people not diseases
- Successful UHC can only be achieved with stronger health systems that can deliver the services patients need as people, not as diseases
- No one should fall into poverty because they get sick and need healthcare.



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