

Disclosure of Interests

Astra Zeneca Company: Scientific Advisory Board Member

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Fresenius: sponsored education

Astellas: sponsored education

Batswadi: sponsored education

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Renal Palliative/Supportive Care in Developing Countries South Africa Perspective

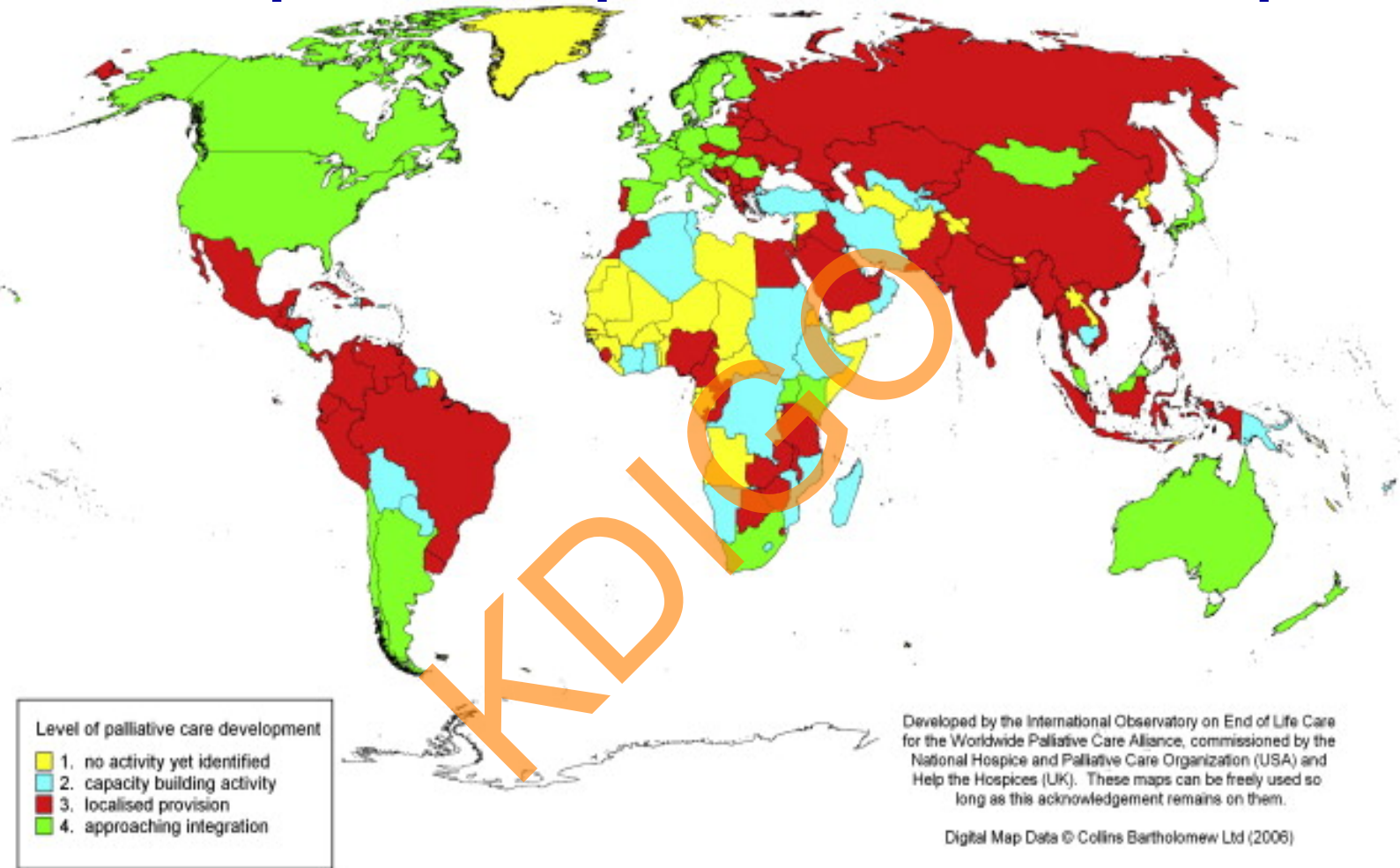
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Palliative Care Needs in Africa

- Poverty
- Poor health infrastructure
- High disease burden
- Patients present late in their illness
- Need for improved prevention, promotion, treatment and palliative services

World map: level of palliative care development



Liz Gwyther , Frank Brennan , Richard Harding. Advancing Palliative Care as a Human Right. Journal of Pain and Symptom Management Volume 38, Issue 5 2009 767 - 774
<http://dx.doi.org/10.1016/j.jpainsymman.2009.03.003>

First palliative care services in South Africa

- Hospices in South Africa- Durban and Cape Town, 1980
 - Hospice Association of Witwatersrand, Johannesburg
 - Highway Hospice, Durban
 - St Luke's Hospice, Cape Town
- HPCA formed in 1987
- Over 50 hospices, many with satellite branches, affiliated to the Hospice Palliative Care Association of South Africa (HPCA)

Palliative Care Services in South Africa

- NGOs
 - 189 hospice services in 48 of the 54 health districts
 - Mainly home care service
 - Few in-patient units
- Government hospitals
 - Western Cape
 - Gauteng
 - KwaZulu Natal
 - Mpumulanga
 - Northern Cape

Hospices

- Holistic care
- Palliative Care Nurses
- Social workers
- Medical support
- Pastoral care
- Home care – 98% of care provided in patients' homes
- Most effective advocacy for palliative care

Hospice Palliative Care Association (HPCA)

- **Projects**

- Tender NDoH ICHC project
- Mentorship project
- UCT – PG medical training (Diana Fund)
- Palliative care objective of WC DoH Global Fund project
- FNB – data management system (HDMS)

Liz Gwyther, HPCA



HPCA PEPFAR project

- Palliative Care – 9yrs
- Direct patient care - Home Based Care, incl children's care
- TB services – incl DR TB
- Hospice Capacity Building
- Counselling and Testing Services
- Advocacy and government liaison
- Accreditation and Quality Improvement
- Health System Strengthening
- HDMS

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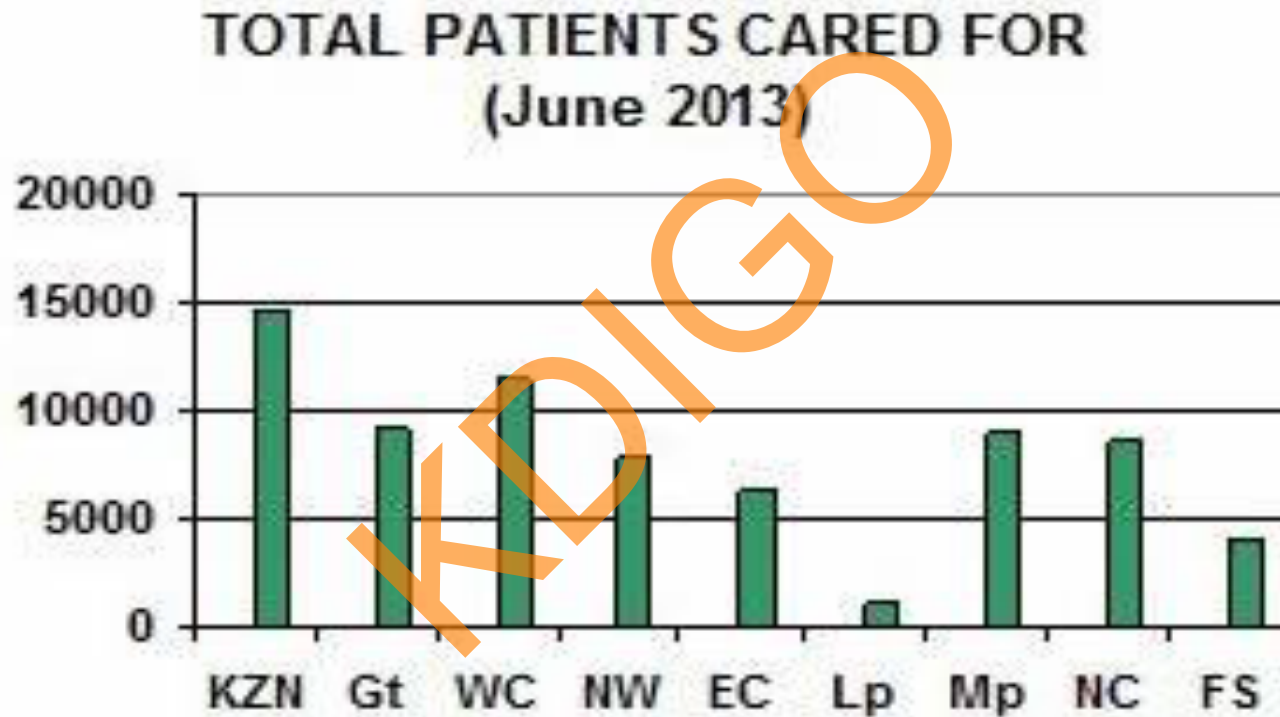
Supportive Care Controversies Conference | December 6-8, 2013 | Mexico City, Mexico



Training in Palliative care

- UCT- PG program- distance learning
 - Post graduate Diploma; MPhil degree
- UG program: approx 2-40 hours (8 medical schools)
- Nursing- HPCA postgraduate nursing courses in palliative care, approved by the Nursing Council
- Community Care Givers
 - HPCA outreach programmes to people in rural settings
- Courses in paediatric palliative care

Regional Distribution in South Africa



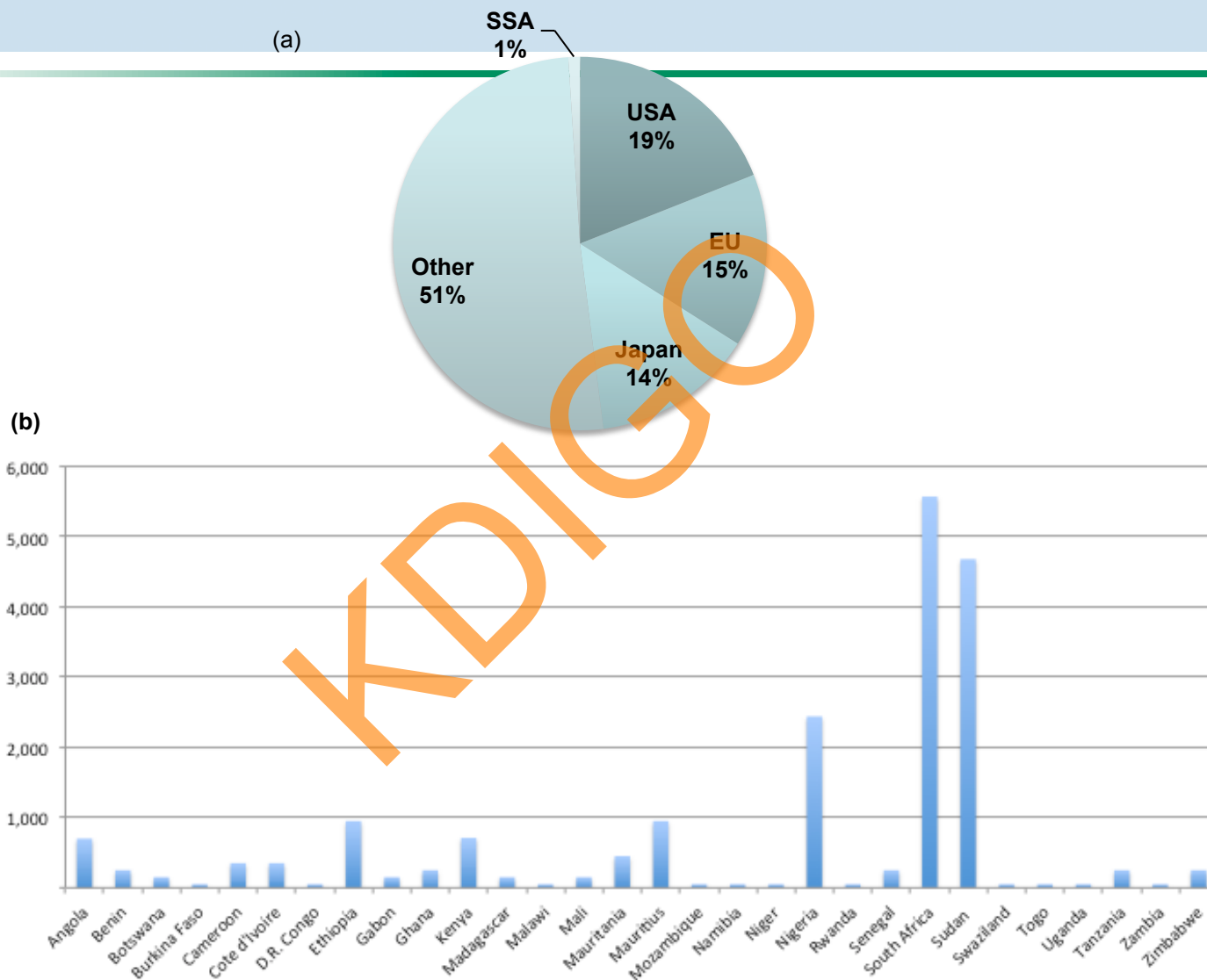
Liz Gwyther , APCA/HPCA Conference, 2013

Patient spectrum

- Cancer: priority for palliative care
- HIV/AIDS: priority for palliative care
 - 2002/2003: 52% of the patients cared for had AIDS, more than double compared with 1998/1999.
 - 2000 HIV/AIDS was responsible for almost 40% of premature mortality; expected to increase to 75% by 2010
 - Pain in AIDS is highly prevalent — 98% in study by Norval et al
- CKD: not on radar in most of SA

Figure 79-3. Global Distribution of Dialysis Patients in 2011

a. Global total 2 164 000; b.SSA numbers 19 550= < 1% global total)



WORLD

*Figure adapted from ESRD patients in 2011. Global perspective. In: Fresenius Medical Care, editor. Bad Homburg; 2012. +Courtesy of Fresenius Medical Corporation. USA –United States of America; EU – European Union; D.R. Congo – Democratic Republic of Congo. courtesy of Valerie Luyckx. MSc thesis, 2013

RRT in South Africa

- SA Renal Registry: unaudited data for 2012
 - Total RRT 8000 i.e. 153.8 pmp
 - HD 65%
 - PD 14%
 - Tx 21%

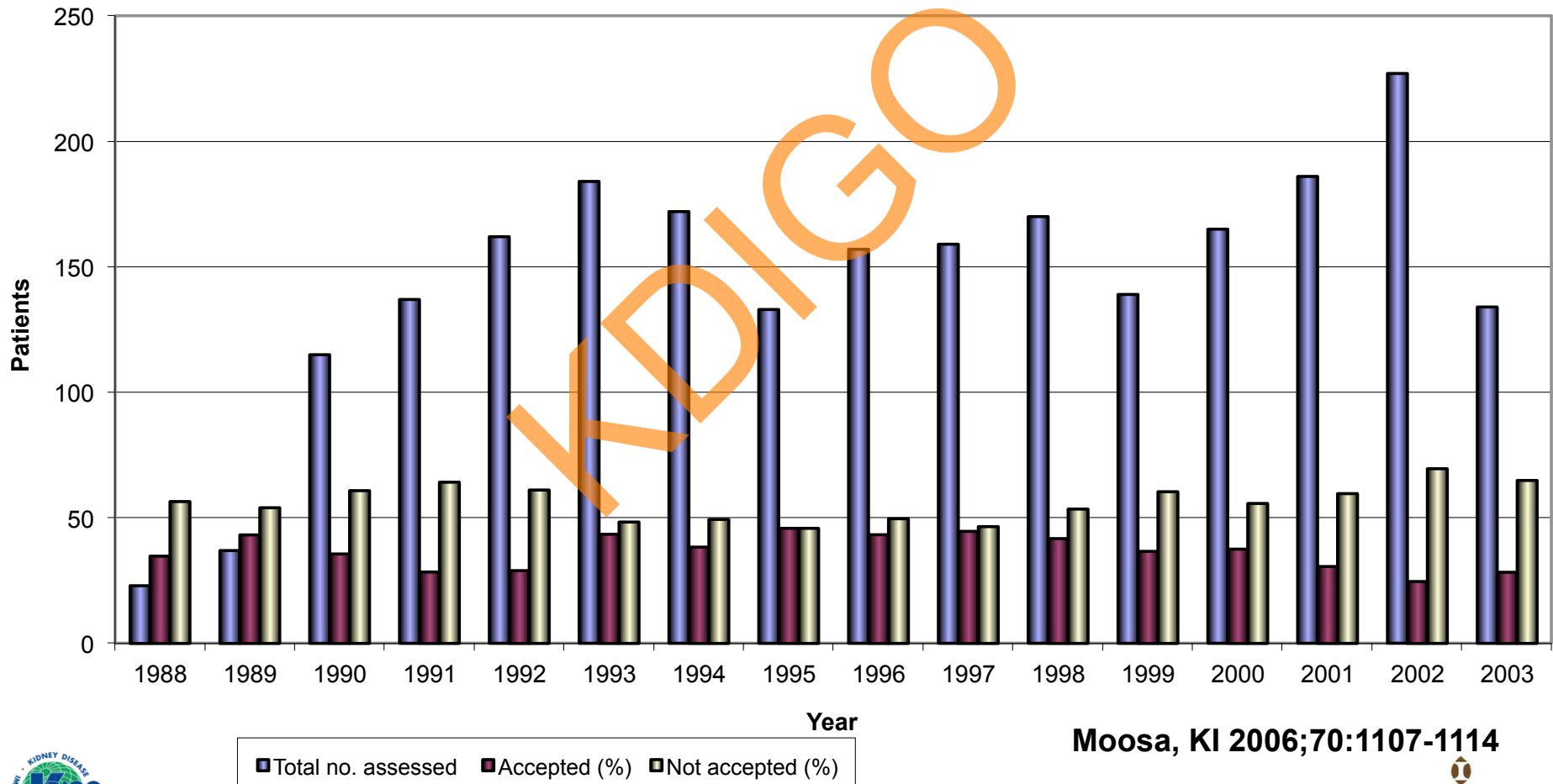
Courtesy of Razeen Davids, SA Renal Registry chair

Western Cape: RRT Demand & Costs

- Numbers with ESKD: 1000 new patients pa
- Able to accommodate: 125 pa
 - Tygerberg Hospital
- Permitted no. of patients on HD: 100
- Haemodialysis: R 49 037.48 pa
(no staff costs, no re-use)
- CAPD: R 77 155.20 pa
- Expenditure: R6.3m pa (HD + PD)

Courtesy of Rafique Moosa

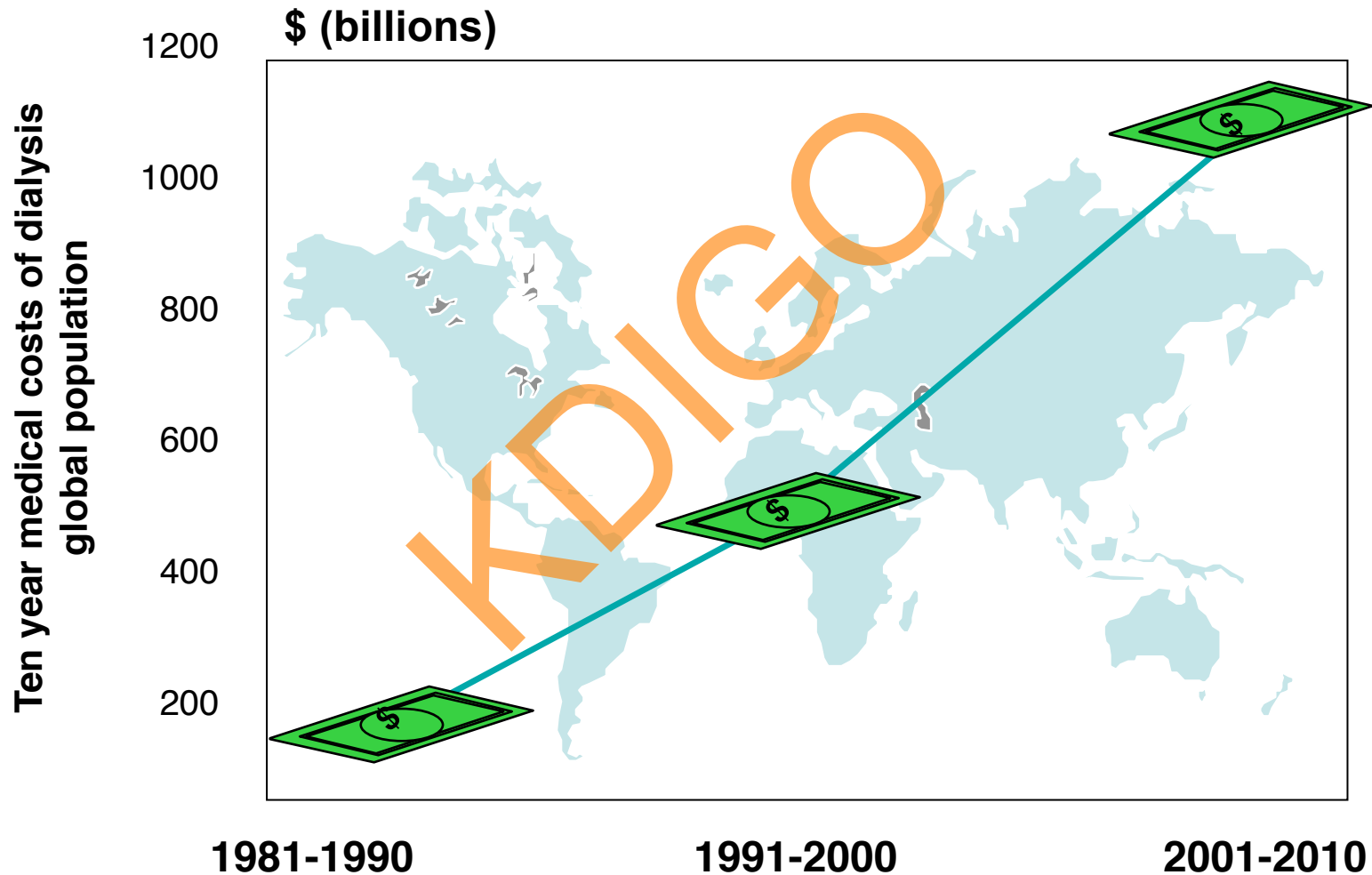
Acceptance rates



Moosa, KI 2006;70:1107-1114



Cost of dialysis treatment



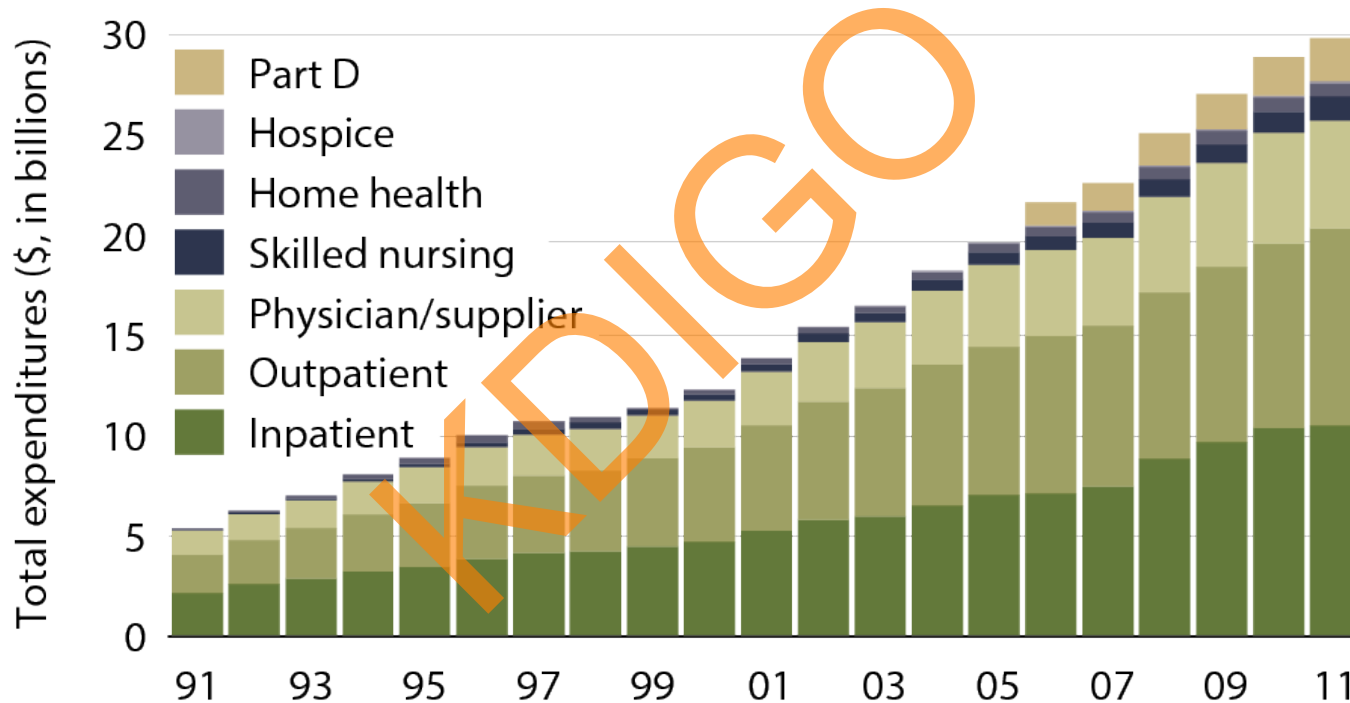
Lysaght et al, JASN 2002;13:S37-S40

Supportive Care Controversies Conference | December 6-8, 2013 | Mexico City, Mexico



Total Medicare dollars spent on ESRD, by type of service

Figure 11.5 (Volume 2) USRDS 2013



Total Medicare costs from claims data; include all Medicare as primary payer claims as well as amounts paid by Medicare as secondary payer.

Palliative Care Service for Advanced Organ Failure

- Hospital-based service in Cape Town
- Objective: to determine whether service reduced admissions and increased home deaths
- Patient population
 - Advanced neurological disease
 - Pulmonary disease
 - Cardiac disease
 - End stage liver disease
 - ESRD

DesRosiers et al. J Pain Symptom Manage. 2013
<http://dx.doi.org/10.1016/j.jpainsymman.2013.05.021>

End-Stage Renal Disease: Admission Criteria

1. Stage 5 Chronic Kidney Disease (GFR <15)
2. Evidence of advanced illness
 - (i) Not appropriate candidate for dialysis or transplant
 - (ii) Confusion and uremic states (pericarditis, gastritis, anasarca)

Palliative Care Service for Advanced Organ Failure: Outcomes

	Intervention	Control
Numbers	56	48
Admissions*	71.4%	97.9%
Mean age (years)	65.3±13.4	68.7±11.0
Mean number of admissions*	1.39	1.98
Mean total days of admission*	4.52	9.3
Total admission days	253	447
Cost	\$587	\$1209
Home death*	58.9%	18.8%

DesRosiers et al. J Pain Symptom Manage. 2013
<http://dx.doi.org/10.1016/j.jpainsymman.2013.05.021>



Palliative care needs in public hospitals in Cape Town

- 11 public sector hospitals
- 1443 hospital case notes reviewed
- 16% life limiting disease
 - Cancer 50.8%
 - Organ failure 32.5%; young age, high ESRD prevalence
 - HIV/TB 9.6%

van Niekerk and Raubenheimer; SAMJ in press Feb 2014



Hospices and ESRD

- Skills: counselling, discussions on advance care planning, EOL decisions
- Concerns:
 - clinical care
 - Symptom management
 - Drug safety

Proposals for Palliative Care in South Africa

Problems	Recommendations
Late referrals- days or weeks before death	Increase awareness of value of earlier referral: improve QOL for patients and provide support for families/care-givers
Shortage of specialist palliative care practitioners or teams	Physicians and other specialists to become skilled in providing a basic palliative care approach: facilitate shared decision making, advanced care planning, effective symptom management
Training in palliative care	More structured programs at undergraduate and postgraduate levels
Barriers	Lack of HCW understanding of role of palliative care- hence very late referrals Inadequate/ no funding by medical insurance for private patients

Acknowledgements

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