





Bridging gaps in palliative care using system's approach by empowering community, and people.

Dr Yakubu Salifu, SFHEA 23/09/24



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





Why our system's approach to 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)
- **86%:** NO access to palliative and end-of-life care
- **63:** Average age of death
- **5:** Average number of days from a patient's referral to a palliative team to their death
- **48%:** National Health Insurance Scheme (NHIS) or other medical health insurance.
- **30%:** At least walk on foot to their local hospital





Understanding what works, and for whom

Original Article

PALLIATIVE
MEDICINE

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

Yakubu Salifu¹ , Kathryn Almack² and Glenys Caswell³

Palliative Medicine
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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 cases 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.

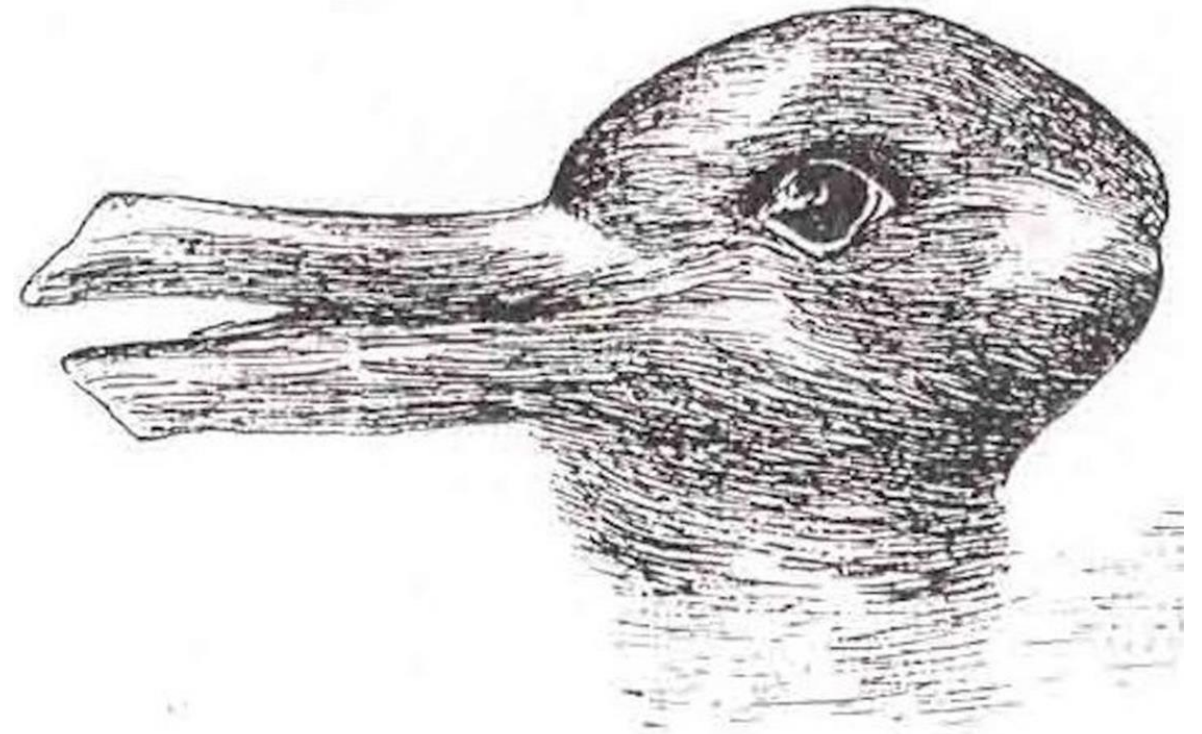
Participants: Men living with advanced prostate cancer ($n = 23$), family caregivers ($n = 23$), healthcare professionals ($n = 12$).

Findings: Men with advanced prostate cancer face complex issues, including lack of access to professional care and a lack of resources for home care. 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 home care. 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 Westernised 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.

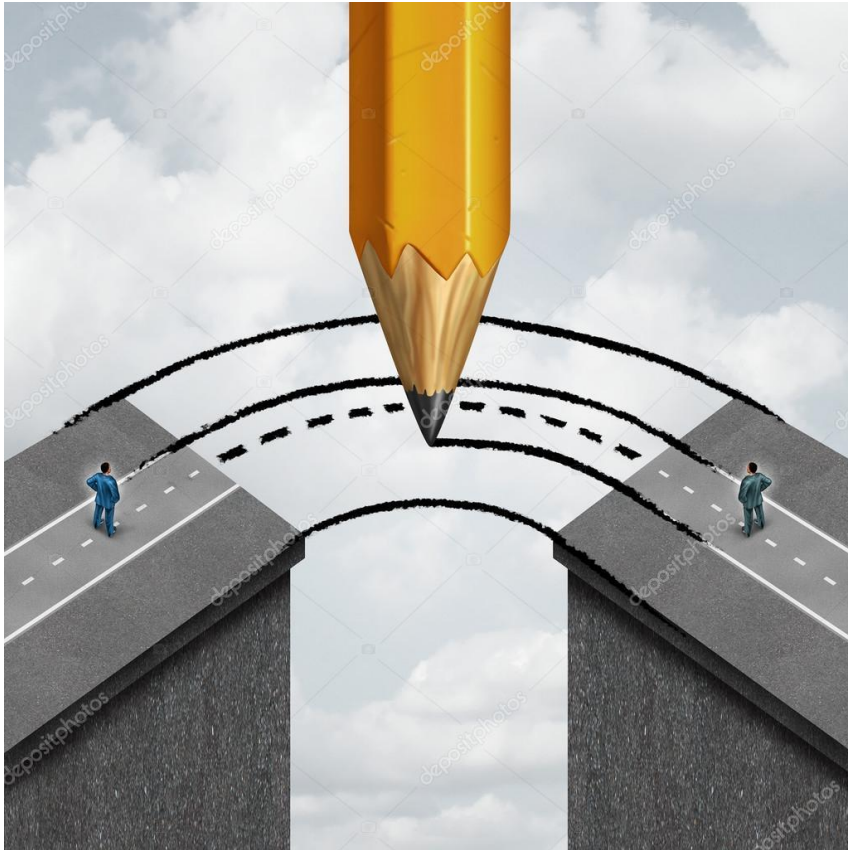
Keywords

Family caregiver, Ghana, home care, qualitative research, long-term care, palliative care, advanced prostate cancer



Is it a rabbit or a duck?

What are the gaps?



1. Limited access to formal care- lack of hospices
2. Cultural barriers
3. Lack of trained professionals
4. Economic constraints- coverage of NHIS
5. Integration with mainstream healthcare (no national palliative care strategy)
6. Geographical challenge Sweden is about 1.9 times bigger than Ghana

(Salifu et al, 2021, 2023).



'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

JOSEPHINE YOUNGE
NEEDS A CANCER SURGERY

TARGET: USD \$ 3000.00

Josephine Youngge is a 22 year old Nurse who had her SHS and college education at Archbishop Porter Girls and Sekondi Nursing and Midwifery training college respectively, is battling with a rare type of cancer called *pseudopapillary tumor* of the pancreas.



The surgery involved costs **USD 3000.00**

Please touch a life with any amount via the following outlets :

STANDARD CHARTERED BANK
0101100460900
- Addai Grace

MTN MOMO
+233 (0)247828702
(Josephine Youngge)

MAY GOD THE GOOD LORD BLESS YOU
Thank you

THANK YOU
FOR
SAVING
THE LIFE OF
GOLDA ADDO

You have helped us to raise
GHC70,000 in less than 24 hours for
Golda's metastatic carcinoma!



PLEASE continue to send in your donations, as we build a buffer fund for Golda to enable her have further treatment and rehabilitation after this round of surgeries and radio-/chemotherapy. We are hopeful that this first round of treatment will be all Golda needs, but if it isn't, your continuing donations will make all the difference.

MOMO NUMBERS: NETWORKS: MTN
0541817725 ACCOUNT NAME: SHE AID (Golda's NGO)
0244828322 ACCOUNT NAME: GOLDA NAA ADAKU ADDO
054719999 ACCOUNT NAME: EBO GYEBI

MY NAME IS
MICHAEL KOFI ASIAMAH



I AM A 13 YEARS OLD DIAGNOSED WITH A BRAIN TUMOR AND THE TOTAL COST OF TREATMENT IS

\$30,000.

PLEASE HELP ME. PLEASE HELP SAVE MY LIFE.

BANK ACCOUNT NO:
MICHAEL KOFI ASIAMAH 9041300872
ZENITH BANK EAST LEGON

MOMO NUMBERS
0548727118 **NANCY ADOBEA ANANE**
0242273746 **GEORGINA ASIAMAH**
0202672025 **CORDELIA AMA SELORMEY**

Pls my brother needs your help. Pls donate any amount don't worry how small it is. Pls help save his life. God bless you for donating 🙏



Abigail Okrah is a 22 year old female who is battling with a rare type of cancer called pseudopapillary tumor of the pancreas. She has been diagnosed with this cancer and is currently undergoing chemotherapy. She is currently on her 3rd round of chemotherapy and is feeling very weak. She is currently on her 3rd round of chemotherapy and is feeling very weak. She is currently on her 3rd round of chemotherapy and is feeling very weak.

Momo
0243112774
Abigail OKRAH



NHIS

- Subscription
- Extensive exemption
- Under funded
- No charitable organisations that fund care



Western-centric vrs local perspectives of palliative care.

Lancaster
University



- 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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Health staff Capacity



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 Salifu¹, Kathryn Almack² and Glenys Caswell³

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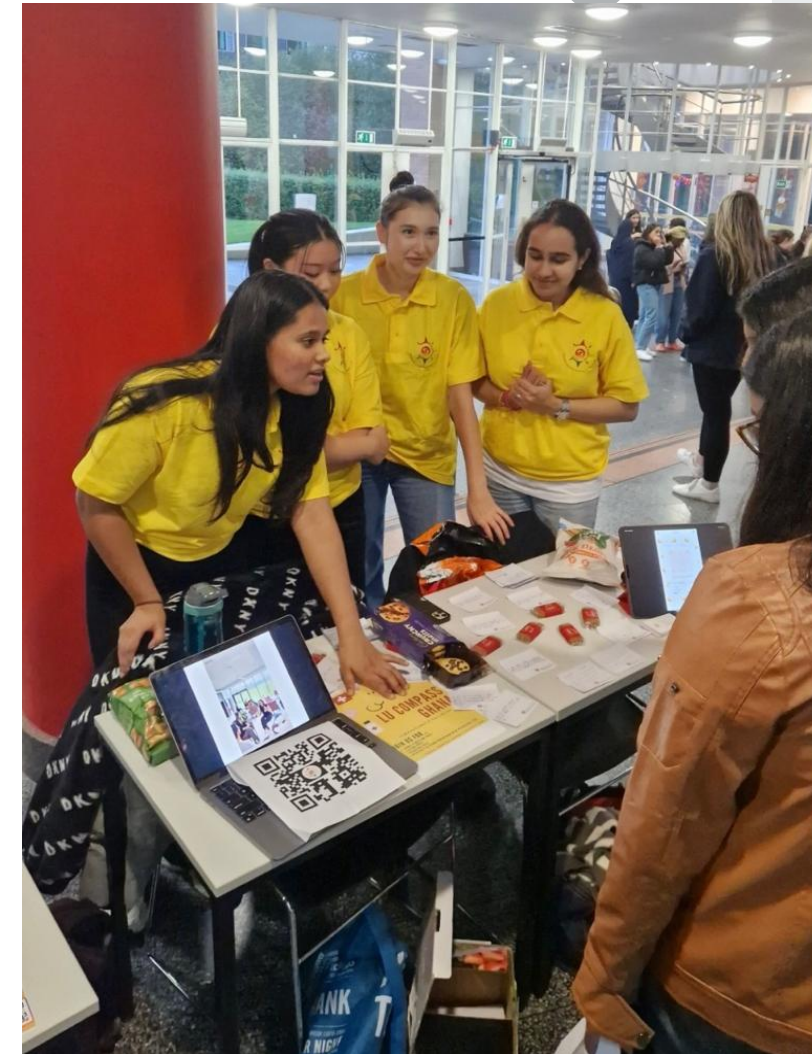
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Culture and Beliefs



Not man enough
'No balls'
'Erectile dysfunction'
'From head to tail'

'Out of the frying pan into the fire': a qualitative study of the impact on masculinity for men living with advanced prostate cancer

Yakubu Salifu , Kathryn Almack  and Glenys Caswell

Abstract

Background: Studies have highlighted how advanced prostate cancer causes biographical disruption and presents challenges to masculine identities for men. This article draws on a wider study that focused on the experiences of men living with advanced prostate cancer and their caregivers. Although men's experience of advanced illness is not overlooked in the literature, only a small body of work has taken an in-depth look at men's experiences with advanced prostate cancer and their caregivers in a non-Westernised cultural and social context.

Objective: To explore how advanced prostate cancer impacts on men's masculine identity from the perspective of patients and their caregivers.

Methods: A qualitative study of men living with advanced prostate cancer ($n=23$) and family caregivers ($n=23$) in Ghana. We used the Consolidated Criteria for Reporting Qualitative Studies (COREQ) as the reporting guideline.

Results: The findings from this study highlight profound challenges for most men to their masculine identities, from both the treatment and the symptoms of advanced prostate cancer within a non-Westernised, patriarchal society. Four main themes were developed. These were the impact on masculinity in terms of: (1) physical changes, (2) sexual ability, (3) socio-economic roles and (4) expressing emotions. Changes in physical appearance, feeling belittled, having no active sexual life and the inability to continue acting as provider and protector of the family made some men describe their situation as one of moving out of the 'frying pan into the fire'.

Conclusion: This study revealed the impact of advanced prostate cancer on masculine identity. These narratives add a new dimension to what is already known about the impacts on men's masculine identities when dealing with advanced prostate cancer. This knowledge can help improve the care provided to men with advanced prostate cancer with emphasis on the cultures, beliefs and aspirations of these men and their caregivers.

Keywords: advanced prostate cancer, African/Black men, culture, intersectionality, masculinity, men's health, physical appearance, sexual life, social construction

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**HEALTH
IS MADE
AT HOME** | **HOSPITALS
FOR REPAIR**
BUILDING A HEALTHY
HEALTH-CREATING S



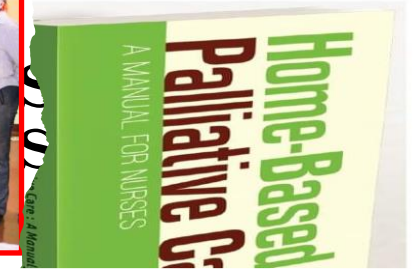
NIGEL CRISP

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 day



Palliative Care Awareness Course

Training to be Delivered by Hospice Africa (Uganda)

📍 Conference Room, S.D.A Hospital, Asamang

📅 4th to 8th March, 2024 8:00am to 4:00pm Each Day

SPONSORED BY:



PARTNERS



FOR DONATION: 0201578282

SCAN TO DONATE





Successful Ghana trip to promote palliative care

3 May 2023 12:34



front row centre right: Professor Nancy Preston and Dr Yakubu Salifu at the Ghana Registered Nurses and Midwives' Association (GRNMA) National Secretariat in Accra

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 Salifu, 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 various 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:

“
We witnessed the immense dedication of healthcare professionals in Ghana, who are working tirelessly to provide compassionate palliative care despite resource limitations
”

Dr Yakubu Salifu

Share this story



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.



Impact and Success Stories: Hubs



COMPASS-GHANA (COMPASSIONATE PALLIATIVE SERVICES)

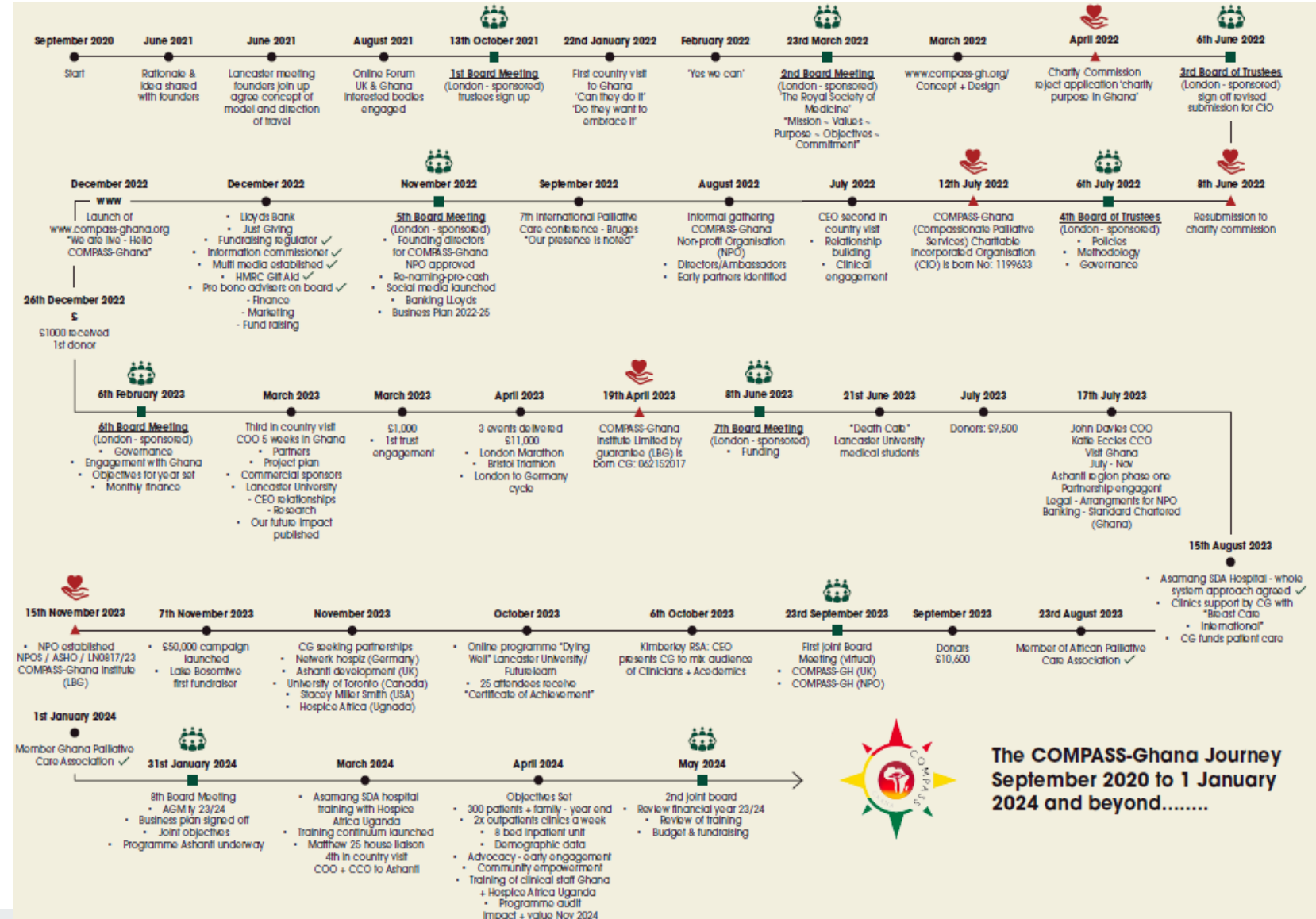
Bringing Compassionate Palliative Care to Ashanti: Our £50,000 Mission

Join us in raising £50,000 for palliative care in Ghana. Every contribution matters. Support our mission today.





Our journey so far



The COMPASS-Ghana Journey
September 2020 to 1 January
2024 and beyond.....



A MANUAL FOR NURSES
Home-Based
Palliative Care

Plan: Replicate The palliative care Hubs



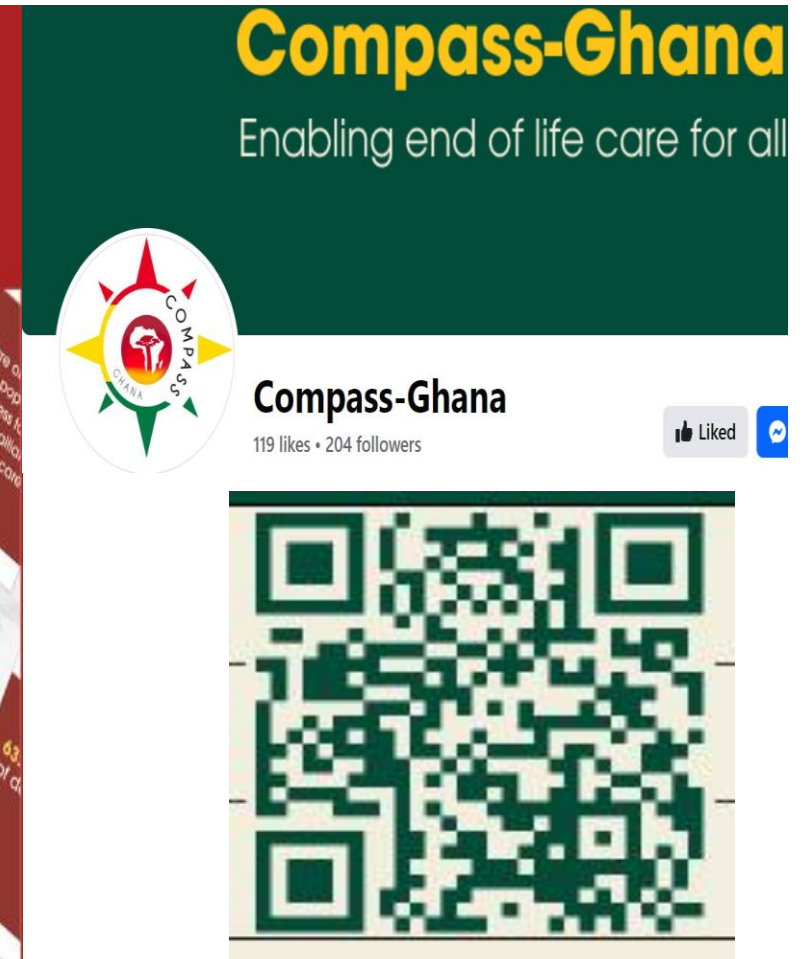
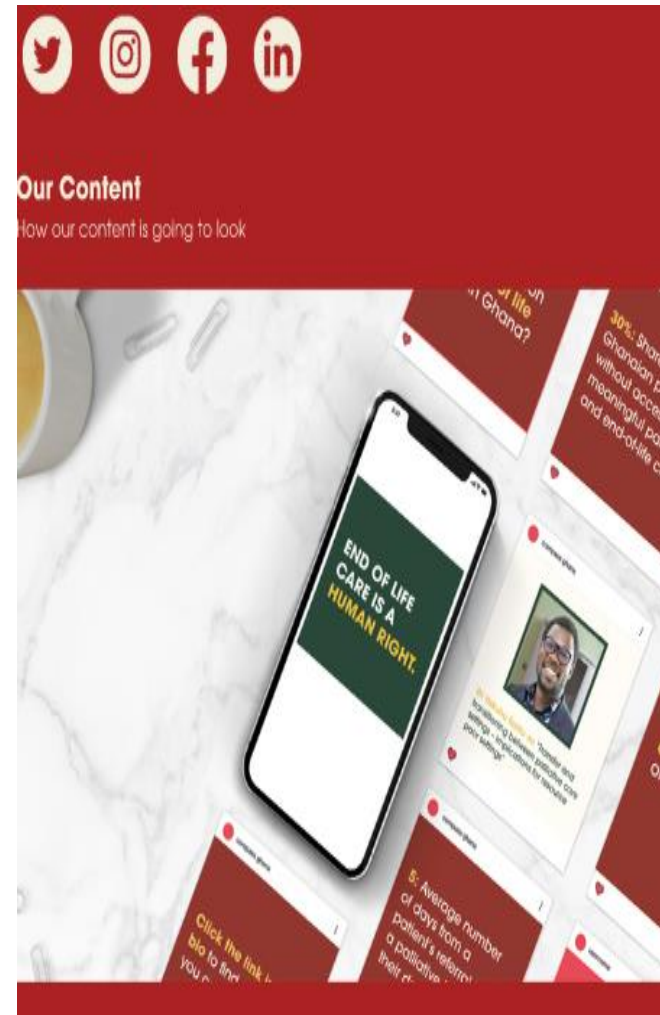
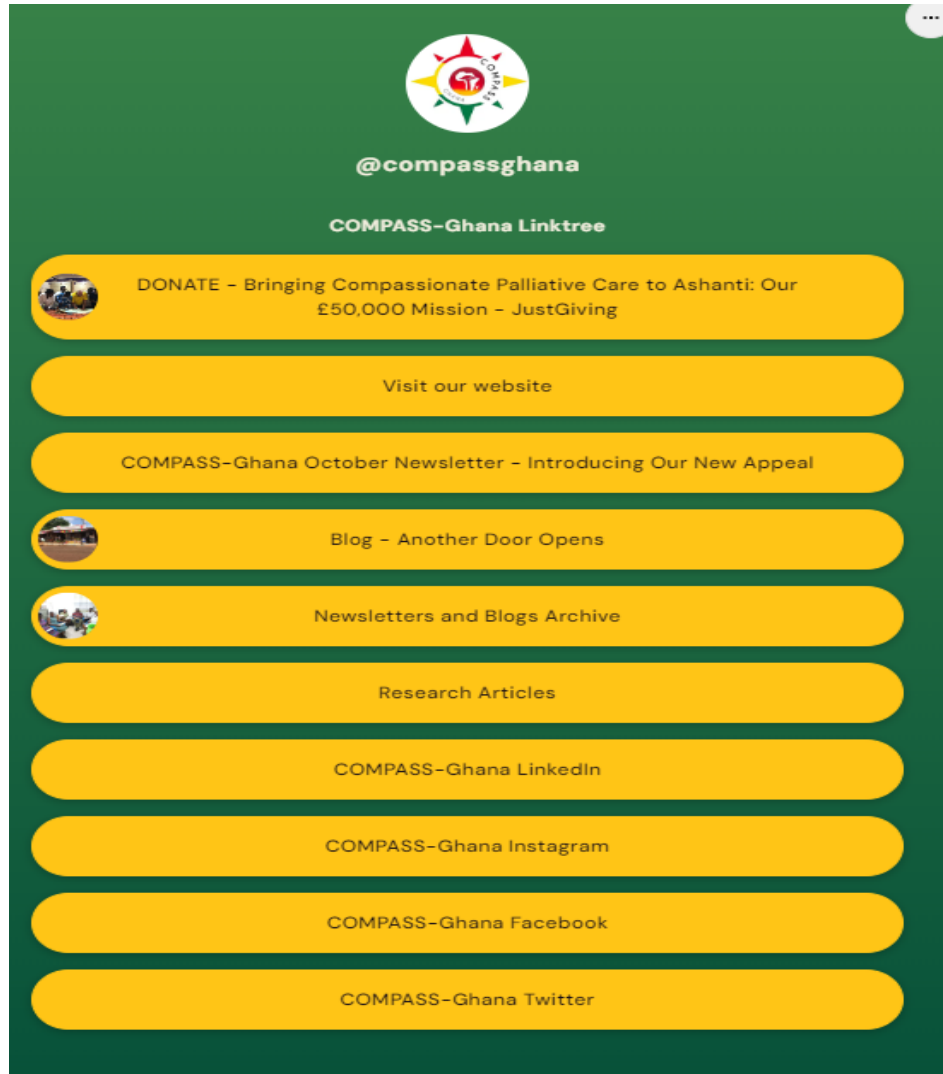


Things that must be there for change

- key partners
- Influencers
 - Aim
- FGD and deliberative discussion
- Implementation and review
- Strategy/policies



Using social media to inform and create awareness





Partnerships- In country





Partnership- Africa





Partnership- International



Lancaster University
International Observatory
on End of Life Care





Opportunities

1. Willingness of the country, at least on paper
2. Established key partners
3. Good informal support system, perfectly aligns with concept of home, community and primary care
4. Training of nurses as palliative care specialist
5. Presence of association





National palliative care strategy



1. There is a consultation for national palliative care strategy – one of the 6 pillars
2. Award £5,000 to develop guideline





Challenges

1. Trained staff and inadequate charitable organisations
2. Donations/ Funding
3. No dedicated policy and also budget
4. Capacity- but improving





Research Interest

Patients and family caregiver experience of cancer (and non-cancer) care

Minoritised population

Experience of people from minoritised population in the UK (bme, Muslims etc) on cancer and non-cancer care.

Enhanced quality of life for patients and families with cancer and non-cancer.

Palliative care in primary and community care settings

Interventions and policy to ensure community care.

Masculinity and Stigma in Cancer care

Decolonising Palliative Care

Grants/Awards

1. Supporting nurses' palliative care education needs (ended May 2024)

This project funded by Worldwide Universities Network is looking at how nurses could be supported and equipped to provide palliative care for all (including cancer patients).

2. Black and minority ethnic men and their partners surviving prostate cancer: their perceptions, sexuality, and sexual intimacy

Awaiting decision from funder, The Dowager Countess Eleanor Peel Trust.

3. Decolonising palliative care: exploring British Muslims perspectives on End-of-Life Care in the UK, a qualitative study 2024-2027.

FHM Studentship starting in October 2024.


4. Advancing Palliative Care in Ghana: Development of a National Policy through Collaborative Partnerships.

Awarded by Global Impact Small Grant, starting later this year

Lancaster University Potential Grants

1. **NHIR**
2. **Marie Curie**
3. **Medical Research Council (MRC)**
4. **North-West Cancer Research**
5. **Wellcome Trust**
6. **The North West Social Science Doctoral Training Partnership (NWSSDTP)**
7. **European Union**

Come study with us at Lancaster University



Palliative Care
PhD

Entry year
2024

Duration
Part time 5 Years

Apply now

Open days

Request a prospectus

Overview Entry requirements Course structure Fees and funding More ▾

The banner features a background image of a healthcare professional attending to an elderly patient in a hospital bed. The text is overlaid on this image. The 'Apply now' button is red, while the others are dark blue. A navigation bar at the bottom contains links to Overview, Entry requirements, Course structure, Fees and funding, and a More dropdown menu.

Part-time, international, distance learning programme.

Find out more: <https://www.lancaster.ac.uk/study/postgraduate/postgraduate-courses/palliative-care-phd/2024/>

DIVERSE VOICES IN HEALTH LAW AND ETHICS

Important Perspectives

Edited by: Elizabeth Chloe Romanis,
Sabrina Germain and Jonathan Herring



Dr. Kumah Sampson
(Palliative Care Trained M.O.)



Debra Yaa Piesie
(Palliative Trained Nurse)



Frederick Frimpong Yaw



The Palliative Care Team
S.D.A Hospital, Asamang

Invites you to

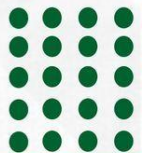
A 2 DAYS TRAINING ON

- ▶ Holistic Patient Assessment and History Taking
- ▶ Pain and Symptom Control
- ▶ Breaking Bad News
- ▶ Advanced Care Planning
- ▶ Morphine production and how feasible it can be done

FACILITATORS:

Date: 2nd & 3rd September, 2024
Venue: Conference Room, S.D.A
Hospital Asamang
Time: 8:00am - 2:00pm

Dr. Kumah Sampson
(Palliative Care Trained M.O.)
Debra Yaa Piesie
(Palliative Care Trained Nurse)
Frederick Frimpong Yaw



Target audience: Palliative Awareness Team

In our learning, unlearning and relearning, we need each other





Special thank you

- Dr Yakubu Salifu
- Email: y.salifu@lancaster.ac.uk
- Twitter (X): @Salid32Salifu
- LinkedIn: [here](#)
- [Lancaster University webpage](#)
- [COMPASS-Ghana webpage](#)

Thank you

