An aerial photograph of a city at sunset. The sun is a large, bright yellow orb in the center of the sky, casting a warm glow over the landscape. Below the sun, a range of mountains is silhouetted against the bright sky. The city below is dark, with some lights visible, and a road or highway winds through the landscape. The overall scene is peaceful and scenic.

Developing a Model Palliative Care Service: The Korle-Bu Experience

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Korle Bu Palliative Care Team

- Dr Ama Edwin
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- Adelaide Yeboah
- Mariam Ibrahim
- Mavis Adekplorvi
- Mary Ocansey
- Prof Lorna Renner
- Dr Verna Vanderpuije
- Dr Florence Dedey
- Amah Nkansah
- Lovina Mills-Robertson
- Sarah Ashong
- Father Quaye
- Mr Lamptey

Objectives

- Brief introduction to Ghana
- Overview of Palliative Care efforts in Ghana
- Korle-Bu's Palliative Care (Pallicare) Clinic

BURKINA FASO

2010 Population

24,233,431

National FR: 4.0%

Dr/P= 1 : 11,494

N/P= 1 : 1,510

M/P= 1 : 6,599

Male: 48.7%

Female: 51.3%

GHANA

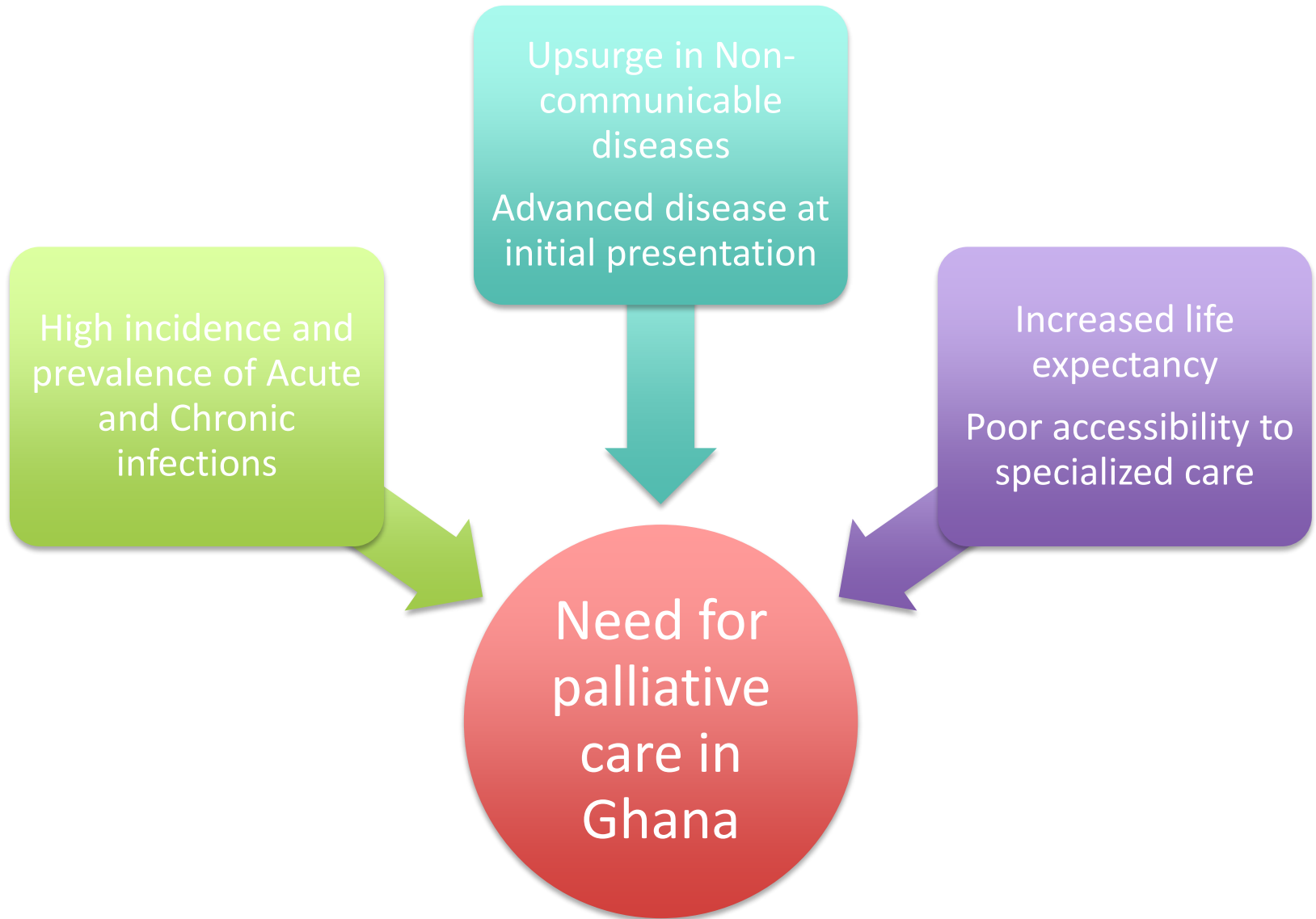
CÔTE D'IVOIRE

Per Capita Income
\$2,500 (est. 2010)

TOGO

HIV/AIDS Adult
Prev. Rate(2012)
= 1.37%

New Cancer Cases
(2008)= 16,600



Top Cancers in Ghana (2008)*

Men

1. Liver Cancer
2. Prostate Cancer
3. Non-Hodgkin
Lymphoma
4. Stomach Cancer
5. Colorectal Cancer

Women

1. Cervical Cancer
2. Breast Cancer
3. Liver Cancer
4. Ovarian Cancer
5. Non-Hodgkin's
Lymphoma

*GLOBOCAN 2008

Cancer deaths in Ghana

Both sexes

1. Cervical Cancer
2. Liver cancer
3. Prostate cancer
4. Breast Cancer
5. Stomach Cancer
6. Colorectal cancer
7. Non-Hodgkin's Lymphoma

GLOBOCAN 2008

Other facts

- ~12 700 deaths in 2008
 - Men 5 800, women 6900
 - Age standardized death rate (both sexes) 87.3 per 100 000
- Deaths in children KBTH
 - Haematopoietic malignancies
 - Brain cancer
 - Kidney cancer
 - Eye cancer
 - Liver and bone tumours

Palliative Care in Ghana

1970s: Sickle cell clinics

1990s: HIV clinics

1998: Catholic clinical pastoral care
1 physician started training

2002: NRNMC

2003: Ripples Health Care

2004: Cancer Society of Ghana
1st National PC workshop, trade fair

2006: GPCA

2010 PC in Nursing degree program

2011: Fam Med GCPS proposal for PM
GCPS accepts Fellowship proposal, with
Korle Bu as training centre

2012 Palliative Medicine Fellowship program
started

2012 August: first PC clinic started

2014 PC stakeholders' forum,
POS training; PC Initiators'
course in Hospice Africa Uganda

2015: launch of National cancer
control strategy. Training of more PC
teams

The Korle Bu Palliative Care Team at Birth



End of year meeting!

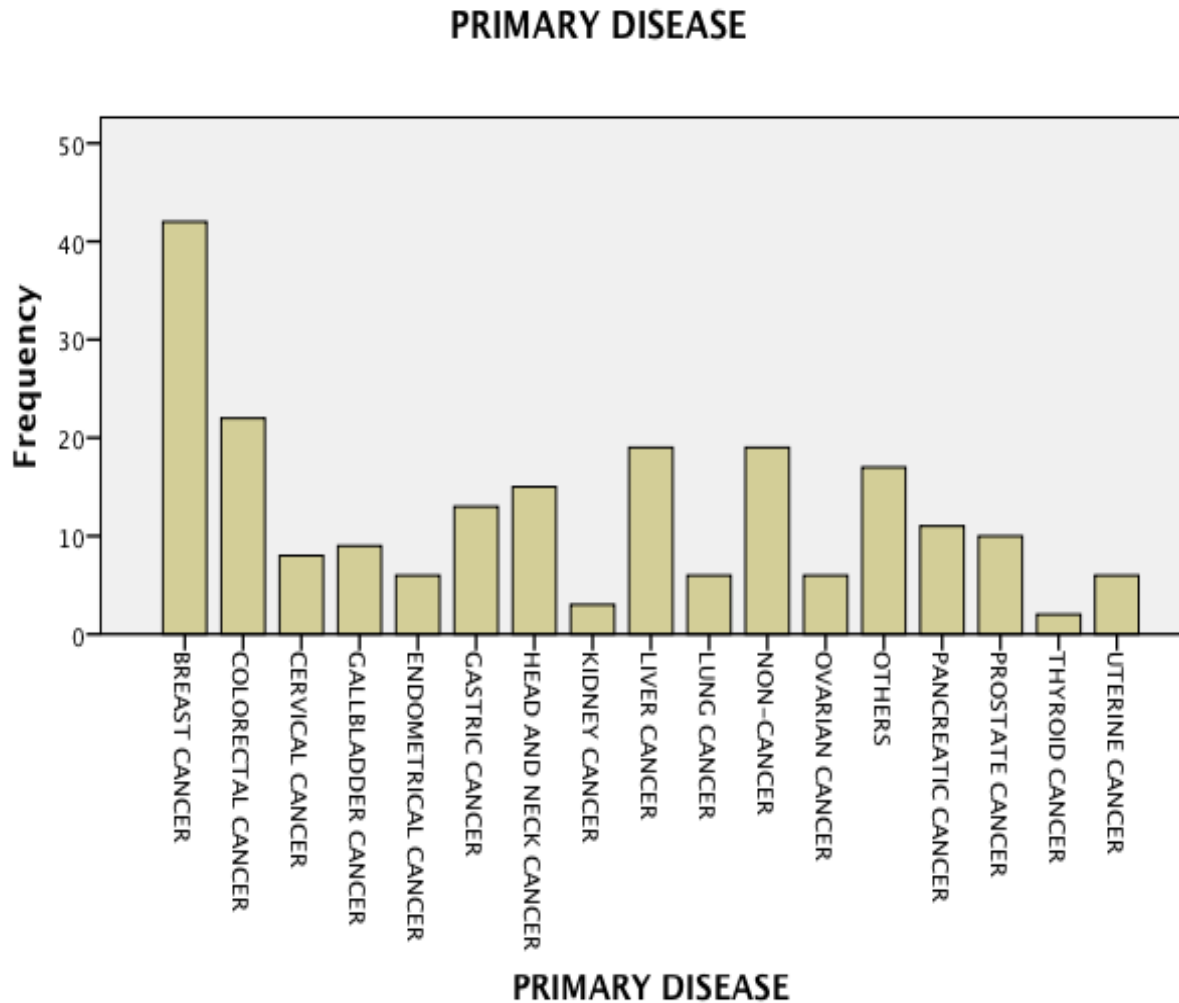


Korle Bu Pallicare Team: Our modus operandi

- Hospital-based team
- Out-patient clinic (Thursdays)
- In-patient consults (Mondays)
- Home visits to patients in Accra-Tema Metropolis (Tuesdays)

- Team members: Physicians, psychologist/Ethicist, nurses, pharmacists, social worker, chaplains.
- Common interventions: pain and symptom management, Patient and Family conferences

Korle Bu Pallicare Clinic



- Our patients:
- 250 patients to date
- 60% female
- Peak age: 45-74 years
- 5% Non-cancer diagnosis:
 - Osteoarthritis
 - Neuroglycopenia
 - Quadriplegia
 - CVAs
 - Obstructive hydrocephalus
 - Chronic kidney disease

Korle-Bu Pallicare Clinic

Strengths

- Hospital administration goodwill and support
- Dedicated team members
- Support from Collaborators eg. IPM, AFROX, Crossroads Hospice Society, UICC for training
- Relatively consistent morphine supply
- Increasing awareness

Challenges

- Lack of policy
- Funding
- Cost of morphine
- Transportation
- No bed-space
- Late referrals
- Home health care support
- Few PC teams elsewhere
- Support for patients outside Accra-Tema metropolis

Home visit



The Team at Work



Our impact so far

What patients and their families have said:

- “Thank you for helping us understand”
- “I never knew there were people like you!”
- “ I’ve seen this done in movies, but thought it was only done abroad!”
- “ You must create a support group for patients like me and their caregivers!”
- “Thank you for helping us say goodbye. It made the funeral so much easier!”

Looking Ahead

- Strengthen unit to be able to provide round the clock services to the hospital, and increase home visits
- Train palliative link nurses/doctors for each clinical team in the hospital
- In-patient unit with a few beds for acute interventions
- Help train PC teams for other hospitals
- Integrate PC into curricula of health training institutions

Our Goal!



Special Acknowledgements

- University of Michigan, Faculty of Family Medicine
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- Crossroads Hospice Society, Vancouver, Canada
- Ghana College of Physicians and Surgeons Faculty of Family Medicine
- Union for International Cancer Control
- Hospice Africa Uganda/ Institute for Palliative Care in Africa
- Korle-Bu Teaching Hospital

Me Da Mu ase! Merci! Webale
muno!



Thank you! Danke! Nye yi wala donn!

Questions and Comments?