

The first stakeholders' meeting of the Palliative Care and End of Life Care Task Force of the SLMA

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The first stakeholders' meeting of the Palliative Care and End of Life Care Task Force (PC&EoLC Task Force) of the Sri Lanka Medical Association was held on the 28th of February 2017 at the SLMA Auditorium. Dr. V T S K Siriwardena (Director, NCD Unit of the Ministry of Health), Prof. Chandrika Wijeyaratne and Dr. Dilhar Samaraweera (Chairperson of the Palliative Care and End of Life Care Task Force) co-chaired the meeting.



A multi-faceted group of professionals were present at this meeting, including Consultants from various specialties, medical officers, nursing officers and other paramedical staff, officials from the Department of Social Services, representatives from several NGOs and journalists. The Director General of Health Services had delegated higher officials from the Ministry of Health for the meeting. Mr. Yasantha Kodagoda, the Additional Solicitor General, was unable to attend the meeting but promised to extend his fullest support by advising regarding legal aspects.

Prof. Chandrika Wijeyaratne welcomed the participants and elaborated that SLMA would play a catalytic role in improving palliative care and end of life care in Sri Lanka. Dr. Dilhar Samaraweera explained the objectives of the meeting.

The gathering was addressed by the following speakers.

Dr. Udayangani Ramadasa (Convener, PC&EoLC Task Force) gave an introduction to the Task Force and discussed her first-hand experience at PGH Ratnapura.



Dr. Darrel Mathew (President, Palliative Care Association of Sri Lanka) described what they have done since 2013 to uplift the field of palliative care and how they could contribute in future.

Dr. Sujeewa Weerasinghe (Secretary, College of Oncologists) spoke about the palliative care for cancer patients and stressed the importance of establishing Palliative Care Units in hospitals and assigning trained medical officers to them.

These speeches were followed by a brainstorming session where important suggestions were made by the participants.



Emeritus Professor Antoinette Perera stressed on the importance of delivering palliative care through the family doctors/general practitioners as they are the closest to the patients and their families. She stressed that primary care doctors should be strengthened for this. Prof. Perera also pointed out the discrepancy between the positions held by the doctors and the PG training received by them.

Dr. Kanishka Karunaratne said that palliative care policies should be implemented from the diagnosis of the disease. He also added that treatment, counseling and improving their spiritual wellbeing should go hand in hand. He also pointed out that death should be considered as a human right and a comfortable death should be recognized. Moreover, Dr. Karunaratne stated that pain should be considered as an emergency. No patient should suffer in pain. He suggested that there should be a separate budget for palliative care and that palliative care should be a statutory care of the country. Further he stated that regulations for morphine and other drugs used for pain should be revised and strengthened.

Mr. Samantha Liyanawaduge, the Executive Director of HelpAge Sri Lanka, pointed out that the general public is not aware of palliative care and a program should be developed to educate the family members to take care of these patients to facilitate a good death and palliative care.

Dr. Shyamalee Samaranayake brought attention to the fact that patients are unaware of their condition most of the time despite their need to know it and this is a drawback in their management. So it is important that we always educate the patient about their disease and the treatment required.

Mrs. Kumudini Hettiarachchi, representing 'The Sunday Times', raised a question about the pain management in the private sector and vowed to give their support as journalists to raise awareness of the general public regarding this matter.

An official from the Department of Social Services stated that there is a deficiency in coordination with the health sector. Even though they have the capacity and resources to help extend palliative care to the general public their services are overlooked.

Dr. Thashi Chang mentioned that we needed to have a service provision as well as an education provision and elaborated on this. He also stressed that the Ministry of Health should recognize palliative care as a postgraduate specialty.

Dr. Panduka Karunanayake suggested that all the activities happening in the country should be mapped out and to be community based as much as possible as this is the best way to reach a large number of the general public.

Dr. Suharsha Kanathigoda, Chairman of the *Shanthi* Foundation contributed to the discussion from Australia by phone.

Dr. Thilak Siriwardane pledged to convey the key messages generated at this meeting to the Ministry of Health in order to take necessary policy decisions. Prof. Chandrika Wijeyaratne stated that the task force will embark on developing an advocacy document on palliative care and the end of life care within the next few months.

The participants were invited to join the core-working group of the Palliative Care Task Force. The task force will be mainly working on developing end of life care guidelines, research, audit and training.