THE APLI News

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'Reaching out' for palliative care 2000

Dr Odette Spruyt
Peter MacCallum Cancer Institute

ANZSPM held its biannual conference in Geelong, 7th-9th September 2000. The theme of the conference was 'Reaching out'. It was great to see included in the program two presentations on Palliative Care in areas of the world where palliative care is in its infancy.

Dr John Bonifant spoke on progress in the development of Palliative Care in Saudia Arabia. Of particular interest to me was the ability to find common ground across wide cultural, language, gender and religious differences. The title of his talk was "A date with Arab Families: Cardamon, coffee and communication". To see John in deep conversation with an Arab woman patient, sitting on her bed with her husband at her side, was inspiring and familiar, the intimacy and trust so important in palliative care practice evident in the image.

Rhonda Galbally and Sailaja Ramkumar

Dr Doug Bridge visited Pakistan in March 2000, invited by Jan Phillips, an Australian oncology/palliative care nurse, who had commenced work in Pakistan in November 1998. . Doug's excellent talk "Imran Khan & Khyber Pass: Teaching Palliative Care in Pakistan" included a video clip of an interview with Imran Khan at the Shaukat Khanum Memorial Cancer hospital, the hospital he founded. This charitable hospital provides free care to most patients. Doug's visit revealed again the terrible suffering endured by many, as a result of unrelieved pain.
The poor availability of opioids, the lack of education and awareness of the problem of cancer pain and the ethical dilemma of the best allocation of resources all perpetuate these sufferings.

The talks were both very well received and inspired some discussion that the topic of palliative care in the developing world become a regular feature in the ANZSPM agenda. This would be strongly supported by APLI.

APLI also held a lunchtime forum at which Ms Rhonda Galbally of the Australian International Health Institute spoke on NGO's in developing countries and Dr Sailaja Ramkumar spoke on the development of palliative care at Amala Cancer Hospital in Trichur, Kerala.

Inside this Issue

APLI News acknowledges the support of MUNDIPHARMA

This is only the second newsletter this year. We have, forced by time constraints, decided to make these "occasional letters" rather than attempt to have the quarterly newsletters. We are always happy to receive items of interest from readers, and if these increase, the "occasions" may come around more frequently also! Thanks again to Mundipharma for supporting the publication of the APLI newsletter.

Hello from the editor...

Hello from the editor…

In addition, thanks to this support, we were able to host a young psycho-oncologist to attend the World Congress of Psycho- oncology held in Melbourne, in September this year. Dr Sailaja will be a regular contributor to the newsletter, in her "Letters from India".

Thanks to Dr Carol Douglas for agreeing to take on the editorship of the Newsletter in 2001. Carol helped Dr Ranjit Ooman establish his palliative care service in Malaysia and maintains a close friendship with the team there. In this newsletter, she tells us about her experience in Guangzhou, southern China.

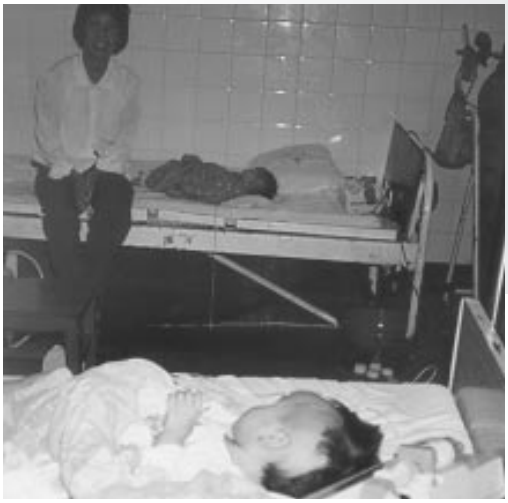
Thanks also to Ena-Marie OKane, Palliative Care Secretary at Peter Mac for her enthusiastic and expert assistance in putting this newsletter together and for taking on the website updates.

Finally, best wishes for Christmas 2000 and the New Year. I hope 2001 will be a wonderful year and see real progress in the relief of suffering for the developing world's cancer patients.

Don't forget to visit the updated APLI website for newsletters on line.
www.petermac.org/apli/

The Editor

Paediatric ward – Guangdong Provincial Hospital; 1995



Guangzhou clinic, China – an exploration

Dr Carol Douglas, Brisbane

Midway in 1995, I found myself living in the city of Guangzhou in southern China. This city boasted a population of greater than 10 million, more than half this number of people itinerant peasants in search of work.

As a 'trailing' spouse, (my husband employed to manage the construction of a new bottling plant taken over by an Australian company), I did not come with any employment prospects of my own.

I was keen to explore their medical system in any way that was feasible, and started by visiting the factory/construction site to meet with one of the resident clinic doctors, Liang Reng Dong.

It was only some 12 kilometres from the city area but access was on a two lane asphalt, then dirt roads, deeply rutted from heavy rain fall, as visible through the holes in the floor of taxi.

Dr Liang showed me the Clinic (which serves the 1500 employees). It was sparsely furnished, with limited old basic equipment, no resuscitation equipment, one broken ECG machine and a collapsible camp style stretcher (see photos). There was the obligatory ultrasound equipment for dating pregnancies and menstruation charts of the women employees. The dispensary was well stocked but noticeably there were no expiration dates on medication bottles.

Complimenting, yet separate to the Western medicine was the traditional medicine. I was fascinated to stand by and watch the preparation and storage of thousands of Chinese herbs, and marvelled at the seeming versatility of the powers of dried scorpions!

The factory clinic was supported by the local 'Sixth Guangzhou People's Hospital', 1 km away. It is thirty-five years old, a Grade 3, Class 2 hospital under the Chinese Hospital classification system, with 250 beds and 150 doctors and 120 nurses.

After witnessing myself a protracted negotiation, involving the Communist party representative from the factory and his counterpart at the hospital with senior members of medical staff, agreement was reached that I could visit weekly under the supervision of the only doctor on staff who spoke English.

My first impressions were quite startling, with the very 'drab' surroundings of concrete walls and concrete floors, the crowded conditions, the lack of any creature comforts, shared latrines and single sinks to wash oneself and for relatives to prepare food at.

Patients lay on gurneys in corridors waiting for admission, families 'camped' around them. As it turned out, the young Physician was delighted to have the opportunity to practice his English and enjoyed discussing the various patients he cared for on the wards. He looked for affirmation about therapeutics, keen

Clinic staff, Guangdong Provincial Hospital; 1995

Nissan vanette ambulance, 6th Guangzhou People's Hospital

to know if treatments were similar and very interested to know of other medications not available in China. Most of their medications are manufactured in China. IVs (incidentally usually sited in the lower limbs) appeared to be mandatory.

IV fluids are prepared on site, in reused glass bottles, and glass syringes were evident. Needles were disposable.

A morning spent with the resident gastroenterologist, performing upper GI endoscopy, was a revealing experience. Some 25 patients referred from outpatients gathered in a waiting room. One by one, they came in, took off their shoes, climbed up on the bed and had their tongue held with gauze as the endoscope was inserted with a minimum of 'fuss'. The examination was carried out, the scope passed to me if there was visible pathology, then withdrawn.

Verbal orders were 'fired' across the room to an attendant who scribbled what could be a script or other, this was handed to the patient as he left.

The endoscope was 'dunked' in the bucket of disinfectant, withdrawn and the next examination summarily carried out. I was struck by the paucity of sterile procedure and the lack of patients' need for sedation!

The maternity section of the hospital left a lasting impression. I recall an obstetrician explaining how most of the women presented in labour with no antenatal preparation and little known about their medical history. The labour wards accommodated about 20-30 women in one area with no screens between beds.

A smaller area with 4 to a room cared for those in advanced labour and second stage. These four women shared an old 'potty' between the beds to urinate if necessary.

The delivery room/theatre, housed an old bare heavily corroded and rusted delivery table. In one corner of the room there was a glassed off area and table for delivery of known Hep B carriers.

The neonates tightly swaddled and lying in long rows, literally 'like peas in a pod', awaited the regularly timed feeds.

It was encouraging to learn that mothers were encouraged to breast-feed. On noting one cyanosed baby I was informed that someone would contact a pediatrician at another hospital as there was not one on staff at the #6.

A lunch invitation to the home of the Physician was a humbling experience. After a five story climb to the top of a thirty year of concrete apartment block, I was shown into their one room apartment in which he, his wife, their two year old daughter and her baby-sitter lived.

A bustling Acupuncture unit was a fascinating area of this hospital for me to frequent and also provided me the opportunity to witness the chinese medicine doctors carrying out other physical therapies. It was with some regret that I did not have the time to master at least the rudiments of acupuncture in these few months. The traditional chinese therapies appeared to be offered in parallel with Western style medicine.

Developments

Within this period I was approached by a Geneva based company, who specialised in Medical Evacuation of expatriates, whose Hong Kong branch wanted to develop an initiative in China to enable foreigners to be cared for by foreign doctors under the auspices of the Chinese system. And thus began, what was an extraordinary medical experience after being awarded my Chinese medical licence.

After protracted negotiations , with the Guangdong Health Bureau, an agreement was reached to allow myself to work as a Doctor in Guangzhou, providing I passed certain exams held at the Guangdong Provincial Hospital and fulfilled other requirements of the regulations.

Two clinics were constructed, one within the aforementioned hospital and another in the district of Tien He at a Housing Compound called Yi Yuen or "The Greenery", where many foreigners lived.

And thus began, what was an extraordinary medical experience after being awarded my Chinese medical licence.

It was not only considered to be an important business initiative for the hospital but one that gave considerable 'standing' to the Hospital. The clinic in the hospital had access to radiology and laboratory facilities and in this way the Hospital recognised the possibility of generating additional income along with a large rent paid for the space the clinic was built in. The radiology department had CT and MRI facility.

The hospital boasted some 1100 beds and had more than 900 doctors on staff. In the time that I was fortunate to work side by side these Chinese doctors, I never ceased to be amazed at their capacity to endure harsh working conditions and remain seemingly cheerful.

More than 5000 Out-patients were seen every day at the Provincial Hospital. Salaries were around 1100 yuen a month(approx. A$200).

The general conditions were poor for the locals. Food was brought in for patients by relatives but with provision of a container of drinking water for each patient daily.

On occasion, I escorted patients in the hospital for investigation. Technology seemed to be relied on far more than a good history and physical examination. On one occasion, 9 doctors, including the Head of the Dept. of Surgery had been present during an abdominal ultrasound examination, and there seemed to be much debate as to their findings. The patient requested evacuation to seek further attention.

As the quality control of locally manufactured drugs could not be relied upon, medications for the clinics were obtained in HK. These were carried in luggage across the border, a job that usually fell on my shoulders when I visited the HK office. It was not until 1997 that a licence to import medications was officially granted.

In summary, my experience of working in Guangzhou was a wonderful one. The doctors who helped establish this initiative were generous in their time and warm, hard working individuals, dedicated to the running of their institution.

An excellent relationship continues to flourish, more than 5 years after the opening of the Clinic, which has undoubtedly benefited many foreigners either residing in or visiting Guangzhou, and the Hospital itself.

Letters from India –

'Do your work; do not think of its fruits'

Dear Brothers & Sisters of Australia
"NAMASTHE"

Let me introduce myself to you. I am Sailaja Ramkumar, working as a Psycho-oncologist in Amala Cancer Hospital and Research Centre, Trichur, Kerala, India. Naturally, I would like to pen down something on the Indian perspective of Palliative Care.

Indian's culture has "Palliation" in it as an integral part. Stories of great sages tell about the son who spent his youth in looking after his aged parents and taking them on his shoulders to various devotional places. There is also this story of a wife, who looked after her leper husband, against all advice of the leaders of the society. But they are all ancient stories, rather, epics. Is it the same now?

Yes. Palliative care has its roots deep within the fertile soil of India. A group of medical and non-medical people have dedicated their life for this great purpose, over the past ten years, in an organised manner.

The principle guiding us is handed over to us from "The Gita", wherein Lord Krishna teachers us to do "NISHKANJA KARMA" (Do your work; Do not think of its fruits)

We have time and space for our suffering fellow men, if not money and medicines.

Of course, we have many challenges; having plenty of resources, but unequally distributed, having too many rules and regulations but too many loop holes. Our population has risen up to 100 million but not the literacy rate. Poverty still prevails. Ignorance and uncertainty make the life miserable. All these make our future tough but not bleak certainly, because we have sincerity, dedication and empathy as our driving forces and we believe in KARMA –- the deeds.

Death need not be the end of it all. Life is a continuum, where death is a short break. If at all we could help one to enter into this break smoothly, without much suffering, if we could add more life into their last days in this world; then our mission is fulfilled. Let the Almighty provide us with the brain and brawn for the same.

I shall keep in touch with you with lots of love and prayers,

Your loving sister,
Sailaja

News item

Daya Vaidya, Chief nurse at B.P. Koirala Memorial Cancer Hospital Bharatpur, has just completed her masters in nursing education, RMIT, Melbourne and returns to Nepal in December. Daya has obtained funds from COSA to support a nurse, Kate Dawson, from Peter MacCallum Cancer Institute, to spend 6 months working at the Cancer Hospital with her.

Daya aims to promote palliative care education in her hospital and has already done much in that regard. We look forward to her article in the next edition of this newsletter, telling us more of her work. Her major challenge is to raise awareness of the suffering endured by cancer patients and encourage medical staff to adopt a palliative approach in the face of advanced and incurable disease. She tells me nursing staff voluntarily contribute a portion of their wages to a fund to help pay for the medical care of the impoverished patients.

OPAL

Overseas Pharmaceutical Aid for Life collects unwanted pharmaceuticals for distribution overseas to countries in need. Contact Geoff Lockyer at OPAL, 500 Churchill Road, Kilburn, South Australia. 5084. Phone 08 8359 6055

Conference News

- see APLI website for contact details

Pain Control, Palliative Medicine, and Psycho-Oncology - Present Status and Future Directions Conference

Japan, 24th - 26th January, 2001

Asia Pacific Hospice Conference 2001

Taipai, Taiwan.
2nd - 5th May 2001

VIII National and International Conference of the IAPC.

Bhopal, India
2nd - 4th February 2001.

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