PALLIATIVE CARE IN SEYCHELLES OPPORTUNITIES AND CHALLENGES

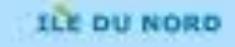
Presented by Yvonne and Agnes SEYCHELLES IN BRIEF
OPPORTUNITIES
CHALLENGES

<u>SEYCHELLES IN BRIEF</u>

 SEYCHELLES : archipelago – 115 islands in Indian Ocean
 Capital: VICTORIA (MAHE)
 Main income sources: FISHERIES TOURISM

Population 2015: 91,687 inhabitants
Currency; Seychelles rupees





SILHOUETTE

SEYCHELLES

CURIEUSE

Anse La Blague Grand Ansee MA COUSINE PRASIN

Victoria STE ANNE

Grand Anse Souvenir

MAHE Anse Royale

Quatre Bornes .



FELICIT

MARIANNE

La Passe

LA DIGUE

Daily change rates of population (estimation 2015):
 4 live birth/day (0.16/hr)
 2 deaths/day (0.07/hr)
 0 immigrants/day (0.01/hr)

- Life expectancy (estimation 2015):
 > 68 years (M)
 - > 78 years (F)
- 95% death occurred in hospital environment
- Main causes: (April-June 2015)
 - 35% cardio-vascular
 - > 22% neoplasms (cancer)
 - > 13%respiratory causes
 - ➢ 6% infectious

HEALTH CARE IN SEYCHELLES

- Free for all
- Well developed
- Good indicators
- Ranking: 4th of 52 African countries (source: WHO (world health organisation)
- 2 levels of health care, based in Victoria
 - PRIMARY CARE: community based
 - 16 community health care centres
 - including 3 inner islands

> SPECIALISED CARE: offering acute care

Specialised care

Acute care:

- > SEYCHELLES HOSPITAL (471 beds)-main referral hospital
- 3 Cottage hospitals (on Mahé, Praslin & La Digue)
- Chronic care:
 - North East Point HOSPITAL 27 beds (rehabilitation centre)
 - Regional home: 136 beds for health and social problems in elderly
 - "Hospice": 6 beds reserved for palliative care, no provision for respite care

PALLIATIVE CARE IN SEYCHELLES

- There is no coordinated or organised palliative care system or philosophy in Seychelles
- Specialized care in hospice not existent
- Doctors and nurses are not trained in palliative care (one nurse trained in community based palliative care)
- Small portion of terminally ill patients are being treated at home under the patronage service in the districts OR allocated health carers

 Helps: team of Ministry of Health, NGO' (nongovernmental organization) CCA(cancer concern association), Rotary club) and other religious groups.

IFFERENT ASPECTS LINKED TO PALLIATIVE

CARE

- ONCOLOGY UNIT: limited implication in palliative care.
 - day unit for chemotherapy
 - > Outpatient clinic
 - > Not offering radiotherapy (overseas to MIOT) India/La Reunion Island)
 - Supported by NGOs(non governmental organization), CCA(cancer concern association) and various religious groups

Challenges

- Inappropriate for the offered cares
- Shortage of staff
- No appropriate training in palliative care.

DIALYSIS UNIT:

- offering good quality care for dialysed patients,
- under private management recently (AMSA Renal Care)
- Close follow up by Consultant Nephrologists and also visiting consultant from Singapore and India.
- Full time vascular surgeon on site and also visiting consultant for complex cases of vascular access from UK
- Availability of dialysis machines which are user friendly and have various options that will help you better manage your clients; examples profiling of sodium, and ultrafiltration. The machine is from a company in Germany "Bbraun" and we are having the latest version "Dialog +".

Challenge Staff shortage

Communicable disease control unit: HIV/AIDS

- Since 2001: Good treatment control on all HIV patients (263 in total)
- Team well verse in new development of treatment and patients managements (training abroad and local)
- > We hosted the 9th Indian Ocean Colloque (2010)
- Poor compliant patients are offered DOT (Direct Observed Therapy) where they stay in hospital environment(North East Point)
- Team work with Ministry of Health, WHO(world health organization), NGO'S (non governmental organization)

No challenges so far

PSYCHOLOGIST:

- Moral support to family and patients, mostly terminally ills
- Close follow up when needed
- Services offered in hospital environment only
- > No home visit

Challenges:

- Staff shortage
- No special allocation to patients on palliative care, psychologists are working with all patients in different aspects of care

PHYSIOTHERAPY:

- Most patients are treated in hospital environment
- Treatment include pain relief, passive movements, prophylaxis for chest infections etc...
- Home visit on demand only: aim to teach families and care givers to practice at home level

Challenges:

- Huge number of patients
- Staff shortage

OCCUPATIONAL THERAPY:

- Encourage patients to continue with their activity of daily living
- > Moral support

• SPEECH THERAPY

 ACUPUNCTURE: cooperation with Chinese health care provided by Chinese government Community nurses performs home visits for the elderly and chronically ill patients and they even refer them for other specialized care when needed.
 Good communication between community and hospital level.

Hospice.

- Situated in the North East of the main island which is Mahe
- Opened its doors to the population in February 2009'
- Care for adults from 18 years and over (so far nobody under 18 been admitted)
- Have six beds on a ward floor equipped with Television, washroom and resting facility for relatives.

Prayer room facility where mostly used by priest, relatives and care givers.
Length of stay; depending upon the patients health condition.

opportunities

One nurse recently went for a 6 weeks training in India concerning palliative care

Challenges

• Under staffing.

- Lack proper equipment's .e.g. non availability of hoist, glides sheets and electronic beds
- No appropriate training in palliative care
- Some patients do not receive hospice care before dying.
- If they do get there, their disease are already well advanced and thus they don't benefit from the services.

North east point hospital

- Situated alongside the hospice.
 It is a rehabilitative hospital whereby extensive physiotherapy and occupational therapy are provided for patients who suffered from stroke, poly neuropathy etc...
- They also accommodate terminally ill patients when the hospice is full.
- Bed capacity of 27 patients which comprises of a male and female bays.

Challenges.

- Staff shortages
- Lack proper equipment's for transferring and handling of patients.
- Transport facilities
- Patient tends to stay for longer as their relatives may abandon them.







CONCLUSION

Seychelles, being a small country, is not spared from these health issues.

- With our climate and lifestyle, we are having similar health related problems as first world countries.
- We are in great demands for trained personnel to deal with those issues.
- We need a proper, well-equipped palliative care setting to deliver the service under one roof.
 We are taking all knowledge gained in all palliative care aspects to start our own palliative team.

 Since the largest financial budget is allocated to the Ministry of Health it would be our dream that they invest more in the training of health professionals in palliative care.

Male coco de mer plant



Female coco de mer plant



the clock tower



THANK YOU FOR YOUR ATTENTION