

Columban Mission in Pakistan



Palliative Care for the terminally ill
Hyderabad, Pakistan



ST COLUMBANS MISSION SOCIETY

PALLIATIVE CARE FOR THE TERMINALLY ILL IN PAKISTAN

THE FIRST HOME-BASED PALLIATIVE CARE FOR THE TERMINALLY ILL IN PAKISTAN BEGINS AT
ST. ELIZABETH HOSPITAL, HYDERABAD.

What is the Need?

Currently there is no such home-based palliative care service functioning in Pakistan. Terminally ill patients are treated as sources of income by the medical profession and hospital culture in Pakistan. Their illness is not relieved except by death. Meanwhile the financial situation of the patient's family is wrecked as they seek for cure and/or relief for their relative.

St. Elizabeth Hospital's response to this need

The Administrative Council of St. Elizabeth Hospital has been discussing the need for and the feasibility of commencing a home-based palliative care service for the terminally ill at Hyderabad, a city of 2,000,000 in the south-east of Pakistan

Home-base palliative care is part of the hospice dimension of nursing for the terminally ill and involves both individually and collectively the patient, the medical personnel [nurses and doctors], the family, and the religious ministers [if any, and of whatever religion, sect, or denomination of the patient]. This approach to the care of the sick does not yet exist in Pakistan.

Palliative care of the terminally ill is a powerful way of expressing our Catholic commitment to the dignity of life even in the presence of the reality of death. Home-based palliative care affirms the dignity of the patient. The patient and the family are able to retain their family cohesion. The patient remains comfortably and without pain in his/her family environment. The family is assisted to look after its loved one without the threat or burden of enormous hospital and medical costs.

Palliative care enables both the patient and family to remain together, to deal with any issues they may have to, and to grow in mutual love and care for one another. A good palliative care medical team join with the patient and the family without invading or crossing inappropriate boundaries. Pastoral care of the patient and family by their own religious minister is an important dimension of wholistic home-based palliative care.

Why now?

The Administrative Council of St. Elizabeth Hospital has decided that it is now in a position to establish a home-based palliative care service for the following reasons:

1. We now have a sufficient number of RN qualified nurses able to undertake the necessary specialized nursing. One of the male RNs is at present doing a post-graduate Diploma in Community Health Nursing at the Liaquat University, Hyderabad, as immediate preparation to become a lead nurse in the palliative care service.
2. The hospital laboratory has been developed to the appropriate level to ensure that requisite testing for the terminally-ill can be carried out as and when needed. From 2008-2010, Rs.4,000,000 [=\$54,795.00] has been spent on new diagnostic laboratory equipment. Donors, in particular parishes in Australia and the UK and the Australian High Commission in Islamabad have assisted.
3. We have established a good network with home-based palliative services in Australia, UK, and Singapore which will continue to offer technical and information assistance. The Singapore-based organization fosters the services in less-developed areas of Asia.
4. A Catholic palliative care service in Melbourne is ready to take on a suitably trained RN with good English skills for a practicum of 6 months in home-based palliative care. This nurse will arrive in Melbourne in February 2011.
5. The same palliative care services have expressed willingness to provide personnel for a short period to assist practically in setting up the service in Hyderabad.



Anticipated positive results

The introduction of the home-based-palliative care for the terminally-ill will enable St. Elizabeth to continue to offer in very new way the best possible care at the lowest possible cost to those in need. It will enable us to manifest compassion and mercy in a practical and outstanding way in Pakistan where society is fragmented by violence and mistrust and where medical care is profit-oriented.

An important benefit of this programme is that it will facilitate inter-faith dialogue in a very rich, human, personal level through the caring ministry of committed Christian nurses [male & female] in the homes of people of different faiths, and hopefully through the meeting and mutual support of the religious ministers of the patients.

Schedule for implementation

September 2010: Pakistani RN completes his Diploma in Community Nursing at Liaquat University, Hyderabad [followed by a 3 month wait for result declaration].

March-August 2011: Pakistani nurse has his palliative care nursing practical involvement in Australia.

October-November 2011: he returns to Pakistan with 1 or 2 palliative care Australian staff to set up the palliative care programme in Hyderabad.

December 2011: service up and running in Hyderabad with its own staff and local leadership

During first half of 2012: return of Australian staff for any ongoing assistance/facilitation/programme-assessment etc.

Financial support and funding

Based on preliminary discussions, we hope that funding for equipment will be obtained through the Australian High Commission in Islamabad. We have begun discussions with Rotary, Hyderabad, to obtain funding in conjunction with Rotary International for partial support to cover running costs.

As regards local income, families of patients will provide medicines. They will be asked to pay Rs.150 [= \$2.00] for each visit of the nursing team which will take place morning and evening each day.

Our immediate need

We urgently need \$15,000 for the expenses of the Pakistani nurse to come to Melbourne [visa, travel, accommodation for 6 months], and \$8,900 to purchase a small vehicle for the team to use through the narrow streets of Hyderabad. Care are tax-deductible]

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