Integrating Palliative Care & Symptom Relief into Responses to Humanitarian Emergencies and Crises: A Medical and Moral Imperative

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Disclosures

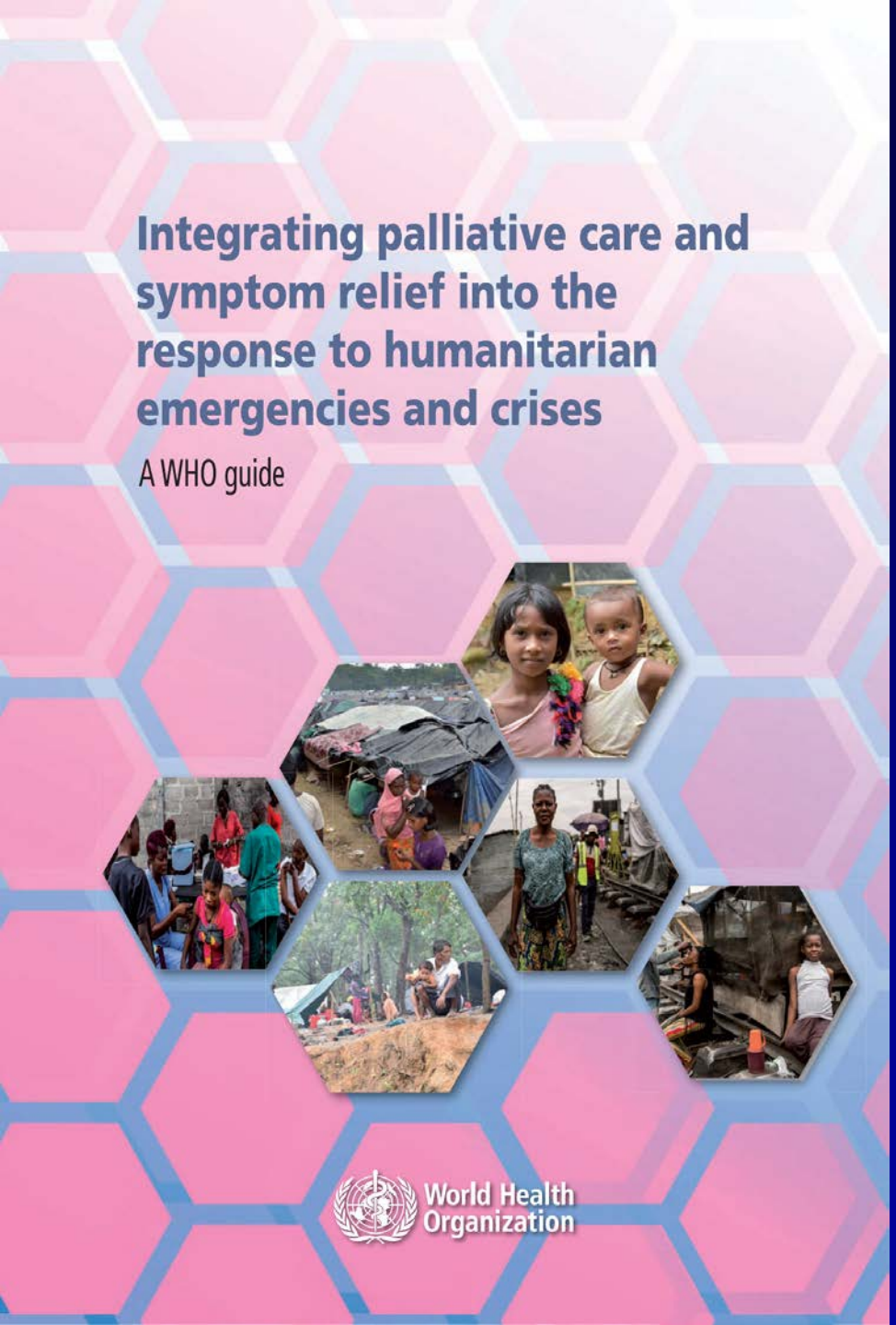
- None

Objectives: Participants will be able:

1. To discuss the moral and medical imperative of integrating palliative care into responses to humanitarian emergencies & crises.
2. The explain the false dichotomy of saving lives and relieving suffering.
3. To describe an essential package of palliative care interventions, medicines, equipment, and human resources for humanitarian emergencies & crises.

What is palliative care (PC)?

- Per WHO publication ***Integrating Palliative Care and Symptom Relief into Responses to Humanitarian Emergencies and Crises: a WHO Guide***, (2018):
  - "WHO defines palliative care as the **prevention and relief of suffering** of adult and paediatric patients and their families facing the problems associated with life-threatening illness."
  - "The specific **types, scale and severity of suffering may vary** by geopolitical location, by economic situation, by culture and, in the setting of a humanitarian emergency or crisis, by the type of emergency or crisis. … suffering typically associated with chronic life-threatening illness also may occur acutely or in association with non-life-threatening conditions. **In settings where prevention and relief of acute or non-life-threatening suffering is inadequate or unavailable, clinicians trained in palliative care should intervene** by training colleagues in symptom control, by providing direct symptom relief, or both."



http://www.who.int/palliativecare/en/

UN Office for Coordination of Humanitarian Affairs (OCHA)

UN Disaster Assessment & Coordination Field Handbook

Moral argument for PC in humanitarian medicine:

- "International humanitarian assistance is typically an emergency response to provide assistance to a crisis-affected population. It aims to save lives and **alleviate suffering**."

- Basic principles for humanitarian action: 1) Humanity 2) Neutrality 3) Impartiality 4) Independence
  - **Humanity: Human suffering must be addressed wherever it is found**. The purpose of humanitarian action is to protect life and health [physical, mental and social well-being] and ensure respect for human beings.

World Health Assembly 2014: Resolution on Palliative Care

"It is the ethical duty of health care professionals to alleviate pain and suffering, whether physical, psychosocial or spiritual, irrespective of whether the disease or condition can be cured …

Palliative care is an ethical responsibility of health systems … ."

"Availability … of internationally controlled medicines … for the relief of pain and suffering, remains insufficient in many countries … Efforts to prevent the diversion of narcotic drugs [should] not result in inappropriate regulatory barriers to medical access to such medicines;"

Saving lives and relieving suffering are not mutually exclusive.

<u>Medical</u> argument for PC in humanitarian medicine:

- **<u>False dichotomy</u>** of life-saving lives and palliative care*
  - Symptom relief can reduce morbidity and mortality:
    - Ebola: Control of vomiting and diarrhea reduces volume depletion, electrolyte derangements, virus transmission
    - Control of post-operative pain can reduce risk of pneumonia, deep-vein thrombosis, cardiac events.**
    - Use of morphine during early trauma care after serious injury may reduce risk of PTSD.***

*Smith J, Aloudat T. Palliative care in humanitarian medicine. Palliat Med 2017;31:99-101.

**Joshi GP, et al. Defining New Directions for More Effective Management of Surgical Pain in the United States. Am Surgeon 2014;80:219-228.

***Holbrook TL, et el. Morphine Use after Combat Injury in Iraq and Post-Traumatic Stress Disorder. N Engl J Med 2010;362:110-7.

What is current status of palliative care in humanitarian medicine?

- Medical humanitarian guidelines have little or no information on palliative care or symptom control.*
  - Eg. Sphere Handbook 2011: no mention of palliative care
- Expectant patients (and their families) sometimes neglected or abandoned.
- Privileging of the most easily quantifiable results (mortality rate).*
- Mental health services rarely available in LMICs to treat long-term psychological consequences of exposure to traumatic events.

*Smith J, Aloudat T. Palliative care in humanitarian medicine. Palliat Med 2017;31:99-101.

Scope of the suffering: Massive

- **128 million people estimated to have required humanitarian aid in 2017 in 33 countries (UN OCHA, WHO).**
- Types of health emergencies and crises:
  - Climatic and geologic events:
    - Earthquakes, major storms, tsumamis, floods, famine
  - Technological disasters:
    - Massive radiation exposure
  - Public health emergencies:
    - Epidemics of life-threatening infections
  - Armed conflict
    - War, political conflict, or ethnic violence

Common symptoms and distress caused by complex humanitarian emergencies.

	Ebola epidemic	Earthquake	Genocide / War	Influenza pandemic#
Pain	X	X	X	
Dyspnea	X	X		X#
Nausea / vomiting	X			
Diarrhea	X			
Fever	X			X#
Fatigue / weakness	X			
Delirium	X			
Cough	X			X#
Dizziness	X			
Conjunctivitis	X			
Edema	X			
PTSD	ND	X	X	
Other anxiety disorders	X	X	X	
Depressive symptoms	ND	X	X	
Stigmatized / social isolation	X			X#
Complicated grief	ND	X	X	X#

ORANGE: acute **GREY:** chronic **PINK:** acute and/or chronic.
Hypothetical

Haiti Earthquake 2010

Main medical needs: trauma surgery, critical care, palliative care.

unknown if Father. W
OK - child brought from
School/abbey

CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

EXP 2/17/11

SECTION III – RECORD OF TRANSFUSION

POST-TRANSF

N DATA

AMOUNT GIVEN 300 ML

TIME/DATE C 1/27

TEMPERATU 99

REACTION ☒ NONE ☐ SUSPECTED

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if
2. Notify Physician and Transfusion Serv
3. Follow Transfusion Reaction Procedur
4. Do NOT discard unit. Return Blood B

27 JAN 16

iner label and this form and I find all
ntended recipient matches item by item.
s Blood Component Transfusion Form and

DESCRIPTION OF REACTION

☐ URTICARIA ☐ CHILL

☐ OTHER (Specify)

Ebola Epidemic in West Africa 2014

Main medical needs:
critical care, palliative care.

Patients with advanced chronic illnesses who lost access to healthcare.

Main medical need: palliative care.

Lancet Commission on Global Access to Palliative Care

- Estimated global burden of health-related suffering:
  - Identified the serious conditions in the *International Classification of Diseases* (ICD)-10 that most commonly result in physical, psychological, or social, or spiritual suffering.
  - Then estimated the types, prevalence, and duration of suffering resulting from each condition.
- Based on these estimates, designed Essential Package of PC (EP) to alleviate most health-related suffering:
  - Interventions
  - Medicines
  - Equipment
  - Social supports
  - Human resources

Knaul FM, Farmer PE, Krakauer EL, et al. Alleviating the access abyss in palliative care and pain relief: an imperative of universal health coverage. Lancet 2017. Available at: http://dx.doi.org/10.1016/S0140-6736(17)32513-8

Table 1. ICD 10 conditions that most often generate a need for palliative care
A96,98,99 Hemorrhagic fevers
A15-19: TB / the 13% of deaths (190,000) from M/XDR TB (100% of those)
A15-19: TB / the 80,000 with M/XDR TB on treatment who have not died (100% of those)
A15-19: TB / the 87% (1.3 million) who died from TB that was NOT MDR (90% of those)
B20-24: HIV disease / 100%
C00-97: Malignant neoplasms (except C91-95)
C00-97: Malignant neoplasms (except C91-95) Survivors
C91-95: Leukemia
F00-04: Dementia
G00-09: Inflammatory dz of CNS
G20-26; G30-32; G35-37; G40-41; G80-83 Extrapyramidal & mvt disorders; other degen dz of CNS; Demyelinating dz of CNS; Epilepsy; Cerebral palsy & other paralytic syndromes /
I60-69: Cerebrovascular diseases
I05-09; I25; I42 & I50: Chronic rheumatic heart diseases; Cardiomyopathy & Heart failure
I25: Chronic ischemic heart disease
J40-47; J60-70; J80-84; J95-99: Chronic lower respiratory dz; lung dz due to external agents; interstitial lung dz; other dz of resp system
K70-77: Diseases of liver
N17-19: Renal failure
P07; P10-15: Low birth weight & prematurity; Birth trauma
Q00-99: Congenital malformations
S00-99; T00-98; V01-Y98 Injury, poisoning, external causes
I70: Athrosclerosis
M00-97: Musculoskeletal disorders
E40-46: Malnutrition

Essential Package of PC: **Interventions**

Prevention & relief of:

1. PAIN OR OTHER PHYSICAL SUFFERING, acute or chronic.
2. PSYCHOLOGICAL SUFFERING, acute of chronic.
3. SOCIAL SUFFERING, acute of chronic.
4. SPIRITUAL SUFFERING.

Essential Package of PC: **Medicines**

- Based on WHO's Model Lists of Essential Medicines for Palliative Care for adult and children and adapted for this document. Medicines were selected based on the following criteria:
  - Necessary to prevent or relieve the specific symptoms or types of suffering most commonly associated with serious, complex of life-limiting health problems.
  - Safe prescription or administration requires a level of professional competency achievable by doctors, clinical officers, assistant doctors, or nurse anesthetists with basic training in palliative care.
  - Offer the best balance in their class of accessibility on the world market, clinical effectiveness, safety, ease of use, and low cost.

Essential medicines for palliative care

Amitriptyline, oral

Bisacodyl (Senna), oral

Dexamethasone, oral and injectable

Diazepam, oral and injectable

Diphenhydramine (chlorpheniramine or dimenhydrinate) oral & injectable

Fluconazole, oral

Fluoxetine (sertraline and citalopram), oral

Furosemide, oral and injectable

Hyoscine butylbromide, oral and injectable

Haloperidol, oral and injectable

Ibuprofen (naproxen, diclofenac, or meloxicam), oral

Lactulose (sorbitol or polyethylene glycol), oral

Loperamide, oral

Metaclopramide, oral and injectable

Metronidazole, oral – to be crushed for topical use

Morphine, oral immediate release and injectable

Naloxone, injectable

Omeprazole oral

Ondansetron, oral and injectable

(Only at hospitals that provide cancer chemotherapy or radiotherapy)

Oxygen

Paracetamol, oral

Petroleum jelly

Essential Package of PC: **Equipment**

- Necessary for relief of at least one type of physical or psychological suffering.
- Inexpensive
- Simple to use with basic training
- Small enough to ship and store easily.

Essential medical equipment for palliative care
Pressure Reducing Mattress
Nasogastric drainage & feeding tube
Urinary catheters
Opioid lock box, only for hospitals & clinics
Flashlight with rechargeable battery (if no access to electricity)
Adult diapers/ Cotton and plastic

Essential Package of PC: **Social Supports**

Essential social supports for palliative care *
Cash payment monthly for housing or school tuition
Food package monthly
In-kind support once per patient or caregiver, including blanket, sleeping mat, shoes, soap, toothbrush, toothpaste
Transportation costs to receive healthcare
Funeral costs, once, only if patient & caregiver in extreme poverty

* At least for patients and one principal caregiver if **living in extreme poverty**.

- Needed to assure that their most basic needs are met such as food, housing, and transport to medical care, and to promote dignity.
- Should be funded by Ministry responsible for social welfare.

Essential Package of PC: **Human Resources**

Essential human resources for palliative care***
Doctors (specialist or general practitioner)
Nurses (specialty or general)
Social Workers, psychologists, or counsellors
Pharmacist
Community Health Workers

- Community health workers can be especially important where people affected by HECS live in the community.

*** Staffing will vary depending on:

- The level of the healthcare system (referral hospital, provincial hospital, district hospital, community health center, or home).
- The **competencies** of staff members (eg. opioid analgesia should be accessible at community level or at least at district level).

Essential Package of PC Modified for Humanitarian Emergencies & Crises (HECs)

Medicines

- **Fentanyl, injectable**: for preventing pain from brief procedures or dressing changes and for IV analgesia in patients with renal failure.
- **Ketamine, injectable**: for preventing pain from brief procedures or dressing changes.
- **Midazolam, injectable**: for conscious sedation prior to painful procedures and for palliative sedation for intractable distress of a dying patient.
- **Fentanyl transdermal patches**: for patients with moderate or severe cancer pain or pain near the end of life who are unable to take oral medicines or who have renal failure.
- **Slow-acting oral morphine**: for patients with moderate or severe cancer pain or pain near the end of life who can take oral medicines.
- **Pediatric (liquid) formulations of paracetamol, ibuprofen, morphine, diazepam.**

Essential Package of PC Modified for HECs …

Equipment

- **Wheelchairs, walkers, and canes**: to improve mobility and reduce burden for family caregivers.

Human Resources

- **Basic training in palliative care** (~ 35 hours) required for all physician-members of emergency medical teams (EMTs), except surgeons, and for anesthesia-technicians.
- **Basic training in palliative care nursing** (~ 35 hours) required for all nurse-members of emergency medical teams (EMTs) except operating room nurses.

… Essential Package of PC Modified for HECs

Specific Situations

- Expectant patients:
  - As quiet & private a location as possible
  - Symptom relief – sometimes requires intensity similar to ICU care.
  - Psycho-social support for family
  - Bereavement support
- Extremely traumatic HECs such as war or genocide that result in severe long-term psychiatric sequelae: **Psychiatrist with at least basic training in HECs.**
- HECs with many affected children: **Child life specialist with basic training in HECs** to help affected children cope with injury, illness, disability, or loss.
- Protracted HECs with many physically disabled patients: **Physical medicine & rehabilitation specialist physician and/or physical therapist with basic training in HECs.**

Basic Palliative Care Training for HECs

- Basic principles and ethics
  - Imperative of relieving suffering
  - False dichotomy of saving lives and relieving suffering
  - Integration of PC into EMTs
- Patient-clinician communication
  - Breaking bad news
  - Cultural sensitivity
- Assessment and relief of:
  - Pain / physical symptoms
  - Psychological symptom
  - Social suffering
  - Spiritual suffering
- Optimum use of life sustaining treatment
  - Withdrawal of life sustaining treatment
- Clinician resilience and self-care

Standard Triage Categorization in Humanitarian Emergencies and Crises.*

This categorization makes no mention of palliative care or symptom relief and suggests that category 4 or "expectant" patients require less attention even than those with minor health conditions. A medically and ethically more sound categorization is shown in Table 2.

Category	Color Code	Description
1. Immediate	Red	Survival possible with immediate treatment
2. Delayed	Yellow	Not in immediate danger of death, but treatment needed soon. Would be treated immediately under normal circumstances.
3. Minimal	Green	Will need medical care at some point after patients with more critical conditions have been treated.
4. Expectant	Expectant	Survival not possible given the care that is available.

* Adapted from: Hayward-Karlsson J, et al. Hospitals for War-wounded: A practical guide for setting up and running a surgical hospital in an area of armed conflict. Geneva: International Committee of the Red Cross (ICRC); 2005. https://www.icrc.org/eng/assets/files/other/icrc_002_0714.pdf

Recommended Triage Categories in Humanitarian Emergencies and Crises*		
Category	**Color Code**	**Description**
1. Immediate	Red	Survival possible with immediate treatment. Palliative care should be integrated with life-sustaining treatment as much as possible.
2a. Expectant	Blue	Survival not possible given the care that is available. Palliative care is essential.
2b. Delayed	Yellow	Not in immediate danger of death, but treatment needed soon. Palliative care may be needed immediately.
3. Minimal	Green	Will need medical care at some point after patients with more critical conditions have been treated. Palliative care may be needed.

* Adapted from: Hayward-Karlsson J, et al. Hospitals for War-wounded: A practical guide for setting up and running a surgical hospital in an area of armed conflict. Geneva: International Committee of the Red Cross (ICRC); 2005. https://www.icrc.org/eng/assets/files/other/icrc_002_0714.pdf

Thank you