Treating Patient, Not Disease: People-Centered Approach

7th TB Symposium — Ministry of Health of the Kyrgyz Republic and Médecins Sans Frontières

1-2 March, 2018, BISHKEK, KYRGYZSTAN

Experience of palliative care in Kyrgyzstan

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WHAT IS PALLIATIVE CARE?

It is care for patients with life-threatening illnesses & their families.

It benefits health systems by reducing unnecessary hospital admissions.

It can be given in homes, health centres, hospitals and hospices.

It relieves physical, psychosocial & spiritual suffering.

It improves quality of life.

It can be done by many types of health professionals & volunteers.
Criteria of palliative care for TB patients

- Palliative care should be offered to all patients who are not eligible for active TB/MDR TB treatment to ensure that they experience minimum suffering and preserve human dignity in their life.

- It may be related to:
  - patient's clinical condition,
  - not possible to construct an effective regimen,
  - socio-economic conditions,
  - patient's treatment refusal. However, if the patient refuses treatment, it does not imply discontinuation of care.
The National level

- The decision on palliative care is made by the Concilium.
- Hospital No. 1
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Resources available at the Republican Hospital No. 1 for Palliative Care for TB Patients, the town of Kemin

- Hospital regulations are in place
- X-ray equipment (YOM 1965)
- Sufficient medical staff

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Medical services

– State-funded provision of medicines
– Laboratory services (clinical bacterioscopic lab)
– X-ray services (lungs, bones and joints)
– Physician and ENT doctor are included in the staffing of the hospital
– Consultations of specialized doctors from a district hospital and family medicine centre (ophthalmologist, endocrinologist, infectiologist, and psychiatrist)
– Infection control (infection control plan, TB infection control specialist, personal protective equipment, and medical products)
– Transport available at the hospital
Nonmedical services

– Social care
  • Social worker is a staff member of the hospital
  • Humanitarian aid from Ergene public foundation (soaps and detergents, wheelchairs, walking aids, crutches, and personal hygiene products)

– Psychological follow-up
  • Counseling provided to patients and their family members by a social worker
  • Religious clerics
# Data on palliative care provision in the Hospital No. 1

<table>
<thead>
<tr>
<th>Year</th>
<th>TOTAL</th>
<th>DISCHARGED</th>
<th>DIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>122</td>
<td>64</td>
<td>29 (23.7%)</td>
</tr>
<tr>
<td>2015</td>
<td>123</td>
<td>62</td>
<td>31 (25.2%)</td>
</tr>
<tr>
<td>2016</td>
<td>115</td>
<td>58</td>
<td>26 (22.6%)</td>
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<tr>
<td>2017</td>
<td>108</td>
<td>43</td>
<td>25 (23.1%)</td>
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</tbody>
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Programmatic challenges

Human resources:
- Psychologist is not included in the staffing of the hospital
- Only one social worker for 60 patients and their relatives
- Insufficient support to health care workers (burnout syndrome, low wages)

Infection control:
- No shielded lamps in high risk areas
- Overcrowded rooms for patients

Resources:
- Ultrasound machine
- ECG machine
Challenges faced by patients

Access:
- No place for worship
- No market outlet in the territory of the hospital

Stigma:
- From society
- From health care workers
Ethical considerations

– Human rights are not infringed; no militarized security at the hospital
– Patients have the right to refuse hospitalization
– Doctors and other specialists respect patients' freedom (the right to decide on their treatment), discuss care priorities and goals with patients and their families, provide patients with all the information they would like to know, and recognize patients’ right to refuse treatment.
Everyday life
Thank you for your attention!
Palliative care

„If you cannot cure a sick person, at least relieve their suffering, and if you cannot relieve it, share it with them...“

Andrey Gnezdilov, professor and the first doctor of the first hospice in St. Petersburg and Russia