

END OF LIFE CARE : CHALLENGES IN NEPAL

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End-of-life care is that part of medical care that focuses on patients who have life-threatening diseases with life expectancy of 6 to 12 months.^{1,2} The aim of End of life care is to relieve the suffering of patients and their families by the proper assessment and treatment of physical, psychosocial, and spiritual sufferings.

Nepal is a land locked country mainly situated in the Himalayas, with the estimated population of about twenty-nine million with doctor to patient population ratio of about 1 is 1:1724.³ Burden of non-communicable diseases (NCDs) is rising every year worldwide and this has brought further constraint in the developing countries like Nepal with limited health resources.⁴ The number of frail elderly is increasing in Nepal, as people are living longer. As a result, there is a rapidly increasing incidence of multiple medical issues associated with increasing Non Communicable Diseases in an aging population. In Nepal, geriatric and palliative care may not be an ideal model due to limitations in health resources. Common life threatening diseases in Nepal include heart disease, cancer, kidney disease, liver disease, lung disease, neurological diseases etc. Palliative care services for cancer patients, in Nepal, began in 1991 with the inauguration of department of oncology at Bir Hospital, Kathmandu.⁴ Various public and private hospitals are also providing palliative care services in different parts of the country. Nepal is being classified as 'Category 3a' with isolated palliative care provision which means that the development of palliative care services are still patchy in scope, heavily donor dependent funding, limited morphine availability, and services not proportionate to the huge population size.⁴

Though the terms palliative care and hospice care are sometimes used interchangeably however hospice care is a service delivery system that provides palliative care when life expectancy is 6 months or less and when curative or life-prolonging therapy is no longer indicated.⁵ Therefore, it is important to differentiate that although hospice provides palliative care, palliative care is not hospice. Hospice Nepal is

the first formally established modern hospice centre in Nepal which was started in the year 2000 in Kathmandu Valley.⁴ Currently, there are few hospices and palliative care units within the country. The majority of them are located in the capital city Kathmandu and only a few are located outside Kathmandu Valley. However over 90% of terminally ill patients in Nepal have no access to pain relief medication and even less people have access to a hospice bed. As a result, in many cases they have to endure very agonizing deaths at home causing their families immense suffering too.

Patients near the end of life experience extreme symptoms that include physical, spiritual, and psychosocial suffering. The physical symptoms for the shift to end of life care include symptoms like pain, dyspnoea, restlessness, death rattle etc. Opioids and benzodiazepines are the most widely prescribed medications for treating pain and dyspnea respectively. Delirium and restlessness at the end of life usually requires major tranquilizer like haloperidol. Increased pooling of oropharyngeal secretions produces sound known as death rattle that can be disturbing especially for loved ones. Repositioning the patient's head and using medications such as atropine helps to decrease the ailment. The availability of all these essential medicines is one of the major challenge due to geographical barriers and poor health resources. After the physical symptoms, it is important to address the psychosocial and spiritual issues that are an essential part of the dying process. Patients and family members must be allowed time to complete certain tasks such as offering forgiveness, last rituals and bidding goodbye to friends and family members.

The government of Nepal provides treatment support equivalent to about one hundred thousand Nepalese Rupees for various chronic non communicable diseases including cancer. Recently, Nepalese government has also introduced health insurance system through 'Health Insurance Board (HIB)' which provides additional support for the treatment. This also covers expenses of patients receiving palliative care. Lack of infrastructure and skilled human resources,



inconsistent drug availability as well as improper national strategy and guidelines are hindering the path of palliative care development in Nepal.⁶ The Nepalese Association of Palliative Care (NAP Care) was established in 2009 which help in providing palliative care along with training and advocacy.⁷ The government of Nepal, Public Health Service Act 2018 has also included palliative services in 'health

service' providing legal framework for palliative care development.⁸ With hope, Nepal will cope up with all the challenges in near future and provide End of Life Care to the general population with the help of all the National and International supports.

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