

Palliative care in Solomon Islands: time for a hospice?

by Jo Spratt

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Solomon Islands National Referral Hospital
(Credit: sendhope.org)

My [first blog](#) summarised initial research into palliative care in the Pacific. Yet, to really understand what palliative care provision exists across the Pacific, country-specific analyses are necessary. I worked with Gabriel Spencer, Non-Communicable Disease Research Officer at the Ministry of Health and Medical Services in Solomon Islands, to undertake an initial exploration. Through talking with health professionals, policymakers and community stakeholders, we got an overview of the palliative care situation in Solomon Islands, and identified areas for further research and possible action.

What Gabriel and I found can be summarised as follows.

1. Everyone we talked to agreed there was a real need for more palliative care.
2. Everyone was concerned about the fact that families were providing palliative care, but generally on their own with little support for what can be highly complex physical, emotional, social, spiritual and psychological needs.
3. Health professionals were doing their best to provide palliative care, but wanted more professional development and systems improvements to support them.
4. Pain management needed improvement, in particular the regulation, management, prescription, distribution and use of opioid analgesia. In many cases paracetamol is the only pain relief people get.
5. Talking about peoples' prognoses, death, and dying are difficult conversations for health professionals to manage, and they wanted to learn how to do this better.
6. At the National Referral Hospital, we found important actions underway to improve palliative care, which could be built on. These included: a nascent practice of prescribing pain relief for when a patient needs it, rather than only once or twice a day; clinical decisions not to resuscitate a person who was dying and noting this in their file; and Empower – the counselling service – providing valuable counselling and quasi-social work support to families with palliative care needs.

Solomon Islands' health statistics indicate a need for palliative care. In 2016 at least nine of the top ten [causes of death](#) were conditions in which people experience the serious health-related suffering that requires palliative care intervention, including ischemic heart disease, cerebrovascular disease, diabetes, chronic obstructive

pulmonary disease, and road injuries. Congenital defects and cancer are also prevalent. The Solomon Islands health system grapples with many other challenges too, including communicable diseases, maternal and child health, workforce shortages, aged and inadequate infrastructure, and populations dispersed across significant geographical spaces. There is much to do. Yet, improving palliative care will not only help alleviate serious health-related suffering, but simultaneously strengthen the entire health system.

For example, when health professionals have excellent communication skills, patients and their families experience a better quality of care. Assisting health professionals to have difficult palliative care conversations will improve their general communication skills, impacting all types of care they provide. Similarly, while complex palliative care can require specialist input, the foundation of palliative care rests on excellent basic care provision, such as: mouthcare, skincare, bowel care and wound care; assessing and managing pain; and offering social, psychological and emotional support. Because these are the foundations of quality health interventions, improving these foundations will reverberate throughout the health system. Investing in basic palliative care is an investment in the entire health system.

Our recommendations from our initial research are predominantly for donors, and include the potential to support professional development activities in the areas above, such as pain management and having difficult conversations. We suggest that an urgent, in-depth analysis of the opioid system be funded, with a focus on access to morphine.

Because most palliative care occurs in the home, we recommend a feasibility study into community-based action to support families. It is important that the palliative care response focuses on existing strengths, such as family care-giving, and is not confined to the formal health system. For the donor that wants to make a big impact, we suggest funding a community-based hospice, which could become a hub of excellence in palliative care. This would require funding for an extended period of time – unrealistic expectations of financial self-sustainability must be avoided.

Our research recommendations were similar to those contained in my [regional research report](#). Further to these, research in Solomon Islands (or any individual country) on the availability and cost of the [Lancet Commission's](#) palliative care Essential Package (also see Appendix 3 of the [discussion paper](#)), will make an important contribution to improving palliative care in Solomon Islands. Pain, death and dying are deeply cultural, and for appropriate responses a greater understanding of these issues would be helpful.

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What this initial regional and Solomon Islands research shows is a very real, deep need for increased attention to palliative care both in individual countries, and across the Pacific region. There are strengths to build on, and greater donor and regional agency funding and attention can expand on these. We have enough information to know that people die suffering unnecessarily. The question is: what are we going to do about it?

Read the full [discussion paper](#), as well as the [regional research report](#) and [accompanying blog](#).

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Link: <https://devpolicy.org/palliative-care-in-solomon-islands-time-for-a-hospice-20190411/>