

COMMENTARY

Palliative Medicine, an Urgent Public Health Need in the Developing World

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“Palliative Care: A Public Health Priority in Developing Countries” in this issue of the *Journal* demands the attention of all those addressing public health problems in the developing world. Since 2000, palliative care has been an essential clinical service, in the context of HIV/AIDS, in the health strategic plan of Uganda, but has any other country taken it up? Palliative care *is coming under health policies for HIV/AIDS* not cancer, because HIV underlies many of the top 10 causes of death in developing countries today.

To most countries in the Developing world, palliative care is a new specialty. Dame Cicely Saunders, OBE, first researched and modernized hospice and palliative medicine, in 1967. In 1986, the World Health Organization (WHO) took an interest in the problem of relief from pain for persons facing life-threatening illnesses, addressing mainly cancer. In 1986, WHO published their best seller, “Cancer Pain Relief”(1) and sent it to all Governments in the world. It elaborated the three-step ladder of analgesia for health-care givers to follow. At the same time, it advocated availability of opioid analgesics. WHO, asked governments to review their policies and national laws, to ensure that opioids are made available for medical and scientific use, while at the same time safeguarding against abuse and diversion.

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Efforts were to be concentrated in three areas: Political Will, Education, and Drug Availability. These are pre-requisites for introduction of palliative care into developing countries.

Pain and suffering have, however, not yet been addressed as public health problems. It is high time that chronic pain from cancer and the current HIV/AIDS epidemic, which has brought so much more suffering and pain, be addressed. The burden for palliative care is now much higher from HIV/AIDS in the developing world than cancer (2). Because cancer is not in the top 10 causes of death, palliative care was not addressed by most governments. The main causes of death remain infections. Underlying many of today's infections is the HIV/AIDS epidemic, also requiring palliative medicine to control pain and symptoms, and give comfort with the holistic approach to both patient and family. Palliative care is surely affordable and can relieve the ocean of suffering now rampant in developing countries.

Public health specialists must be brought on board to address pain and suffering, caused by the rising incidence of HIV/AIDS and cancer in developing countries. If clinicians, palliative care practitioners, and the public health professionals and policy makers work together, we could break through the barriers, namely, lack of political will, education, and drug availability, which are the main hindrances to the spread of palliative care worldwide.

The authors of today's article are to be commended for harvesting the literature to bring this much-needed problem to the attention of the public health community.

REFERENCES

1. World Health Organization. *Cancer Pain Relief*, 1st edition. Geneva: WHO; 1986.
2. Sepulveda C, Habiyambere V, Amandua J, Borok M. Quality care at the end of life in Africa. *BMJ*. 2003;327:209-13.

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