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Palliative care in Tajikistan

Following disintegration of the USSR and civil war in Tajikistan, the healthcare system was in a state of disorder, with no palliative care resources available. Despite the generally recognised importance of this problem, there is still no uniform state policy in the field of palliative care. At present, in Tajikistan, palliative care does not exist and there are no hospices available.

In Tajikistan, as well as in other countries of the world, death rates from cancer are continuing to increase. Over the past ten years, the number of patients with Stage 3 or 4 disease has grown from 62% up to 75–80%. In Tajikistan, the number of people with HIV is also increasing. Over the past two years, it has increased more than seven times in comparison with the total number of the registered cases for the previous ten-year period. Thus, the number of patients requiring palliative care is constantly increasing.

The palliative care situation in Tajikistan is aggravated by the low social and economic standards of living of its population and, according to the World Bank, the state spends only 13% on healthcare.

All above-stated points prove that the establishment of palliative care in Tajikistan has important social value. With the purpose of finding out more about the current situation, a sociological survey on palliative care in Tajikistan was carried out.

The basic aim of the survey was to carry out an analysis of the current situation and to develop recommendations for the establishment of palliative care in Tajikistan.

We conducted interviews with cancer patients, as well as leading oncologists and experts engaged in professional medical training or palliative care.

The most common cancers in the Republic of Tajikistan are skin, breast and stomach cancer. However, it should be noted that over the last two to three years the incidence of uterine cervix cancer has grown.

Malignant tumours remain one of principal causes of deaths in the country. Cancer deaths are third only to cardiovascular and respiratory deaths.

Tajikistan, as well as all other countries of central Asia, faces an increased threat of an HIV/AIDS epidemic. Over the last three years, the number of HIV-positive people in Tajikistan has increased almost tenfold. According to the Ministry of Health, on 1 January 2006, 506 HIV-positive people were recorded; of whom, 85.2% were men (431) and 14.8% were women (75).

According to data from the Republican Center of AIDS Prevention and UNAIDS, the actual number of patients is more than 6,800.

The most common method of transmission is via injecting drugs (357 cases). Transmission through sexual intercourse accounts for 70 cases. In 74 cases, the method of transmission is unknown and five were infected via a blood transfusion. People aged between 20 and 39 years represent the largest group of carriers (84.2%).

Growth of cancer incidence and the spread of HIV infection in the Republic have resulted in questions on how to develop palliative care. Availability of palliative care depends, first of all, on the level of development of the healthcare system. At the same time, spending within the healthcare sector have decreased from 4.5% of the gross national product in 1991 to 0.9% in 2003. The total amount of state expenditure on healthcare in 2003 was US$12 per capita.

It is obvious that such amounts are insufficient for maintaining normal function of the existing healthcare system. It is also not enough to satisfy the population needs, 64% of whom are categorised as poor.

According to a survey of living standards in Tajikistan in 2003, among those who require help, about 50% cannot receive it due a lack of money, 33% are self-treating and 11% hope that the problem will disappear by itself. The last is associated with poverty more often and is one of the reasons for refusal of help and inadequate use of healthcare services among the poor.

The overwhelming majority of experts interviewed by us consider that palliative care in the Republic is at a very low level.

At the current time, the physical infrastructure and the condition of medical equipment and institutions represent a serious problem. Ninety-five per cent of the equipment is worn out and outdated, and the majority is not in working order.

The availability of qualified medical staff, particularly in primary care in the countryside, does not match requirements for providing effective medical aid. For the period of 1990–99, some 10,000 doctors and 39,000 workers with secondary medical education have abandoned the healthcare sector. This is connected with low wages; the monthly wages of a doctor is about US$6, which is below the average cost of living. There are also other problems, in particular the problem of disproportionate distribution of doctors and medical nurses between the cities and villages.

During the survey, it was revealed, that the most accessible preparations are analginum (dipyrone) and baralginum (52.3%). Only a minority use tramadol (1.9%), morphine (1.3%) and codeine (0.6%).

Answers of respondents have shown that the availability of medicines is influenced also by the wealth of respondents. Around 9% of respondents buy the preparations independently. Three-quarters of respondents did not receive any help from any organisations or private funding. Others received help from the Republican Clinical Center of Oncology (9.4%), international funds (8.2%), private funds (2.4%), the Ministry of Health (1.8%), oncological establishments within their district (1.2%) and executive committees (0.6%).

Results of the survey have shown that, although some help is available for terminally ill patients, there is no help available for their families after their deaths; This was noted by nearly 76% of our experts. Only 10.3% of respondents noted the registration of benefits for children up to the age of 18, and 13.8% were allocated money to help with burial.

The analysis of the current healthcare system infrastructure and the results of the interviews show a lack of palliative care availability for the general population.

There is also insufficient palliative care education for medical students. The subject of palliative therapy is not currently taught during a doctor's training.

There is also currently no legislation about palliative care. Despite a formal recognition by the state on behalf of the Ministry of Health of the Republic of Tajikistan of the importance of this problem, which is not only medical, but also social, and the need to create palliative care services, concrete steps in this direction have not yet been undertaken.

Neither the problems of providing palliative care, nor their solutions, are reflected in any strategic documents.

To promote the creation of a palliative care national policy and for improvement of access to palliative care in Tajikistan, it is necessary:

- To promote a change of position by the government from a formal recognition of the need to create palliative care services to real steps, such as creating a legislative base regulating and defining palliative care in the Republic of Tajikistan
- To assist in a change of priorities in the public healthcare services policy so that sufficient resources are allocated to palliative care
- To mobilise financial resources
- To mobilise human resources
- To develop educational programmes for the medical workforce, politicians, managers and the public as a whole
- To unite efforts of the interested structures, such as the state, non-governmental and international organisations
- To establish an Association of Palliative Care in the Republic of Tajikistan
- To promote development of national policy in the field of medicinal products
- To develop reports on palliative care treatment within the Republic of Tajikistan ■

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Helping people at the end of their lives

Between February 2003 and October 2004, a systematic, empirical study of hospice and related development in Europe was undertaken; the report is now available in four different languages – English, German, Polish and French. The study was founded by the Robert Bosch Foundation, Stuttgart. The results were split into two parts:

- A comprehensive analysis of how today's palliative care situation in Europe is provided, including previously unidentified statistics
- Standardised profiles of 16 European countries are presented, that is: demographics; the history of hospice and palliative care; the number of current services; funding; education and training of professional staff; the role of volunteers; and in-depth case portrayal of particular services.

The following countries were part of the research study: Austria, Czech Republic, Denmark, England, Estonia, France, Germany, Hungary, Italy, Latvia, Lithuania, Netherlands, Norway, Poland, Slovakia and Ukraine.

The authors hope that this comparative study will contribute to the ongoing discussion. Presumably the questions involved with the issue will be among the most important for the future of Europe. The answers given may set the tone for the development of the growing European Union. The study should interest people working in the field of palliative care who would like to know: What is happening in other countries? How can we learn from each other? What mistakes can be avoided? The latter point could be especially interesting for activists in those countries where palliative care is still in its infancy. The study is available online at: http://www.lit-verlag.de/isbn/3-8258-8978-5

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The German, French and Polish versions of the study are available at: www.uni-giessen.de/hospizprojekt ■

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