Talia Shentzer Kutiel, MD
Olga Vornicova, MD
Division of Oncology
Technion-Israel Institute of Technology
Haifa, Israel

Gil Bar-Sela, MD
Division of Oncology
Technion-Israel Institute of Technology
Haifa, Israel
E-mail: g_barsela@rambam.health.gov.il
Rappaport Faculty of Medicine
Technion-Israel Institute of Technology
Haifa, Israel

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Training in Global Palliative Care Within Palliative Medicine Specialist Training Programs: A Moral Imperative

To the Editor,

Given that the fundamental goal of palliative care is "the prevention and relief of suffering," it is imperative that palliative care clinical and educational programs in high-income countries (HICs) partner with colleagues in low- and middle-income countries (LMICs) to assist them to expand and facilitate access to palliative care training of all levels and for all types of palliative care providers.

Outside of Europe, North America, and Australia, access to high-quality palliative care (PC) services is rare.[1] Although there has been growth in palliative care development worldwide, only 8.5% of countries have achieved advanced integration of PC into service provision.[2] PC training of all levels recommended by the World Health Organization (WHO), basic, intermediate, and specialist, is difficult or impossible to access in LMICs.[3] As a result, growth of palliative care services is slow in LMICs, and unnecessary suffering on an enormous scale persists.[1] Meanwhile, training programs in Europe, North America, and Australia graduate hundreds of palliative medicine specialists each year, many of whom become palliative care educators.

Previous efforts by institutions in HICs to provide PC training for colleagues in LMICs, although limited by the lack of interest by global health funders, have yielded remarkable results. In the early 2000s, the International Palliative Medicine Fellowship Program at San Diego Hospice in California, U.S., trained 26 physicians from LMICs, including current palliative care leaders in Vietnam, Mongolia, Uganda, Rwanda, Tanzania, Egypt, Jordan, and Peru.[4] The International Pain Policy Fellowship, based at the University of Wisconsin, U.S., provided training and technical assistance to four cohorts of clinicians and government officials from LMICs to assist them to overcome barriers to making opioids accessible safely for medical uses,[5] with numerous publications documenting its successes[6–8]; and the End-of-Life Nursing Education Consortium has trained thousands of nurses and other professionals, many from LMICs.[9] Other successful partnerships include the University of Iowa in India,[10] Memorial Sloan Kettering Cancer Center in Uganda,[11] and Indiana University in Kenya,[12] but these successes have not always resulted in sustainable funding.

One unique collaboration between Hospice Africa Uganda and Makerere University in Kampala has entailed palliative care specialists from HICs providing ongoing training and training-of-trainers in an LMIC. With support from the University of Edinburgh and several governmental and nongovernmental funders, Hospice Africa Uganda has trained clinicians from throughout sub-Saharan Africa and provides various levels of training for physicians and nurses in both English and French. But it, too, has struggled to find adequate funding for its programs.[13] Furthermore, programs such as the Master's Program in Palliative Medicine in South Africa[14] have shown that training African colleagues in Africa can be less expensive than in an HIC, and trainees learn in their own clinical environment.

In the past 25 years, the number of palliative care specialist training programs has grown rapidly in HICs. Although there are a few palliative medicine specialist training programs in the U.S. offering informal opportunities to gain experience in teaching,

practicing, or doing research in an LMIC as well as partnerships between palliative medicine educational institutions in HICs and LMICs,[10,12,15] we know of no official training programs in global palliative care for palliative medicine specialist trainees in HICs.

Specialist training programs in palliative medicine in HICs could help to reduce the enormous disparity in access to palliative care by offering training in global palliative medicine for specialist trainees and practicing palliative care specialists who wish to devote all or part of their careers to providing training and technical assistance in palliative care in LMICs. To establish a global palliative care training track, a palliative care specialist training program in an HIC must have at least one faculty member with experience in teaching and working in an LMIC to develop the curriculum and supervise trainees. The program should establish a partnership with at least one medical school in an LMIC that already offers palliative care training and intends to provide required palliative care training for medical and nursing undergraduates and for medical postgraduates in fields such as oncology, hematology, geriatrics, and critical care. A goal of the collaboration can be to develop a palliative care specialist training program. The global palliative care faculty member(s) should become familiar with the partner institution, the local clinical situation, and the local culture.

The global palliative care training track would entail an additional year of training beyond the usual duration of palliative medicine specialist training. Before traveling abroad, the trainee should have basic training in global health in general and in global palliative care in particular and should begin studying the language and culture of the overseas partner. During the first few months abroad, the trainee's classroom and bedside teaching should be supervised directly by a global palliative care faculty member and by one or more local faculty members. The trainee would initially observe teaching by ex-patriot and local faculty members and then take on a gradually increasing share of mentored teaching responsibilities. The trainee also should plan a small research project with ex-patriot and local faculty members who would contribute to developing a clinical palliative care research program at the partner institution. In total, trainees should spend at least six to nine months working at the partner institution. They also should visit other palliative care services or hospices in the country or region and, if possible, participate in a regional palliative care conference. As a result, the trainee should acquire the clinical and pedagogical knowledge and skills, the cultural sensitivity, and the humility to provide long-term, effective, locally relevant palliative care training and technical assistance in LMICs.

Potential funders for a year-long global palliative care training program may include foundations that fund health-related projects in the region of the partner institution, businesses with corporate social responsibility programs that operate in the region, or private individuals with an interest in the region or in palliative care for the underserved.

The disparity in access to palliative care services between rich and poor countries is one of the largest disparities in global health, and this disparity persists in part due to low access to palliative care training in LMICs.[1] Awareness of disparities such as this is fueling the rapidly growing interest in global health among medical graduates. It is time for palliative care specialist training programs in HICs to respond to this need by partnering with local institutions in LMICs to advance training in global palliative care.

John Y. Rhee, MPH
Department of Medicine
Icahn School of Medicine at Mount Sinai
New York, New York, USA
E-mail: john.yohan.rhee@gmail.com

Kathleen Foley, MD
Department of Neurology
Memorial Sloan Kettering Cancer Center
New York, New York, USA

R. Sean Morrison, MD
Department of Geriatrics and Palliative Care
Icahn School of Medicine at Mount Sinai
New York, New York, USA

Carlos Centeno, MD
ATLANTES Research Program
Institute for Culture and Society
Universidad de Navarra
Pamplona, Spain

Eric L. Krakauer, MD
Division of Palliative Care and Geriatric Medicine
Harvard Medical School and Massachusetts
General Hospital
Boston, Massachusetts, USA

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Prevalence and Characteristics of Pruritus and Association With Quality of Life in People Living With HIV: A Cross-Sectional Study

To the Editor:

Pruritus is a common complaint of people living with HIV/AIDS (PLWHA) and can cause significant morbidity.[1] Chronic pruritus is a multifaceted symptom that includes physical, psychological, and functional aspects.[2] Therefore, it is critical to assess pruritus in relationship to quality of life (QOL) in PLWHA. Data are limited on the relationship between chronic pruritus and HIV and effect on QOL.[3,4] The prevalence of chronic itch among PLWHA in one report was 45% and associated with decreased QOL.[4] To our knowledge, no published reports exist on the prevalence of chronic pruritus in PLWHA in India where HIV remains a public health problem with enormous socioeconomic (SE) impacts. In 2015, the national adult (15–49 years) HIV prevalence was estimated at 0.26% (0.22%–0.32%), with approximately 2,100,000 PLWHA.[5] We evaluated the prevalence and characteristics of chronic itch and association with QOL among PLWHA in Mangalore, South India. Data gathered from this study will enable physicians and public health policy makers to better understand the burden of pruritus in PLWHA.

Methods

This cross-sectional study was conducted from June to July 2013 at the community center nested within a nongovernmental organization for PLWHA (Hongirana) in collaboration with the antiretroviral therapy clinic in a government teaching hospital located in Mangalore, a coastal city in the Southern state of Karnataka, with a population of 488,968 (2011 census). Nearly half of PLWHA belonged to the middle/lower middle SE status, whereas a third of participants belonged to lower/upper lower SE status.[6] Based on World Health Organization guidelines, patients receive free antiretroviral therapy at the clinic as part of the national AIDS control program since 2004.

All eligible participants (PLWHA aged 18 years and older) were approached at the nongovernmental organization community center and asked to participate in the study. A total of 343 participants who signed an informed consent form were included in the study. This study was approved by the institutional review boards at participating institutions. A trained research assistant fluent in Kannada, a local dialect, and English language collected sociodemographic data (e.g., age, sex, marital status, education, employment) and also administered the validated questionnaires in a private counseling room to all consenting participants. The prevalence and severity of dermatological disorders associated with pruritus is higher in patients with high HIV viral loads and low $CD4^+$ T-cell counts[7]; CD4 counts were obtained from the medical record review, but viral load measurements were unavailable because of financial constraints.

All participants ($n = 343$) completed two validated questionnaires: the Short-Form Itch Questionnaire and ItchyQOL.[8,9] The Short-Form Itch Questionnaire assessed the severity of itch, associated symptoms with itch, and relationship to scratching. The ItchyQOL