



INTERNATIONAL PROGRAMS

Vision

Transforming health care globally.

Mission

To discover, demonstrate and disseminate successful strategies to advance palliative care globally.

Example of Countries participating in IPMSDH International Programs

Argentina, Botswana, Czech Republic, Egypt, Georgia, Hungary, India, Jordan, Kenya, Moldova, Mongolia, Nigeria, Slovenia, South Africa, Tanzania, Vietnam, the Ukraine, Uganda.

“We begin by asking, ‘What do we want?’ The answer is typically, ‘Better control, symptom management, and quality of life.’ These goals are ultimately the same, whether you’re in Ulaanbaatar, Mongolia or San Diego, California.”

*Frank D. Ferris, MD
Director, International Programs*

The Need

With the increasing incidence of illness and the success of modern medicine, more people are living with advanced life-threatening illnesses for much longer. As a result, the need for pain relief and palliative care has become a major public health issue and an urgent imperative, worldwide.

Medical experts working with the World Health Organization (WHO) estimate that more than 60% of the 50 million deaths worldwide each year, especially the six million who die of cancer and the three million who die of AIDS, could benefit significantly from palliative care services if they receive them early enough in the illness experience, i.e., palliative care would prevent and relieve suffering, improve quality of life, ensure a safe and comfortable death, and help the bereaved rebuild their lives. Some patients would even live longer. The 600 million elderly worldwide (greater than 60 years of age) are particularly vulnerable as their risk of developing one or more life-threatening illnesses e.g., cancer, congestive heart failure, diabetes, dementia, etc. and becoming dependent increases as they age.

Today, in Europe, North America and Australia/New Zealand (areas that have developed healthcare systems), approximately 1 billion of the world’s population have access to palliative care services and many of the opioid analgesics needed to control moderate to severe pain. However, in most of these countries there is still considerable need for extensive education for all healthcare workers, expanded and enhanced palliative services, and earlier/broader use of opioids and other palliative care medications and therapies.

In most developing and transition countries, where more than five of the 6.7 billion people in the world live, including more than 50% of the 600 million elderly, there is almost no pain control or palliative care. Yet, given 1) their disease demographics (80% of new cancer cases in developing countries present with late-stage disease, e.g., stage III (advanced) or IV (metastatic) cancer), and 2) their lack of resources to purchase/provide medical therapies even for patients who present with early stage disease, palliative care is the most appropriate focus of care for most patients with life-threatening illnesses in these countries (rather than just abandoning them to die).

Annually, 10 million people worldwide are diagnosed with cancer (50% of these are in developing countries) and 6 million die from cancer. By 2020, global cancer rates are expected to increase by 50% to 15 million new cases a year. At the same time, each

year more than 5 million people are infected with HIV disease and more than 3 million people die of AIDS. Cancer and AIDS are excellent entry points for developing palliative care capacity as these diseases cause so much suffering for patients and families. Up to 60% of patients experience moderate to severe pain that requires *opioid* analgesics to control it, as well as exhibiting a wide range of other issues that cause considerable patient/family suffering. Needs for care are often intense and protracted. Family caregivers may lose their future; families go bankrupt buying medications and therapies, and providing care.

Program Portfolio

The Institute for Palliative Medicine at San Diego Hospice (IPMSDH) International Programs provides consultation, professional education and technical assistance to countries, health care systems and organizations committed to building comprehensive palliative care programs. Our strategy is based on the World Health Organization (WHO) Public Health Strategy for integrating palliative care into a healthcare system. We customize the WHO Strategy to the situation and stage of development in each country. Whenever possible, we coordinate our activities with leading international facilitators/organizations, e.g., the World Health Organization local/regional offices; the International Palliative Care Initiative; Open Society Institute, New York; the Office of International Affairs: National Cancer Institute, Washington, DC; etc.

Situational Assessment and Strategic Facilitation. In collaboration with other international facilitators, IPMSDH faculty meet with clinical and governmental opinion leaders in each host country to discuss health policies, palliative medicine availability, opioid importation, distribution and prescribing practices, professional education needs, funding issues and other factors affecting the development of a comprehensive palliative care program. Findings from a comprehensive situational assessment, along with estimates of annual opioid need, are used to develop a multi-year strategy for increasing access to palliative care.

Professional Education. To build in-country knowledge and skills, the IPMSDH International Programs offer a variety of in-country professional education programs customized to fit with participants' training needs, cultural values and the contexts within which they practice. IPMSDH also trains physicians and other clinicians who want to be palliative care consultants/master teachers/opinion leaders in their own country.

In-Country Professional Education: Sensitization workshops offered over 2-3 days build health professionals' awareness of the importance of palliative care and their knowledge of core palliative care competencies. A three-week Introductory Bedside-Training Course provides more in-depth instruction on the basic palliative care knowledge and skills needed to effectively care for patients. A 2-3 week Advanced Bedside-Training Course provides more in-depth learning. Both are based on the internationally recognized EPEC and EPEC-oncology curricula that were largely developed by IPMSDH faculty with input from hundreds of bioethics and palliative care experts.

Amman, Jordan

Since 2004, IPMSDH faculty has worked with clinicians and administrators interested in integrating palliative care into King Hussein Cancer Center (KHCC), and the Ministry of Health's Al Basheer Hospital in Amman, Jordan.

Faculty conducted classroom teaching, bedside mentorship, lectures and workshops. They participated in the morning rounds for residents, fellows and staff physicians, and, discussed clinical topics of interest.

In-depth mentorship was provided to three physicians who have now graduated from IPMSDH's International Palliative Medicine Fellowship program and are now palliative care consultants.

KHCC physicians were receptive to palliative care and incorporated it into their day-to-day practice with oncology patients.

Since 2004, the Palliative Care Service at KHCC has cared for more than 1800 patients and tripled the consumption of morphine in Jordan.

Specialist Training: The International Palliative Medicine Fellowship Program

with the assistance of the San Diego County Medical Society, provides expert-level bedside training at IPMSDH and in-country for physicians who want to be consultants/master teachers/opinion leaders in their country. Over a 2-3 year training period, each fellow makes 5-6 visits to IPMSDH for an average of four weeks per visit. Based on the U.S. Palliative Medicine Fellowship training standards, a customized learning plan is developed for each fellow.

The Fellowship Program for Members of Interdisciplinary Teams opens the training to nurses, pharmacists, social workers, spiritual and bereavement counselors.

Visitors: The International Visitor and Visiting Scholar Programs provide 2-4 week palliative care training for physicians and other team members who want to understand and experience the clinical and organization aspects of palliative care and hospice as it is provided in the U.S.

Leadership: The Leadership Development Initiative provides palliative care specialists who have already demonstrated leadership potential with the opportunity to further develop and apply their leadership skills through a classroom and mentor-based program.

Technical Assistance with Program Implementation. The IPMSDH International Programs offer technical assistance to help national champions and healthcare systems implement comprehensive palliative care programs. IPMSDH faculty assist with the development and implementation of strategic and business plans; quality standards, clinical practice and treatment guidelines and performance improvement strategies to establish expectations for palliative care delivery and specific criteria for evaluating and improving performance; data collection systems to support evaluation of implementation processes, service quality and clinical outcomes; and communications/marketing strategies to increase media and public awareness of the need for, and benefits of, palliative care for the country.

Collaborative Evaluation and Research. One of the International Programs' major goals is to identify policy, education, program implementation and quality improvement interventions that consistently produce positive outcomes across populations and clinical settings. To build this evidence base, all interventions include a rigorous evaluation of the structure, process and impact of the education and program implementation activities, and the experience of the participants, the host organization and the patients and families who are the recipients of the care. Examples include evaluation of knowledge, attitudes, and perceived competence; improvements in palliative care infrastructure, comprehensiveness of patient care, patient-reported pain scores, and the country's reported level of opioid consumption relative to estimated need.

Knowledge and Information Dissemination. In keeping with the vision of “bringing the experience back home,” the IPMSDH International Programs share insights on the provision of culturally appropriate and integrated palliative care gained abroad with palliative care professionals locally and throughout the United States. Promising and proven approaches to educational interventions and palliative care program development, along with other palliative care resources, are publicized through a variety of communication channels, including publications, conference presentations and an IPMSDH web portal.

Advocacy for Worldwide Palliative Care. The IPMSDH International Programs actively collaborate with national governments and international foundations and organizations to promote pain management and palliative care as a fundamental human right and an essential component of all healthcare services. Dr. Ferris, Director of the International Programs, chairs the International Task Force of the American Academy of Hospice and Palliative Medicine. He is a member of the Board of Directors of the International Association for Hospice and Palliative Care. The IPMSDH International Programs maintain close working relationships with the International Palliative Care Initiative, Open Society Institute, New York; the Office of International Affairs, National Cancer Institute, Washington, DC; The Institut Català d’Oncologia, Barcelona, Spain; the American Society of Clinical Oncology (ASCO); the Pain Policy Studies Group and the U.S. Cancer Pain Relief Initiative, Madison, WI; the International Union Against Cancer (UICC); the International Network for Cancer and Treatment Research (INCTR); the World Health Organization (WHO); and other national and international palliative care advocacy groups.

For Further Information:

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