

Impressions and Experiences of a Palliative Care Course to Nurses in the Sultanate of Oman

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Last September, the United Nations General Assembly (GA) held a high level meeting on non-communicable diseases (NCDs), a historic opportunity to put NCDs - including cancer, diabetes, cardiovascular diseases, and chronic respiratory diseases - on the global health agenda. At that meeting the GA adopted a Political Declaration, which charted a course of action for the prevention and control of NCDs [1]. Among others, the latter Declaration referred to the need for palliative care for people suffering from NCDs (paragraphs 45b, 45c, 45i and 55).

From the cancer perspective, one can see the hard-earned recognition in the importance of palliative care and its translation into meaningful indicators; and this is the time for civil societies to highlight the relevance and importance of palliative care across the care continuum. Unfortunately, 80% of the world's population still lacks adequate access to palliative care, in general, and pain treatment, in particular [2]. Among the barriers to this problem are the perceptions of professionals about palliative care, which is due to lack of appropriate education at both the undergraduate and postgraduate levels. Modern principles of pain relief are not taught in most medical and nursing schools. The adequate training leads to an under-recognition and inadequate treatment of cancer pain and other physical and emotional symptoms. Surprisingly, this barrier is not unique to developing countries since even in the United States medical oncologists' attitudes and practice in cancer pain management have changed very little over the last two decades [3,4]. In most Middle Eastern countries cancer care is family-centered, which tries to protect the patient from bad news and, therefore, physicians often face the request of family members to let them take decisions rather than the patient him/herself [5]. Hence, an appreciable challenge in cancer care refers to the care provider-patient communication. The latter encompasses strong cultural elements which have to be seriously taken into consideration while practicing palliative care to the cancer patient. Communication issues are paramount for respectful management of cancer patients, be they physicians, nurses, social workers of the spiritual counselor. To date, too often physicians and nurses avoid honest end-of-life conversations with their patients or their families. A possible reason for that is the prevailing paradigm that death equates to failure; and as long as one believes in that concept of death, it is going to be difficult to talk about how to end life well [6].

Palliative care is virtually non-existent in the Sultanate of Oman; and one possible reason for that is a lack of awareness within the medical profession as well as in the public. On the face of this situation, the Omani National Association for Cancer Awareness (NACA), a non-governmental (Not for profit) organization, registered at the Ministry of Social Development, took the initiative to improve the current situation, by initiating a course in palliative care for nurses. "This first step should hopefully lead to a collaborative endeavor involving the state (Ministry of Health), cancer centers and hospitals, healthcare professionals and volunteers", says Hon. Yuthar Al-Rawahi, Founder and President of NACA. A 4-day course was organized jointly by the Middle East Cancer Consortium (MECC) and the American Oncology Nursing Society (ONS) with the National Association for Cancer Awareness and took place last month in Muscat, the Capital of the Sultanate of Oman.

The course comprised of didactic lectures and interactive

discussion sessions in smaller groups. This first experience turned out to be a big success as it motivated both governmental officials, on the one hand, and professionals, on the other hand, to follow this track by the organization of a second basic course for additional nurses from throughout the Sultanate and an advanced course in palliative care to senior nurses in both hospitals, community clinics and the academia to coordinate said Dr. Wahid Al-Kharusi representing NACA and requested by the Ministry of Health to coordinate this course and future initiatives. Following a well-organized track of continuous education, along with practical training programs will, hopefully, help to integrate palliative care into the prevailing medical culture, added Dr. Al-Kharusi.

The original idea of President Yuthar Al-Rawahi to start the educational program with nurses was logical and practical; since for all practical purposes, nurses are those who carry most of the burden of providing palliative care to cancer and other patients.

The faculty of the course was positively surprised at the high level of knowledge, experience and understanding that the attendees exhibited throughout the duration of the course. Cultural issues came up during the discussions, as it became evident that a majority of families shield their relatives from knowing the severity of their illness or how long they have to live. Also, the status of the nurse among the professional team was elaborated on. At the end of the course the participants were asked to evaluate the content of the course, and its relevance to the clinical and community practice. Overall, the feedback was very positive and encouraging, and the majority of the attendees suggested the following topics for the second course planned for February 2013:

1. Strengthen communication capabilities, especially at times of breaking bad news
2. Management of ventilated patients
3. End-of-life care adjusted to local cultural and religious practices
4. Ways and modes of approaching DNR issues (ethical and legal considerations)
5. Integrating palliative care into the curriculum of nurses
6. Self care and management of stress and burnout of nurses involved in life threatening and terminal diseases

Along with its initiative in the promotion of palliative care in the

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Sultanate, NACA set up the Dar Al-Hanan Home for children and their families treated at the Oncology Department of the Royal Hospital and Sultan Qaboos University Hospital in Muscat. The services provided in that Home include moral support for the patients and their families. These two modes of activities comply well with the thrust to enhance and expand the care for cancer patients and their families via free accommodation, meals, psychological and administrative support while promoting the notion that palliative care is an integral part of the whole treatment plan right from the time of diagnosis throughout the trajectory of the illness, regardless of the outcome. By doing so, NACA established itself as a champion for access of palliative care in the Sultanate of Oman.

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