



Avoidable pain as a local crisis
End-of-Life Care in Egypt



Photo by Laura El-Tantawy

It is time for an increasing interest in palliative care in Egypt, especially at the end of life

For many Egyptians, approaching the end of life is associated with an extended experience of chronic progressive disease accompanied by pain, suffering, excessive cost and uncertainty.

Unfortunately, most Egyptians are not familiar with the concept of a “*healthy death*” and its role in preserving the dignity and individuality of the dying but, instead, opt for invasive medical procedures that may contribute to increased avoidable pain and unnecessary suffering.

Palliative care is a fundamental human right.

The holistic palliative care approach contributes to what is known as a “*healthy death*” as it improves the quality of life of patients and their families by addressing complex issues related to physical, psychosocial, spiritual and logistical issues that emerge upon nearing death.

Palliative care is not restricted to dying patients, but should be administered with curative treatment at the time of diagnosis.

It is the responsibility of the State to grant this right and ensure that patients, especially those approaching death, are relieved from end-of-life symptom distress while supporting their caregivers and family members during this journey.

“Although dying is part of the human condition, dying poorly ought not to be”

—Harvey Chochinov

Status of palliative care in Egypt

Despite growing recognition of palliative care worldwide and its integration in different state-funded healthcare programs, developing countries are generally falling far behind. In Egypt for instance, there is an evident lack of government policies that recognize palliative care as an essential component of healthcare.

This is particularly critical as the same government invests limited efforts in prevention and early detection of many chronic diseases. In the cancer context for instance, many patients only visit the doctor when their disease progresses to advanced and often incurable stages of the disease, with the main possible treatment consisting in pain medication. Unfortunately, and putting many other challenges aside, the already very limited palliative care units suffer from constant opioid scarcity, despite their presence on the WHO's essential drug list.

*It is critical to provide
“attention and care for
chronically and terminally ill
persons, sparing them
avoidable pain and enabling
them to die with dignity.*

—UN Committee on Economic,
Social and Cultural Rights



Opium fields in the desert

Avoidable pain comprises a global crisis, with drug control taking its toll on public health

One of Egypt's prominent palliative care physicians, Dr. Samy Alsirafy, called for immediate action on the local morphine scarcity last year; however the situation seems to be deteriorating especially with the current economic crisis. Lack of effective and inexpensive analgesia such as oral morphine comprises a problem that is particularly disastrous for cancer and terminally ill patients.

Medical paternalism in Egypt - Overcoming the dated “doctors know best” delusion

Most doctors in Egypt have not been trained to transparently convey information that include unpleasant news, and often perceive treatment failure as a personal failure. This attitude leaves them unenthusiastic and consequently less likely to refer patients to end-of-life care, even when they know recovery is close to impossible.

This is particularly true in countries where market dynamics govern the functioning of the healthcare system, like in Egypt: A doctor who gives hope has better chances at surviving in competitive environments, to make more money and to gain a more favorable reputation, even if he is giving false hope! This commonly found behavior is catastrophic as, in this context, physicians are dealing with very vulnerable patients and caregivers.

Illustration by Caroline Gamon
for the New York Times



Changing our attitude

At large, we are responsible for palliative care often being viewed as a foreign word in Egypt. **We need to be aware of our right to palliative care during treatment and when approaching death.** We must understand that “investing” in our loved ones’ well-being is not about introducing them to advanced, invasive or expensive medical care, but to selflessly listen to the patients’ needs and preferences, and doing whatever we can to realize them.

Spending more on healthcare does not mean you care more. Many people prefer dying in a familiar environment surrounded by people they love, instead of a neon-lit ICU with restricted visiting hours. We need to hold physicians accountable for the health outcomes, taking into account what we were informed by when treatment begins. We should demand doctors to explain clearly, be honest and discuss probabilities rather than resorting to false hope to convince, or often corner patients into receiving ineffective treatment; one that may directly reduce the quality of life.

Caregivers and the bereaved matter too!

Preserving the dignity and well-being of a dying person will reduce the emotional burden on the surrounding people. Even after death, psychosocial and spiritual support are likely to be necessary.

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Shamseya

for Innovative Community
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An Egyptian collective established in 2012 which aims at creating sustainable community-based interventions for healthcare challenges. Shamseya provides customised healthcare solutions that promote social accountability and patient-centered care.

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