PALLIATIVE CARE IN LEBANON: Where are we now? Where are we going?

EDITORIAL

Palliative Care

Shifting Medical Models to Restore Cultural Values


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Technology advances and medical progress have been inciting medical practitioners to adopt the irrational attitude of delaying death irrespective of quality of life and with no due consideration of social and financial consequences. One of the most worrying implications of such irrational practice and over doctoring is the induced change in people’s values and the subsequent cultural shift that is taking place over time.

Patients and their family members request sophisticated treatment to prolong life at any cost, including the cost of their suffering. Physical and psychological pains become acceptable as a price to pay for an illusional life gain till the last day. Dying peacefully at home with dignity, in the warmth of the family, formally embedded in our traditions, is becoming a distant memory. Nowadays we prefer to die in hospitals surrounded by beeping and whistling machines.

Raising the issue of cost effectiveness of expensive treatment in international and national forums, and the counterarguments of “health is a human right and life has no cost,” generated a misleading debate contributing to people’s over reaction and insistent claims for futile treatment.

With the loosening of family bonds, an unexpected illness of a family member arises a guilt feeling and provokes a reaction of overprotection reinforcing further this cultural shift.

In 2002, concerned with the magnitude of futile treatment, the Ministry of Public Health (MOPH) issued a ministerial circular [1] asking health care providers to pay attention to human, social and financial implications of over doctoring and over promising despite no proven beneficial outcomes, and to preserve patient’s dignity. This circular requests medical practitioners to follow the recommendations on futile treatment issued by the Bioethics National Advisory Committee.

The prevailing medical model in Lebanon of hospital based, over investigative and interventional medical care, is turning too aggressive, relying heavily on technology [2], with minimal human contact. The time has come for change by integrating more rational trends following the example of many other countries. A new model based on overlapping concepts of Palliative Care, End of Life Care, and Home Care, is needed to create a balance in a system that is becoming inflationist and inhuman.

Palliative care is a holistic approach aiming at improving the quality of life and alleviating the pain and other distressing symptoms of patients with serious illnesses and the suffering of their families. This is done through early identification, assessment and treatment of the various problems associated with their illnesses, by providing physical, psychological and spiritual support to the patients and their relatives [3].

The Ministry of Public Health has introduced palliative care as a patient right in the first article of the Law on “patients rights and informed consent” [4]. Palliative care should be considered as a crucial core part of the treatment plan, and not just an alternative when everything else fails. It thus should be initiated at the time of diagnosis of a serious or life threatening disease, along with other appropriate medical therapies.

In order to promote this concept, the Ministry issued a Ministerial Decree establishing the National Palliative Care Committee [5], gathering pioneers in the field, with the mandate of elaborating national plans for research, education, practice and policy related to palliative care in Lebanon. Four multidisciplinary subcommittees were created and they developed plans for health education, a curriculum for training health care professionals, new service delivery models such as home care, and new financing mechanisms and treatment strategies. They set as well national standards and competencies for pain relief and palliative care, and national research priorities in this field.

The first National Conference on Palliative Care took place on the International Palliative Care Day, October 13, 2012. During this conference, the national strategies and plans were launched involving the medical and paramedical communities and the media to raise public awareness.
During the past year, the Ministry of Public Health has introduced new narcotic drugs to the market, in new pharmaceutical forms (syrup, sublingual, patches) and many possible dosages in order to increase availability of drugs and treatment choices to meet different patient needs [6]. The application decrees [7] of the Narcotic Law were amended by extending the renewal period of narcotics from 15 to 30 days, and to limit the approval of the narcotic department to only once, while allowing the use of narcotics also for non cancer patients in need.

The Ministry took the necessary steps to recognize palliative care as a new specialty in Lebanon. We invite medical and nursing schools to participate in this national endeavor by adopting the core curriculum of palliative care, and including this discipline within different academic programs. In addition, a specific chapter about pain management would be introduced in the accreditation guidelines, and hopefully financing mechanisms would be developed to finance palliative care.

Health professionals have been contributing through their practice to changing people’s values. These same professionals are invited today to transform the prevailing medical care model, in the hope of having an impact on people’s knowledge and attitudes in order to reverse this cultural shift.

REFERENCES

4. Patients Rights and Informed Consent. Law no. 574, Feb. 11, 2004