

Title : Palliative Care and Opioid Availability -Then and Now
Bangladesh Situation.

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Background

Bangladesh is a country with the population of 160million people. Life expectancy has increased from 55 to 72.5 in last 10 years .Almost 65% of the disease burden in from Non-Communicable Diseases(NCD) .

Bangladesh is estimated to have >600,000 patients in need of palliative care at any time. About 200,000 new cancer patients are diagnosed each year and 80-90% of these patients are incurable when palliative care is the only treatment option available for them.

According to Morphine consumption (MC) Bangladesh is in the 160th position in the world. MC is a statistic that indicates pain management situation in any country. MC in Bangladesh is 0.5 mg/capita, whereas global MC is 6 mg/capita. Moreover, it is in the lowest position amongst Southeast Asian countries.

World Health Organization (WHO) has estimated that two-thirds of patients with advanced cancer and a third of those undergoing treatment, suffer pain. More than half century ago, the Single Convention on Narcotic Drugs, 1961 declared opioids as 'indispensable' for the relief of pain and sufferings. The preamble of the international narcotics control treaty also recognized that governments must ensure the availability of narcotic drugs for all medical and scientific purposes. Bangladesh is a signatory to the treaty. Still lot is left to be done.

Situation in Bangladesh

- In 2015, the Economist Intelligence Unit of the magazine 'The Economist' published a research report on 'Quality of Death'. The research was carried out in 80 countries. Unfortunately, Bangladesh was in the 79th position.
- Morphine Consumption (MC) in Bangladesh is 0.5 mg/capita, whereas global MC is 6 mg/capita. Moreover, it is in the lowest position amongst Southeast Asian countries. According to MC, Bangladesh is in the 160th position in the world.
- Non communicable diseases (NCD) related death has become >75% in our top ten causes of death, whereas just 16 years back it was 44%.

- It is projected that population aging in Bangladesh will be increasing from 6.1% to 20.2% between 2001 and 2050. But support index will be declining from about 9 in 2001 to 3 in 2050 that is 3 persons in the working age group will have to support one person in old age compared to 9 persons in 2001.

Ministry of Health and Family Welfare (MOHFW) conducted the ‘Situation Analysis of Palliative Care in Bangladesh (APCB)’. The study also found that 75% of cancer patients had moderate to severe pain and >90% of health professionals do not have any exposure to training in pain management or how to use opioids to control moderate to severe cancer pain. According to the study, existing total six Dhaka-based PC programs of the country altogether served <1500 patients in 2013, of whom >60% were from outside Dhaka. The study emphasized that District level 250-bedded General Hospitals and 50-bedded Upazilla Health-Complexes exist without any facility for cancer pain management or stock of essential opioids. NIPORT study indicated that >98% of the participating institutions do not have oral morphine provision. Even though, Since 1977, the WHO designated morphine as an essential medicine, indicating that it should be available at all times and at a price the individual and the community can afford.

During our Fellowship with LDI(Leadership Development Initiative ,IPM,SanDiego) and Pain Policy Studies Group ,Wisconsin ,USA. We identified the following,

Then: In 2010 –2012 Pain and Palliative Care Situation

- 1.No Immediate Release Morphine Tablet was available.
- 2.No National Palliative Care Guideline.
- 3.No Post Graduate Degree Program in Palliative Medicine
- 4.Narcotics Control Act 1990 –Required correction and redrafting
- 5.No Nation Pain Policy Guideline .

We along with few palliative care activists and practitioners started various awareness programs,CME, workshops and training programs.

In 2018 –Now

- 1.We have locally manufactured immediate release morphine
- 2.We have drafted and submitted National Palliative Care Guideline for Physicians, Nurses and Paramedics –commissioned by DGHS Bangladesh.
- 3.MD Palliative Medicine course started

4.Narcotics Control Act and Narcotics Policy draft submitted to the Bureau of Narcotics.

Recommendation:

1. SUPPORT DEVELOPMENT OF MODEL PALLIATIVE CARE PROGRAMS IN THE PRIMARY, SECONDARY AND TERTIARY LEVELS
2. DEVELOP NATIONAL PALLIATIVE CARE POLICY AND GUIDELINES -and IMPLEMENT
3. UPGRADE AND EXPAND AVAILABILITY OF PALLIATIVE CARE EDUCATION AND TRAINING IN ACCORDANCE WITH NATIONAL GUIDELINES
4. COMPLETE NATIONAL OPIOID CONTROL POLICY
5. TO MAKE OPIOID AVAILABLE FOR PAIN MANAGEMENT AT EVERY MAJOR DISTRICT AND UPTO THE PRIMARY HEALTH CARE CENTRE.

New Challenges

The Rohingya , the displaced people now in Bangladesh have special need :

- 1.Pain treatment ,including oral morphine ,must be made available to all patients with preventable pain.
- 2.Health care workers should be trained to routinely assess and manage pain and other symptoms using WHO Guideline.
- 3.Comprehensive plans for the management of chronic diseases should be developed for Rohingya refugees and host population in Cox's Bazaar.
- 4.Community-based palliative care services should be developed and implemented for the Rohingya refugees and host populations.
- 5.Home based Palliative care services should be developed to support children and families facing chronic or life threatening conditions.
- 6.Support for basic needs(e.g food,clean water ,transportation,shelter) should be provided to families who have member with life threatening condition (adult or children).

Conclusion: Highlighting on relieving suffering, for people, with appropriate ,affordable and accessible health care .