

DOCTOR WATITI TOWARDS ZERO

A Dear Jessica,
By definition, palliative care is an approach to health service delivery that is aimed at improving the quality of life for patients and their families who are faced with problems associated with life-threatening illnesses. This is done through prevention and relief of suffering by means of early identification, correct assessment and treatment of pain and other health related problems, which can be physical, psychosocial or spiritual.

Therefore, palliative care should be regarded as part of the continuum of universal health coverage (UHC) together with the other components, namely: health promotion, disease prevention, curative services and rehabilitation. Palliative care providers should therefore be part of the multidisciplinary team of health service providers; so that recipients of care are given a holistic and complete package.

When to start palliative care for people living with HIV

Q Dear Doctor,
I recently lost an aunt who was HIV positive but was also battling cancer of the cervix and was in much pain. When we were eventually referred for palliative care, she died the week we took her for the service. We were told she was referred there too late for them to be of help. When should someone be referred for palliative care?

Jessica.

Therefore, palliative care needs of a patient should be identified in a proactive manner, instead of letting him or her go through preventable pain and suffering. Early identification, timely counseling and referral also go a long way in "de-stigmatising" palliative care, which is often misunderstood by patients and some health service providers to always mean end of life care.

Many such patients are often kept on expensive but futile treatment, which leaves them and families impoverished, with no value for money, since some conditions are incurable; yet what they need is palliative

care. Palliative care is not aimed at prolonging or shortening one's life, but it helps to improve quality of life for patients, their family members who are also affected by the illness; and should be available for all who need it if we are to talk of UHC. I also owe what I am today to palliative care, which I received in 1999, when I had a severe headache caused by fungal meningitis that I had then because I had advanced HIV disease. I was counselled and put on morphine for pain, which was very helpful. When the pain was controlled, I was able to eat food, take the ARVs and recovered,

Stephen

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