



- Scott Murray is the first Professor of Generalist Palliative Care internationally
- An advocate for palliative care for patients with any life-threatening illness, not just cancer or HIV, and from early in the course of the illness, he believes that all dimensions of need should be addressed and this should occur in all settings from tertiary hospitals to health centers.
- He spent 7 years working in Kenya in the 1980s and visits Africa regularly.
- Scott's vision is that palliative care should be available to everyone with life-threatening disease by generalists supported by specialists. Much unnecessary suffering can be prevented and dealt with compassionately.





INSPIRATION FROM A PALLIATIVE CARE LEADER

Scott A Murray,
Emeritus Professor of Generalist Palliative
Care,
The University of Edinburgh,
Scotland, UK



Compelling issue in Africa 30 years ago: child and maternal health





Back in UK issue was people dying without good support

- Research in the community
 - Show the potential of palliative care
- Campaign in BMJ



SPOTLIGHT



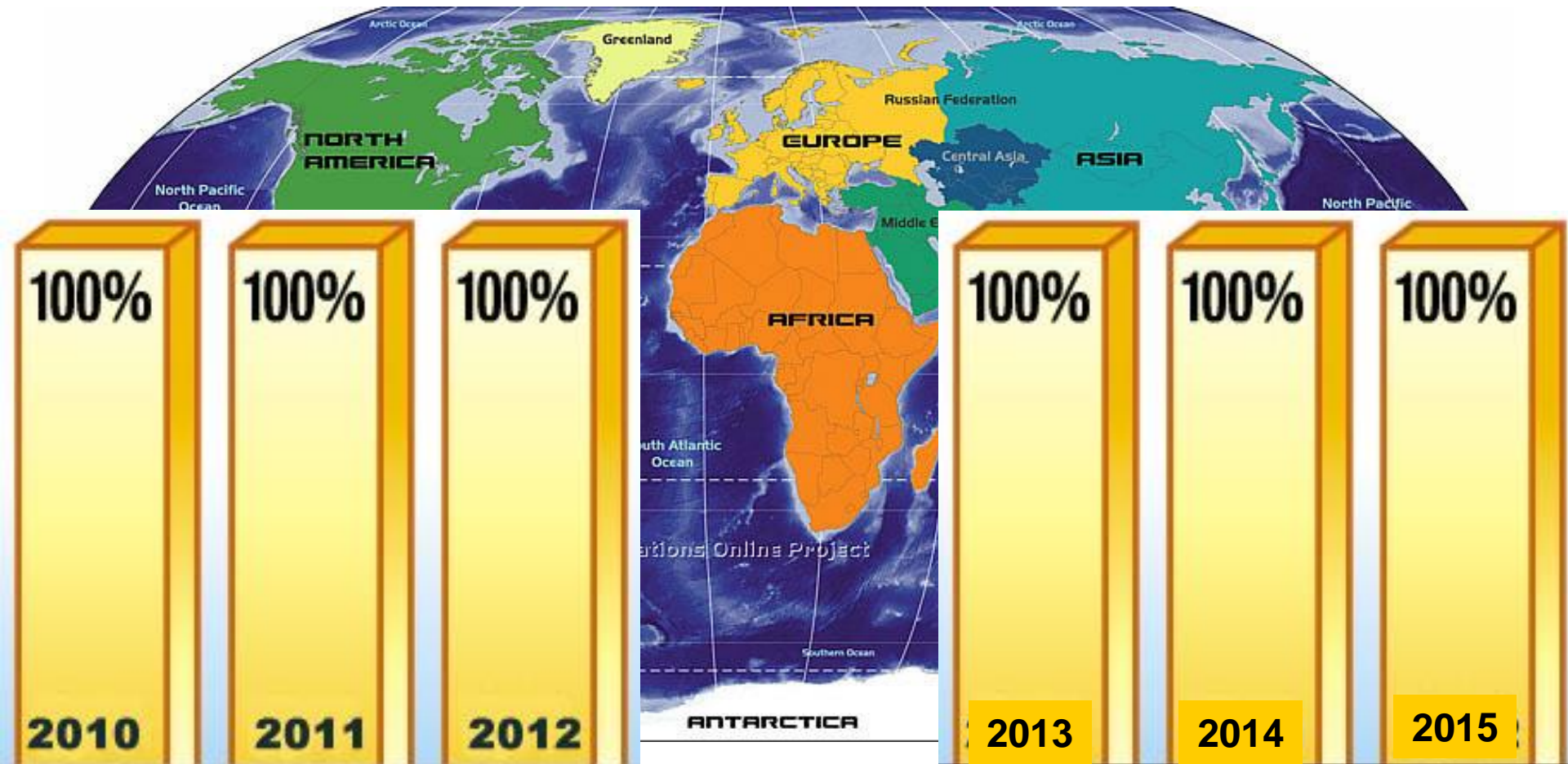
Palliative care beyond cancer

- 645 We're all going to die. Deal with it
- 646 Dying matters: let's talk about it
- 649 Recognising and managing key transitions in end of life care
- 653 Having the difficult conversations about the end of life
- 656 Achieving a good death for all
- 659 Spiritual dimensions of dying in pluralist societies



WORLD MORTALITY RATE HOLDS STEADY AT 100%

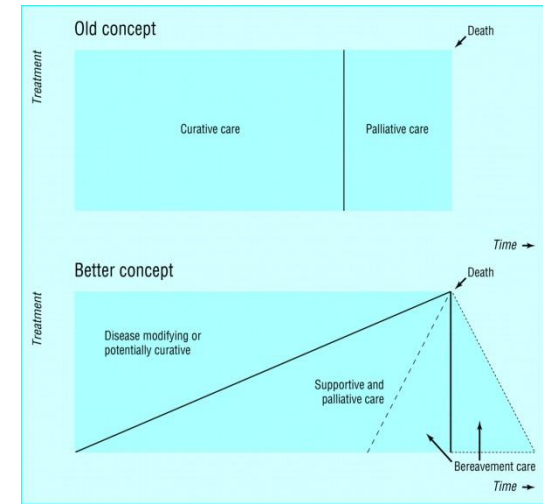
Patients dying in all settings



Nearly everyone needs palliative care

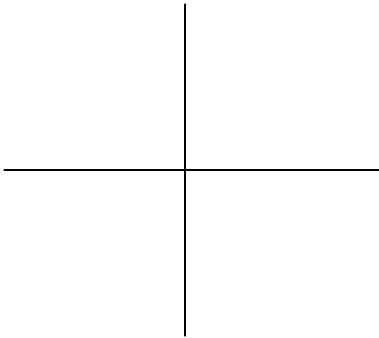


potential of PALLIATIVE CARE



1. All illnesses

2. Earlier than later



3. All
dimensions



4. All
nations



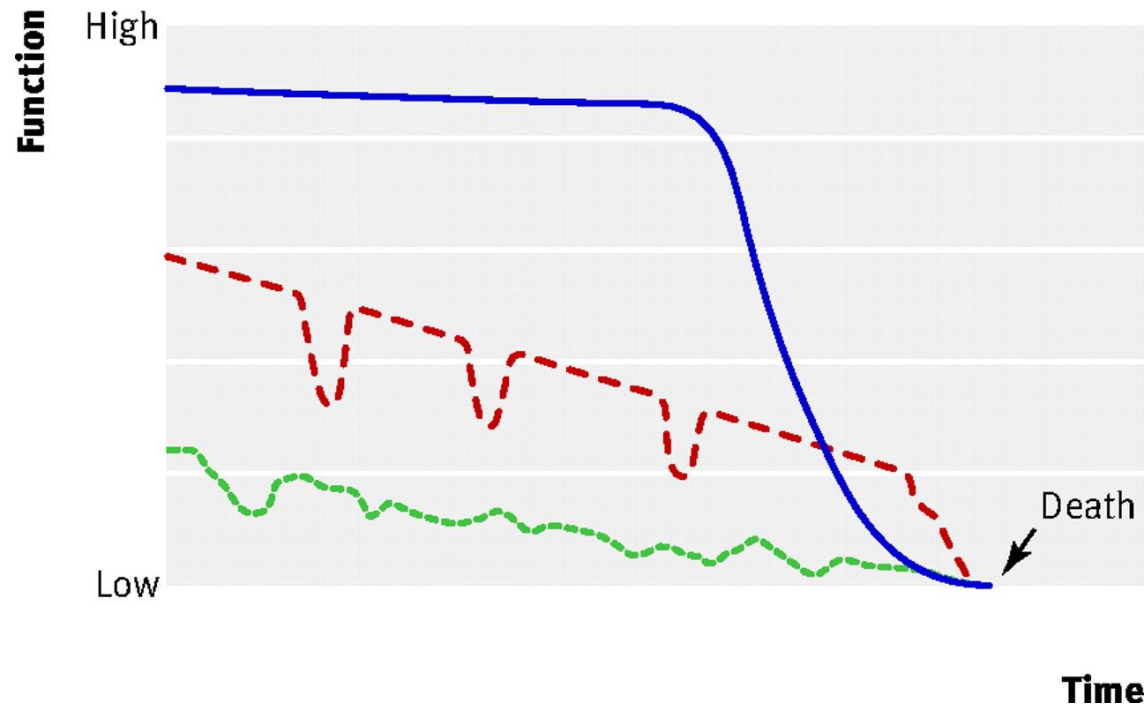
5. All settings

1. ALL ILLNESSES

The three main trajectories of decline at the end of life

Number of deaths in each trajectory, out of the average 20 deaths each year per UK general practice list of 2000 patients

- Cancer (n=5)
- - - Organ failure (n=6)
- . - . Physical and cognitive frailty (n=7)
- Other (n=2)



Murray, S. A et al. BMJ 2008;336:958-959

Palliative care for people with advanced liver disease: A feasibility trial of a supportive care liver nurse specialist

Palliative Medicine

1–11

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Barbara Kimbell¹, Scott A Murray¹ , Heidi Byrne², Andrea Baird², Peter C Hayes², Alastair MacGilchrist², Anne Finucane³, Patricia Brookes Young⁴, Ronan E O'Carroll⁵, Christopher J Weir⁶, Marilyn Kendall¹ and Kirsty Boyd¹

Abstract

Background: Liver disease is an increasing cause of death worldwide but palliative care is largely absent for these patients.

Aim: We conducted a feasibility trial of a complex intervention delivered by a supportive care liver nurse specialist to improve care coordination, anticipatory care planning and quality of life for people with advanced liver disease and their carers.

Research

Outcomes, experiences and palliative care in major stroke: a multicentre, longitudinal study

Marilyn Kendall, Eileen Cowey, Gillian Mead, Mark Barber, Christine McAlpine, David J. Stott, Kirsty Boyd and Scott A. Murray

CMAJ March 05, 2018 190 (9) E238-E246; DOI: <https://doi.org/10.1503/cmaj.170604>

Article

Figures & Tables

Responses

Metrics

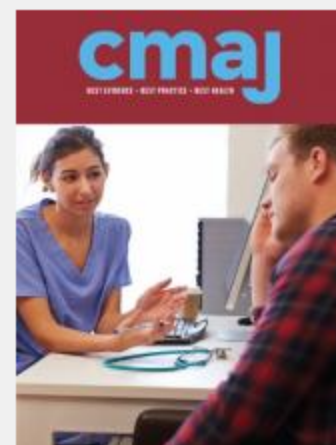
PDF

Abstract

BACKGROUND: Case fatality after total anterior circulation stroke is high. Our objective was to describe the experiences and needs of patients and caregivers, and to explore whether, and how, palliative care should be integrated into stroke care.

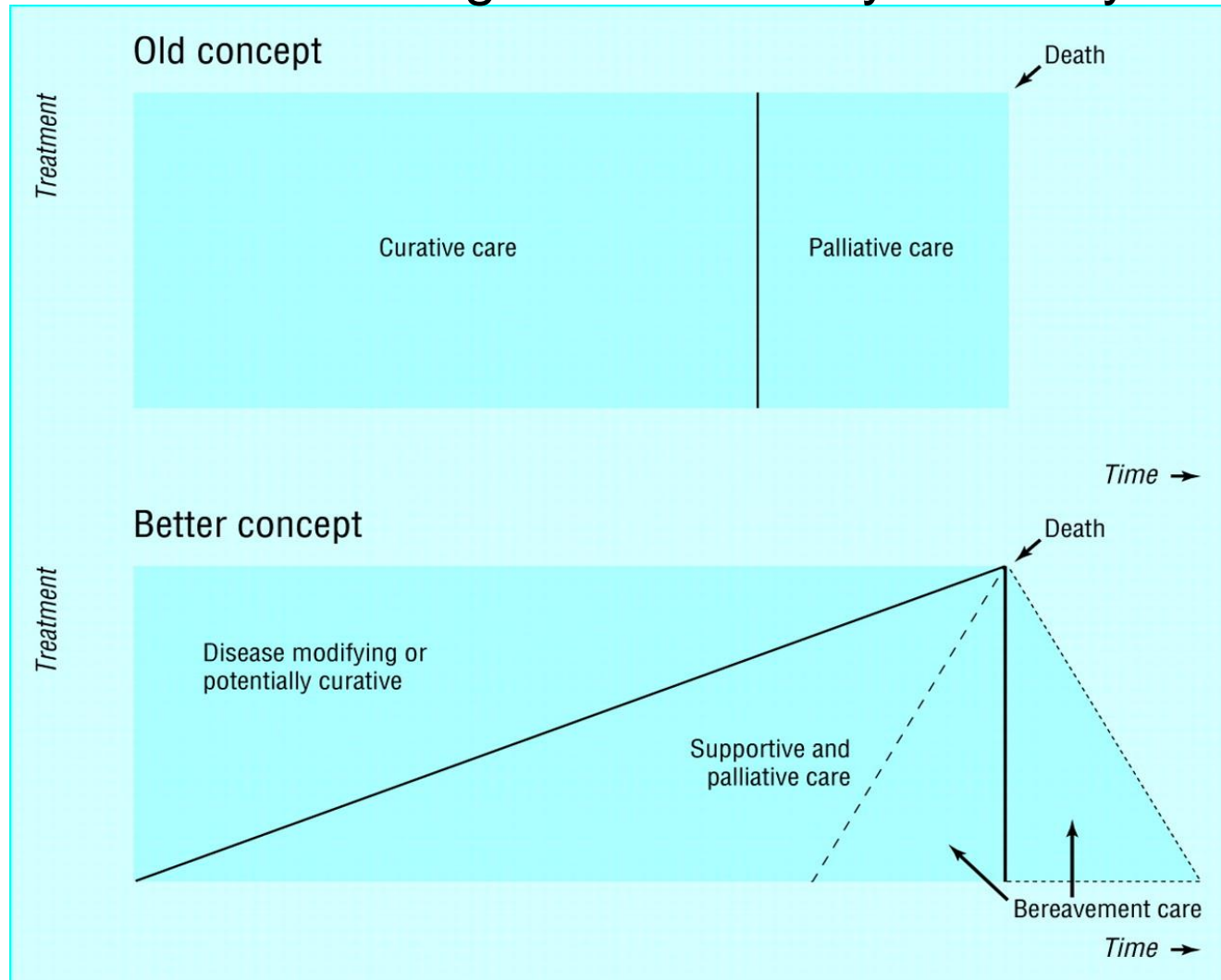
METHODS: From 3 stroke services in Scotland, we recruited a purposive sample of people with total anterior circulation stroke, and conducted serial, qualitative interviews with them and their informal and professional caregivers at 6 weeks, 6 months and 1 year. Interviews were transcribed

In this issue



2. ALL TIMES









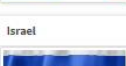








When to shift gear: start early and stay late.



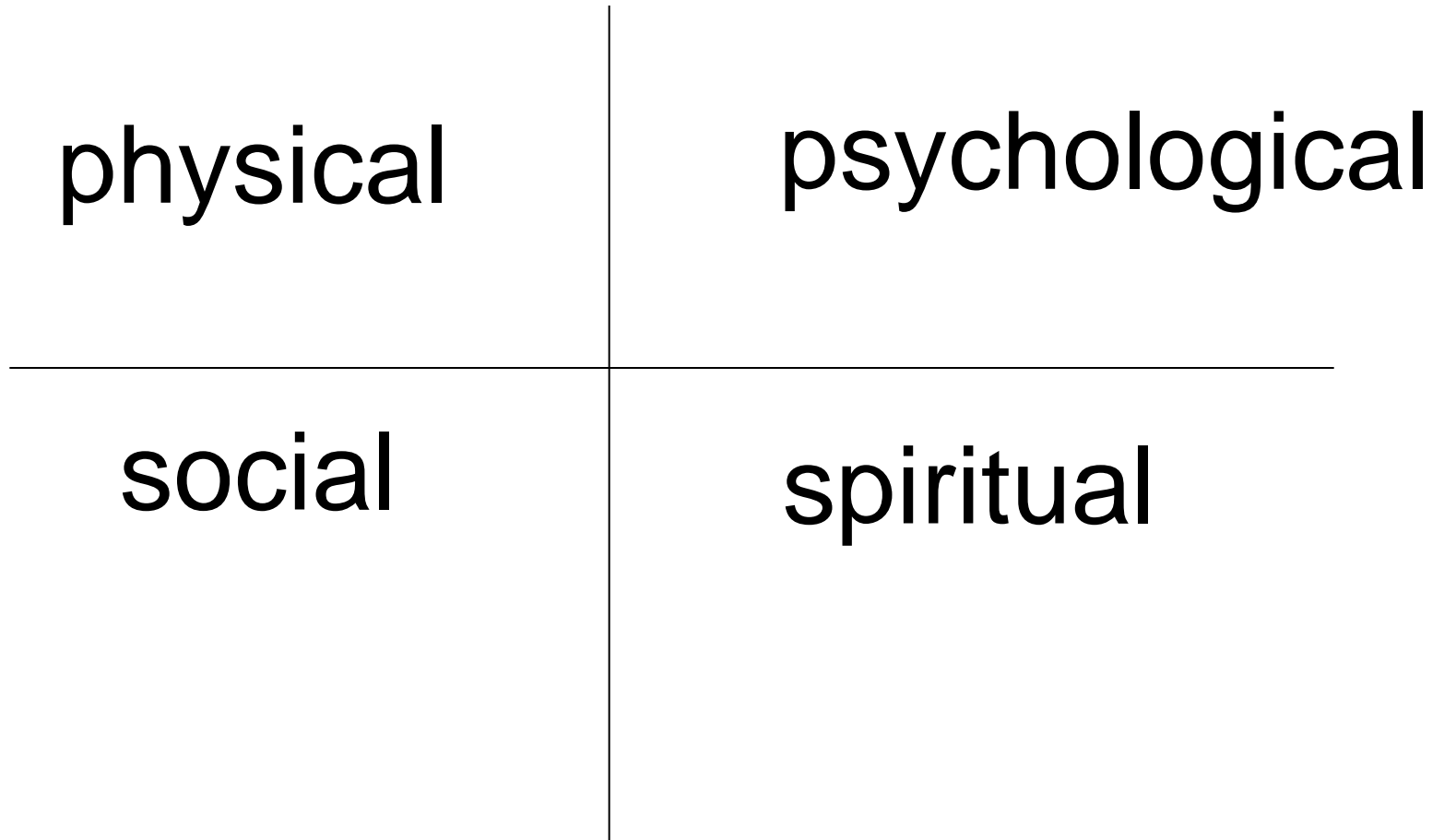
Murray SA, Kendall M, Boyd K, Sheikh A.
Illness trajectories and palliative care.
BMJ. 2005; 330:1007-1011.

Screening people to trigger early Palliative care



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Republic of Ireland	New Zealand	Nepal
		
Spain	South Korea	Thailand
		
	Sweden	USA
		

3. ALL DIMENSIONS



Grant E, Murray SA, Sheikh A. Spiritual dimensions of dying in different cultures. *BMJ* 2010;341:4859.

4 All settings



Why use the SPICT™?

The SPICT™ helps professionals identify people with general indicators of poor or deteriorating health and clinical signs of life-limiting conditions for assessment and care planning.

What will happen to an individual and when is often uncertain. SPICT™ does not give a 'prognosis' or a time frame. Identifying people with deteriorating health earlier improves care.

Using SPICT™ in Hospital to assess people's needs and plan care.

- After an **unplanned hospital admission** or a **decline in health status**: review current care, treatment and medication; discuss future options; plan for managing further deterioration.
- For people with **poorly controlled symptoms**: review and optimise treatment of underlying conditions, stop medicines/treatment not of benefit; use effective symptom control measures.
- Identify people (and carers) with more **complex symptoms or other needs** and consider an assessment by a specialist palliative care service or another appropriate specialist or service.
- Assess **decision-making capacity**. Record details of close family/friends and any registered 'Power of Attorney' (POA). Involve them in decision-making if the person's capacity is impaired.
- Identify people who are **increasingly dependent on others** due to deteriorating function, general frailty and/or mental health problems for additional care and support after discharge.
- Identify people who need **proactive, coordinated care** in the community; contact the primary care team and other community services before discharge.
- Agree, record and share an **Anticipatory Care Plan**; include plans for emergency treatment and care if the person's health deteriorates rapidly or unexpectedly.

5. ALL NATIONS



Liz Grant

Murray SA, Grant E, Grant A, Kendall M.
Dying from cancer in developed and developing countries.
BMJ 2003;326:368-72.



RESEARCH ARTICLE

'I think my body has become addicted to those tablets'. Chronic heart failure patients' understanding of and beliefs about their illness and its treatment: A qualitative longitudinal study from Uganda

Elizabeth Namukwaya^{1*}, Scott A. Murray², Julia Downing¹, Mhoira Leng¹, Liz Grant³

1 Department of Medicine, Makerere University College of Health Sciences, Kampala, Uganda, **2** Primary Palliative Care Research Group, The Usher Institute of Population Health Sciences & Informatics, The University of Edinburgh, Medical School, Edinburgh, United Kingdom, **3** Global Health Academy, The Usher Institute of Population Health Sciences & Informatics, The University of Edinburgh, Medical School, Edinburgh, United Kingdom

* liznam2002@yahoo.co.uk



Check for updates

Conclusion


There is a high level of health illiteracy among heart failure patients in Uganda. Patients rely on lay beliefs to make health decisions and medical information is often miscomprehended. There is an urgent need for health education using culturally appropriate information.

RESEARCH ARTICLE

Open Access



Multidimensional needs of patients living and dying with heart failure in Kenya: a serial interview study

Kellen N. Kimani^{1*} , Scott A. Murray² and Liz Grant³



Conclusions: This is the first in-depth study to explore the experiences of people living with advanced heart failure in Kenya. This study suggests that patients would benefit from holistic care, such as a palliative approach that is aimed at providing multidimensional symptom management. A palliative approach to services should be provided alongside chronic disease management aimed at primary prevention of risk factors, and early identification and initiation of disease modifying therapy. Further research is needed to determine best practice for integrating palliative care for people living and dying with heart failure.

Integrating palliative care into national health systems in Africa: a multi-country intervention study

Liz Grant¹, Julia Downing^{1,2}, Emmanuel Luyirika³, Mairead Murphy⁴, Liz Namukwaya⁵, Fatia Kiyange³, Mackuline Atieno³, Emily Kemigisha-Ssali³, Jenny Hunt⁶, Kaly Snell⁷, Scott A Murray⁸, Mhoira Leng^{1,5,8,9}

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² Makerere University, Kampala, Uganda

³ African Palliative Care Association, Kampala, Uganda

⁴ Bristol University, Bristol, UK

⁵ Makerere University and Mulago Palliative Care Unit, Kampala, Uganda

⁶ Independent Consultant, Lusaka, Zimbabwe

⁷ University of Zambia, Lusaka, Zambia

⁸ Primary Palliative Care Research Group, The Usher Institute of Population Health Sciences & Informatics, The University of Edinburgh, Edinburgh, Scotland, UK

⁹ Cairdeas International Palliative Care Trust, Aberdeen, UK

Background The WHO is calling for the integration of palliative care in all health care settings globally.

Methods A 3.5-year program was implemented in 12 government hospitals, three each in Kenya, Rwanda, Uganda and Zambia. A four-pillared approach of advocacy, staff training, service delivery strengthening and international and regional partnership working was utilized. A baseline assessment was undertaken to ascertain needs, and 27 indicators were agreed to guide and evaluate the intervention. Data were also collected through surveys, interviews and focus groups.

Results Palliative care was integrated into all 12 hospital settings to various degrees through concurrent interventions of these four approaches. Overall, 218 advocacy activities were undertaken and 4153 community members attended awareness training. 781 staff were equipped with the skills and resources to cascade palliative care through their hospitals and into the community. Patients identified for palliative care increased by a factor of 2.7. All 12 hospitals had oral morphine available and consumption increased by a factor of 2.4 over two years. Twenty-two UK mentors contributed 750 volunteer days to support colleagues in each hospital transfer knowledge and skills.

Conclusions Integration of palliative care within different government health services in Africa can be achieved through agreed interventions being delivered concurrently. These include advocacy at Ministry, Provincial and District level, intensive and wide-ranging training, clinical and support services supported by resources, including essential medicines, and an investment in partnerships between hospital, district and community.

RESEARCH ARTICLE

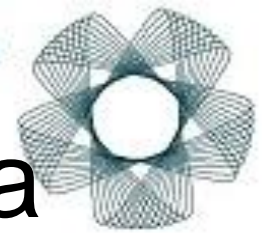
Open Access



A palliative care link nurse programme in Mulago Hospital, Uganda: an evaluation using mixed methods

Julia Downing^{1*}, Mwazi Batuli², Grace Kivumbi², Josephine Kabahweza³, Liz Grant⁴, Scott A. Murray⁵, Elizabeth Namukwaya¹ and Mhoira Leng¹

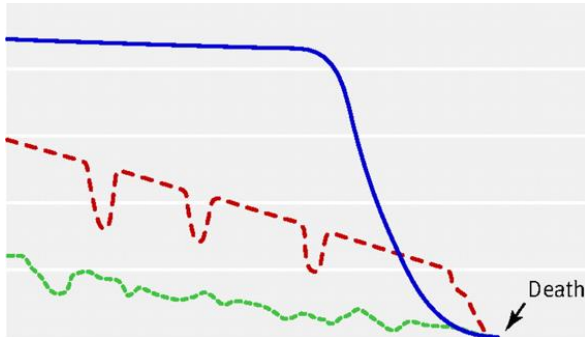
Conclusion: The link-nurse programme is a practical model for integrating PC into generalist services. Recommendations have been made for ongoing development and expansion of the programme as an effective health systems strengthening approach in similar healthcare contexts, as well as the improvement in medical and nursing education.



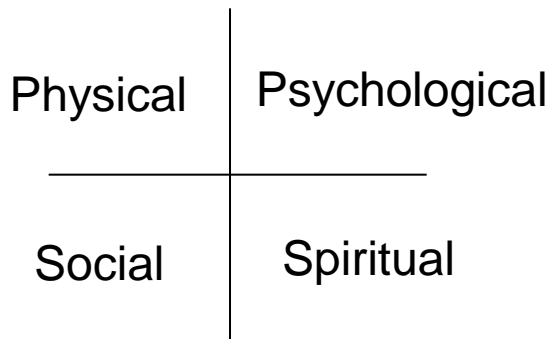
Big 5 palliative animals in Africa



Integrated palliative Care



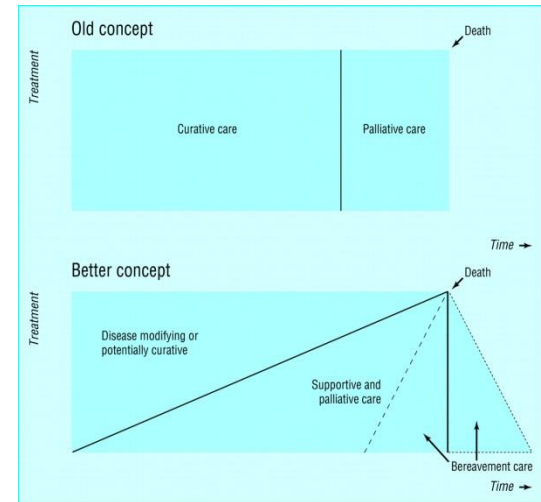
1. All Illnesses



3. All Dimensions



5. All Nations



2. All Times



4. All Settings

Now is the hour.
We are the people.
We have the tools

**Planning and implementing
palliative care services:**
a guide for programme managers

<http://apps.who.int/iris/bitstream/10665/250584/1/9789241565417-eng.pdf?ua=1>



All people, irrespective of income, disease type, or age, should have access to a nationally determined set of basic health services, including palliative care. Financial and social protection systems need to take into account the human right to palliative care for poor and marginalized population groups.





Compelling case for action!

- **Policies:** palliative care integrated early in guidelines for all life-threatening diseases
- **Education,** training and research
- **Services** improving availability in all settings and community

Let's go forward together nationally and internationally!
Let's prevent unnecessary suffering.

