

Mentoring palliative care staff in low-income countries has benefits for all

Dorothy Logie, Liz Grant, Mhoira Leng and Scott A Murray say why mentoring is crucial for palliative care development in low-income countries – for example, in Africa – and call on European palliative care professionals to support their colleagues overseas

In low-income countries, there are growing numbers of people trained in palliative care who need mentorship and a support network, but there are very few local individuals who are qualified to provide this. Mentoring can increase the confidence of, and quality of care offered by, care leaders and practitioners. The current human resource crisis in healthcare means that international support is required from those of us who can mentor colleagues in need of help.

Although there are ever-increasing demands on their professional time, palliative care specialists have much technical knowledge and expertise to share. There is an opportunity to address inequalities between different parts of the world by volunteering to mentor colleagues overseas. It might mean sparing a few hours per month for email contact to befriend, support, guide projects, send out journal articles, or just be there for healthcare workers who do not have the resources we have. This can benefit not only colleagues developing palliative care in, say, Africa, but also their mentors on a personal level, as well as palliative care services in the North, which can improve by learning lessons from Africa.

Mentorship is needed to help fast-forward the development of palliative care. Remarkable progress has been made in countries like Uganda, Tanzania, Malawi, Kenya and South Africa, where much good practice has been established. However, more is needed. Why, when in Europe after 40 years we have progressed so much, is palliative care still not available in most low-income countries where a great many people die in pain every year? How can we help the delivery

of effective palliative care in poorer countries? In sub-Saharan Africa, palliative care has been slow to take root, despite the fact that the region bears the brunt of the global AIDS epidemic. A 400% increase of cancer rates is forecast in Africa over the next 50 years.¹ In 2006, Wright and Clark described the continent's situation as 'islands of excellence within an ocean of unrelieved suffering'.² Sadly, this is still the case.

What is mentorship?

The term 'mentor' derives from the myth of Odysseus, who entrusted the care of his son, Telemachus, to his friend Mentor when he left

Key points

- In low-income countries, there are growing numbers of newly trained palliative care professionals who need a support network and mentoring, and not enough potential local mentors.
- A mentor is an academic or practical 'parent' supporting the personal and professional growth of their 'protégé', through a reciprocal relationship that has benefits for both sides.
- Expertise, a good personal relationship, and trust and respect are three crucial ingredients of successful mentoring.
- The expertise of Western palliative care professionals is much needed to help fast-forward the development of palliative care in low-income regions of the world; for example, Africa.

Box 1. Resources for mentors

- The *Palliative Care Toolkit* and the *Palliative Care Toolkit Trainer's Manual* produced by Help the Hospices are widely used as aids in mentoring. They are currently being translated into different languages (www.helpthehospices.org.uk/our-services/international/what-we-do-internationally/education-and-training/palliative-care-toolkit/)
- Help the Hospices has also published a useful booklet for volunteers who plan to work overseas (*International volunteering in palliative care: Tips to get you started*). The print and online publications produced by Help the Hospices, including the *Hospice Information Bulletin*, are available free of charge and can be ordered by calling +44 (0)20 7520 8222 or through their website (www.helpthehospices.org.uk)
- A best practice guidance document, *Mentoring for doctors: Signposts to current practice for career grade doctors*, was published in 2004 by the Department of Health (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089395)
- Twinning and links between the NHS and institutions in Africa are being encouraged by the Tropical Health and Education Trust as part of the UK overseas development policy, and British Council funding can support such links (www.thet.org)

to fight in the Trojan War. A mentor is an academic or practical 'parent' supporting the personal and professional growth of their 'protégé' or mentee. An ideal mentor does not direct the protégé, but works to enhance their ability to reflect productively. Mentoring is a reciprocal relationship in which, usually, one partner is at an advanced career stage while the other is less experienced.³

Dr Gillian Chowns of the University of Southampton, who is also Co-director of Palliative Care Works,⁴ is highly experienced in mentoring palliative care colleagues in many African countries. According to her, the three most important ingredients of mentoring are: expertise, a good personal relationship, and trust and respect. It is important that 'working contracts' are in place from the start to establish clear

boundaries and accountability. Based on a trusting relationship, mentoring must define what it can, and cannot, offer, and work within legal boundaries while respecting both the mentor and the mentee's privacy.

Mentors can provide guidance in clinical practice, programme development, leadership, conflict resolution and team building. The two most common types are:

- Academic – guiding the mentee through a course, a written task (essay, dissertation, research work), teaching them to navigate institutional and academic cultures
- Practical – being available on a regular basis as a 'listening ear', offering advice, guidance and emotional support as needed.

Mentoring can be beneficial to both partners through mutual learning and engagement with a different culture in a different socioeconomic context. Passing on experience, skills and wisdom to a (usually) younger protégé can be satisfying for the mentor. Mentees may challenge their mentors, helping them to stay abreast of new developments and expand their collegial network. Perhaps most importantly, building such personal and productive relationships often leads to lifelong friendships.

Dr Karilyn Collins, founder of Muheza Hospice Care in Tanzania, found that mentorship built clinical confidence among staff to prescribe pain relief, especially morphine, appropriately. In her view, mentorship is so important that it should be recognised as an academic discipline, with an agency to recruit mentors, and become a recognised competence within staff training.

Who needs mentoring?

Since 2004, major global initiatives such as the US President's Emergency Plan for AIDS Relief⁵ – covering 15 countries, 12 of which



This Community Palliative Care Nurse in Uganda would greatly value support and advice from a mentor

are in Africa – have given 15% of their substantial budget to improving palliative care. In countries like Zambia, with the establishment of new hospices and improved access, palliative care has started to flourish. In Rwanda, where palliative care was once virtually unknown, there are now 300 centres. The use of therapeutic morphine is slowly rising on the African continent.⁶

The Diana, Princess of Wales Memorial Fund's Palliative Care Initiative (PCI)⁷ has substantially improved training and the integration of palliation into HIV/AIDS and cancer care in nine countries – Ethiopia, Kenya, Malawi, Rwanda, South Africa, Tanzania, Uganda, Zambia and Zimbabwe. However, funding for palliative care is set to change, with the planned closure in 2013 of the Diana, Princess of Wales Memorial Fund's PCI. It is, therefore, even more important to support newly trained nurses and doctors, whose work is often carried out in isolation or in busy hospitals where palliative care is poorly understood.

Educational training in palliative care is much in demand among African healthcare workers and, as more students gain qualifications, more mentors will be needed. Dr Mhoira Leng, Head of Palliative Care at Makerere University and Mulago Hospital in Kampala, Uganda, has helped introduce, with Hospice Africa Uganda and Makerere University, a BSc in palliative care that complements the MSc and diploma programmes run in South Africa and Kenya; 45 students from Kenya, Namibia, Malawi, Swaziland, Uganda, Nigeria, Cameroon and Tanzania are currently training; once they graduate, they should make a huge difference to improving care in their countries, but they will need to be supported.

Researchers in palliative care also need mentoring. Dr Liz Grant, Senior Lecturer at the University of Edinburgh, is facilitating research mentorships between her university, Yale University (USA) and Makerere University. The mentorships will help to define an integrated model of 'generalist' palliative care health worker for sub-Saharan Africa, in order to ensure continuity of care within hospitals and between hospitals and the communities they serve. The work will also define the nature of the different disease trajectories, the cultural attitudes towards the end of life among families and staff, the

contextual factors that influence decision-making, and how end-stage chronic disease is managed. These research mentorships will create a vital mass of local palliative care academics and teachers in Africa, who will need to be supported.

Help for potential mentors

We, the authors of this article, regularly support low-income countries, and we have frequently seen the severe shortage of in-country experienced mentors to support local staff and distance-learning students, and the grief this can cause to them. Links between palliative care organisations in Europe and those in resource-poor countries are desperately needed. It can be fun, fulfilling and life-enhancing to mentor someone from a different culture and country.

If you are interested, there are many tips available on how to get started as a mentor, what works, and what the pitfalls are. Avril Jackson, former International Information Manager at Help the Hospices and St Christopher's Hospice, has given valuable advice for many years, linking the pieces of the chain between countries and connecting people and organisations throughout the world. Box 1 lists some resources that can be of help for aspiring mentors.

Acknowledgements

The authors would like to thank Dr Gillian Chowns (Co-director of Palliative Care Works), Dr Karilyn Collins (Founder of Muheza Hospice Care, Tanzania), Ms Avril Jackson (former International Information Officer at Help the Hospices and St Christopher's Hospice) and Professor Marie Fallon (St Columba's Hospice Chair of Palliative Medicine at the University of Edinburgh) for speaking at the 2nd International Palliative Care Seminar in October 2010 at the University of Edinburgh, which inspired this piece.

References

1. Powell RA, Downing J, Radbruch L, Mwangi-Powell FN, Harding R. Advancing palliative care research in Sub-Saharan Africa: from the Venice declaration, to Nairobi and beyond. *Palliat Med* 2008; **22**: 885–887.
2. Wright M, Clark D. *Hospice and Palliative Care in Africa. A review of developments and challenges*. Oxford: Oxford University Press, 2006.
3. Carey EC, Weissman DE. Understanding and finding mentorship: a review for junior faculty. *J Palliat Med* 2010; **13**: 1373–1379.
4. www.palliativecareworks.org (last accessed 21/07/2011)
5. www.pepfar.gov (last accessed 21/07/2011)
6. International Narcotics Control Board. Estimated World Requirements of Narcotic Drugs in Grams for 2011 (Advance Copy). www.incb.org/pdf/e/estim/2011/EstAdv11.pdf (last accessed 21/07/2010)
7. www.theworkcontinues.org/landing.asp?id=3 (last accessed 21/07/2011)

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