

Professional Training and Access to Palliative Care in Primary Health Care in Low and Medium-Income Countries



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Abbreviations: NCD: Non-Communicable Diseases; SHS: Serious Health-Related Suffering;

Mini Review

The demographical and epidemiological transition of developed and developing countries has caused social changes to meet the demands of the population's aging and the rise of chronic non-communicable diseases (NCD), such as cancer, diabetes and cardiovascular diseases, many of which are in an advanced evolution stage [1-5]. More than 25,5 million people who died in 2015 - 45% out of 56,2 million of deaths registered worldwide - had serious health-related suffering (SHS). Out of them, more than 80% of the people who died with SHS in 2015 were from developing countries and the big majority of them do not have access to PC and pain relief [6]. The access to PC is even less likely in the community where most patients are living and where they wish to remain. Therefore, millions of people who are vulnerable have their well-being rights denied [7]. Knowing these facts, it is clinically and morally imperative that PC be integrated to Primary Health Care [7-9].

PC is relatively new to national health care systems, particularly in low and medium-income countries [10], and even though there are examples of developing countries that have integrated, in an efficient way, PC to their health care system [11], there still are many challenges to be faced. In these countries, on top of poverty, limited resources, the lack of adequate infrastructure and inequality [12-14], one of the biggest obstacles to the population's access to these cares is the lack of PC training among the health care professionals [7], since most of these professionals have little to no knowledge regarding the principles and practices of this health care modality [10]. It is not viable or even necessary that PC be delivered exclusively by specialists in the area. Instead, most of these cares can and should be given by Primary Health Care professionals who have gone through at least a single basic training program in

PC [7]. Health care professionals with PC training along with a set of medications and simple, safe, efficient and affordable equipment, can meet the demand for PC efficiently for most patients in Primary Health Care [15].

Therefore, one of the requirements to the PC accessibility to the population in Primary Health Care, is that the health care professionals working in this context have access to quality training in PC. In Brazil, for instance, the biggest country in Latin America and where PC is steadily growing, the public health care system has sought to express in its public policies the governmental concern with this new scenario, in order to prepare all the levels of health care attention to deliver the adequate assistance to people who need PC. With these intentions, in 2018 the national health care management commission published a directive regarding the organization of PC in the public health care system, in which it is highlighted that PC should be offered at any point of the health care system, especially in the Primary Health Care level [16]. However, in the Brazilian scenario, good professional PC training courses are hardly accessible to Primary Health Care professionals, since most of these courses are restricted to a few big urban centers and are very expensive, considering the average wage of most Primary Health Care professionals in Brazil.

Finally, the demand for training in PC for Primary Health Care professionals is one of the main challenges right now for public health care managers. It is necessary to translate the already developed scientific knowledge in this theme to develop public policies that foster the qualification of health care professionals who already work in the area, in order to meet the population's demand for PC.

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