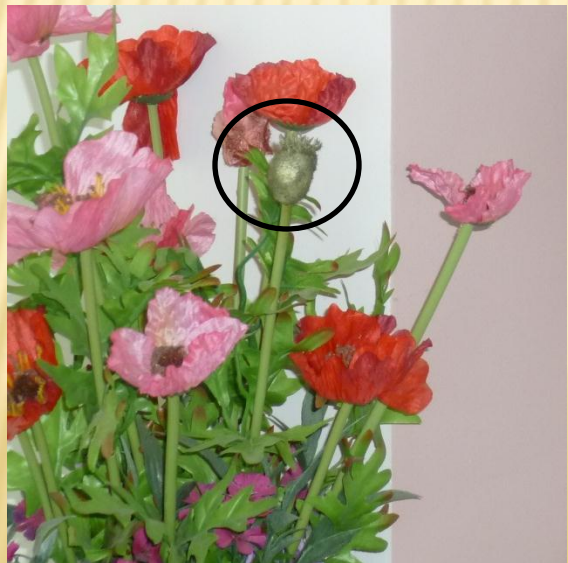


PALLIATIVE CARE RESEARCH IN NORTH AFRICA



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NORTH AFRICA

1. Algeria, Egypt → Libya → Morocco
2. South Sudan → Sudan → Tunisia.
3. Palliative care service
4. Existing ↔ completely absent.
5. Partners are:
 - Egypt
 - Libya
 - Morocco


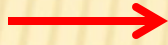

FRAME WORK OF THE TARGET

1. The specific and prevalent diseases
2. History and current status
3. The current researches
4. Education and awareness
5. Challenges and opportunities
6. Conclusions

THE SPECIFIC AND PREVALENT DISEASES

1. More attention for cancer pain Vs. HIVD/AIDS
 - Conservative Islamic society
2. Morocco, South Sudan, East Sudan
 - More exposed to HIV/AIDS from
 - Uganda , Ethiopia
3. HIVD/AIDS (political disease)
 - A. Discovered in USA & Europe.
4. Diabetes mellitus, TB and Alzheimer
 - A. Prevalent in North Africa
 - B. Not under the flag of palliative care services.

HISTORY AND PRESENT OF PALLIATIVE CARE

1. Supplementary work  oncology or pain.
2. Organized care pain or palliative care societies
 - A. Morocco (1996)
 - i. Attached to France
 - B. Egypt (2004)
 - i. Delayed  private practice + revolution
 - C. Libya (2008).  Revolution
3. Pediatric palliative care:
 - A. Morocco in (2002)
 - B. Egypt in (2007)

PALLIATIVE CARE EDUCATION

1. Training of the trainers → these countries.
 - A. Morocco → fund (146,377 Euros)
 1. Training → (GPs) (2004, 2005) .
 - B. Egypt → training → oncologists → Hands on
 1. Pain trainers → academic studies and hands on
 2. Pain doctor (R. Rezkallah) trained in:
 - i. McGill University → Canada
 - ii. Gustave Roussy Institute → France
 - C. Libya → channel India (Karalla State)
 - Train the trainers → palliative care services.

THE CURRENT RESEARCHES IN PALLIATIVE CARE

Morocco

1. Moroccan Society for Management of Pain and Palliative Care:

- A. Euro-Maghrêbin conference → 1999.
- B. Training of trainers → all over Morocco
- C. 2003 to date → 40 doctors / year
- D. Nurses trained in palliative care
- E. Pain measurement tools → Arabic.
- F. workshop in Fez 2009
 - i. Availability and accessibility of opioids
 - * EMRO, WHO
 - * APCA

THE CURRENT RESEARCHES IN PALLIATIVE CARE

Egypt

1. The Egyptian Society for the Management of Pain
 - A. The training program → since 2004.
 - B. The annual pain congress should contain a session or two about the topic of the Palliative Care.
2. 31St. Congress Pain Management and Palliative Care in Developing Countries 2013
 - A. Nine sessions → Palliative care.
 - B. Ministry of Foreign Affairs → grant → (River Nile)
 - C. Doctors from (Kenya, Sudan, Rwanda and Ethiopia)
3. Master degrees in Pain and Palliative

THE CURRENT RESEARCHES IN PALLIATIVE CARE

Libya

1. The Oncology Institute (Sebratha) → 2008
2. Bi-annual oncology conference → 2010.
3. A session → 4 topics → palliative care.

Visiting professors:

- A. Egypt,
 - B. USA
 - C. Ireland
- } to fulfill such task.

CHALLENGES AND OPPORTUNITIES FOR EFFICIENT PALLIATIVE CARE

1. Lack of awareness
2. The private practice
3. Lack of palliative care education
4. Poor official opioid legislations
5. Lack of communications
6. The palliative care team in need of care

LACK OF AWARENESS

1. Other specialties would deny
 - A. Palliative care and Pain management.
 - B. Pain management → human rights.
 - C. Pain is already added → the fifth vital sign.
2. No one can prevent death
 - A. But everyone has the right to die → dignity and peace
3. Medical and paramedical → education and training.
4. Contacts to form pressing public opinion:
 - A. The mass media
 - B. Decision makers
5. Layman (she/he) is ready to ask any medical profession to offer such service for his beloved member of the family.










THE PRIVATE PRACTICE

1. The private practice
 - A. (35% - 40%) of the medical services.
2. Not easy for the physician in this practice
 - A. to refer even a patient at the end of life.
3. This point is to be solved by:
 - A. Face to face meeting.
 - B. The palliative care team would say:
 - i. Palliative care would go hand in hand for better medical care for their private patients.

LACK OF PALLIATIVE CARE EDUCATION

1. Lack of medical education for:
 - A. the official health authorities
 - B. Other specialities
 - C. Nurses
2. palliative care would  bottom of priorities.
3. This is to be solved by:
 - A. Palliative care services is integral part of :
 - B. treating cancer by:
 - i. surgery, chemotherapy, radiotherapy
 - ii. pain management and palliative care.

POOR OFFICIAL OPIOID LEGISLATIONS

1. The official opioid legislations → not for the patient
 1. But to → protect the doctors and pharmacists
2. Good legislations for opioid availability
 - A. but pharmacists → *opio-phobia*
3. This phobia is treated by:
 - A. Round table discussions between:
 - i. The security authorities → for narcotic control
 - ii. Official pharmacy head quarter → for opioid prescriptions
Representative from → the Ministry of Justice
 - iii. Representative from → palliative and pain care teams.
4. The aim is to come to an end to:
 - A. Ooids → palliative pain patients
 - B. stop leakage of opioids to → street addicts.

LACK OF COMMUNICATIONS

1. Between the palliative care team:

- A. In the same workplace,
- B. With other centers in the same state
- C. In the same country
- D. African palliative care teams.
- E. No will of communications
- F. The official Medical language of :
 - 1. Egypt, Libya, Sudan and North Sudan → English.
 - 2. Tunisia, Algeria, Morocco, and West Sahara → French.
 - 3. Cultural and scientific split → no communication.
 - 4. Email or internet → infrequent and exceptional
 - 5. Three out of 7 countries responded.
 - 6. Solved by the exchange visits between those 7 countries.

THE PALLIATIVE CARE TEAM IN NEED OF CARE

1. The palliative care team

- A. (doctors, nurses, social workers, and clergymen) are vulnerable to → psychological depression.
- B. Heavy work load → with limited income.
- C. The last team to see → patient at the end of life.
- D. So many members of the family have associated sad memory towards the personnel of the palliative care services.

2. Care of the team

- A. Rapid → turnover of the team
- B. Obligatory → vacations
- C. Psychological support is mandatory for them
 - i. Solving their → personal social problems.
 - ii. Extra financial → support to be offered is not easy
 - iii. More → grants offered by international NGOs

FURTHER PROBLEMS AND SOLUTIONS

1. All these barriers would result in:

- A. Less funds → grants or donations.
- B. Limited academic → studies in North Africa.
- C. Less interest to be → palliative care specialist

CONCLUSIONS AND TAKE HOME MESSAGES

1. Palliative care in North Africa → cancer patients
2. HIV/AIDS and nonmalignant pains → less incidences.
3. Training of the trainers and more academic studies
4. Palliative care is in parallel with other specialties
 - A. in the practice of the private sector.
5. More awareness → medical authorities and pharmacists.
6. Street addicts should not affect → opioids availability
7. Psychological care → palliative care team
8. Good network of communications between:
 - A. Different teams in the same country
 - B. Others countries in North Africa
9. Is mandatory to overcome the cultural and scientific barriers.