PCAG
Palliative Care Association of Grenada

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Weekly Newsletter

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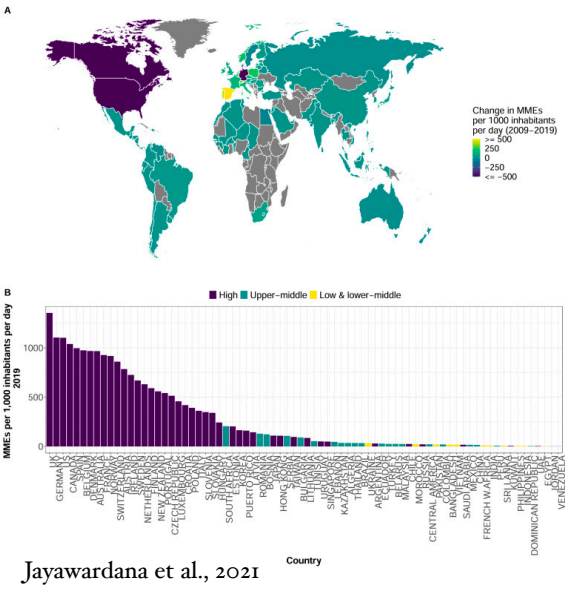
Palliative & Hospice Care in Developing Countries

The practices of palliative and hospice care first emerged in the 19th century, and have evolved tremendously since then. Societal, demographic, and technological changes have contributed greatly to this feat and rightly so, since quality of care is even more essential today with several ways to increase life expectancy for patients without a permanent cure. However, while most high-income countries (HICs) have effective practices in place for palliative and hospice care, low- and middle-income countries (LMICs) have little to no access to such measures.

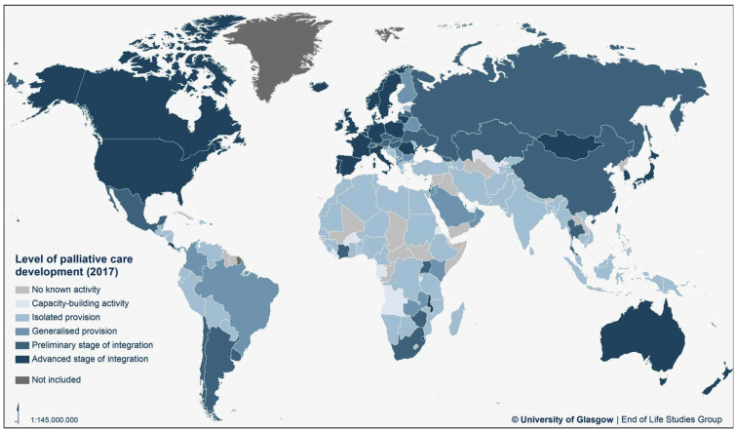
Although palliative care is considered a basic human right, there is a huge disparity between HICs and LMICs when it comes to access and utilization of such services. It is estimated that approximately 40 million people worldwide require palliative care, of which 80% reside in LMICs. However, only 14% of this population has the means to access this care, of which most is limited to HICs. There are several challenges that contribute to this fact, including lack of availability of pain medications and other treatments, cost, lack of proper guidelines, low priority, and cultural differences. With regards to pain medications, only 0.03% of the total morphine-equivalent opioids were distributed to LMICs, even though 83% of the world's population resides in these countries. On the other hand, the United States receives 31 times the pain medication that it requires. This disparity is exacerbated by the fact that in LMICs, there is fear



Jayawardana et al., 2021

associated with the use of opioids for pain management due to lack of education and failure of authorities to acknowledge the needs of the public due to their own biases. Hence, individuals in LMICs who require palliative and hospice care often pass away in a state of pain and discomfort.

It is important for physicians and students in developed countries especially to address these disparities. Palliative care is integrated into the healthcare system in HICs but not in LMICs, which means that families must bear the brunt of the cost themselves. Poverty reduction is an essential factor to address with this challenge, as well as increasing collaboration between HICs and LMICs. Physicians and other healthcare professionals in HICs who are trained in this field must collaborate with those in LMICs for the purpose of educating and addressing explicit biases. There should also be a global effort to increase resources in LMICs so production of these medications is possible in these countries and costs can be further reduced. Home-based care models have been implemented in some countries and have proven to be effective, so efforts can be made to implement those in more countries as well. Overall, there exists a big disadvantage with access to palliative care for developing countries which must be addressed as a collective global effort.



Clark et al., 2020

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