



A Palliative Care Journey in Kenya

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Kenya Demographics

- Population of Kenya is estimated to be 52.5 million.
- Leading causes of death are :
 - infectious disease
 - cardiovascular disease
 - cancer
- It is estimated that the annual incidence of cancer is about 37,000 new cases with an annual mortality of 28,000 cases. The leading cancers in women are breast and cervical and in men, prostate and esophageal.
- Seventy to 80% of patients are diagnosed in late stages because of lack of awareness, inadequate diagnostic and treatment facilities, high cost, and high poverty index.

History of Palliative Care in Kenya

- The **Nairobi Hospice** began providing home care in 1990
- **Kenya Hospice & Palliative Care Association (KEHPCA)** was founded in 2005 as a nonprofit nongovernmental organization representing health care institutions providing palliative care and individual health care professionals with an interest in palliative care.
- In 2007, 14 institutions providing palliative care to a population of more than 40 million.
- In 2021, 70 institutions providing palliative care, including hospices for home care, inpatient units in government hospitals, private hospitals, faith-based institutions, and community-based centers.

Some things are worth it. And at the end of the day,
you still have a choice.



Who we are:

Living Room is a health-care organization in Kenya.

—

We provide dignity and quality of life to people in Kenya affected by life-threatening illnesses through holistic care and education.



Our values:



Vision

Create a community of compassion that honors life and offers hope for some of the world's most vulnerable adults and children in need of hospice care.



Our values:



Mission

To extend quality physical, psychological, and spiritual care to patients and their families.



Mission Goals:



Provide Patient Care

We increase access & affordability of palliative care services to adults and children in Kenya.



Build Relationships

We strengthen our services and effectiveness of our reach through local relationships and international partnerships.



Systemic Transformation

We demonstrate a model of compassionate care as well as education & research in effort to be a catalyst for systemic healthcare change in Eastern Africa.



Financial Sustainability

We develop income generating businesses that are aligned with Living Room's mission to increase financial sustainability in our communities.

Our Facilities & Services:



Living Room Hospital

Eldoret, Kenya

49 BED INPATIENT HOSPITAL
 OUTPATIENT CLINIC
 PHYSIOTHERAPY
 LABORATORY SERVICES
 PHARMACY SERVICES
 PSYCHOLOGICAL COUNSELING
 CHAPLAIN CARE



Kimbilio Hospice

Kipkaren, Kenya

INPATIENT HOSPICE
 OUTPATIENT PALLIATIVE CARE
 PAIN AND SYMPTOM MANAGEMENT
 COMMUNITY BASED CARE PROGRAM
 PHYSIOTHERAPY



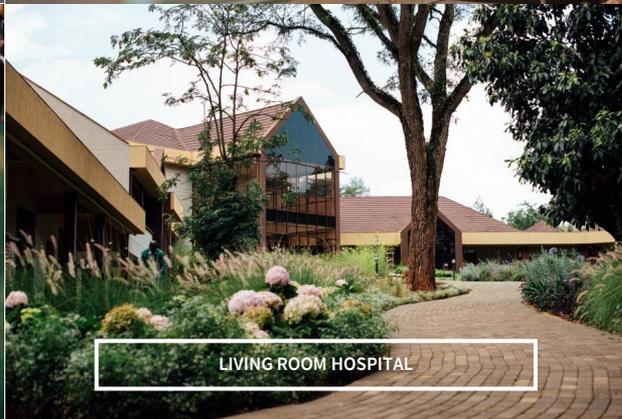
Kimbilio Funeral Home

Kipkaren, Kenya

BEREAVEMENT & FAMILY COUNSELING
 POSTMORTEM SERVICES
 TRANSPORT SERVICES & FUNERAL PRODUCTS



KIMBILIO FUNERAL HOME



LIVING ROOM HOSPITAL



KIMBILIO HOSPICE









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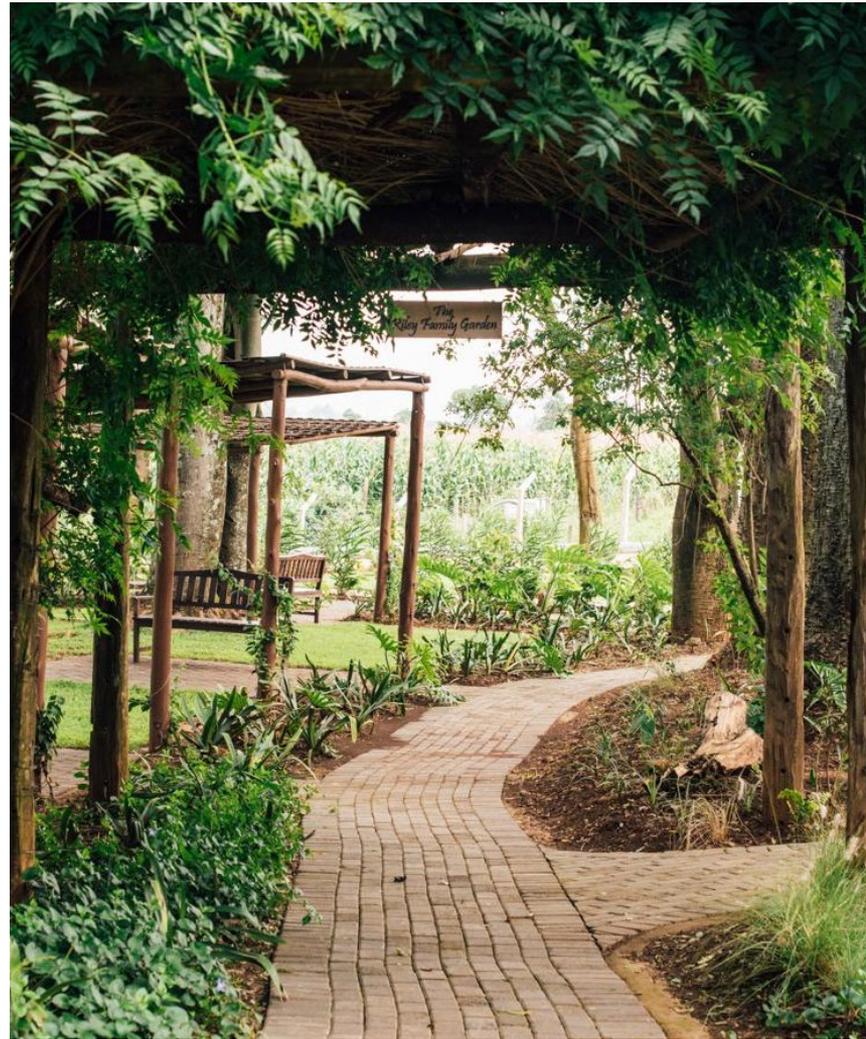
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*Honoring Life.
Offering Hope.*

Optimizing the global palliative nursing workforce to alleviate serious health-related suffering

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Palliative care needs in Sub- Saharan Africa

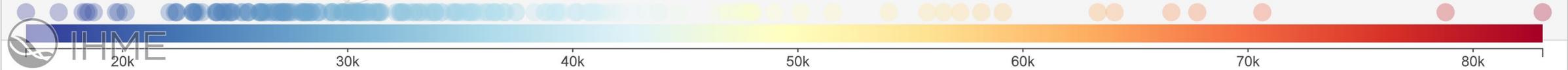
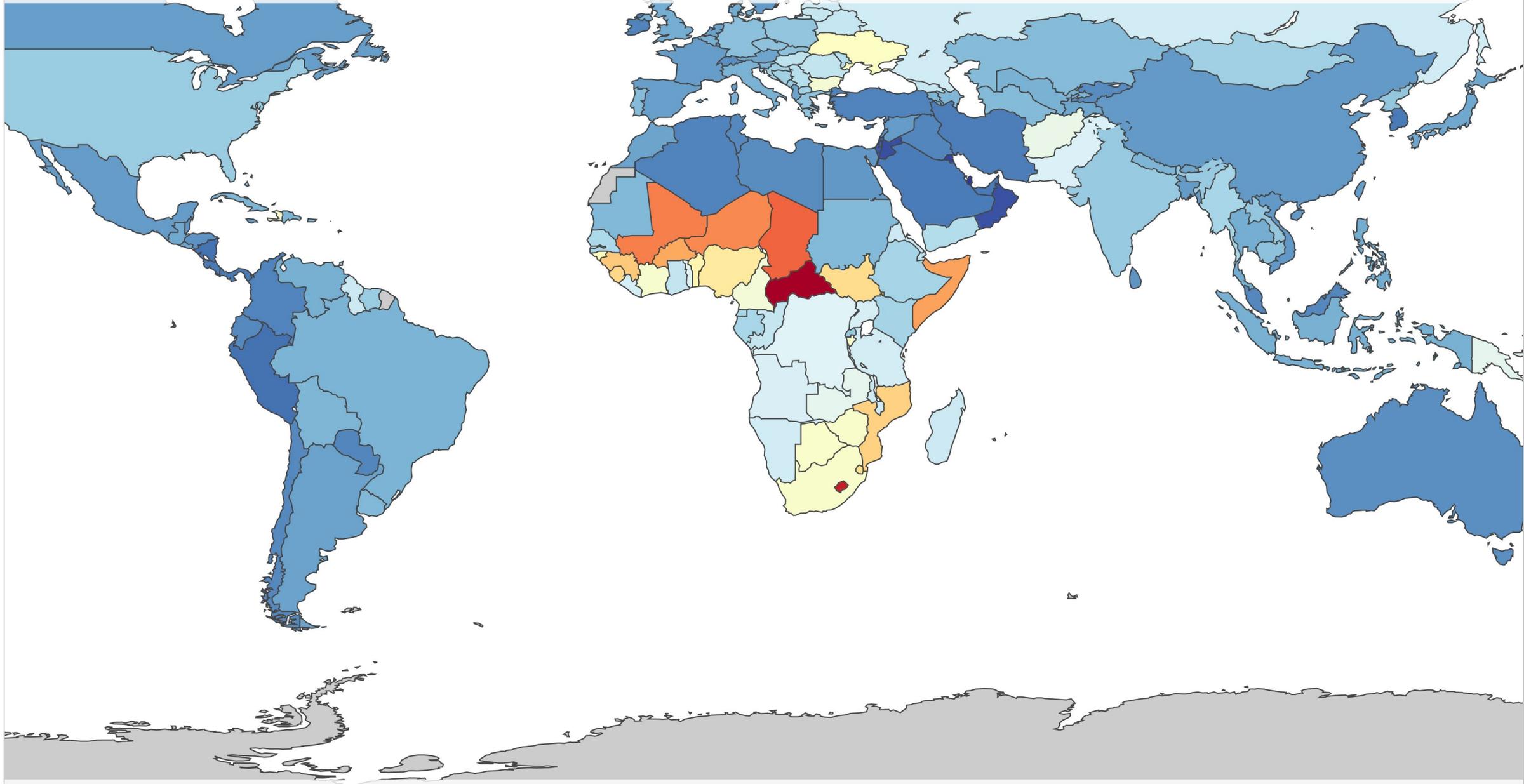
Persistently unmet needs

High deaths

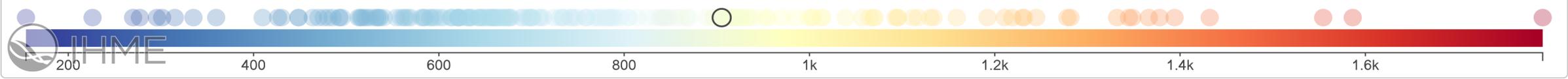
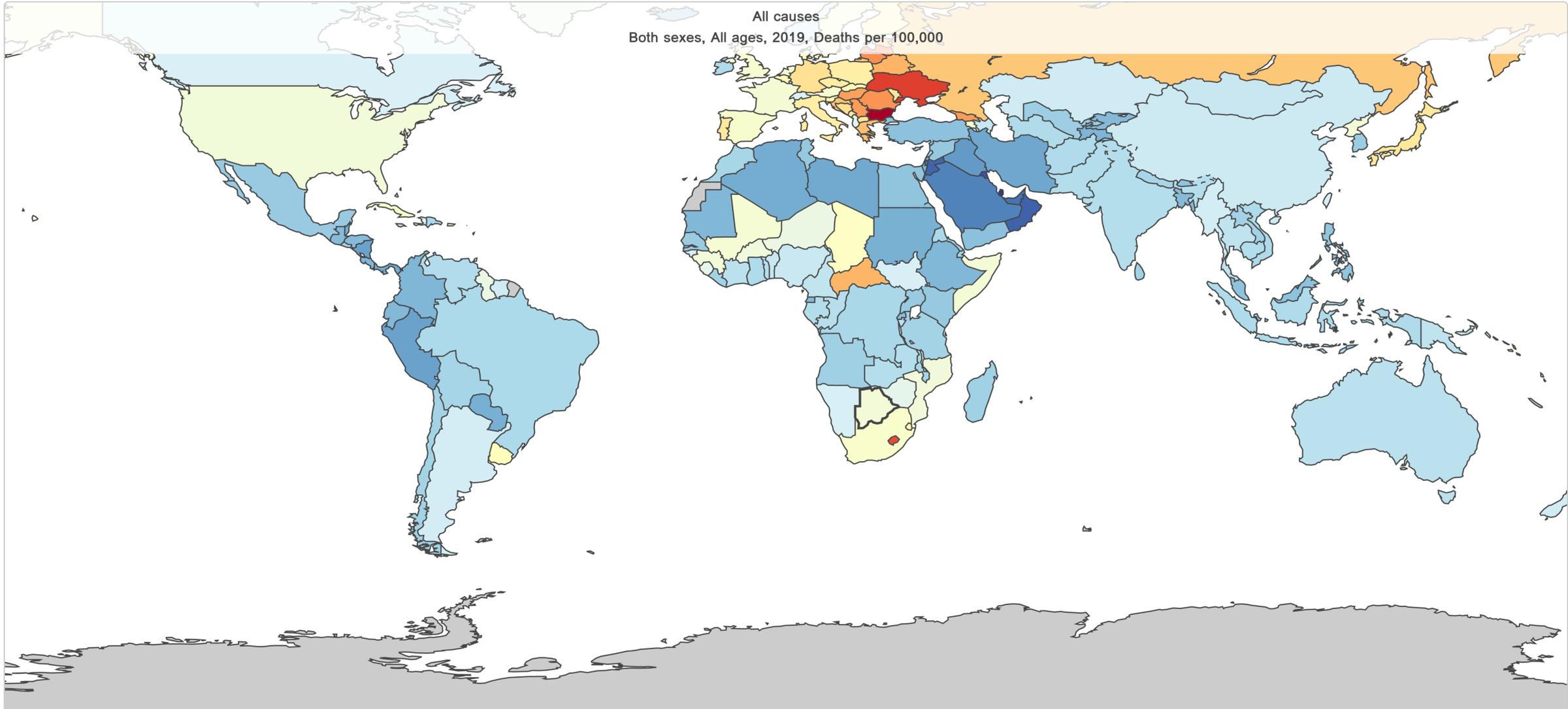
High Years Lived with Disability

High risk factors

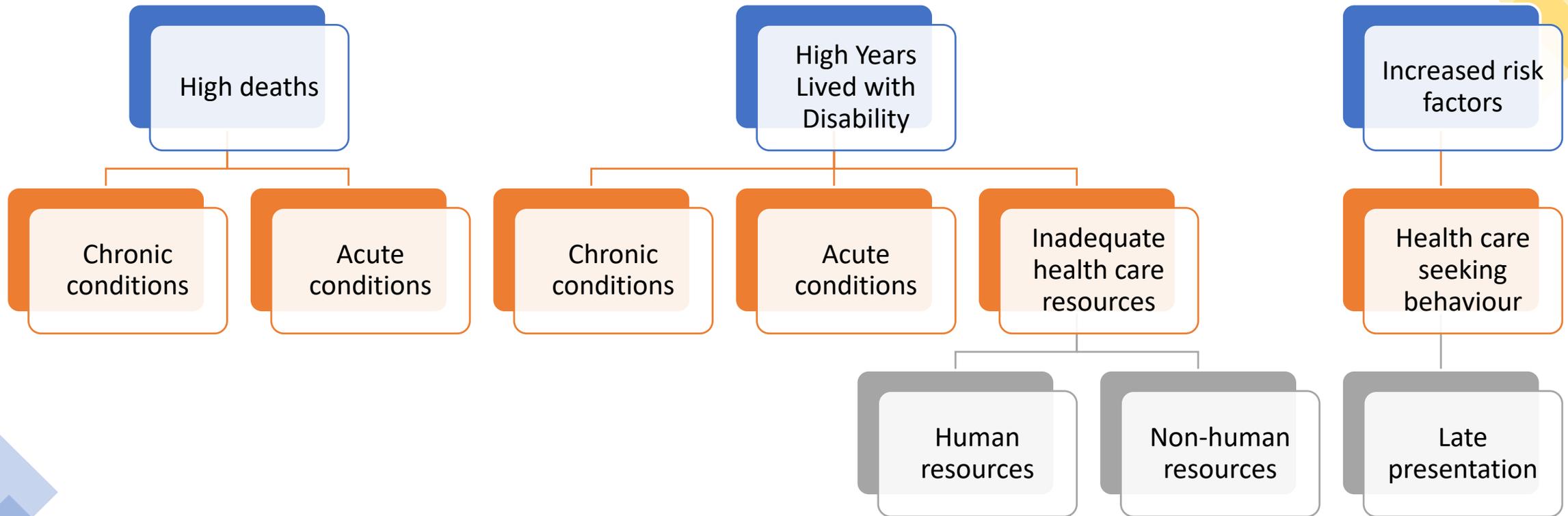
All causes
Both sexes, All ages, 2019, DALYs per 100,000



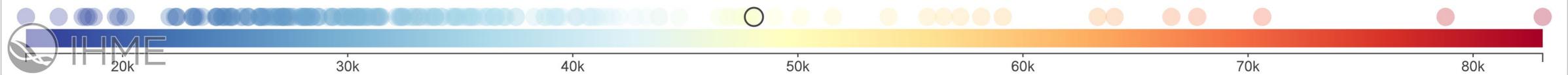
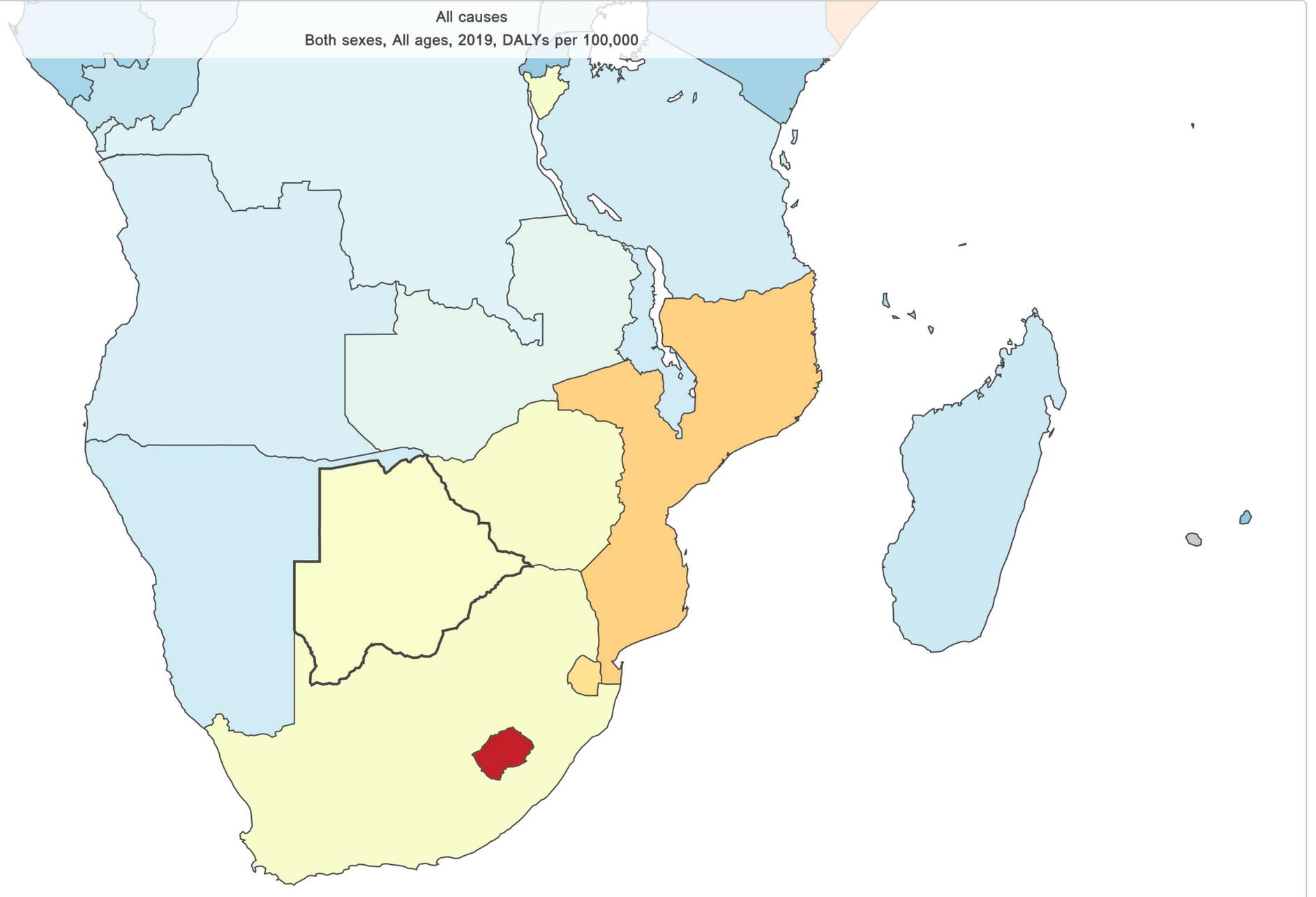
All causes
Both sexes, All ages, 2019, Deaths per 100,000



Palliative care needs in Botswana



All causes
Both sexes, All ages, 2019, DALYs per 100,000

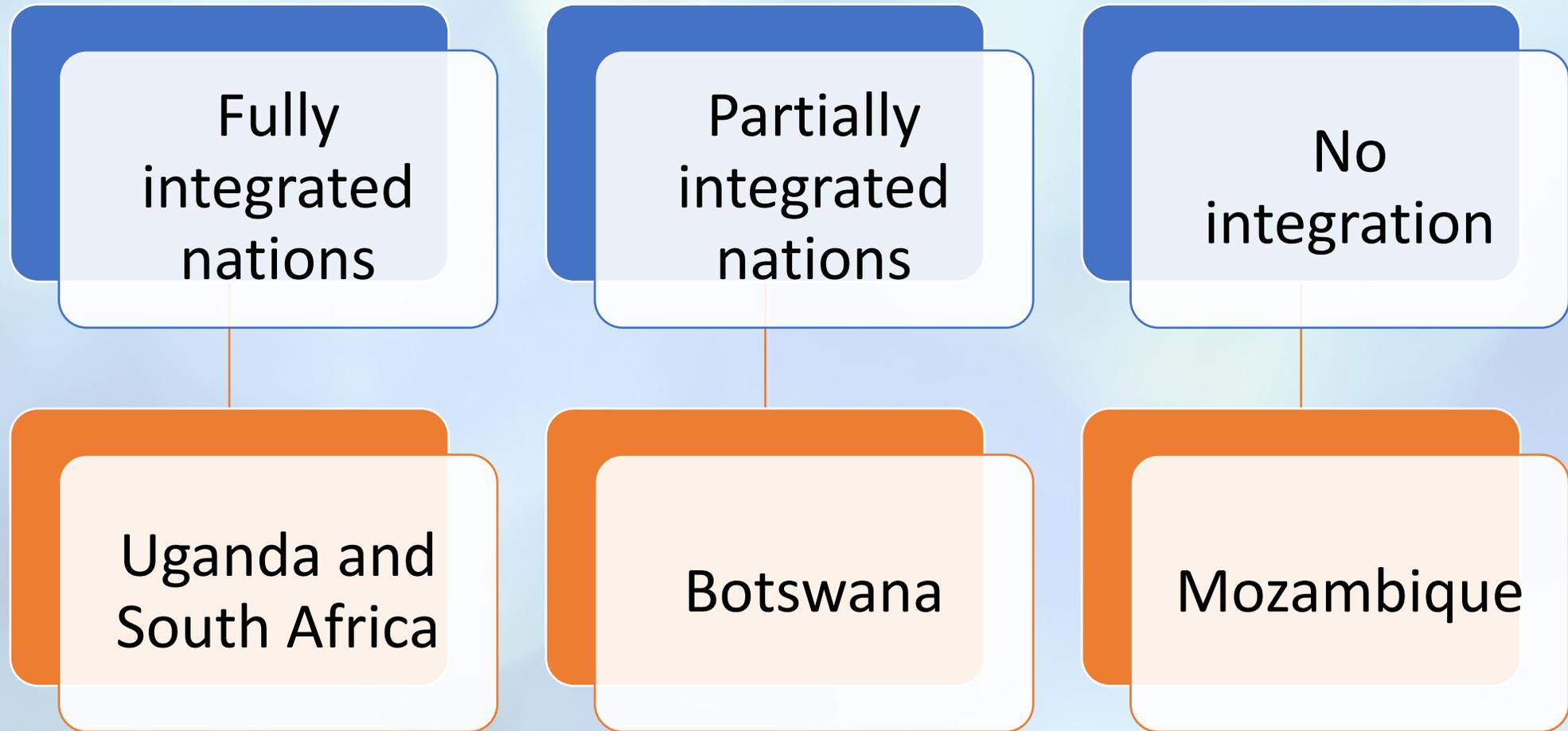


0,000

2019 rank



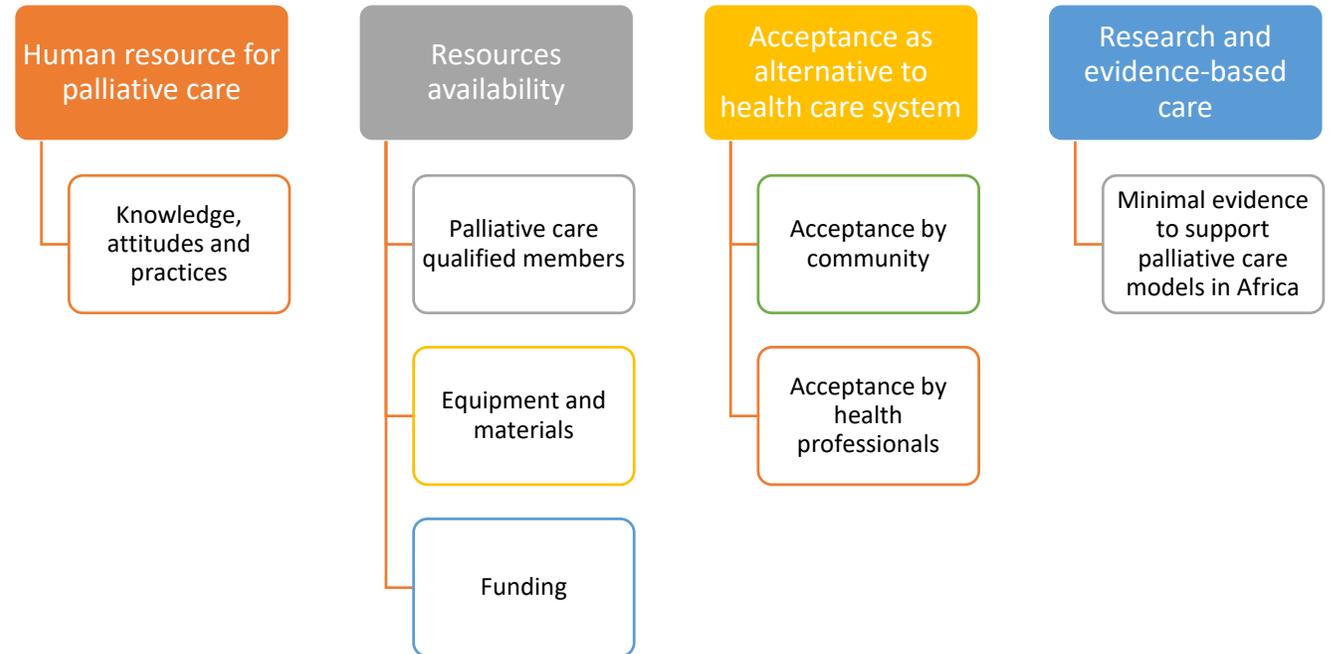
Progress of Palliative care in Sub-Saharan Africa



Progress of Palliative care in Botswana

- One of 74 countries worldwide considered to have “isolated palliative care provision
- Significant movement at national level in response to HIV/AIDS pandemic
- Community based model
 - Community members with minimum skills
- Policies to address Palliative care
- Partnerships
 - NGOs
 - Research
 - Training institutions

Challenges facing palliative care in the continent



Opportunities for growth

Pivoting on the available resources

- Nurses
- Community
- Partnerships

Research

- Models
- Evidence on practices

Awareness

- Community awareness
- Health care providers education and awareness

Opportunities for growth

Non-human resources

- Medications and supplies

Training

- Health care workers

Benchmarking

- Integrated countries used to benchmarking for other sub-Saharan African countries



THANK YOU

Educational needs of Japanese nurses and exemplars of nursing leadership in the region

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Graduate School of Medicine, Kyoto University

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About Myself

An Educator

An associate professor at the Kyoto University Graduate School of Medicine
Department of Fundamental Nursing in Kyoto, Japan

A Researcher

- Advance Care Planning (ACP)/decision-making support models for patients with serious illness and citizens
- Ethics education and training programs for healthcare professionals
- Clinical ethics consultations
- Research ethics

A Nurse

Med-Oncology, Palliative/end-of-life care, Hospice care



Contents

OVERVIEW OF TODAY'S TOPICS

Educational needs of Japanese nurses

Palliative care education in Japan

Serious Illness Care Program

Strategies to understand what matters

Leadership in the region





260 million

Persons aged 65 years or over in
Eastern and South-Eastern Asia

GLOBAL PERSPECTIVE

The largest increase is projected to occur in Asia, growing from 260 million in 2019 to 573 million persons aged 65 years or over in 2050.

UN World Population Ageing 2019,
<https://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2019-Highlights.pdf>

The Need for Decision-Making Support in EOL care



One of the most important tasks is to improve the quality of end-of-life (EOL) care by supporting decision-making on medical treatment and care that respects the wishes and best interests of the patient.

“Delivering person-centered integrated care and primary health services responsive to older people.”

WHO The Decade of Healthy Ageing (2021–2030)



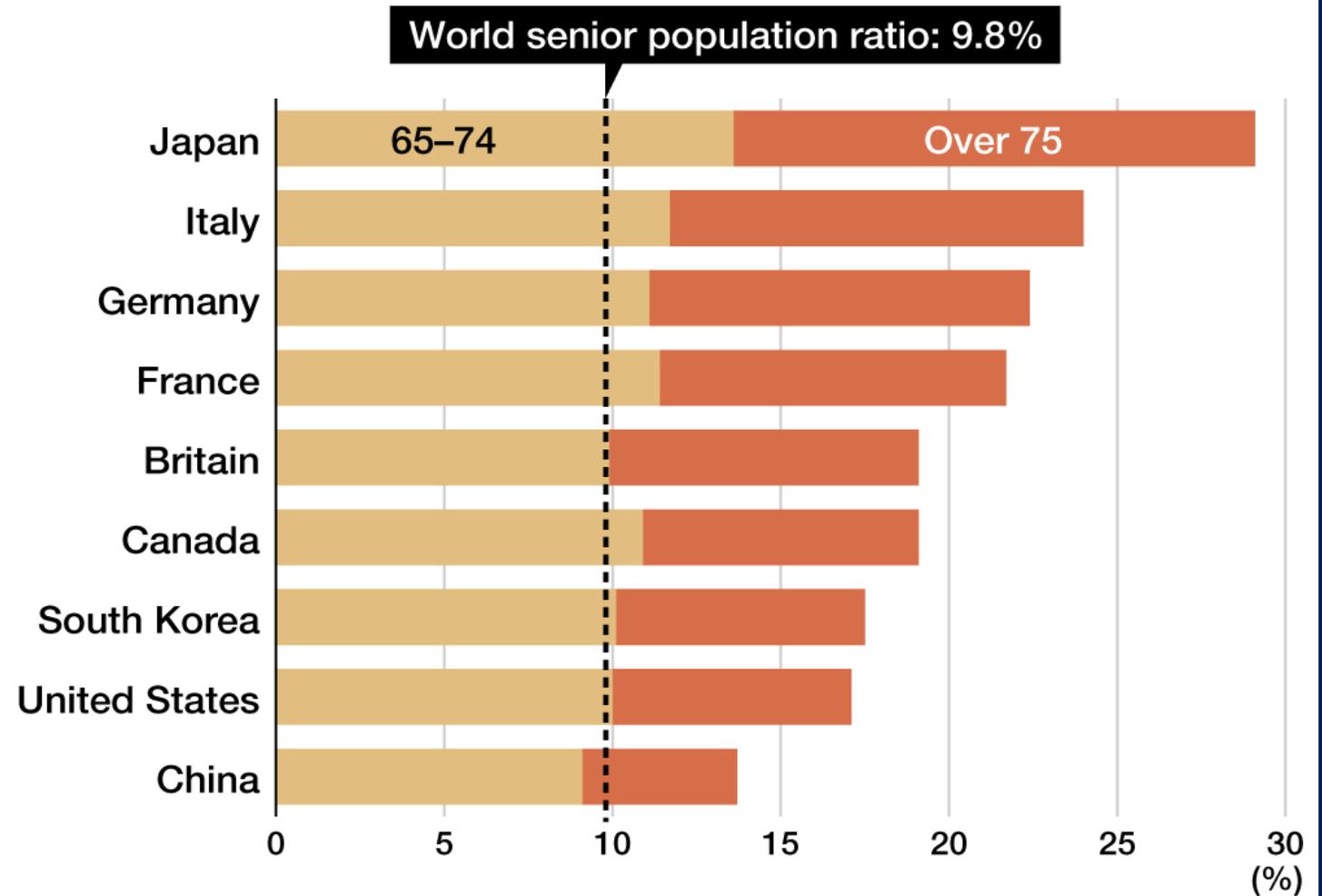
Japan has the highest senior population ratio in the world

Population 65 & over:

29.1%

36.3 million people

Senior Population Ratios in Selected Countries



Created by *Nippon.com* based on data from the Statistics Bureau, Ministry of Internal Affairs and Communications. Japan's value is based on population estimates as of September 15, 2022. Values for other countries are based on future estimates for July 1, 2022, from the United Nations' 2022 revision of *World Population Prospects*.

End-of-Life Nurse Education Consortium- Japan reached 60,428 Japanese nurses

- The ELNEC-Japan Project started in 2004.
- Trained 3,124 nurse educators, who in turn provided education to 60,428 nurses.





Challenges

of providing
palliative/EOL care in
Japan



Lack of knowledge and skills in advance care planning (ACP)

Basic education on palliative/EOL care is provided for nurses, but lacking training on ACP. (Kanoh et al., 2018)

Fear of causing pts psychological burden and conflicts w/ family members

Do not have the skills to deal with the patients' emotions that arise from imagining what it would be like if their condition deteriorated. (Tarumi et al., 2016)

Difficult to elicit patients' values

Patients' values are strongly influenced by culturally shared concepts of "self." (Mori et al., 2020)

Serious Illness Care Program



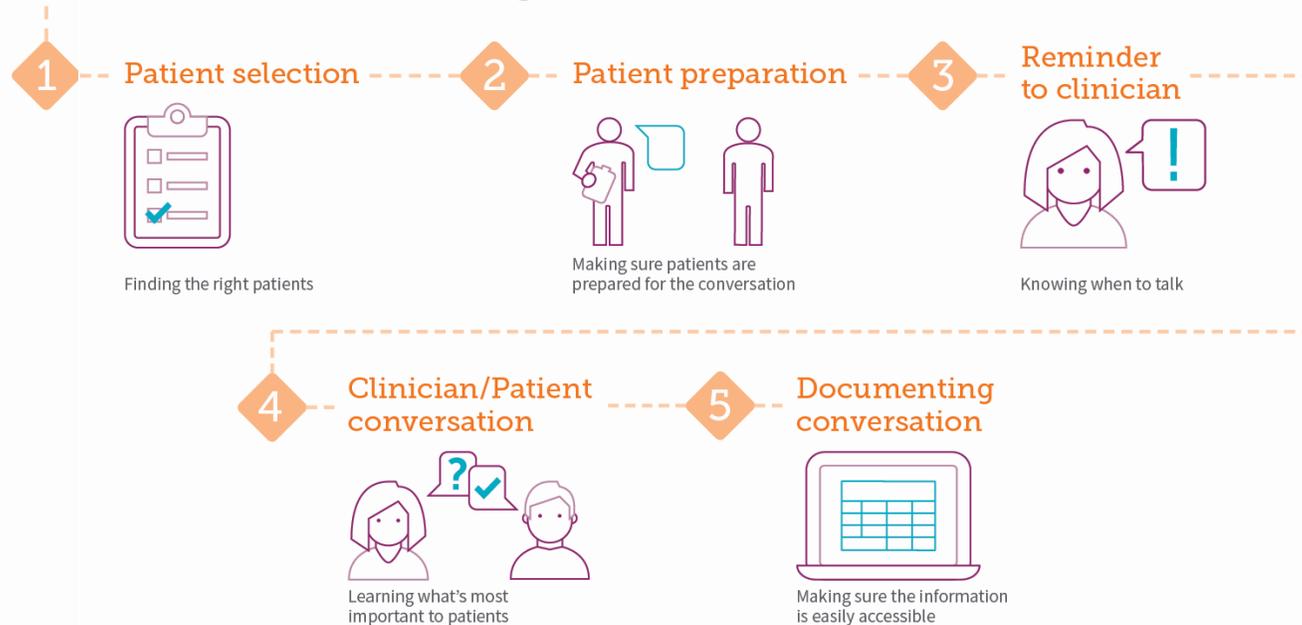
Serious Illness Conversation Guide

PATIENT-TESTED LANGUAGE

- SET UP**
- "I'd like to talk about what is ahead with your illness and do some thinking in advance about what is important to you so that I can make sure we provide you with the care you want — **is this okay?**"
- ASSESS**
- "What is **your understanding** now of where you are with your illness?"
- "How much **information** about what is likely to be ahead with your illness would you like from me?"
- SHARE**
- "I want to share with you **my understanding** of where things are with your illness..."
- Uncertain:* "It can be difficult to predict what will happen with your illness. I **hope** you will continue to live well for a long time but I'm **worried** that you could get sick quickly, and I think it is important to prepare for that possibility."
- OR
- Time:* "I **wish** we were not in this situation, but I am **worried** that time may be as short as ____ (express as a range, e.g. days to weeks, weeks to months, months to a year)."
- OR
- Function:* "I **hope** that this is not the case, but I'm **worried** that this may be as strong as you will feel, and things are likely to get more difficult."
- EXPLORE**
- "What are your most important **goals** if your health situation worsens?"
- "What are your biggest **fears and worries** about the future with your health?"
- "What gives you **strength** as you think about the future with your illness?"
- "What **abilities** are so critical to your life that you can't imagine living without them?"
- "If you become sicker, **how much are you willing to go through** for the possibility of gaining more time?"
- "How much does your **family** know about your priorities and wishes?"
- CLOSE**
- "I've heard you say that ____ is really important to you. Keeping that in mind, and what we know about your illness, I **recommend** that we _____. This will help us make sure that your treatment plans reflect what's important to you."
- "How does this plan seem to you?"
- "I will do everything I can to help you through this"

Clinical Workflow Diagram

Serious Illness Care Program



<https://www.ariadnelabs.org/serious-illness-care/for-clinicians/>

Insert health system logo here

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SI-CG 2017-04-18





Qualitative Study

(Takenouchi et al., 2021)



Feature Article

Strategies to Understand What Matters to Advanced Cancer Patients in Advance Care Planning: A Qualitative Study Using the Lifeline Interview Method

Sayaka Takenouchi, PhD, MPH, RN ○ Ai Chikada, PhD, RN ○
Masanori Mori, MD ○ Keiko Tamura, PhD, RN ○ Kazuko Nin, PhD, RN

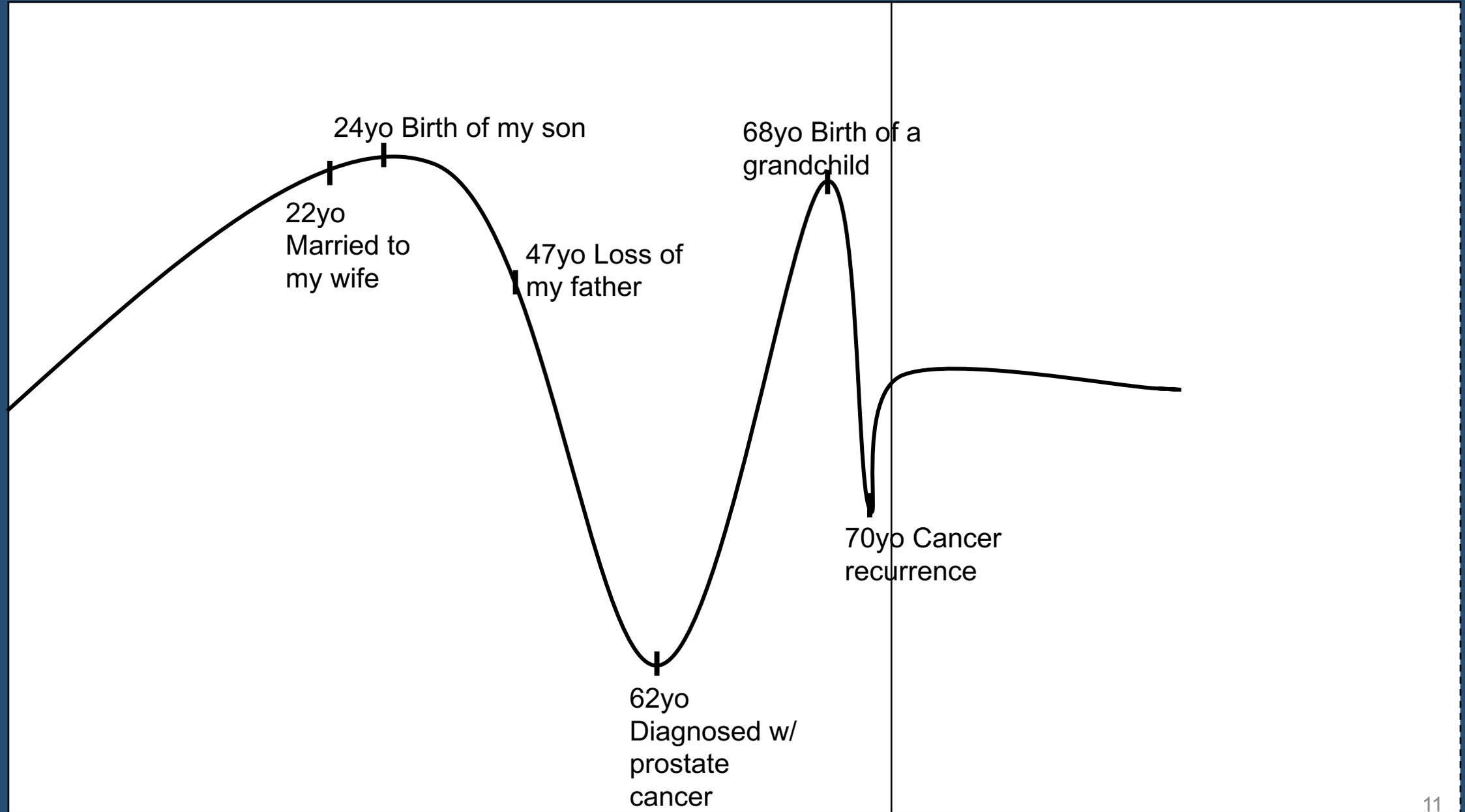
Little is known about how health care providers should conduct advance care planning to identify the values of East Asian patients who have serious illnesses. This study aims to explore whether and how patients from an East Asian culture and with advanced cancer express their values and priorities when nurses utilize the lifeline interview method to enable patients to reflect on their life trajectories and if it can bridge advance care planning discussions. Data obtained from individual, semistructured interviews of 11 patients with advanced lung cancer were analyzed using qualitative content analysis. Seven main

elicit patients' values and priorities. Moreover, it bridges advance care planning discussions to reflect on what matters to patients in future palliative care.

KEY WORDS

Asians, advance care planning, advanced lung cancer, lifeline interviews, palliative care

The Life-Line Interview Method: An example of a life-line



A model for ACP support through collaboration between physicians and nurses: A Research initiative



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Sayako Ouchi, RN, OCNS



Takako Kuroda, RN, OCNS



Dr. Yu Uneno
MD, Field Operation and Quality



Prof. Shigemi Matsumoto
MD, Quality Management



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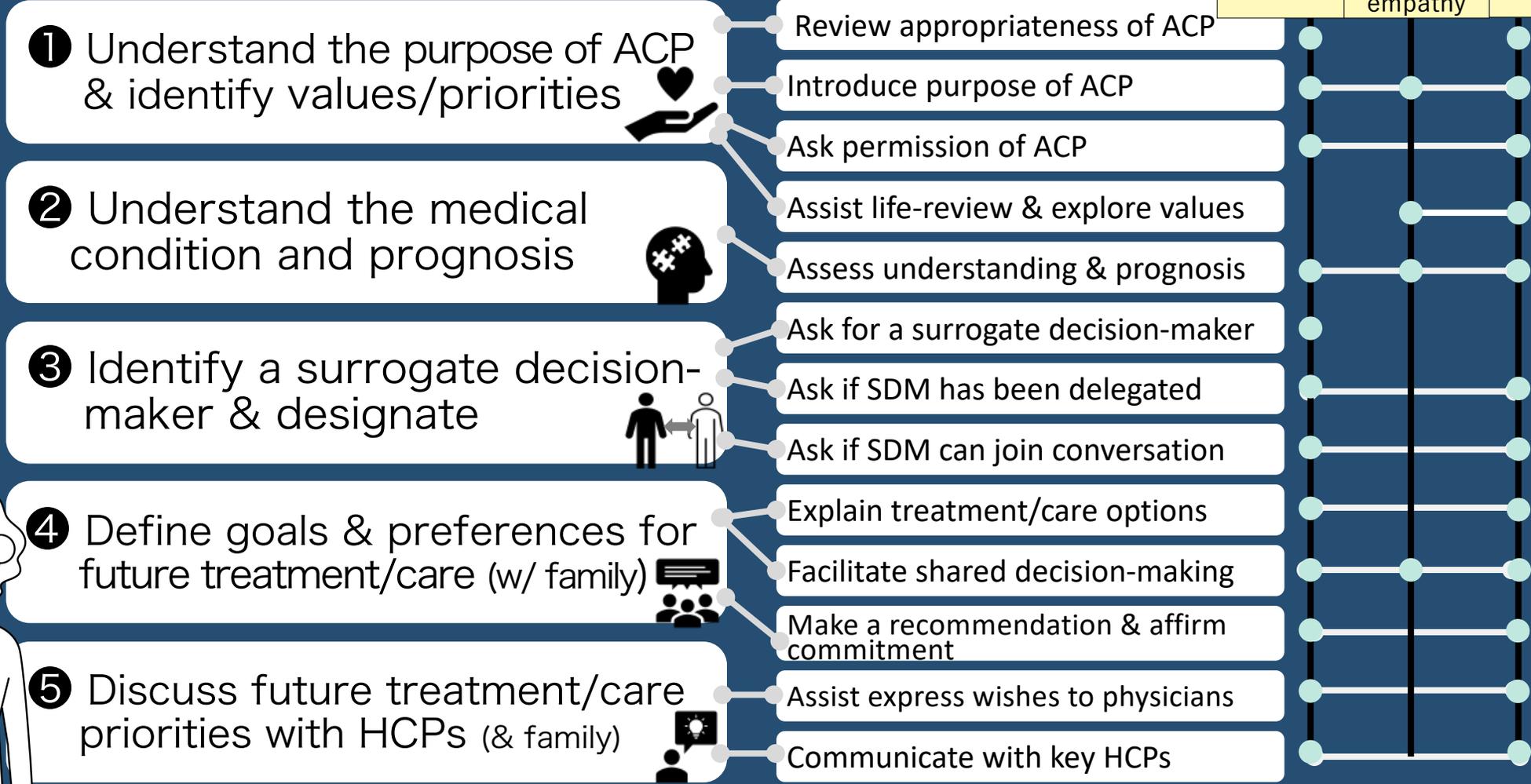
Dr. Masanori Mori
MD, Senior Management



Prof. Yoshiyuki Kizawa
MD, Consultant

The process of facilitating ACP: MD-Nurse collaboration model

Nurse		MD
Coordinate	Active Listening/ empathy	





Leadership in the region

- **ELNEC International Mentorship Program**
Matching nursing leaders from advanced palliative care countries with young Asian palliative care practitioners.
- **ACP Int'l Webinar**
Offering opportunities for nurses to learn on advance care planning through the Asia Pacific Hospice Network (APHN).

Thank you for listening!

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HP: <https://sites.google.com/view/nursing-ethics-kyoto-univ/home>



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