



Blog of the Month

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Written by Hannah Billett



Reflective piece for the APMJ

Experiences in Palliative Care outside the UK: Working in Uganda with the Makerere Palliative Care Unit

Between August and December 2015 I had the opportunity to work as a volunteer doctor in Uganda with the Makerere Palliative Care Unit (MPCU) at Mulago Hospital, which is the national referral hospital for Uganda. Clinically the MPCU team provide a hospital consultation service to Mulago Hospital and have important roles in teaching, mentorship, capacity building and research. My time in Uganda was supported by Cairdeas international Palliative Care Trust.

Clinically I worked day to day with the team to provide the palliative care service to patients in the hospital. This generally included daily team meetings followed by reviews of patients (both new referrals and those needing ongoing support and follow up from the team).

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In this role I found myself visiting nearly all areas of the hospital including the medical floor, the burns unit, the nutritional paediatric ward, orthopaedics, the cancer institute (oncology ward) etc. and seeing a huge variety of pathology. This highlighted to me how well the MPCU team has integrated at Mulago, something which I believe is a direct reflection of the education and training efforts by the MPCU about palliative care to other healthcare professionals they work alongside. For example, link nurses have been trained to help identify those with palliative care needs. Undergraduate medical students and postgraduate doctors get teaching from the MPCU team in palliative care topics. The team have also utilised other means of raising awareness about palliative care issues via opportunities such as the hospital's Grand Rounds programme. Furthermore, guidelines have been developed for symptom management in palliative care which are used across the hospital. It was a real pleasure to have the opportunity to participate in a number of these activities during my time with the team.

These activities have facilitated a system where those with palliative care needs are identified early and managed appropriately. A grading system has been developed to reflect the complexity of a patient's palliative care needs. This allowed the team to monitor cases and decide on the amount of speciality input required. For those with basic palliative care needs, they were managed by the treating team with support from the MPCU if needed. Those with complex needs were reviewed regularly by the team. This system helped to balance the need for services with the resources available, ensuring all those with palliative care needs in Mulago could receive it.

I thoroughly enjoyed working alongside and learning from the MPCU team. Coming to work in Mulago from the UK did take some adjustments particularly relating to the challenges of limited resources and sheer number of people who are at Mulago as patients. Team comradery was something I had always valued when working in the UK and is something that is ever present within the MPCU. I quickly realised it was why I got so much out of my time in Uganda and that it provided me with vital daily support. Beyond the immediate team I worked alongside I also had the pleasure of getting to know and learning from other healthcare professionals including the radiation-oncologists in our weekly MDT; the MMED doctors (medical physician trainees) in teaching sessions I helped to facilitate; and the ward nursing sisters who continue to amaze me with the volume of patients they had to care for and the compassion they showed every single one. The MPCU had also developed a local volunteer's programme who are trained to provide practical, emotional and spiritual support to palliative care patients at Mulago. The volunteers I worked alongside were an inspiring group of people who show such commitment and humanity on a daily basis and were truly vital in the team's role to providing holistic care. I now have the pleasure of counting many of the MPCU's volunteers as good friends and meeting and working alongside them was a particular highlight of my time in Uganda.



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Beyond the clinical day to day work within the MPCU I also had the opportunity to complete an audit about MPCU outcome data. I also did a case report about a patient I cared for as part of the team and presented it in poster format at an international conference in Australia. The drive towards research and providing a quality evidence base for practice is another extremely impressive achievement for the MPCU team. I also had the opportunity to teach regularly. This included undergraduate medical students and postgraduates on the MMED programme, and also being a tutor on the 'Managing complex pain and symptom' module on the BSC programme in Palliative Care run by Makerere University and Hospice Africa Uganda. The teacher/tutor role was something I had very little experience in and having the opportunity to do this here helped me develop skills in communication, mentoring and leadership. Meeting, teaching and supporting these students from across Africa was another highlight of my time in Uganda.

Beyond work I also had the opportunity to travel in Uganda and see the truly beautiful country that it is. This included many Safari's, including ones to Murchison Falls, Queen Elizabeth and Bwindi National Parks. In particular seeing the tree climbing lions in Ishasha and Mountain Gorillas in Bwindi was pretty special. I also spent time chilling out at the beautiful Lake Bunyonyi and Ssesse Islands, learning to kayak white water at the source on the Nile in Jinja and doing a triathlon out west in Fort Portal.

Overall, I left Uganda with a heavy heart, knowing I would miss my colleagues but also the country as whole but hope to return again soon. Taking the time out of UK training to work with the MPCU was an extremely insightful and humbling experience. I was also given opportunities to teach and participate in research with their pioneering team which was a real honour. It showed me how palliative care can be delivered despite limited resources. It also reminded me that regardless of the situation, having access to basic palliative care is something all health services across the world should strive for.