Pain and palliative care in Gaza

A model for conflict affected and fragile settings.

The Gaza strip is a small area of land inhabited by a very special people. The conditions under which they have loved for 75 years have been a struggle made worse by 17 years of siege and repeated outbreaks of conflict. Since Oct 2023 this has escalated into what is now described as 'hell on earth'

Palliative care; with its focus on the relief of suffering, promotion of dignity, quality of life and holistic care was recognised as a need in Gaza by many stakeholders. Led by Dr Khamis Elessi and Dr Mhoira Leng, a number of initiatives which developed into an overall strategy with support has been supported by the MOH and the Islamic University Gaza as well as many local and international staff and organisations. Our thanks also to the WHO office which hosted the first ever strategic meeting in 2014. Dr Khamis Elessi was also part of the EMRO technical working group for palliative care. All of the areas described were in a developmental stage with some more advanced than others but significant progress had been made using a transformational health system approach and with a change approach that took available opportunities and sought to build consensus and coalition to create others. While there was always a wide strategic approach opportunities, resources and willing partners drove the programme.

1. People with palliative care needs
    a. No comprehensive needs assessment had been undertaken though facility-based research was planned in 2023-2024.
    b. Smaller needs assessment undertaken in cancer patients has shown significant unmet holistic need.
    c. The cause for palliative care needs and planning was serious health related suffering and this includes cancer but also chronic pain associated with trauma and burns, advanced cardiorespiratory disease with breathlessness, chronic haematological disease such as sickle cell and thalassaemias, rehabilitation for stroke disease and other chronic neurological disease and end of life care including death and dying in trauma and conflict scenarios.
2. Provision of palliative care
    a. 2 Rapid Participatory and scoping reviews had been completed 5 years apart. These identified the key stakeholders, the unmet need and the opportunities.
    b. In discussion with the MOH a plan of development and roll out of integrated palliative care services had been agreed in principle and a formal stakeholder meeting to be convened after the 2023 rapid situational analysis
        i. Start with Turkish Palestine Friendship Hospital; team already trained, and 3 members fully designated to palliative care; plan agreed with Director. Staff to be given additional clinical training in AVH or KHCH 2024. Protocols for pain and symptom management agreed and being trailed. Medicines availability being addressed. An adolescent unit was

being developed and ways to offer more holistic care reviewed including working closely with the mental health services.

ii. Naser and Al Rantisi hospitals; team already trained and plan for formal planning process 2024
iii. Hammad Hospital (rehabilitation); team trained and meeting planned with Director end 2023
iv. Alhi Hospital; one member trained and others being trained via AVH. Partnership MOU with AVH agreed for cancer services which included palliative care.
v. Ongoing discussions with MOH Primary care, UNRWA, Shifa and EGU for roll out 2024.

3. Education and training
    a. 5 days course in undergraduate medical curriculum IUG since 2015.
    b. Competencies in some nursing curriculums to be reviewed.
    c. Short course for multidisciplinary staff running frequently over several years.
    d. Discussion with the Palestinian Medical Board to integrate core competencies for palliative care into professional specialty training. This has started for internal medicine with communication and ethics.
    e. Professional Diploma / Master's programme in pain and palliative care started 2023-2023 in a joint initiative between MOH, TPFH, IUG, GHA University of Edinburgh, PallCHASE and CairdeasIPCT. Aim to develop leadership for clinical practice and research within Gaza and to centres of excellence for training. MOH nominated 95% of candidates and committed to staff deployment and development. 24 multidisciplinary (nursing, medicine, pharmacy, nutrition, physiotherapy, psychology) candidates from 5 facilities. Initial 2 years support from international faculty via PCRF and CairdeasIPCT.
4. Use of essential medicines
    a. Access to oral and parenteral morphine remains a significant challenge. Meetings with the MOH Pharmacy department led to join initiatives at TPFH to develop an assessment of need and clear protocols for practice. 3 pharmacists were included in the Diploma training including the lead for opiates at TPFH. Concerns about illicit use of tramadol led to this being omitted from these protocols with full agreement as it is not the preferred medication. There was still a tendency to see parenteral routes of administration only, no consistent supply of oral morphine and overloading of pain clinics and services so holistic and rehabilitation needs were not being addressed. A pharmaceutical company on the north of Gaza had agreed to develop manufacturing processes for oral IR and SR morphine.
    b. Following review of practice these protocols would be presented for wide adoption. They were aimed as a job aid to support safe practice and based on the WHO essential medicines list. They were not full guidelines.
    c. Agreements were to have access only at certain facilities and by certain prescribers in keeping with MH policy.
5. Research
    a. Many short research projects
    b. Scientific meetings held via IUG (2020) and Shifa (2023) that addressed pain and palliative care

    c. Overall plan for a research strategy starting with the trained Diploma students and including international collaborators from Edinburgh, Leeds, Yale and Jordan.
6. Health policies
    a. No stand-alone health policies has been developed though palliative care was contributing to the pain policy. A repeat situational analysis has been requested by the MOH in August 2023 and was underway. This was also being undertaken in West Bank
    b. MOH had indicated they would hold a stakeholder meeting to progress this in 2024
7. Empower people and communities.
    a. The situational analysis underway was to include a community mapping programme.
    b. Included were a number of NGOs, community and faith groups involved in cancer and chronic disease support.
    c. One NGO group were already offering support to patients attending TPFH and were interested in developing a formal home care programme,

Pain and Palliative care in the emergency response

Having summarised the developments to date in Gaza it is important to note the place of pain and palliative care in the emergency response to the current unprecedented conflict.

As stated in a recent lancet letter *'In Gaza, during escalations in Israeli aggression and clearly illustrated in the current crisis, most palliative care needs are the direct consequence of life-threatening injuries sustained after Israeli military violence, coupled with the intentional decimation of the health-care system and the blatant denial of life-sustaining assistance. The decision to provide palliative care for many Palestinians is rarely—if ever—biomedically determined at the limits of comprehensive health-care provision.'*

Pain and palliative care is relevant and important in the response to serious health related suffering and yet seems to be largely missing as a cross cutting issue in the emergency response. The promotion of dignity, compassionate and holistic care for patients and staff caring for them during serious illness and injury as well as in coping with death and dying needs to be integrated alongside symptom management and holistic care which includes NCDs. As noted earlier it is relevant across a wide range illness and will increase in need when there is no oncology and other NCD interventions and in the face of trauma and injury. It must never be seen as an alternative to interventions but rather a holistic and essential adjunct and integrated into the NCD, primary care and emergency response.

'*Palliative care—the comprehensive support of seriously ill or dying people and their families—is rooted in the recognition of our common suffering in illness and dying, our compassionate response to suffering, and our shared humanity. Fundamentally, palliative care seeks to ease suffering and uphold dignity*.'

Direct information from trained colleagues in Gaza throughout the conflict has shown the almost total lack of any analgesics and a complete lack of oral morphine. Parenteral morphine is reported as 'run out' over and again. Staff caring for patients with extensive burns report severe and uncontrolled pain which includes procedures such as dressings. Colleagues report

sitting with dying relatives who are crying in pain. The lack of basic essential medicines including pain control as well as the support for colleagues trained and those yet to be trained is a stark reality and needs a collaborative approach to take steps to close this gap.

'Our patients face severe suffering from the destruction of our services. There is no medication for pain and narcotics. We only have tramadol 37.5 with no follow up. You have to know all cancer medication is not available and most of the symptomatic medication also. The situation is a disaster from all sides. Our patients only wait for death. Now we are at Nasser Hospital and we are afraid that the hospital maybe a target for the occupation strikes and we will have to evacuate it for patients and displaced people.' 'I have reported what is happening and what we need to the WHO.' Suha Shaath, senior MOH pharmacists responsible for opioids at TPFH

'The oncology team left Dar Essalam hospital after the military operation targeted them there, some doctors have joined me in Al Najjar hospital.' Dr Amjad Eleiwa. He then mentions 4 oncology and haematology senior colleagues.

'*Unfortunately, we are on our way to collapsing from the horror of the scenes we see, despite our strength, but they are beginning to fade and the world is watching as if we were in a movie theatre showing a horror movie and the viewers are silent.'* Dr Reda Hussen Abu Assi, paediatric intensivist

'We need you and your colleagues to reach our scene of massacre to all the world. We trust you. Please be our voice outside. Gaza, the beautiful city which you knew and loved, it has become city of ghosts. All its building, streets, schools, trees completely destroyed. We are without any life support, and supplies. Many people are still under the collapsed building ask for help, many health workers are killed while they offer their duties. 'The world became blind and deaf to our suffering. We don't ask more than life with peace and dignity like all people over the world and to be considered human beings.' Suha Suleiman Saath, pharmacist.

The severity of the conflict highlights the missing component of pain and palliative care.

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References

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3. Integrating palliative care and symptom relief into the response to humanitarian emergencies and crises https://www.who.int/publications/i/item/9789241514460

3. "Lessons from Countries and Humanitarian Aid Organizations in Facilitating the Timely Supply of Controlled Substances during Emergency Situations Model Guide on Access" 2023 WHO Report Left Behind in Pain, which provides an evidence- based overview of impediments to rational availability of controlled medicines and offers recommendations member states can adopt to ensure that these essential medical countermeasures are accessible during emergency and non-emergency situations.