UNIVERSITY OF TORONTO

Palliative Care in Pakistan: A scoping review on current approaches, barriers to care, and possible interventions

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Why is this research relevant?

According to the WHO, chronic or noncommunicable diseases (NCDs) account for almost 70% of deaths globally. In Pakistan, they are responsible for 58% of all deaths. NCD cases in Pakistan are projected to rise in the near future, aggravated by **limited facilities and resources**. Additionally, Pakistan has an **ageing population** increasingly affected by NCDs.

As defined by the WHO, palliative care is "an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the **early identification, correct assessment and treatment of pain** and other problems, whether physical, psychosocial or spiritual."

- **Palliative Care**
  - **Symptom Relief**
  - **Pain Management**
  - **Emotional Support**

Why Pakistan?

The most recent global classification of palliative care provision categorized Pakistan to Group 3a, **isolated palliative care provision**, characterized by:

- Palliative care activism remains uneven and poorly supported
- Funding is unstable and heavily donor-dependent
- Morphine is often scarce or unavailable; **access to pain management resources is restricted**
- Services are few and insufficient for the population size

<1% ***of the Pakistani population has access to palliative care services***

This categorization points to the lacking status of palliative care in Pakistan and **necessitates immediate improvement**, requiring greater research and investment to guide the development of effective palliative care services.

Methodology

I employed a **scoping review methodology** as it is well-suited to topics about which little is known. A scoping review examines the extent, range and nature of research activity and helps identify research gaps in existing literature.

Search Strategy
- Consulted with the university librarian to create a search strategy
- Ran and screened database searches, arriving at 84 studies for final inclusion

Data Charting
- Grouped studies into clusters and developed a data-charting form to extract relevant data from each study
- Charactertistics included author, aim of study, methodology, population, sample size & findings

Synthesis of Results
- Summarized key findings, patterns and implications of data from included studies, subsequently drawing conclusions

Findings

- **Main themes**
  - **Strong Family Support**
  - **Strong Religious Beliefs**
  - **Overwhelming family autonomy**

LINKED

Family members often withhold diagnosis from patients to prevent their health condition from worsening, sacrificing their **autonomy** in the process.

- **Main barriers**
  - **Lack of training/education**
  - **Non-availability of opioids**
  - **Cultural stigma around death**

Future Implications

This research has major potential implications for the following **healthcare workers:**

Nurses
- Frontline providers with the closest and longest interaction with patients
- If trained, they can manage symptoms and provide psychosocial support

Pharmacists
- Role is often perceived to be limited to dispending and inventory management
- Can suggest interventions to prevent drug-related problems, and provide patient counselling on medication dosages

General Practitioners
- Can help address the shortage of palliative care specialists by aiding in early identification and assessment of illnesses

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