

Cancer and palliative care in Africa: Case of Cameroon

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Cancer-related pain has become a major problem worldwide. Pain can be caused by cancer, cancer treatment or by the side effects of treatment. At every stage of the cancer trajectory there is also emotional pain for both patients and the family. The dimension of these problems is worse in developing countries, especially countries in Africa, where there is a lot of ignorance about cancer, negative cultural beliefs about illness causes, poverty and lack of government policy on cancer control. Late presentation in hospitals with pain, no option of cure and poor supportive care is therefore very common. Denial, anxiety about the future, fear of loss of income and fear of dying contribute to late hospital visits. Cancer pain was a target symptom and cancer the disease when the strategy was developed. With appropriate education and availability of essential drugs, adequate pain relief can be achieved in more than 85% of cancer patients using simple techniques such as opioids, nonopioid analgesics and adjuvant medications. However, for many countries in Africa, availability of opioid analgesics is a major challenge for effective cancer pain treatment. The mean consumption of morphine for the African region was the lowest of all the WHO regions of the world, at 0.7 mg/capita. South Africa ranked the highest at 3.4 mg/capita. Where the drugs are available, cost is a major constraint, as is lack of knowledge.

Culturally appropriate and affordable palliative care is also being promoted within Africa by the African Palliative Care Association in collaboration with several international donors. Palliative care emphasizes pain and symptom control, and psychosocial and spiritual support, thus ensuring the best quality of life for patients and support for families. In line with the WHO Community Health Approach to Palliative Care, Uganda has evolved a suitable model for Africa that emphasizes home care, which is mostly delivered by relatives who are supported by specially trained palliative nurse prescribers, an outpatient clinic and a day care hospice. Such models can be adopted to provide cost effective cancer pain relief in other African countries. In fact by our experience on the field in Cameroon, This is a plaidoyer for the involvement of the government of Cameroon in collaboration with international agencies, to introduce in the national cancer policy the Uganda palliative care models. This suitable model could be developed through public-private partnerships, and standards improved and services upgraded to include advanced pain treatment options. The development of multidisciplinary pain clinics should also be encouraged so that local institutions would be able to include cancer pain management and research in the curriculum of their trainees.

Biography

KOANGA MOGTOMO MARTIN LUTHER has completed his Ph.D at the age of 31 years from University "LA SAPIENZA" ROMA ITALY and postdoctoral studies from University "LA SAPIENZA" ROMA ITALY. He is senior Lecturer at Department of Biochemistry, Faculty of Science, University of Douala Cameroon and head of Molecular virology and viral oncology Virology unit. He has published more than 15 papers in reputed journals and serving as an editorial board member of repute.