Palliative Care in Jimma, Ethiopia

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Throughout my life, I have formed close relationships with older adults. It began with my paternal grandfather who was a kindred spirit with a similar sense of humor. So, it came as no surprise that after my residency, I am starting a geriatric fellowship next year. Part of being a geriatrician involves addressing end of life issues, which I accept.

I am fascinated by different cultures and how older adults are seen in society and taken care of medically. My internal medicine residency program developed a global health pathway, which I joined during my PGY2 year. This global health pathway culminates in a 4 week international clinical elective. I chose to spend my elective in Jimma, Ethiopia. During my pre-trip research it was clear that the concepts of geriatrics were rudimentary, as was palliative care in Ethiopia. I discovered there were potential collaborators working to identify the understanding of primary palliative care among practitioners at Jimma University Hospital. I was able to get in contact with these local providers, Dr. Diriba Fufa (pediatric oncologist) and Endalew Hailu (RN, currently working on PhD in palliative care).

During my four week experience, I spent the mornings attending internal medicine conferences/lectures given by Jimma University medical residents and participating in inpatient medicine rounds. The afternoons were filled with visiting different clinics and laboratories. I met my collaborators during my first week in Jimma. I was shocked by their initial data, which showed that most providers lacked knowledge in primary palliative care. Most specifically they were untrained in symptom (pain) management.

The medical wards were divided into male and female rooms, as many as 8 patients in each room. Most nursing tasks were completed by family members, who stayed at the bedside 24 hours/day. There was no air conditioning and sometimes, including family members there were over 20 people sleeping in a single room. There was one sink in each room and toilets and baths were shared by two patient rooms. Diagnostic testing including labs and imaging were only possible if families could afford them and paid up front. Medications were initiated only if family purchased and physically bring the medication and supplies to the bedside. Many patients did not receive adequate care due to uncertainty on the diagnosis as no diagnostic testing was possible. It was quickly apparent that the mortality rate was high. It was difficult to watch patients who would have survived the acute illness in the US, perish in pain at Jimma University Hospital.

In the four weeks I was there, I never saw a patient receive narcotic analgesics. Almost daily, we would encounter a patient who was screaming in agony from uncontrolled pain. Families watched as their loved ones died in excruciating pain. Unfortunately this is not a rare scenario in most of the world. I was able to discuss these cases with my collaborators and learn what is currently being done. In 2014, the World Health Assembly passed a resolution to integrate hospice and palliative care into national health services. This resolution was created once palliative care was recognized as a basic human right. It was in the same year that the Federal Ministry of Health of Ethiopia published the pain management policy. The purpose to standardize the training clinicians would receive. Despite these resolutions/policies in place, patients are still suffering.

I was able to attend a 2 day pain management training course for the Shene Gibe General Hospital, that was located outside of Jimma. There were 25 participants, all physicians or nurses who worked in the hospital. My collaborators were the instructors for the course. This was an eye-opening experience. Most of the physicians felt ill-prepared to manage pain and therefore did not. By the end of the course, most said they would be able to use morphine safety and effectively.

I feel extremely fortunate to have spent a month in Jimma and form close relationships with my collaborators. I am hopeful that the patients of Jimma and Shene Gibe Hospitals will began to have their pain better managed, and endure less suffering . I hope they experience more peaceful and dignified deaths. This was an unforgettable experience and I intend to advocate for patients suffering in pain not only here in the US, but across the globe. Thank you AMWA for helping make this experience possible.

(Myself, Endalew, chief of staff of Shene Gibe Hospital, and Dr. Furfura)