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Conference Abstract

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Model of hospice care service delivery for patients with advanced cancer in a resource-limited setting

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Abstract:

Background

Hospice care (HC) is a branch of palliative care that provides comfort and improves the quality of life for patients with advanced illnesses. The need for palliative care and transition to hospice care is high in Nigeria because the vast majority of patients (70%) present at an advanced stage (stage III - IV). Access to HC is limited because few centres offer these services. This study examines the provision of HC at Lakeshore Cancer Centre (LCC).

Objective

This study aims to explore the model of HC services used in this resource-limited setting and analyse the characteristics of patients who received this service.

Methods

This is a retrospective study done by reviewing the records of cancer patients who received HC from November 2017 to August 2024. Patients met the following criteria for hospice care:

1. Prognosis of 6 months or less
2. Not receiving active or curative treatment

The study analysed the demographics of HC patients and the model of care delivered based on patient and family choice.

Results

90 patients were provided with HC services of which 55 were females, age range from 31 to 93 years old (with a median age of 60 years old). The most common diagnoses were Breast (26%), Prostate (13%), and Liver cancer (8%). Most patients opted for home care (58%), while 44% were managed as inpatients and 32% were outpatients. Home care patients were primarily cared for by their relatives (62%), while 20% hired home nurses. The most common symptoms managed were pain (81%), anaemia (33%), and constipation (39%). Paracetamol (66%) was the most commonly used analgesic for pain control, followed by oral morphine (48%), and codeine/paracetamol (26%).

Ccnclusion

This study provides insight into optimal hospice care delivery in a resource-limited setting. Challenges include, incorporating syringe drivers, increasing awareness, a limited workforce, and distance barriers. Because of financial constraints, only 37% of our patients were able to afford their anticipatory medications, which include metoclopramide, hyoscine butylbromide, buprenorphine patches, morphine sulphate, and midazolam.

The model used by the LCC team to achieve 24-7 service delivery for cancer patients can be used as a prototype to improve access to hospice services in Nigeria.

Keywords: Cancer Centre; Advanced Cancer; Hospice; Palliative Care; Nigeria