

Teaching & Learning in Zambia

Palliative Care July 10th-23rd 2009



Background

- More than one million people in Zambia are living with HIV/AIDS. Between 60 –80% will experience significant pain during the last phase of their illness.
- University Teaching Hospital (UTH) in Lusaka, diagnose more than 2000 cases of cervical cancer each year.
- In men commonest cancer is kaposi sarcoma
- Country wide situational analysis Oct 2007-March 2008 identified gaps in pain /symptom management
- 13 hospices & variety of home based palliative care programmes in operation

Current situation

- Country wide team advocate morphine use- Memorandum of Understanding so that hospices can issue morphine – 2 new jobs just advertised via PCAZ to run pilot
- Morphine fact book July 2009
- Over 2000 Health professionals received training short course pall care
- Gaps around management of chronic pain and other symptoms

Our Role

- Provide a 35 hr training programme for nursing lecturers/Drs/social workers (n=30) on all aspects of palliative care.
- Facilitate sharing of experience and learning
- Raise awareness of pain & symptom management
- Partnership working with Palliative Care Association of Zambia, PCAZ, and Chainima college

Teaching

Modified lecture

Small Group Work

Role Play/ Sculpting

Discussions

Experiential learning

Case studies

Field visit

Meet local clinicians



Shared Learning

Good ^{the}

- RESPECT
- GATHERING AFTER CARE = SUPPORT BEHIND ✓
- TEAMWORK (funeral) ✓
- TOMBSTONE
- DYING - ✓
- CARE OF BODY ✓
- CONTRIBUTION ^{FOOD} RESOURCES ✓
- MORAL SUPPORT ^{Grieving} AFTER ✓
- DIGNITY - burial ✓
- CHURCH = RELATIVES ^{support} ✓
- RESPECT WILL
- EXPRESSION OF GRIEF ✓
= SHARING
- KINSHIP
- PEACE OF MIND (^{dying} person) ✓
- ACCEPTED TO ATTEND
- ACCESS TO PALL CARE = DEATH
- NO RUSH TO BURIAL
- CREMATION

Not good

- ^{QUARREL} PROPERTY GRABBING ✓
- SPOUSE NOT ALLOWED ✓
during burial
- SEXUAL CLEANSING ✓
- IF DIES IN PREGNANCY - BABY REMOVED ✓
NO WILL ✓ ^{AS husband unwell}
- GRAVE ROBBING (not done) ✓
HOSPITAL DEATH
- FINGER POINTING ✓
- MISTREATMENT of SURVIVING FAMILY (jealousy) ✓
- HIGH COST AFTER DEATH ✓
- EXPECT SPOUSE TO CRY ~~TH~~ ✓
→ DONT IN UK
- BREAKING UP FAMILY ✓
- DISREGARD WILL
- NEGLECT SURVIVORS
- CLAIM HOUSE
- SACRIFICE OF BOY (⁵ burial ^{child})
- RITUALS (? HARMFUL)
- SILENCE re death
- BLAMED IF NOT SHAVED ✓
SPOUSE
- IF DOWRY NOT PAID / ^{no} ^{Burial} ✓
- TIME TO GRIEVE

Raising Public Awareness at Radio Phoenix



- What palliative care means
- Use of morphine
- Spiritual care
- Emotional support
- Impact of illness and grief
- Role of the nurse & support for caregivers

Visit to Cancer Diseases Hospital

(opened 2007-out patients only)



Visit to the Oncology Ward (UHT)



- One nurse on duty for 19 patients
- Main diagnosis cancer of the cervix
- Patients stay in for months
- Nutrition variable
- Our students had never visited this ward before

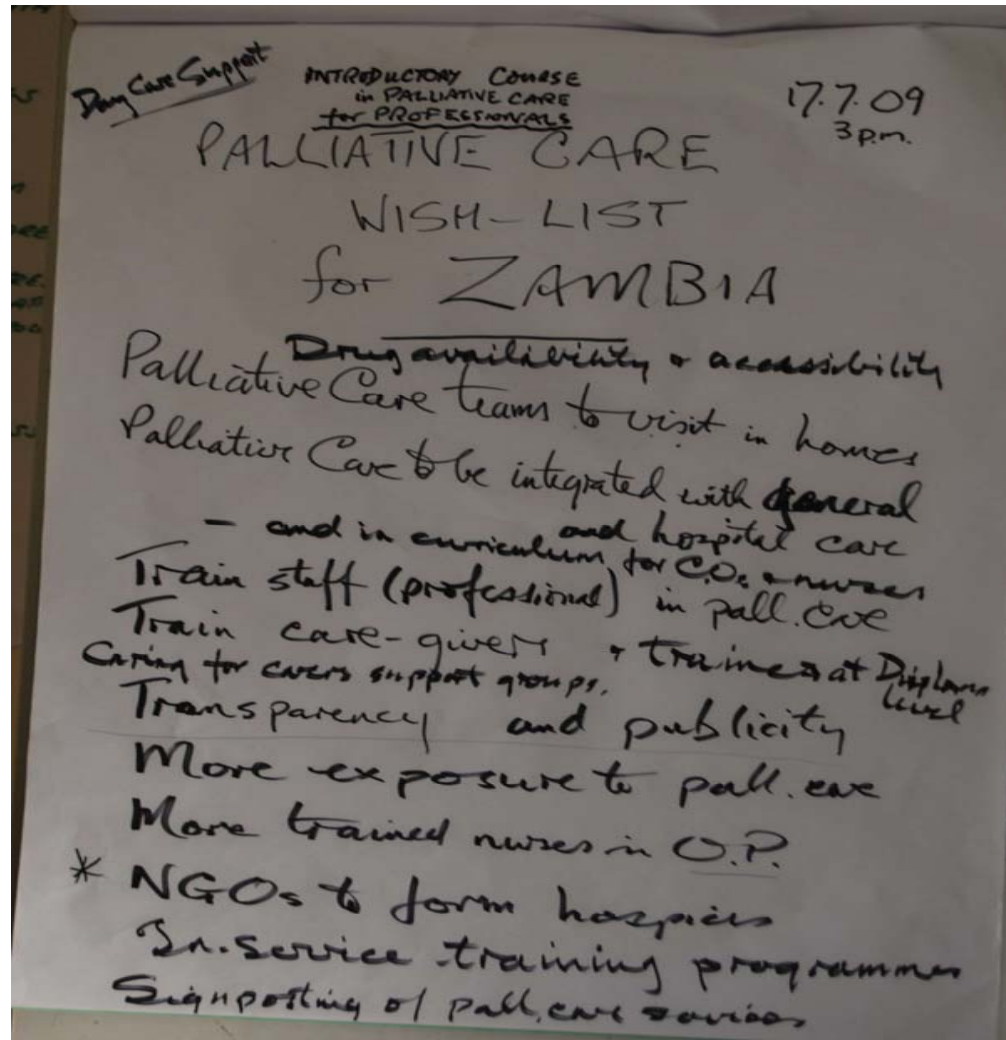
Learning during Hospice Visit

“Mickey” is 33 yrs old and has 3 children. He had been diagnosed with HIV 4 years previously. While taking anti-retroviral treatment had remained very well, managing to work.

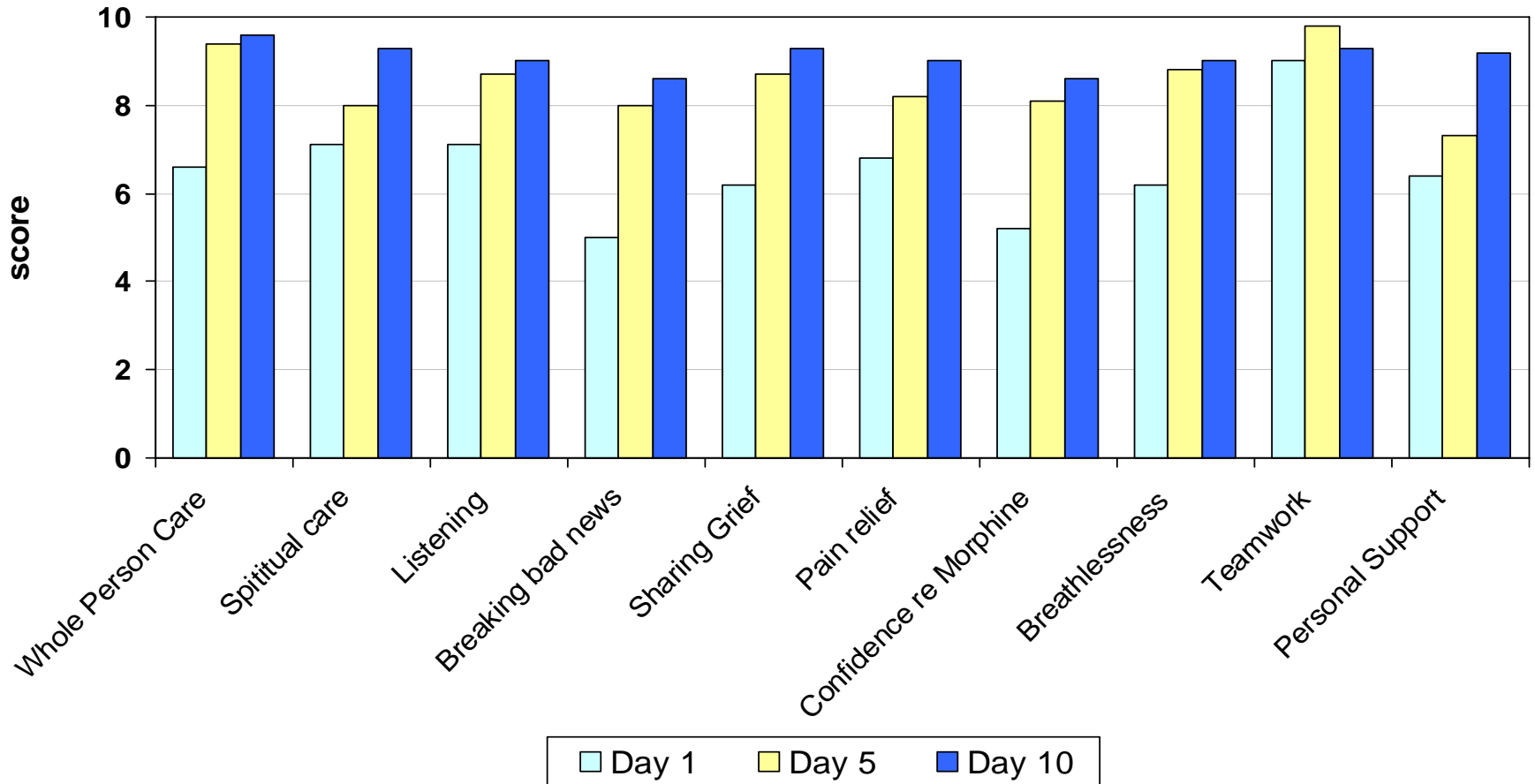
He had a new partner and didn't want her to see him taking medicines- so stopped treatment. Within a couple of months he was admitted as an emergency with severe headaches, vomiting and bilateral leg weakness

Diagnosis of TB meningitis now bed bound- on 17 tabs day- not responding to second line treatment.

A Wish List from Students



Evaluation: Students' Self- Assessment Questionnaires



What the NHS Can Learn

- Reality check re how good our services are and reminder not to waste resources
- Teamwork & respect for others- different cultures
- Importance of keeping health promotion at forefront not just disease management
- Not to over complicate – reduce red tape & limit bureaucracy
- Using lay carers, peer educators, adherence support workers
- Stress importance of Self Care/Enablement models/
Community involvement
- Increase our knowledge about non-cancer palliative care

Unexpected benefits

- During visit to the Cancer Disease Hospital the nursing officer mentioned that every Monday pm they held family meetings and required social work input. One of our students (social worker) responded and her offer was accepted and acted on that same day.
- After the visit some students arranged to support their local hospice by offering regular financial and practical help.
- The Director of Human Resources at the college is arranging for senior nursing students to have work placements at the hospices

Some hope for the future

