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Integration of palliative care in cancer treatment in developing countries: A global experience in Africa public health (case study of Rwanda)

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Multi-disciplinary palliative care for patients with any cancer is rarely integrated into the public healthcare system at all levels in Africa. In Rwanda, we have developed palliative care services in a district general hospital and linked these services to home care. In a public district hospital that includes 60% of the population of Kigali, we initiated adult and pediatric pain relief and palliative care programs for cancer patients with short-term technical assistance and training by foreign experts. Available services include inpatient and home care provided by physicians, nurses, social workers and pharmacists with basic training in palliative care and home hospice care provided by a private home hospice organization. As of March 2015, more than 200 patients had received inpatient palliative care. Anecdotal data indicates a high level of satisfaction by patients and family members with palliative care services provided and a reduced tendency of patients with end-stage diseases to pursue costly treatment abroad. In Africa, palliative care is not optional. It is not an extra, an 'add-on', a luxury or an after-thought. It is an essential component of human cancer care. To develop cancer treatments without parallel development of palliative care is a cruel injustice to the millions of cancer patients around the world who suffer needlessly. In every country, it is absolutely essential that when people talk about access to radiotherapy and cervical cancer screening and chemotherapy- all vitally important- they must also be talking in equal measure and with equal conviction about access to palliative care!

Biography

Christian Ntizimira is the Head of Advocacy & Research department of Rwanda Palliative Care and Hospice Organization and worked with Rwanda Ministry of Health and Consultant in Palliative Care for Human Rights Watch (HRW) in Senegal. He is a Palliative Care Expert and Educator. He pioneered integration of end of life care into health services rendered to Rwandan patients with chronic illnesses in acute care and community settings. He is a Research Collaborator & Member of the Scientific Advisory Committee of the Harvard Global Equity Initiative-Lancet Commission on Global Access to Pain Control and Palliative Care (GAPPCP).

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