Palliative Care in Egypt

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Lebanese Society of Family Medicine, 9th Annual Conference: Palliative Medicine in Primary Care. 5-7 Nov 2010.
• In the UK there are:
  – 217 hospice and palliative care inpatient units
  – 3,194 hospice and palliative care beds
  – 308 home care services
  – 105 Hospice at Home services
  – 279 day care centres
  – 345 hospital support services.
  – For children
    • 41 hospice inpatient units
    • 311 hospice beds.
  – Over 100,000 people volunteer in local hospices.
  – £1.4 million is spent on hospice care every day (only £447,000 comes from government).

EMRO Consumption of Morphine, 2008

Mg/capita

Sources: International Narcotics Control Board; United Nations population data
By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2010
2008 Global Consumption of Morphine

Mg/capita

Global mean, 6.0051 mg

Sources: International Narcotics Control Board, United Nations population data
By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2010
Palliative Care and Cancer Pain Control in Egypt
The ‘ferry case’
“Dealing with barriers to cancer pain control in Egypt”

• “Shortly after the establishment of the palliative care medicine unit (PCMU) at the Kasr Al-Aini Center of Clinical Oncology and Nuclear Medicine (NEMROCK) at Cairo University in Egypt in 2008, the palliative care team faced a challenging case, which we called the ‘ferry case’.”

Alsirafy. Eur J Palliat Care, 17(1); 2010.
Cancer burden in Egypt

Palliative Care Services in Egypt

• Cairo Evangelical Medical Hospice\(^1\)
  – 2 clinics, 11 inpatient beds, home care program.

• Elhadara Elromany\(^1\)
  – Inpatient

• NCI-Egypt\(^2\)
  – Outpatient clinic

• Palliative Care Medicine Unit
  Kasr Al-Aini Center for Clinical Oncology &
  Nuclear Medicine (NEMROCK)
  Kasr Al-Aini School of Medicine, Cairo
  University.

\(^1\) International Observatory on End of Life Care ([http://www.eolc-observatory.net](http://www.eolc-observatory.net))

\(^2\) Personal communication
The Palliative Care Medicine Unit of Kasr Al-Aini School of Medicine, Cairo University

• Established in Sep 2008 as the first medical school-based palliative care program in Egypt.

• Mission
  – Clinical service
  – Education
  – Research
Palliative Care delivery models.

- Tertiary Palliative Care Unit
- Day Hospital
- Outpatient center
- HOME
- Acute Care Hospital
- Inpatient Hospice Unit

• **Outpatient service**
  – Three clinics per week

• **Hospital-based inpatient unit**
  – 8 beds (4 males and 4 females)

• **Limited Home Care Activity**
  – Physician visits [Volunteer], Phone consultation, Family education, Supplies (air mattresses, oxygen cylinders, diapers….etc), Financial support
Where Do Egyptian Palliative Care Patients With Cancer Die?

- Patients with advanced cancer referred to palliative care
  - 73% died at home.
  - 27% in hospital or ambulance.

The ‘Ferry case’ (continued)

• “To give the patient appropriate pain relief, we had to overcome many barriers.”

• “The management of the ‘ferry case’ had a significant impact on the way we now deal with cancer pain control at the NEMROCK.”

Alsirafy. Eur J Palliat Care, 17(1); 2010.
The ‘ferry case’

– “Abdullah was a 20-year-old man who lived on an island in the Nile, north of Cairo. The only way that he could be reached from the mainland was by ferry.”

– “In February 2007, immediately after completing treatment for nasopharyngeal carcinoma, he presented with widespread bone metastases.”

– “He received many courses of palliative chemotherapy and radiotherapy.”

– “In October 2008, he was referred to the Kasr Al-Aini PCMU with severe, uncontrolled pain.”

Alsirafy. Eur J Palliat Care, 17(1); 2010.
Pain prevalence in advanced cancer patients in Egypt

• Pain is the most common symptoms among Egyptian patients with advanced cancer (92%).

“At this time, he was taking slow-release morphine tablets, 30 mg (SRM-30) twice a day. In an attempt to control his pain, the opioid dose was titrated up to 840 mg oral morphine a day.”
WHO Foundation measures for implementing cancer pain relief programmes

**Education**
- Of the public
- Of health care professionals (doctors, nurses, pharmacists)
- Of others (health care policy-makers, administrators, drug regulators)

**Drug availability**
- Changes in health care regulations/legislation to improve drug availability (especially of opioids)
- Improvements in prescribing, distributing, dispensing, and administration of drugs.

**Government policy**
- National or state policy emphasizing the need to alleviate chronic cancer pain

[ + Research ]

WHO. *Cancer Pain Relief*. 1996.
• “Abdullah’s monthly morphine consumption exceeded anything recorded at NEMROCK before the establishment of the PCMU.”

• “This was a major change that made it necessary to implement the World Health Organization strategy.”

Alsirafy. Eur J Palliat Care, 17(1); 2010.
“We decided that education was probably the most important thing to start with.”

“To educate staff, we conducted two presentations, one for physicians and one for nurses, to explain the WHO guidelines and correct misconceptions.”

“Individual discussions were important to educate other members of staff, such as pharmacists and administrators.”

Alsirafy. Eur J Palliat Care, 17(1); 2010.
The ‘Ferry case’ (continued)

• “As a result of inadequate education of Abdullah and his family, the patient had been left without the regular fentanyl patch for 24 hours. The author of this article had to cross the Nile one winter night to assess Abdullah, who was screaming in pain. Following this, we talked to Abdullah and his family, giving them information and responding to their concerns regarding addiction. We also made illustrated instructions in Arabic available.”

Alsirafy. Eur J Palliat Care, 17(1); 2010.
For a Peaceful Cancer Death in Egypt: Palliative Care IS NOT. . .

- Palliative care IS NOT “doing nothing”
- Palliative care IS NOT “giving up”
- Palliative care IS NOT “only pain manage.”
- Palliative care IS NOT “turning patients into addicts”
- Palliative care IS NOT “depressive”
- Palliative care IS NOT “stigmatizing”
- Palliative care IS NOT “an irrelevant research area for cancer care”

• Educational activities:
  – Clinical oncology residents rotation
  – Postgraduate education for MSc and MD students
  – Scientific meetings at NEMROCK
  – Participation in national scientific meetings to spread the knowledge about palliative care
  – Breaking bad news for house officers 2009-10
  – Presentations in other Universities and cancer centers
“In Egypt, the only strong opioids registered for use are SRM-30, transdermal fentanyl patches and injectable immediate-release morphine. The last is available only in small amounts, mainly for treating acute pain. The oral form of immediate-release morphine is not registered for use.”

Alsirafy. Eur J Palliat Care, 17(1); 2010.
“In the first few months after taking over Abdullah’s care, there was a gradual increase in his morphine consumption. This allowed us to make a justified request to the hospital administration that resulted in a more than fivefold increase in the NEMROCK’s supply of strong opioids.”

Alsirafy. Eur J Palliat Care, 17(1); 2010.
Strong opioids’ consumption before and after the establishment of palliative care service in an Egyptian cancer center

Alsirafy et al. Palliative Medicine; 24 (4, Suppl.): S78-S79; 2010
• “For breakthrough pain, while Abdullah was still on low-dose opioids, we used NSAIDs, acetaminophen and tramadol. Once he required higher doses of opioids, the only available option was to crush the SRM-30 tablets to compensate for the unavailability of immediate-release morphine.”

• “Transdermal fentanyl patches were useful when we ran out of morphine, and later on as an alternative to subcutaneous infusion.”

Alsirafy. Eur J Palliat Care, 17(1); 2010.
Policy

[ + RESEARCH ]

Education

Drug availability
“The Egyptian Narcotics Control Law limits to 420 mg the amount of oral morphine that can be given in a single prescription. Based on that, the policy in many Egyptian cancer centres is to dispense 14 SRM-30 tablets weekly.”

Alsirafy. Eur J Palliat Care, 17(1); 2010.
Opioid needs of patients with advanced cancer and the morphine dose-limiting law in Egypt

- For Egyptian patients with advanced cancer who need strong opioids, a single weekly prescription would supply enough oral morphine for only 26% of them.

- In the case of parenteral morphine, none of these patients would receive an adequate supply.

Regulations governing morphine prescription in Egypt: An urgent need for modification

- In Egypt, morphine prescribing and dispensing regulations represent a major obstacle for adequate cancer pain control.

Alsirafy SA. J Pain Symptom Manage, 39(1); 2010.
“After discussions with the Ministry of Health narcotics inspector, pharmacists and administrators, we reached an agreement to dispense the necessary amount of morphine for Abdullah by increasing the frequency of prescription, which is not limited by law. At higher doses, it became difficult to issue prescriptions for reasonable periods of time. We had to write at least 14 prescriptions weekly and Abdullah’s mother had to come to the clinic 66 times in seven months to collect the medicines.”

Alsirafy. Eur J Palliat Care, 17(1); 2010.
• “To overcome the increasing ‘fear of misuse’ felt by pharmacists, physicians and administrators, the author of this article visited Abdullah at home four times to prove that the patient was still alive and taking the medications appropriately.”

Alsirafy. *Eur J Palliat Care*, 17(1); 2010.
Policy + Research

Education

Drug availability
• Focus areas

– Identifying barriers to palliative care and cancer pain control in Egypt and how to overcome
– Identifying the palliative care needs of Egyptian cancer patients
– Development of palliative care model(s) suitable for the Egyptian culture and resources
Manuscripts


Abstracts

• Alsirafy SA, El Mesidy SM, Galal KM, Abou-Elela EN. Strong opioids’ consumption before and after the establishment of palliative care service in an Egyptian cancer center. *Palliative Medicine*; 24 (4, Suppl.): S78-S79; 2010.


“The end, the beginning

– Abdullah died at home in May 2009. Two weeks later, his mother came to thank us. ‘I do not know how to pay it back,’ she said, in tears. Now it is our turn to say, thank you. Abdullah’s suffering and patience, and the compassionate care of his mother, paved the way for better care for many other patients.

– While his death marked the end of the ‘ferry case’, it also started a new era of better cancer pain control at the NEMROCK and, hopefully, in Egypt as a whole.”

Alsirafy. Eur J Palliat Care, 17(1); 2010.
THANK YOU