

Colombians' Situation Regarding Palliative Care: Perspective of a Nursing Professional



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Abstract

Despite the existence of specific legislation in Colombia regarding palliative care of patients with chronic and/or terminal diseases, the majority of Colombians do not have access to these services and both patients and their families lack this important support in this life process.

Keywords: Palliative care; Health care; Terminal; Chronic; Degenerative and irreversible diseases; Integral management

Opinion

In Colombia, Law 1733 of 2014 (Consuelo Devis Saavedra Law), regulates palliative care services for the integral management of patients with terminal, chronic, degenerative and irreversible diseases at any stage. Despite its existence, according to the Palliative Care Observatory of the El Bosque University (2016), in our country only 40 percent of the 136,846 people who died due to conditions susceptible to receiving palliative care could access this service. So, what is happening? Why does a good part of the population not have access to these services? There are multiple causes, including the lack of people's knowledge of this right, the barriers that the Colombian healthcare system itself generates, difficulties with coverage, economic interests, i.e. wanting to avoid spending resources in patients who have no cure, and the education of health professionals in Colombia who in their different schools generally receive little or no training around this important process in the life of every human being.

Many of the people who have chronic or terminal illnesses suffer their disease process or die in hospitals, in the midst of situations of pain and loneliness, without having this support and specific help at that moment in life. The relatives of these patients sometimes seek help from professionals who work privately, thus affecting the economy of their households. Colombian legislation establishes programs that include procedures to guarantee quality of life and dignity of the patient, pain management, spiritual and psychosocial support, not only for the patient but also for their family group, however, fulfillment of these actions is minimal to none for a great

proportion of Colombians who go through this situation. As a nurse I have had the opportunity from my personal and professional experience to accompany some human beings who have suffered chronic or terminal illnesses, working hand in hand with medical doctor specialized in palliative care who were hired privately by the patients' families at considerable costs. I wish all Colombian families could access such services through the State, since it is through this strategy that the interaction of a group of professionals, the patients, and their families can result in mitigation of the pain and suffering of both the patient and the relatives at their own home.

A question that should be asked to every patient with a chronic or terminal illness, is where they would like to die or spend the last days of their life. Most human beings would like to be in their homes, surrounded by their loved ones, in a close and warm environment. If our healthcare system considered these important details, the lives of these patients and their families would become much more bearable at such a painful and difficult time.

For relatives of patients with a chronic or terminal illness it is quite difficult, in addition to all the pain that comes with having a loved one in this situation, to face the problems that arise when having their relative in a health institution in terms of costs, commutes, availability of time for assistance, risks related to their health due to being in contact with a hospital environment, among others. Understanding the situation of the patients with chronic or terminal illnesses and their families is part of that dynamic compassion that forms the essence of

nursing: care. That is why the integral assistance of that human being and their family in this process of irreversible pain and/or the end of life is fundamental. It is there that we play a vital role in which alleviating suffering is part of that ethical commitment that we acquire as professionals.

From the social sphere, we have another important ethical commitment and it is to educate patients and their families about the rights they have according to the Colombian legislation regarding palliative care, so that they can make proper use of them

and that these programs do not only remain on paper, that way we will be exercising the ethical concept of advocacy in nursing practice. Palliative care is not exclusive for people with terminal stage diseases, this care can also benefit those patients who have pain or suffering as a result of chronic diseases, alleviating this pain means contributing to improve their quality of life and therefore keeping always in mind their human dignity on top of other factors or conditions; this must be a matter of concern to the healthcare systems and higher education institutions when it comes to training professionals in the healthcare area.



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