Palliative Care and Opioid Availability - then and Now

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Bangladesh emerged as an independent and sovereign country in 1971

- Area: 147,570 sq. km
- Population: 153.3 million (72% rural, 28% urban)
- GDP growth rate: 6.51
- GDP per capita: USD 1,235
- GNI per capita USD 1,314
In 2015, the Economist Intelligence Unit of the magazine ‘The Economist’ published a research report on ‘Quality of Death’. The research was carried out in 80 countries. Unfortunately, Bangladesh was in the 79th position.

Morphine Consumption (MC) in Bangladesh is 0.5 mg/capita, whereas global MC is 6 mg/capita. Moreover, it is in the lowest position amongst Southeast Asian countries. According to MC, Bangladesh is in the 160th position in the world.

Non communicable diseases (NCD) related death has become >75% in our top ten causes of death, whereas just 16 years back it was 44%.

It is projected that population aging in Bangladesh will be increasing from 6.1% to 20.2% between 2001 and 2050. But support index will be declining.
WPCA Palliative Care Development
All levels (n = 234)

Legend of Palliative care Development (PCD):
- Level 1. Not known activity
- Level 2. Capacity building
- Level 3a. Isolated provision
- Level 3b. Generalized provision
- Level 4a Preliminary integration
- Level 4b Advanced integration
- Data not available
SNAPSHOT

Palliative care remains an unresolved hurdle in Bangladesh’s path to provision of quality public health services. Policy obstacles and underinvestment plague the health sector but domestic and international organisations are tackling the challenge.
WHO Region: SEARO
Population: 160,996,000
Single Convention 1961: Yes
As Amended 1961/72: Yes
Fellows
Farzana Khan
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Bangladesh Scenario in 2010

1. No Immediate Release Morphine Tablet was available.
2. No National Palliative Care Guideline.
3. No Post Graduate Degree Program in Palliative Medicine
4. Narcotics Control Act 1990 – Required correction and redrafting
5. No Nation Pain Policy Guideline.
2015 SEARO Consumption of Morphine (mg/capita)

Sources: International Narcotics Control Board; World Health Organization population data
By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2015
1. We have locally manufactured immediate release morphine.
2. We have drafted and submitted National Palliative Care Guideline for Physicians, Nurses and Paramedics – commissioned by DGHS Bangladesh.
3. MD Palliative Medicine course started.
Neglected suffering: The unmet need for palliative care in Cox’s Bazar

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Figure 2. Pain severity before and after treatment
Recommendation – Rohingya and resident of Cox’s Bazaar

1. Pain treatment, including oral morphine
2. Health care workers should be trained - WHO Guideline.
3. Comprehensive plans - chronic diseases
4. Community-based palliative care services
5. Home based Palliative care services
6. Support for basic needs (e.g., food, clean water, transportation, shelter) should be provided to families who have member with life threatening condition (adult or children).

Source:
The Hidden Tragedy In Bangladesh's Rohingya Refugee Camps

No one knows exactly how many Rohingya men, women and children have perished after fleeing Myanmar.