The Need for More and Better Palliative Care in Muslim-Majority Countries

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The 3 Most Significant Features of Cancer in LMICs

1. Late Diagnosis
2. Late Diagnosis
3. Late Diagnosis

More & Better Palliative Care Needed!

Public Health Model for Palliative Care

“Where can I go in this desert to find out about how to prevent cancer or detect it early enough so that it won’t kill me?”
Pain control is **NOT** synonymous with palliative care, but pain control is a useful barometer on palliative care programs.

“A palliative care program cannot exist unless it is based on a rational drug policy including...ready access of suffering patients to opioids.” (WHO, 2002)
The Bad News:

- Of the world’s 234 countries, 98 (42%) do not have even one hospice or palliative care services available to seriously ill people and their families.

- Only 20 countries globally (8.5%) provide palliative care services that are fully integrated with wider healthcare services.

- 80% of the world’s population live in countries with no or low access to medications to treat moderate to severe pain.
Opioid Consumption as a Function of GDP (Morphine Equivalence, 2008)

http://www.painpolicy.wisc.edu/
Several high-income Arab states utilize >50X less opioids per capita than the U.S.
The GDP’s of MMC’s range from $600 per person in Somalia to >$100,000 per person in Kuwait (Note: U.S. GDP per capita = ~$48,000).
Opioid Use
(Morphine equivalents; mg/capita; minus methadone; 2008)

The U.S. uses >50-fold more opioids per capita than Turkey and ~12,000-fold more than Ethiopia.

★ = MMC
Morphine Use in the 15 Largest MMC's Adequacy of Consumption Measure (ACM)

Canadian ACM = 2.56
U.S. ACM = 2.48

“Very Low Consumption”
“Virtually Nonexistent Consumption”

Moderate Consumption = ACM > 0.3 and < 1.0
Low Consumption = ACM > 0.1 and < 0.3
Very Low Consumption = ACM < 0.1
Virtually Nonexistent Consumption = ACM < 0.03

Based on data from Seya et al., J. Pain & Palliative Care Pharmacology 25:6-18 (2011)
Level of Palliative Care Development
Distribution of Muslim-majority Countries via the Typology of the International Observatory on ELC
(data from Wright et al., 2008; compilation in Aljawi & Harford, 2012)

<table>
<thead>
<tr>
<th>Category</th>
<th>Countries</th>
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<tbody>
<tr>
<td>1. No known activity</td>
<td>Afghanistan, Burkina Faso, Chad, Comoros, Djibouti, Guinea, Libya, Maldives, Mali, Mauritania, Niger, Senegal, Somalia, Syria, Turkmenistan, Western Sahara, Yemen</td>
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<tr>
<td>2. Capacity building</td>
<td>Algeria, Bahrain, Brunei, Kuwait, Lebanon, Oman, Palestinian Authority, Qatar, Sudan, Tajikistan, Tunisia, Turkey, Uzbekistan</td>
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<tr>
<td>3. Localized provision</td>
<td>Albania, Azerbaijan, Bangladesh, Egypt, Indonesia, Iraq, Jordan, Kazakhstan, Kyrgyzstan, Morocco, Pakistan, Saudi Arabia, Sierra Leone, The Gambia, United Arab Emirates</td>
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<tr>
<td>4. Approaching integration</td>
<td>Malaysia</td>
</tr>
</tbody>
</table>
Why is opioid use so low?

Barriers* to accessing oral morphine:

- Excessively strict national drug laws and regulations;
- Fear of addiction;
- Poorly developed health care systems;
- Lack of knowledge (in patients, families, healthcare providers, and policymakers/regulators)

Cultural and religious issues can also have an impact on palliative care.


The Good News: Opioid use can be increased on a relatively short timeframe without significant change in GDP.

United States of America, 1965

http://www.painpolicy.wisc.edu
Muslims represent ~25% of the world’s population

79 Countries will have >1 million Muslims by 2030

Pew Forum on Religion & Public Life (2009)
For more details on any aspect of the presentation, contact:

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References:


Harford JB, Aljawi DM: The need for more and better palliative care for Muslim patients. *Palliative and Supportive Care*, Available on CJO 2012 doi:10.1017/S1478951512000053