

Editorial

PALLIATIVE CARE SERVICE IN BANGLADESH – FIRST STEP OF ‘MILES TO GO’

‘The last part of life has an importance out of all proportion to its length’: Dame Cicely Saunders

Like it did nearly 20 years ago to establish Intensive Care services in the country, the anesthetist community seems to be listening to the ‘ringing of the human bell’ somewhat more clearly. They are showing their keen interest to initiate an Organized Palliative Care (OPC) service in Bangladesh. ‘The reality has been ringing this human bell’ for quite sometime all over the world! Palliative Care (PC) has been an accepted specialty of medicine and nursing for quite sometime. The approach focuses on the ‘total care’ of patients suffering from incurable life limiting illness. It attempts to relieve suffering and improves Quality Of Life (QOL) for both patients and their families throughout an illness experience, not just at the end of life. In recent days there has been increasing recognition of this care as a public health issue. All that this editorial intends to do is to raise certain issues and concerns from the beginners of palliative care service in Bangladesh.

The need for Palliative Care: Globally of the 58 million people dying annually (45 million in developing countries and 13 million in developed countries) it is estimated that at least 60% (35 million) have an advanced illness and would benefit from palliative care. Taking cancer as an example, two thirds (seven million) of the ten million new patients each year are not cured and die within one year of their diagnosis. Global cancer rates will increase by fifty percent and their will be 15 million new cases in 2020 and 24 million new cancer cases per year by 2050. Fifty percent of worlds new cancer cases are now occurring in developing countries where only ten percent of the global resources allocated for health care services are being spent. PC probably remains the only realistic and affordable care for these countries. Further to add, with at least two family members involved in each patient’s care, PC could improve the QOL of more than 100 million people worldwide annually.

In Bangladesh, there is no reliable data regarding incidence of people suffering from incurable diseases. In one much quoted crude estimate, there are one million cancer cases at any point of time and every year there are one hundred and eighty five thousand to two hundred and twenty thousand new cases. Most of these patients present themselves to the doctors when the disease is far advanced. Inadequate screening service, limited access to diagnostic facilities, few cancer specialist, ignorance and poverty along with existing socioeconomic condition ultimately suggests that more and more patients will be requiring end of life care. Adding other incurable disease burden requiring long term care (LTC) suggests an enormous need of OPC in the community.

Palliative care for all: Although PC services may start in one or more health care organizations that will become the centers of PC excellence, it is always important to keep in mind the vision that the process to implement this care within a country is striving to integrate it into all levels of the society – right from the community level upward and from the PC experts in the health care system downward. The problems to be faced in implementing this services are unique to a particular country. It is not only medical but also socioeconomic, cultural and ethical. Each society must determine the best way to care for its dying persons in accordance with its own culture and resources. At each step in the process to integrate PC in the country, there should be fundamental immediate, intermediate and long term outcomes that can be monitored by those facilitating the process.

One may be tempted to wonder that ‘Why the anesthetists!’ it should not come as a surprise if the history and practice of modern anesthesia is reviewed. It is so closely related to relief or attempt to relieve pain & sufferings. Though the early anesthetists in the second half of the nineteenth century were concerned only with relieving pain in the face of surgery or major traumatic procedures, the modern physician anesthetists in the early 21st

century has a lot more to offer to reduce the 'total pain and the sufferings' of the persons affected with incurable diseases and their families.

Death is inevitable for all; good health care service during life for all is not inevitable for most of the people in our country. The provision of end of life care is further less so.

Given the enormous unmet needs of patients with life-limiting illnesses in the world, it is not surprising that advocates have promoted the provision of palliative care as a human right. People of Bangladesh also are no exception. One should have a good life, no doubt, but one should also have an opportunity for a good death. Palliative Care is our human right too!

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- David J Roy. Is anybody listening (editorial.) *Journal of Palliative Care* 23:3 Autumn2007
- Jan Stjernsward, Katheline M Foley, Frank D. Ferris. The Public Health Strategy for Palliative Care, *Journal of Pain and Symptom Management*, volume 33, Number 5, May 2007
- Frank Brennan. Palliative Care as an international Human right *Journal of Pain and Symptom Management*, volume 33, Number 5 May 2007.
- Alan J Gray, Adnan Ezzat, Susan Volker. Developing Palliative Care services for terminally ill patients in Saudi Arabia. [http://www. Kfshrc.edu.sa.annals/154/94207.html](http://www.Kfshrc.edu.sa/annals/154/94207.html), 1995.
- Nathan I Cherny, Problems of suffering in Oxford Textbook of Palliative Medicine; ed Derek Doyle, Geoffrey Hanks, Nathan Cherny and Kenneth Calman 3rd ed. Oxford University Press 2005
- S N Samad Choudhury Anesthesia - Past and Present-Dhaka Medical College. *Journal of the Bangladesh Society of Anaesthesiologists* 1: 1 1987.