

The Role of Palliative Medicine in Poor and Rich Countries

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Introduction

While in some European countries half of the population dies in nursing homes [1,2], this is the exception in African countries, especially since there are only a few nursing homes there. This is not only due to the significantly lower proportion of people over 65 years of age mentioned above, but above all to the willingness of the African extended family to look after the mother and father at home, even outdoors 'in the sacred palm grove' of the village. The currently available atlases on the care of patients through palliative care show large differences between poor and rich countries [3,4].

Tedros Adhanom Ghebreyesus writes in the foreword to the 2nd edition of the Global Atlas of Palliative Care: 'The need for palliative care begins early in the course of a life-threatening illness. More patients are now receiving palliative care than six years ago, increasing from 16,000 services caring for 3 million patients to over 25,000 services caring for over 7 million patients. Still, this is only about 12% of the need being met. Access to essential palliative medicines, including opioids, remains a major problem, especially in low and middle-income countries (LMICs). Even with the widespread problems with opioid misuse in some countries, no one questions the importance of pain relief for those needing palliative care. As a former development worker in Burkina Faso and as a gynecologist with an additional qualification in palliative medicine, who knows the situation of palliative medicine in Germany, I would like to point out the differences in palliative care in Germany and Burkina Faso and to demonstrate the opportunities to learn from each other [5].

Figures on Palliative Care in Poor and Rich Countries

From the WHO Atlas Global Atlas of Palliative Care, published in 2020 in 2nd edition, it can be inferred that, Worldwide, over 56.8 million people are estimated to require palliative care

every year including 31.1 million prior to and 25.7 million near the end of life. The majority (67.1%) are adults over 50 years old and at least 7% are children. The majority (54.2%) are non-decedents who need palliative care prior to their last year of life. The burden of severe illness and health related suffering, and the corresponding need for palliative care, are immense. Yet palliative care is still not accessible by most people in need, especially in LMICs. The majority of adults in need of palliative care (76%) live in LMICs, and the highest proportion are in countries of low-income. Non-communicable diseases account for almost 69% of adult need. Among adults, the illnesses and conditions that generate most serious suffering requiring palliative care interventions are cancer, HIV/AIDS, cerebrovascular, dementias, and lung diseases. The Western Pacific, Africa, and Southeast Asia regions account for over 64% of adults in need of palliative care, while the European and Americas regions have 30% and the Eastern Mediterranean region account for 4% [4].

In 2019, Carlos Centeno's working group published the Atlas of Palliative Care in Europe. On average in Europe, it shows 0.8 specialized palliative services/facilities per 100,000 adult inhabitants, in Germany 1.1 services per 100,000 people. Against the background of these data and the EAPC recommendation of two services per 100,000 people, Germany therefore ranks 15th out of 49 countries in Europe in terms of palliative care for adults.

Justine Bonkougou quotes in her article 2024 Prof. Augustin Tozoula Bambara, medical oncologist and president of the Burkinabe Association for Palliative Care HOSPICE Burkina, year after year in Burkina Faso, the number of patients in need of palliative care is increasing (more than 68,000 in 2018 according to a WHO study). Unfortunately, these patients do not benefit from this because the concept of palliative care is not sufficiently known and is poorly integrated into the Burkinabe health system. Contrary to what the average

Burkinabe thinks, palliative care does not only affect people at the end of life, but also people affected by non-communicable diseases such as cancer, hypertension, diabetes, chronic respiratory diseases, neurological diseases, etc., as well as people suffering from communicable diseases such as tuberculosis or HIV/AIDS [6,7].

Observations and Experiences of a Development Worker with Palliative Medicine under Simple Conditions

There are still no studies available to us about the real reality of life for the elderly in Africa, but the admittedly subjective impression of a former development worker reminds old, self-satisfied women and men who sit in front of the hut under palm trees or under the baobab and have à chat. Those old patients whom we could no longer help at CHR Dori usually sensed imminent death and had their relatives come to them. Our simple palliative care unit consisted of a larger room where the family could say goodbye to their elderly parents and grandparents. Due to the remoteness and the resulting long distances to the individual villages in the province of Seno, transport for the seriously ill patients was impossible. The relatives of the patients knew this, and in this situation, they did not leave the deathbed of their mothers and fathers. In the almost always prevailing great heat, they fanned cooling air to the dying and touched their arms and legs. We didn't need air conditioners or physiotherapists in our simple palliative care unit! The care and treatment of our 'palliative patients' was in the care of the family, and their practice of love for the dying family member was the only therapy we could have, our form of 'Primary Palliative Care'!

Can we learn humility, harmony with nature and resignation to the fate of aging from these wise women and men in the African villages?

Many development workers have learned a lot as midwives during their work in Africa as Tropical Doctors, and have scientifically investigated them. I am convinced that we can still learn a lot from the 'poor' countries in the field of palliative medicine and apply it here!

Ethical Reflections

On one of our forays between 1986 and 1988, through the Sahel, between Markoye and Tin-a-Koff, on the banks of the Beli, a tributary of the Niger, in the north of Burkina Faso, we met Abou, the Touareg, who invited us to a tea ceremony in front of his tent. He boiled the water in the decorated tin teapot three times with the charcoal warmer, and then poured the hot tea from a great height into the tea glasses that were waiting for him. He explained to us which phases of life the individual tea infusions stand for.

The first glass is bitter like life, the second sweet like love, and the third gentle like death.

Albert Schweitzer was born 150 years ago on January 14, 1875 in Kaysersberg near Colmar. This important German-French researcher, doctor, philosopher, Protestant theologian, organist, musicologist and pacifist, who is considered one of the most important thinkers of the 20th century, wrote the motto: 'I am life that wants to live, in the midst of life that wants to live!'

What does this ethical principle of Albert Schweitzer mean for modern, global medicine? This quote from Albert Schweitzer continues to apply unchanged, and represents a modern supplement to the old oath of Hippocrates for the physicians of the present! In the meantime, Mitten stands for all of humanity on our earth. Global and gender-equitable health is based on the fact that the individual human being, that the people of every people and every continent understand that we ourselves cannot be well off if the neighbor is sick, the other people in Ukraine is invaded by a war of aggression and the neighboring continent of Africa continues to live in poverty and economic dependence!

We cannot heal all the sick in the world, but we have a duty to alleviate the consequences of their respective illnesses, such as pain and mental illness.

We must never disappoint hopes, but on the other hand we must not raise false hopes either! The most important principle in any form of treatment is to gain and maintain the trust of the patients!

Lessons and Recommendations

According to the Atlas of Palliative Care in Europe [3], there are 1.1 services (inpatient facilities) per 100,000 people in Germany. Against the background of these data and the EAPC recommendation of two services per 100,000 people, Germany therefore ranks 15th out of 49 countries in Europe in terms of palliative care for adults. Prof. Dr. Lukas Radbruch, President of the German Society for Palliative Medicine (DGP), comments on this as follows: 'The classification in 15th place in the number of facilities results in an imbalance insofar as, for example, the 1,321 outpatient hospice services for adults in Germany are not counted here, in which, according to current estimates, well over 80,000 people are involved in voluntary work. This is also an essential resource of care and support for people with life-limiting illnesses and their families'.

Currently, there are no significant number of formally established palliative care units in Burkina Faso, with the exception of the university hospitals in Ouagadougou and Bobo-Dioulasso and the Protestant hospital Schiphra in Ouagadougou. The supply in this area is described by the country's health authorities as "insufficient or almost non-existent" [6]. From 3 to 13 December 2024, health professionals and administrative staff at the Evangelical Hospital Schiphra

were trained on palliative care. Marie-Claire Traoré says : 'There is a lot of interest in training our agents, from doctors to ward boys and girls, because these frail patients require very special care. Since 2012, Schiphra has focused on these patients with very short life expectancy. We know that they are only there for a very short time, and in this short time that they have, we want to give these patients a taste for life, a taste for movement, singing and listening," said Marie-Claire Traoré, former general director of the hospital of Schiphra [7].

Inpatient care for all patients in need of palliative care is not possible either in Germany or in Burkina Faso for organizational or financial reasons. We must empower the volunteers in specialized outpatient palliative care (SAPV) and the family members to give the seriously ill more sweet taste for love of life, be it in the German city or in the village in the African savannah!

This means, in a figurative sense, to take to heart the meaning of the three infusions of the Tuareg tea ceremony, and to put into practice the quote from Cicely Saunders' 'It is not about giving life more days, but about giving more life to the days' in order to alleviate the suffering of the seriously ill in a humane way and in reverence for life!

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