



Joint Meeting of the Cross Party Groups in the Scottish Parliament
on Palliative Care and on International Development

Wednesday 8th October 2008

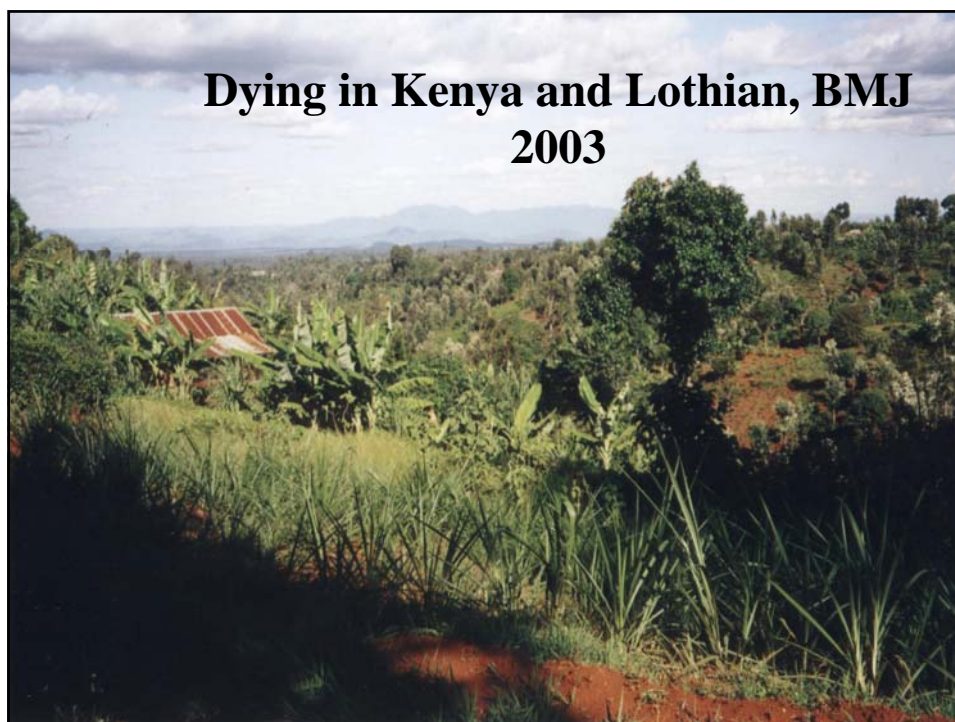
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Primary Palliative Care Research Group

www.chs.ed.ac.uk/gp/research/ppcrg.php

What could or should we do?

- Ethical imperative to advocate for palliative care for all (PCFA)-sign?
- Ethical imperative to facilitate PCFA –to do
- Much is already happening



Outline comparison

Edinburgh, Scotland

- ▶ main issue existential or spiritual
- ▶ effective analgesia
- ▶ anger in the face of illness
- ▶ *"just keep it to myself"*
- ▶ spiritual needs evident but unmet
- ▶ diagnosis brought active treatment, then watching and waiting
- ▶ patients concerned about how carer will cope in future
- ▶ support from hospital and primary care team
- ▶ specialist palliative care services in either hospital, hospice or home

Chogoria, Kenya

- ▶ main issue physical suffering, especially pain
- ▶ analgesia unaffordable
- ▶ acceptance rather than anger
- ▶ acceptance of community support
- ▶ patients comforted and inspired by belief in God
- ▶ diagnosis signalled waiting for death, oncological treatment not considered
- ▶ patients concerned about physical and financial burden to their family
- ▶ lack of support, affordable analgesia, equipment, and basic necessities
- ▶ specialist palliative care services not available in the community

Malawi Teaching Palliative Care



Many Individual Initiatives

- Shetland Samara Partnership
- Twinnings
- Church initiatives

May 2008

BMJ readers
voted where work
would make the
most clinical
difference

<http://makingadifference.bmj.com/>

Care for all at the end of life

Scott A Murray and Aziz Sheikh
[BMJ 2008 336: 958-959.](#)



Currently

- Many barriers for individuals to help overseas
- Many requests from individuals asking where they might be of assistance

Benefits of International Partnerships (Paper 8)

- Improving awareness of global health issues in Scotland
- Improving skills in caring for people from minority ethnic groups
- Learning how best to package services – developing culturally competent services
- Developing international research base

Benefits (continued)

- Developing skills in community development – enabling and empowering grass roots patient involvement and partnerships
- Improving community health education (particularly HIV Aids and non cancer illness)
- Improving skills in rapid needs assessment
- Encouraging a national “fair trade” mentality

Benefits (continued)

- Helping to create a welcoming Scotland
- Providing stepping stones for new pathways of information exchange between continents
- Raising awareness of other cultures and traditions
- Creating positive news (particularly African news) to counter the constant holistic images of Africa

Outputs from today

- We should encourage international developments in palliative and end of life care
- It's a win / win scenario
- Sign that end of life care should be a human right
- Encourage boards and hospices to creatively invest in this