



Addressing palliative care in low-and middle-income countries

This is the ninth issue of the *Christian Journal for Global Health* and features responses to our call for papers relating to Christians and the global palliative care movement. This is an auspicious year for palliative care, being the 50th anniversary of the establishment of St. Christopher's Hospice in London by Dame Cicely Saunders. Then, in September, the comprehensive report of the Lancet Commission of Palliative care was released. This 64-page guide includes a section that outlines the huge inequality in access to palliative care and appropriate pain relief in LMICs compared to HICs. Interestingly the commission report also outlines the importance of clergy and FBOs in palliative care but then concludes, perhaps unsatisfactorily, that little is known about their involvement and more research is required. Accordingly, the Lancet findings speak to the niche for this edition of the CJGH which focuses on the Christian response to palliative care in LMIC settings (p44).¹

With an estimated 21.2 billion severe health-related suffering days per year globally, 80% of which occur in LMICs, the opportunities to serve this neglected disease burden are great. Christians have an honorable history of contributing to the compassionate care of the dying in the less developed areas of the world as epitomized by Saint Theresa's work in Kolkata. In that tradition, five submissions in this issue describe how palliative care is being carried forward in three continents.

Eileen O'Shea *et al* describe a faith-centered effort to develop leadership in palliative care nursing at Fairfield University in Connecticut, USA. Clearly nurses are at the center of the delivery of palliative care and through the Kanarek Center for Palliative Care Nursing Education students experience a core curriculum steeped in

Christian ethics, communication, philosophy, theology, humanities, math, and science. Daniel Munday and Ruth Powys reflect on the work of Christian missions in Nepal in supporting palliative care and the particular challenges of cultural sensitivity, rural residence, the cost of end-of-life care, and changes in family life. Eleanor Foster introduces a participatory community-based approach which has been integrated with palliative care service in Kenya.

One issue that surfaces in the care of the dying is resuscitation. Not many hospitals in LMICs are equipped to offer intensive cardiac resuscitation, but those that begin to do so may face unique challenges. In his submission, *Death in a mission hospital*, James Richie gives an account of what initiating a program of advanced cardiac resuscitation turned out to entail for a rural Kenyan mission hospital. Its leaders were moved to define and educate their staff on a Christian understanding of death and advanced directives. This process, of course, brings up the need to understand local customs and beliefs regarding death. In a related guest editorial Ian Campbell muses on what an understanding of local culture can mean in a series of probing and challenging questions that are relevant not just to dying but to the communication of the gospel more broadly. Reena George also offers a poetic reflection on death and communion.

Even when a particular issue centers around a theme like palliative care or medical education, the editors continue to welcome submissions on a variety of subjects. Although faith-based efforts in healthcare in LMICs have a long and venerable history, there is a general sense that these efforts have not been sufficiently acknowledged or credited by governments and world bodies. In an effort to provide a quantitative estimate of FBO contribut-

ions, Alfredo Fort analyzes publicly available databases from the health care sector in Kenya. FBOs were responsible for somewhat less overall health presence than expected, but scored high in most measures of quality by international development standards. Sustaining a missionary presence in LMIC, of course, requires people, particularly long-term local and expatriate staff. John McVay, Christopher Place, and David Stevens describe the results of two surveys of would-be or current cross-cultural medical missionaries to ascertain factors facilitating their stays on the field and/or obstacles to their going in the first place. In particular, mentorship, teamwork, and fellowship were found to be important, which has relevance for recruitment and retention.

The editors are pleased to publish a delightful essay on *Anatomy lessons* by Professor Reena George and Shefali Mathew, which highlights the way God speaks through creation (Ps 19:1-4) if we would listen intently to the design of the human body. Helen Fernandes and her colleagues have studied inclusion of people with mental illness (for which they prefer the term psychosocial disability) in three LMIC countries: India, Nepal and Afghanistan. They highlight the roles of community and government in improving access and provision for these individuals. Also, on the subject of mental illness, Daniel O'Neill has reviewed a new book on an increasingly major global non-communicable disease: dementia, which shows how Christian principles and practices contribute to dignity, meaning, and quality personal care giving.

Our July 2017 issue was focused on family planning, but not all the ethical issues and controversies were able to be expressed there. Monique Chireau Wubbenhorst and Jeffery Wubbenhorst contribute a provocative essay on whether evangelical Christian organizations should support international family planning. Using a historical, public health, obstetrical, and theological framework, they urge caution to avoid a “contraceptive mentality” which can be influenced by secular family planning organizations and promoters which almost always consider elective abortion an important part of meeting global health and development goals. Not everyone will agree with their argument, that contraception and abortion are inextricably linked. On the other hand, the authors’ well thought out suggestions and principles for Christian involvement in family planning should be considered. Paige Cunningham and Michael Sleasman from the Center for Bioethics and Human Dignity weigh into the ethical considerations for promotion of family planning in developing countries.

References

1. Knaul FM, Farmer PE, Krakauer EL, et al. Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: the Lancet Commission report. 2017 Oct 13. [http://dx.doi.org/10.1016/S0140-6736\(17\)32513-8](http://dx.doi.org/10.1016/S0140-6736(17)32513-8) The full palliative care commission available from: <http://www.thelancet.com/commissions/palliative-care>