12th APHN Conference, Singapore

Dan attended the July conference with Prof Bishnu Paudel, current president of NAPCare. The Asia Pacific Region Hospice Palliative Care Network (APHN) brings together palliative care professionals from various countries from Australia to Nepal. It includes high-income countries, such as Singapore, Japan and Korea and middle-low income ones, including Bangladesh, India and Nepal. We presented the development of the palliative care strategy in Nepal and other work we are doing here. It also provided an opportunity for networking with colleagues and building links for future cooperation. It is great to see Nepal taking its place as a full and equal partner with other countries in the APHN.

Green Pastures Hospital Pokhara

Purna, PC Community worker reports:

The small community PC service continues, and I do home visits for some patients and do telephone reviews. I provide palliative support for referred inpatients, pain assessments and patient or family counselling. I do regular nursing duties in the ward, and this month I did a PC in-service for our nursing staff.

Ruth (GPH counsellor) and I with Dr Ruth facilitated a 1 ½ day PC workshop in July for Bible College students from various parts of Nepal.

The refurbishment of the old building at Green Pastures Hospital, including a PC room funded by INFUK is now complete, and Dr Dipak has already cared for a few palliative orthopaedic patients.
Reflections from PC Research Assistant:

After 2 years of working with INFI, Regina is leaving to move to USA to be with her husband. Before leaving, Dr Ruth interviewed her.

Q1. As a PC research assistant, what have you been doing?
Research support, including field work with PC team, and analysis/report writing/literature reviews. Our PC Needs assessment includes 3 studies – mapping details of all current PC services; an oral history – doing interviews with pioneers to document details of their PC vision being realized; and survey of MDGPs, which is still in process.
Our post-earthquake study in Lamjung – fieldwork for quantitative household questionnaire; qualitative interviews with patients (completed) and with health workers (still in process)

Q2. What are some of the achievements and surprises?
Initially our focus was on cancer, but results from the Tansen pilot showed more palliative need with other NCDs, so this has informed subsequent changes in MDGP questionnaire, and links with post EQ results, which showed people are mainly dying from respiratory and cardiovascular disease in rural context. This also fits with global trends reported by WHO.
I have developed many skills, gained professional confidence and experience, and it has been special to be part of INFI office and part of PC team. Dr Dan has been wonderful teacher. I have learnt so much from team members and through the privilege of interviewing some amazing people.
The signing of national PC strategy was very significant – and amazing that I can say I was involved in some research at that time that helped underpin this.

Q3. What do you think are important issues for Nepal’s PC development in light of the research done?
The importance of ongoing research, getting good evidence, not just focusing on programs.
There needs to be more PC awareness because it is important for increasing quality of life. In villages, there has been good work to inform and prepare people for birth with health services and programs for women and children but people are not prepared for death.
Nepal needs to focus more on general NCD rather than just cancer-focused PC.

Prayer and Praise Points:

Give thanks for
- Finalization of INF health agreement so all 3 agreements are now in place
- Ongoing opportunities for strategic PC training

Please pray for
- Wisdom for INF with PC planning
- Wisdom for NAPCare in encouraging Implementation of the National PC Strategy and ongoing national planning
- Manju based in Tansen, and Purna in Green Pastures

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