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Palliative Care at the University Hospital Center Mohammed VI of Marrakech: Activity Report

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Abstract **Review Article**

Palliative care is an active, continuous, evolving care, coordinated and practiced by a multidisciplinary team. Palliative care is aimed at people suffering from serious, progressive, life-threatening illnesses whose progression to the advanced and terminal stages exceeds current therapeutic resources. This study is an activity report of the palliative care department at the University Hospital Center Mohammed VI, its aim is to prepare the inventory, raise the main constraints and suggestions for management. They are multiple, varied and located at several levels of the supported. They mainly relate to the human and material resources made available to the service and organizational order. These constraints constitute real opportunities for improvement which must call on all those responsible involved or concerned by cancerous pathology in order to to improve service performance.

Keywords: Palliative care, cancerous pathology, Marrakech.

INTRODUCTION

Palliative care improves the quality of life of patients and that of their families who are facing challenges associated with life-threatening illness, whether physical, psychological, social or spiritual. The quality of life of caregivers improves as well.

Each year, an estimated 56.8 million people, including 25.7 million in the last year of life, are in need of palliative care.

Worldwide, only about 14% of people who need palliative care currently receive it.

Palliative care is required for a wide range of diseases, such as cardiovascular diseases (38.5%), cancer (34%), chronic respiratory diseases (10.3%), AIDS (5.7%) and diabetes (4.6%).

The Oncology and Haematology Centrer is part of the University Hospital Center Mohammed VI. It is a public health establishment of tertiary level. This status implies the need to be up to the task of meeting many needs, such as training and scientific research. This hospital structure drains not only the region of Marrakech Tensift EL Haouz but also the entire southern region of the kingdom.

This study reviews the activity of the palliative care department since its opening on January 2016. It aims to: Present a descriptive overview of the organization of the department.

Evaluate its performance.

- Extend the statistical assessment of the overall activity of the department.
- Discuss the results by comparing with international data.
- Identify possible dysfunctional problems and raise the main ones.
- And finally, propose solutions to improve the performance of the of the department.

STUDY:

This study is an activity report of the palliative care department at the University Hospital Center Mohammed VI, its aim is to prepare the inventory, raise the main constraints and suggestions for management. This is a retrospective study during a period of 2 years, from January, 18th, 2016 to December 31th, 2018, in

which the department has admitted 465 patients in hospitalization and 381 patients in day care hospital.

The palliative care department recorded during our study period a total of 3581 consultations, from which 2347 were pain consultations corresponding to 65.5% of the total number of consultations.

Home visits by the mobile unit consisting of a doctor, a nurse and a psychologist amounted to 537 visits. The service recorded 534 new cases of which more than 58.42% were put on opioids. In our study, there was a peak in patients aged between 50-69 years with an average age of 56.8 years. The male population is slightly predominant with a sex ratio (M/F) of 1.06.

The most frequent location of the primary tumor is essentially digestive (gastric and colorectal) with a percentage of 29.41% followed by pulmonary in 16.87% and pancreatic in 10.86% of the cases.

In 2016, the main services provided by the inpatient and outpatient department were analgesic treatment in 71.6% of cases, hydration (57.1%), antibiotic treatment (42.8%), position changes were required in 37.7% of cases, prescriptions for drugs such as antacids (37.7%), anti-emetics (28.5%), dressing changes were required in 28.5% of cases and bedsores treatment in 14.2% of cases. Other procedures such as transfusions (14.2%) and paracentesis (7.4%) were also necessary.

During 2017 and 2018 the main procedures, prescriptions and care provided by the department were: besore care in 85.6% of cases, antibiotic therapy (69.6%), parenteral nutrition (65.2%), analgesics (56.5%), change of position in 50% of cases, anti-emetics (47.8%) and corticosteroid therapy (30.4%). Procedures such as transfusions (32.6%), urinary catheterization (10.9%), intestinal enemas (8.4%) and thoracentesis (4.3%) were also performed by the department.

The main purpose of the mobile unit during the same period of time was the prescription of analgesics in 52.6% of home visits followed by the prescription of other treatments such as antacids (34%), anti-emetics (30.9%), antispasmodics (26.6%), corticosteroids (15.5%) and diuretics (10.3%). Procedures such as bladder catheterization (14.4%), paracentesis (9.3%) and intestinal enemas (8.2%) were also performed by the mobile unit.

The service has a telephone coordination system that allows for better patient follow-up. During the period of our study, more than 817 calls were made, of which 44.93% were made and 55.07% received.

This work has enabled us to raise the main constraints to which solutions have been proposed.

DISCUSSION

Definition of Palliative Care:

Palliative care is an active, continuous, evolving care, coordinated and practiced by a multidisciplinary team. Palliative care is aimed at people suffering from serious, progressive, life-threatening illnesses whose progression to the advanced and terminal stages exceeds current therapeutic resources [1].

During this palliative phase, different stages can be individualized [2]: ♣

- The specific palliative phase, when there is no longer any possibility of cure, but a specific treatment can slow down or stabilize the disease.
- The symptomatic palliative phase when there is no longer any possibility of specific treatment and when only comfort and relief care and treatments are possible.
- The terminal palliative phase when the lifespan is estimated at a few weeks, this phase including agony.

According to the WHO, Palliative Care: ♣

- Relieves pain and other annoying symptoms.
- Encourages the patient to stay active as long as possible.
- Integrates psychological and spiritual aspects.
- Believes that life and death are normal processes.
- Do not hasten or delay death.
- Support loved ones in their approach to the patient's illness and their grieving.
- Are a team effort to best meet the needs of patients and families.
- Can intervene at an early stage in the progression of the disease, in addition to curative measures such as chemotherapy or radiotherapy for example.
- They also encompass the necessary research with the aim of being able to better understand and treat symptoms or clinical complications.

Brief History of Palliative Care in Morocco:

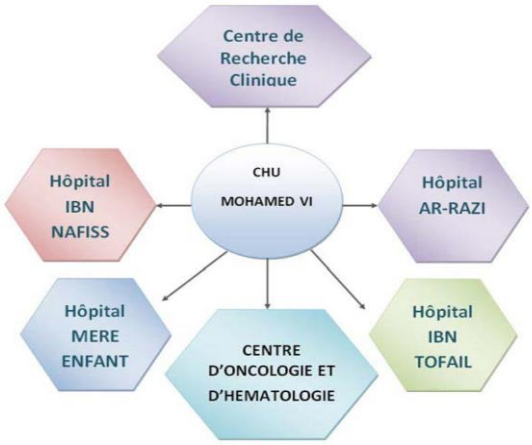
In Morocco, until recently, terminal patients were left to their own devices. In 2010, the Ministry of Health, in partnership with the Lalla Salma Foundation for the prevention and fight against cancer, implemented the PNPCC (2010-2019) which is broken down into 78 operational measures spread over four strategic axes.

The 4th axis of this ten-year plan relates to PC and psychosocial support for the family aimed at improving the quality of life of people with cancer, their families and the community. The operationalization of measures relating to PC gave birth; in May 2012; to the two pilot experiments in two medical prefectures: Casablanca and Rabat, to be extended to the Témara medical delegation in 2013 [3].

Currently the PC is established in 5 regions, namely Rabat/Salé/Kenitra, Casablanca/-Settat, Fez/Meknes, Oriental and the Marrakech-Safi region. Although the Moroccan government has made a number of important advances to improve end-of-life SPs, patients still suffer due to insufficient access to SPs which remain very centralized [4].

Health infrastructure in the Marrakech-Tensift-El Haouz region:

The region has 350 basic health establishments spread across the entire regional territory. There are thirteen hospitals in the region with a capacity of 2,480 beds. The Mohammed VI University Hospital in Marrakech alone houses 62.4% of the regional capacity, or 1,548 beds [5].



Statistical Study of the Department's Performance :

A good number of treatments (bed sore care, dressing change, etc.), procedures (ascites puncture, aspiration, pleural puncture, bladder catheter, etc.) and prescriptions (analgesics, ATB, CTC, antacid, etc.) are carried out. in the hospital palliative care department, at the HDJ and by the mobile unit at home.

Treatment must take into account the patient's age, their general condition, the progression of their illness and the care plan. It is also necessary to regularly re-evaluate its effectiveness and its tolerance, and to look for possible side effects.

Principle of Treatment:

- The oral route should always be favored.
- It is desirable to preserve the autonomy and intellectual faculties of the patient by avoiding sedative treatments whenever possible.

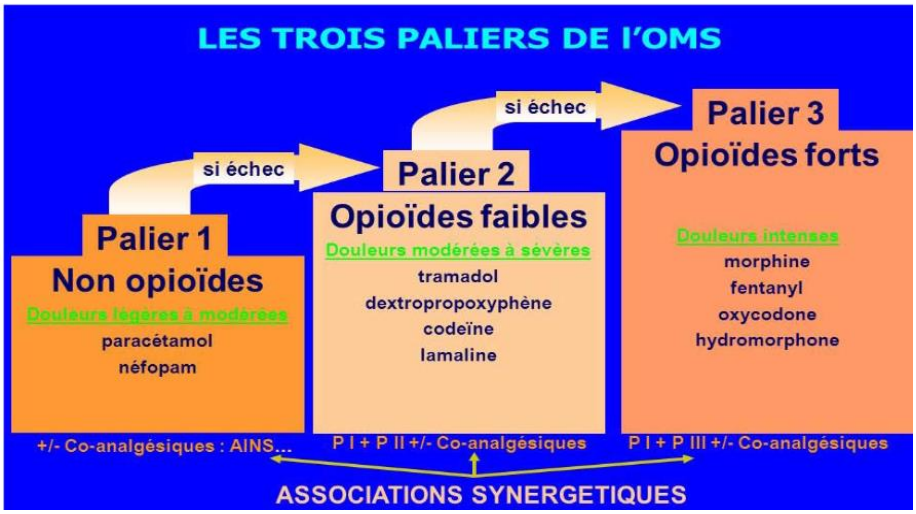
Cancer pain management: [6, 7, 8, 9, 10]

During our study we noticed that one of the main activities of the department is the management of pain, and the side effects of its treatment (constipation, nausea and vomiting, urinary retention, etc.). There are various classifications of pain which take into account either the physiopathological origin (nociceptive, neuropathic and psychogenic), or its evolution (acute, chronic and painful access).

There are different scales for assessing pain intensity. They can be self-evaluative: by the patient or hetero-evaluative: by the practitioner or the family. They can be unidimensional (evaluation of a single numerical quantity) or multidimensional (resulting in a composite score). The most used are the simple verbal scale (EVS), the visual analog scale (VAS) and the numerical scale.

There are five essential principles to know and apply. They were written in the form of Standards, Options and Recommendations in 2002, and currently refer to: Principles of prescribing analgesics:

- Oral prescription.
- Prescription at regular intervals.
- Prescription in accordance with the WHO three-level scale:



- Personalized prescription: There is no usual or maximum dosage for strong opioids, the usual dose for a patient therefore corresponds to that which provides pain relief.
- Prescription with constant attention to detail. The most common side effects at the start of treatment are constipation, nausea/vomiting, dysphoric disorders, drowsiness. Pruritus, urinary retention, hallucinations, etc. appear more readily during treatment.

Recommendations:
Based on these results, we recommend:

- The creation of an electronic hospital register of PC, or even regional, which will be able to include all the data necessary for epidemiological, demographic studies, the different risk factors and prognoses linked to this population and to compare them with the various national and international results. The electronic register will facilitate the collection of this data thanks to the intervention of the various stakeholders.
- Develop palliative care in networks.
- Integrate palliative care into SSPs and in all hospitals.
- Work to allocate the necessary resources (human, medicines, medical devices, equipment and telephone fleets).
- Standardize the palliative care package by level.
- Standardize the palliative care model adapted to the country.
- Extend the reflection of PC to other non-oncological pathologies.
- Develop skills and expertise in PC by level of care.
- Develop a continuing education and awareness program for health professionals.
- Have a core of trainers.
- Strengthen the program through motivation and prevention of burn-out among providers.
- Ensure the availability and accessibility of opioid analgesics.
- Fight against morphinophobia.
- Update the legislation and regulations that govern palliative care activity at all levels and associated medicinal products.
- Ensure sustainable funding for the PC program.

CONCLUSION

The palliative care department at the Mohammed VI University Hospital in Marrakech as just started as a tertiary level service. It operates within a university hospital with both difficulties of startup and serving a very large basin.

This assessment of 3 years of activity of the department has highlighted the characteristics of its activity. Indeed, during this period, the department carried out intense and varied hospital activity. This activity reflects the demand for supply to which it must respond.

Nevertheless, in parallel with this request, this work made it possible to identify the constraints opposing good operation of the department. They are multiple, varied and located at several levels of the supported. They mainly relate to the human and material resources made available to the service and organizational order.

These constraints constitute real opportunities for improvement which must call on all those responsible involved or concerned by cancerous pathology in order to to improve service performance.

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