



Blog of the Month

August 2017

Written by Alice Gray

After my FY2 year, I had decided that I wanted to take some time out of formal training to experience Palliative Care outside of the fantastic system we have in the UK. I was given the opportunity, with the support of Cairdeas International Palliative Care Trust, to spend six months as a volunteer doctor in Uganda with the Palliative Care Unit (PCU) at a large hospital. During this time, I was able to get involved in various aspects of the life of this busy department, from a clinical role, to teaching, to research and even supporting the set-up of a project to rear and sell pigs, aimed at improving the financial sustainability of the team.

Shortly after arriving, some members of the team were due to travel to Rwanda to conduct a palliative care needs assessment in Rwanda and I was given the opportunity to join them. It was a great chance to not only put my research skills into practice, but to see how palliative care can develop and become established in a resource poor setting. It did cause me to realise how much of my GCSE French I'd forgotten! We were able to visit District Hospitals that were more rural as well as large Referral Hospitals in Rwanda, collecting data and conducting some 'basics in palliative care' teaching sessions with various health professionals. Although oral morphine is slowly being introduced in Rwanda, access is still limited and it was humbling to see doctors trying their best to keep their patients comfortable with the limited resources they had. When faced with a patient who, following a stroke leaving her bedbound, began to develop pressure sores on her legs, they filled hospital gloves with water and placed them under her heels to replicate a pressure mattress. Their creativity did not cease to amaze me. It was encouraging to see the Rwandan Ministry of Health and clinical staff not only recognising the need for palliative care, but actively seeking support to develop their services from their Ugandan colleagues. The need for sustainability and a cohesive service is not easy and there's no 'quick fix'. But when I went back to Rwanda at the end of my six months, I was amazed at how things had developed, supported by the expertise, education and mentoring given by the PCU team.

During my time with the PCU team, I was able to learn from a variety activities. There were daily clinical duties, with ward rounds and tumour board meetings, teaching opportunities with medical students, pharmacists and other healthcare staff through lectures, mini-rounds and journal clubs. One day I found myself teaching a group of mental health nurses after they found that they were caring for a lot of terminally ill patients. It was an honour to be part of their first introduction to palliative care!

The Association for Palliative Medicine of Great Britain & Ireland

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Clinical duties were for me the highlight. I would regularly elicit signs that I had only ever read about as patients presented with advanced disease for a number of different reasons. One such patient was a 27 year old woman from the north of Uganda who presented with a fungating breast tumour. She had presented so late as she had been afraid of coming to the 'Western hospital' and had tried to go to a local healer first. It was only when her pain became unmanageable such that she could hardly stand and the wound began to smell that she sought medical treatment. Unfortunately, she spoke a more rare tribal language that none of the team knew. However, they worked hard to overcome the language barrier to ensure that she understood what was going on and what treatment she was being offered. We decided to start oral liquid morphine for her pain and continued seeing her regularly. There were some difficult decisions to be made about treatment as chemotherapy supply had been unreliable and it was discovered on admission that she was also pregnant. The PCU continued to support the patient, her family and the ward team through these difficult decisions and the remainder of her admission. A month after her discharge, we bumped into her when she returned for an outpatient appointment and we almost didn't recognise this smiling, chatty, walking young woman.

Being able to listen to patients' stories and be a part of their journey is always such a privilege, but I have been truly humbled by what I have seen here. Seeing the high standard of research, persistent advocacy and compassionate clinical care being offered by the PCU team has been inspirational. Palliative care is a human right and should be available to all who need it, no matter where they are in the world. It is teams like PCU who are really making that not only a dream, but a reality.