Bridging Continents for Palliative Care: Insights from COMPASS-Ghana, Acting Locally, Thinking Globally

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Research influencing ‘local’ practice

- A nurse (clinical skills)
- Academic (Teaching and research)
- Care delivery, what works what doesn’t
- Lack of research that has explored the Ghanaian context
What is the goal of Palliative Care?

• **40 million people** need of palliative care; **14% receive it**
• 78% of people needing palliative care live in low- and middle-income countries (WHO, 2020)
Understanding what works, and for whom

Resource Disparities
Cultural Nuances:
Healthcare Infrastructure
Funding/Economic Factors
Population Demographics

Is it a rabbit or a duck?
‘Best practice’ is context specific

- Healthcare infrastructure,
- Access - culture, geography
- Capacity - skilled health personal
- Funding (GDP spent on health overall, and palliative care specifically)

No Longer a Luxury But a Necessity (Higginson & Foley, 2009)
How accessible is the care?
Funding: Ad hoc support system

- Subscription
- Extensive exemption
- Under funded
Western-centric vrs local perspectives of palliative care.

- Home-based palliative care usually unsupported by health staff
- Cultural Response - masculinity and Stigma
- Delivering palliative care in resource-poor settings

Greater focus on home-based palliative care as an alternative to institutionalised palliative care’ (Yu, et al., 2015)
COMPASS-Ghana

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Original Article

‘My wife is my doctor at home’: A qualitative study exploring the challenges of home-based palliative care in a resource-poor setting

Yakubu Salihu, Kathryn Almack and Glenys Caswell

Abstract

Background: Family caregiving is common globally, but when a family member needs palliative and end-of-life care, this requires knowledge and expertise in dealing with symptoms, medication, and treatment side effects. Caring for a family member with advanced prostate cancer in the home presents practical and emotional challenges, especially in resource-poor contexts, where there are increasing palliative care needs without adequate palliative care institutions.

Aim: The study explored palliative and end-of-life care experiences of family caregivers and patients living at home in a resource-poor context in Ghana.

Design: This is a qualitative study using thematic analysis of face-to-face interviews at two time points.

Participants: Men living with advanced prostate cancer (n = 26), family caregivers (n = 29), healthcare professionals (n = 12).

Findings: Men with advanced prostate cancer face complex issues, including lack of access to professional care and a lack of resources for homecare. Family caregivers do not have easy access to professional support; they often have limited knowledge of disease progression. Patients have inadequate access to medication and other practical resources for homecare. Caregivers may be overburdened and perform the role of the patient’s ‘doctor’ at home assessing patient’s symptoms, administering drugs, and providing hands-on care.

Conclusion: Home-based care is promoted as an ideal and cost-effective model of care, particularly in Western adult palliative care models. However, in resource-poor contexts, there are significant challenges associated with the implementation of this model. This study revealed the scale of challenges family caregivers, who lack basic training on aspects of caring face in providing home care unsupported by healthcare professionals.

Keywords

Family caregiver, Ghana, homecare, qualitative research, long-term care, palliative care, advanced prostate cancer
Culture and Beliefs

Not man enough
‘No balls’
‘Erectile dysfunction’
‘From head to tail’
Compass-Ghana's Approach

- The development of a whole system approach.

- Live to life as well as possible and to die with dignity, compassion and comfort.

- Ghana has some high expectations – universal health care by 2030, 80% signed up to the NHIA (Health Insurance) programme by 2030.
COMPASS-Ghana, a new dawn?

Palliative Care Awareness Course

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Palliative Care Initiators course 2024

By Katie Eccles, Clinical Nurse

Katie (Chief Nursing Officer) shares her views on the importance of her doing the course.

Hospice Africa Uganda is a not-for-profit NGO. Their vision is "Palliative Care for all in need in Africa." It was founded in 1993, over 30 years ago.

Successful Ghana trip to promote palliative care

Engaging the stakeholders

A team of researchers from Lancaster University have visited Ghana as part of ambitious plans to develop palliative care in Africa.

The trip by experts from the International Observatory on End of Life Care, the Division of Health Research, and Lancaster Environment Centre was led and coordinated by Dr Yakubu Safiya, a Palliative Care lecturer at the Division of Health Research and the Chief Executive of the charity COMPASS Ghana.

Their primary objective was to engage with relevant stakeholders involved in delivering palliative care services in Ghana, with the help of COMPASS Ghana. Additionally, the visit explored the potential for new research projects and the sharing of best practices in the field of palliative care.

Among the team was the Associate Dean for Research and Co-Director of the International Observatory on End of Life Care (IOELC), Professor Nancy Preston, who said:
Impact and Success Stories: Hubs

COMPASS-Ghana (COMPASSIONATE PALLIATIVE SERVICES)

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