

End of Life Care:

An approach to patient-centered care in Iran

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Outline - Palliative Care in Iran

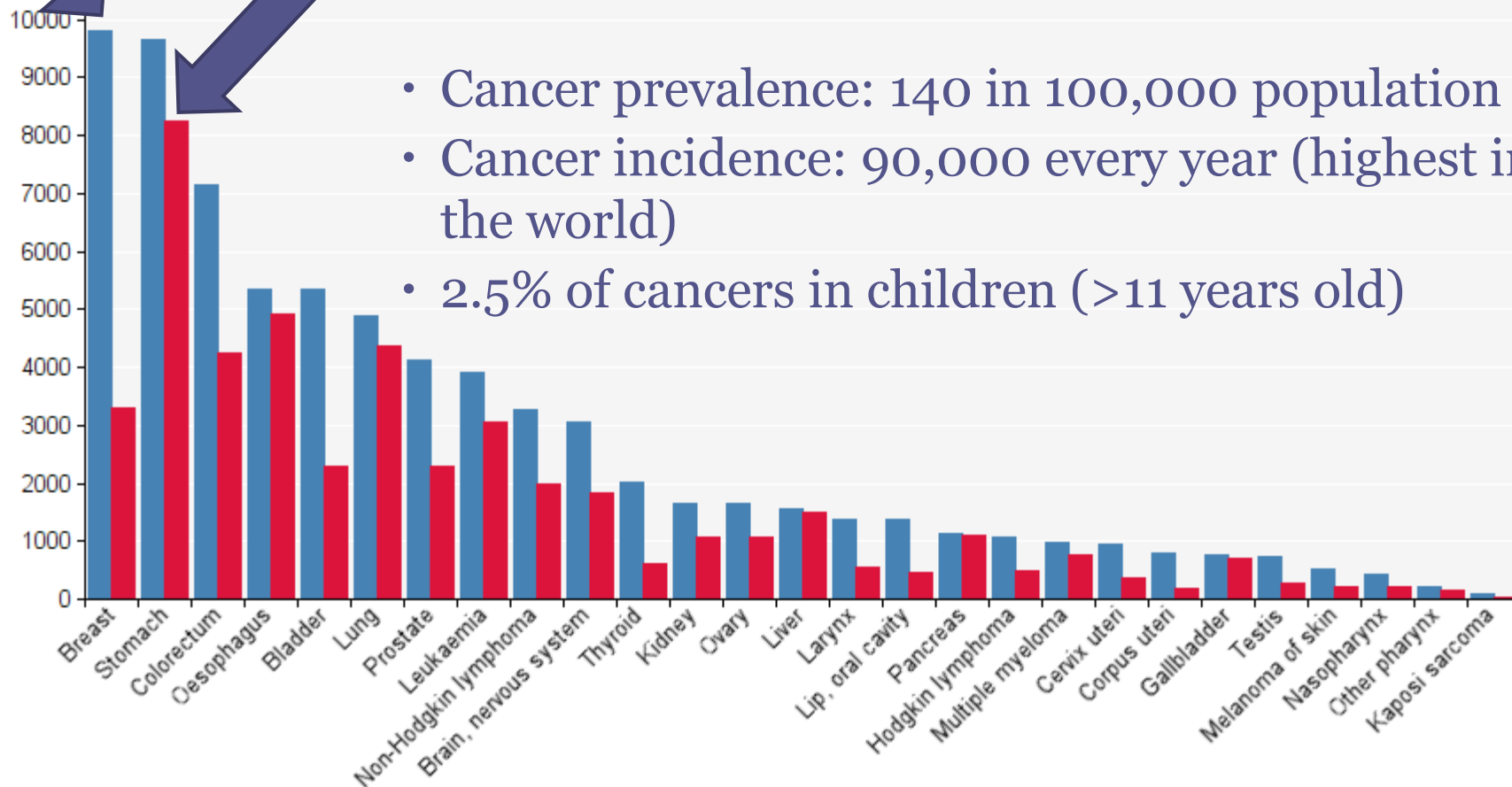
- **Definitions**
- **Cancer incidence and mortality**
- **Palliative Care Values**
- **Palliative Care Centers**
- **Palliative Care Process**
- **Palliative and Cost of Care**
- **Publications, research and studies**

Definition

- **End-of-life care** (or EoLC) in Iran we call it supportive care near death and it is not only for patients in the final hours or days of their lives, but also for those with a terminal illness or terminal disease condition that has become advanced, progressive and incurable.
- **Palliative care in Iran is homebased:** we use this approach to improve the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Cancer incidence and mortality in Iran

International Agency for Research on Cancer Iran, Islamic Republic of: Both sexes, all ages



- Cancer prevalence: 140 in 100,000 population
- Cancer incidence: 90,000 every year (highest in the world)
- 2.5% of cancers in children (>11 years old)

■ Incidence
■ Mortality

Palliative care values

- **Respect for Islamic and other religions and legislation standards**
- **Respect for cultural and spiritual believes**
- **Holistic and community focus**
- **Death with dignity**
- **Patient Centered /Teamwork**
- **Dynamic interaction with profit and non-profit organizations and charities**

Respect for religion and culture

Through our spiritual support we respect the diversity of the religious and cultural belief systems in Iran. Each denomination will have their clergy attend to them:

- 99% of Iranian are Muslim
- 1% are Christian, Zoroastrian and Jewish
- Culturally diverse people of Iran are Kurds, Turks, Lors, Arabs, Baluch, etc.

Holistic and community approach

- **Holistic** providing holistic care is a complementary approach to the spiritual care provided in the Iranian culture
- **Community** consists of:
 - All persons involved with the patients
 - Charity is a culturally embedded activity
 - All provinces are getting involved

Death and Dying

- Islamic and legislation standards:
 - No euthanasia
 - Allow natural death (no CPR is not permitted: no legislation)
 - Cultural believes
- Place and time of death (publics hospital, private hospital, home, nursing home care, ...)
- Death with dignity
- Death certificate: home care GP, 115 call emergency, private

Patient Centered Care

- Early diagnosis and intervention:
 - Chemotherapy, radiotherapy and surgery
 - Rehabilitation, nutrition, blood transfusions, antibiotic, etc.
- Design a health plan with educational component:
 - Patients and family participation
 - Team work to promote acceptance of the disease
 - Improve quality of life
 - Reduce depression
 - Death with dignity



All patients in any
stage of disease

Supportive care clinic

- Symptom control: pain, nausea, vomit, insomnia, depression, constipation, bedsore, colostomy, lymphedema, etc.
- Pain management: psychological, economical, familial pain
- Medications: Morphine, Oxycodone, Fentanyl, Tramadol, Pethidine, Methadone, ...
- Invasive pain management by pain specialists (anesthesiologist)

Palliative Care Center: Isfahan

Services	Number	Services	Number
Admissions	11436	Social work	7400
Nutrition consultation	1500	Home visit	11000
Pain consultation	3200	Phone-based Consultation	23000
rehabilitation	1700	Psychology consultation	6000
Lymphedema	9700	Complementary medicine	520
Genetic consultation	2300	Spiritual care	1106

Patient Center Care

Opportunities:

Since 2010 in Isfahan

- Teamwork (oncology, psychology, radiotherapy, supportive care, spiritual care, social worker)
- 69% of patients accepted a natural death at home
- Phone-based Consultation: 24 hour a day even holidays (more than 80% problem solving)
- Home care AND Home visit

Challenges:

- Lack of skilled workers
- Lack of standard of hospice care
- Lack of organization to recruit and empower volunteers

Palliative Care in Tehran

Services	Number	Services	Number
Admissions	3750	Social work	3900
Nutrition consultation	844	Home visit	542
Pain consultation	390	Phone-based Consultation	14000
rehabilitation	600	Psychology consultation	26000
Lymphedema	240	Complementary medicine	360
Genetic consultation	740	Spiritual care	840

Palliative Care Center Gorgan

Services	Number	Services	Number
Admissions	1571	Social work	1500
Nutrition consultation	360	Home visit	495
Pain consultation	1000	Phone-based Consultation	1500
rehabilitation	510	Psychology consultation	4500
Lymphedema	400	Complementary medicine	1400
Genetic consultation	-	Spiritual care	

Palliative Care Processes

1. Administrative:
 1. Admission by a skilled and approved secretary
 2. Documentation: medical record by a physician
 3. Cross check by another physician and oncologist
2. Care Planning:
 1. Patient
 2. Family
3. Iranian modified Hospice care
 1. Phone-based Consultation
 2. Pain management
 3. Reduce side effects of disease
4. Home care and home visit at home
5. Determine the place of death (dignity and respect of the religion)

Economy of Palliative Care and Cancer

- Government and security social insurance cover more than 90% of treatment expenses
- Other private and complementary insurance companies
- Patients choosing private hospital will bare majority of the cost

Charities and Cancer in Iran

Around 160 charities and NGOs are involved in cancer treatment:

- Prevention
- Treatment and Research
- Financial support

ALA charity since 2009 has been involved in all above mentioned activities specifically Palliative Care Ward e.g. home care, home visit.

THANK YOU

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