

S'pore team on palliative care project in Myanmar

Move to train hospital staff is part of \$1.8m plan covering 4 Asian nations

By JANICE TAI
IN YANGON

FOR the first time, doctors and nurses in Myanmar are being trained on how to help their terminally ill die with dignity and the minimum possible pain.

A group of 27 doctors, nurses and medical social workers from 11 hospitals in Myanmar received training from five palliative care specialists from Singapore and Australia who flew in last week.

It is part of a \$1.8 million initiative by the Lien Foundation to build expertise in palliative care in four Asian countries over the next four years, starting with Myanmar and Bangladesh.

Singapore's Lien Foundation partnered Myanmar's Ministry of Health and the Myanmar Medical Association (MMA) through the Asia Pacific Hospice Palliative Care Network (APHN) to launch the project at Yangon General Hospital last Monday.

Palliative care aims to raise the quality of life for patients with chronic life-threatening illnesses by preventing or minimising their suffering. For example, doctors might calibrate pain-killing drugs to ease a dying person's distress.

Other care providers will help the sufferer live their final days as actively as possible or discuss their concerns about death. They also help to support relatives involved in looking after them.

Palliative care is usually given to end-stage cancer patients in severe pain but may be extended to those with organ failure or neurological diseases, for example.

The Myanmar project was led by APHN chairman Cynthia Goh and Singapore Hospice Council

president R. Akhileswaran.

The team's one-week training stints will be held twice a year for the next three years.

"The need for palliative care in developing countries is urgent as it is in these countries that 80 per cent of cancers are diagnosed at the incurable stage, compared with 60 per cent in developed countries," said Dr Goh.

In Yangon, the number of cancer cases has tripled from 2008 to 300,000 and 90 per cent of sufferers do not receive adequate palliative care, said MMA secretary-general Myint Thauung.

Public hospitals in Myanmar do not have specialised palliative care units and doctors are not trained in it. "With only two privately-run 40-bedded hospices in Myanmar serving a population of 55 million, that is grossly insufficient," said Dr Akhileswaran.

Yet good palliative care does not require expensive machines but simply well-trained medical staff, said Mr Lee Poh Wah, chief executive of the Lien Foundation.

"It is a necessity, not a luxury, that can be provided even with limited resources," he added.

The doctors being trained are leaders in their fields who will train others. They will learn how to recognise and manage pain and symptoms of the terminally ill.

The team also teaches them how to help patients die well by ensuring they have social, psychological and spiritual support.

One trainee, radiation oncologist Wah Wah Myint Zu, 38, said: "I want to reduce their suffering holistically. It is my dream to set up a palliative care unit in my hospital."

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Dr Cynthia Goh attending to cancer patient Nay Lin Thu, 16, as her course trainees, comprising doctors and nurses from Myanmar hospitals, look on. The programme, an initiative by the Lien Foundation, aims to build expertise in palliative care in the region. ST PHOTOS: MUGILAN RAJASEGERAN

Better quality of life for patients

YANGON - Mr Ko Ko Maung sat crossed-legged on his hospital bed as he listened intently to the Buddhist scriptures emanating from a portable radio.

Months ago, he was in such agony that he could sleep for only five-minute intervals before the next jolt of pain would shoot up his jaw and cheek and wake him.

On finding out he had cheek cancer in February, he turned to a traditional medicine doctor and paid 300,000 kyat (\$400) for herbal injections and powder. But the tumour in his left cheek swelled and became infected.

It drove him to seek treatment at Yangon General Hospital where he is awaiting chemotherapy. He takes five tablets a day now to manage the pain.

"I can now do simple daily tasks like praying because my pain has gone down by 50 per cent," said the 35-year-old.



Radiation oncologist Wah Wah Myint Zu attending to cancer patient Ko Ko Maung, who is awaiting chemotherapy at Yangon General Hospital for cheek cancer.

Palliative care can offer a better quality of life for terminally ill patients during their remaining years, said his radiation oncologist, Dr Wah Wah Myint Zu.

She is a trainee on Myanmar's first palliative care training programme run by the Lien Foundation. She knows many hurdles ex-

ist before patients there can get the palliative care they need.

"Many turn to traditional medicine and end up scarred, infected or having their cancer spread to an advanced stage," she said.

A lot of people do this as they have no access to proper treatment, said Professor Myint

Thauung, secretary-general of the Myanmar Medical Association.

"Seventy per cent of our population are villagers who cannot afford government hospitals. Even for those with money, our doctors are not trained in palliative care," he said.

He plans to work with Myanmar's Traditional Medicine Council to see how traditional medicine outfits could be better regulated.

Another solution, he said, is to increase the availability of strong painkillers like morphine. Myanmar keeps a tight rein on the prescription of morphine due to fears over its illicit use.

"It is a cheap drug and can help patients with severe pain. But we do not have any," said Dr Thaw Dar Pa Pa Tun, medical oncologist at Magwe General Hospital.

Dr Cynthia Goh, a Singaporean palliative care veteran, is trying to work with Myanmar health officials to get the government to set up factories to produce the drug locally and change legislation.

Prof Myint Thauung said the medical association has plans to set up palliative care units in all government hospitals by 2015.

Myanmar quadrupled its health budget last year and ramped up doctor training. It is also tweaking its health financing system to make it similar to Britain's universal coverage system.

And it is planning to introduce palliative care into its undergraduate curriculum and improve pain medication guidelines. Dr Goh said: "They are catching up fast."

JANICE TAI

Just two hospices for country of 55 million people

GUESTS smiled as Ms Naw Say Phaw walked down the aisle - at her wedding held in the grounds of the hospice where she works with the terminally ill.

The 22-year-old nursing aide, who married one of the hospice's gardeners, saw no irony in celebrating the beginning of a new life among dying people.

They were family, after all. She has grown up in the hospice since her mother was brought in on a stretcher with

end-stage anal cancer in 2002. The hospice is one of two in Myanmar run by local charity U Hla Tun Hospice Foundation. It costs 10 million kyat (\$13,225) a month to run the two 40-bed hospices, which are funded entirely by donations.

Unlike the cramped and unhygienic public hospitals, the hospices are clean, airy and comfortable. At Yangon General Hospital where there is a bed shortage, benches are combined to form a

"bed" for spill-over patients. These are squeezed in between other beds with threadbare mattresses. In contrast, at the hospices, sliding screens between the beds give patients privacy.

The two hospices, in Yangon and Mandalay, are integrated communities housing Buddhist prayer rooms, Christian chapels, music therapy rooms and staff quarters. Pagoda visits and birthday parties are arranged for patients.

With just two hospices for Myanmar's 55 million population, they can admit only terminally ill cancer patients who are destitute and have no family support. So far, more than 5,000 have benefited and their funeral and burial expenses have all been taken care of.

When Ms Naw Say Phaw's mother, Daw Naw Yu, first came in, jolts of pain shot from her backside up her spine. The cancer is now in remission but the 67-year-old still needs tablets or morphine injections to manage the pain.

"With all this care, I can be happy and live longer," said the widow. "Every day I pray to Jesus to thank him for my life, this place and the people here who have become like my family."

JANICE TAI



Cancer patient Daw Naw Yu, a long-term resident at U Hla Tun Hospice, with her daughter Naw Say Phaw.