

# Palliative Care in Islamic Republic of Iran, Breaking One Barrier at a Time

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# Outline

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- Introduction
- Background on Iran's health system and health education
- Palliative care before May 2017
- What is accomplished in various setting?
- Barriers and the way forward



# Background on Iran's health system

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- Iran's primary healthcare system has been rated as "excellent" by UNICEF. The **Ministry of Health and Medical Education (MOHME)** operates public hospitals, both general and specialty hospitals, throughout Iran
- Public hospitals are typically under the direct management of universities
- At least one university in each of the 32 provinces
- Primary care is the heart of the health system's working
- Primary care → palliative care

# International Health Policy Forum, 2017

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# Palliative care before May 2017

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- Palliative care in the last decade
- Conference's influence in:
  - Implementing PC in a private hospital
  - In Qazvin/central Iran
  - Change in PC delivery model
- Policy

# Implementation of palliative care department in a private hospital in Tehran

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Bazarganan Hospital Vice president/Clinical Director

- Why choose a private setting
- Objectives met in our program
- Steps to implementation
- Our framework/services
- Challenges and future outline
- Review and conclusion

# Private Setting as a base for palliative care

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	Private System	Public System
<b>Patient population</b>	Higher SES	Lower SES
<b>Patient flow</b>	~ 4-10 new pts / wk	~ >30 new pts/wk
<b>Budgeting</b>	Patient's Pocket and Private Insurances	Insurances
<b>Bureaucratic process</b>	No	Yes
<b>Waiting period</b>	1-6 days	>6 wks
<b>Resources and Networking</b>	Needs to be settled	Settled

# Steps to implementation

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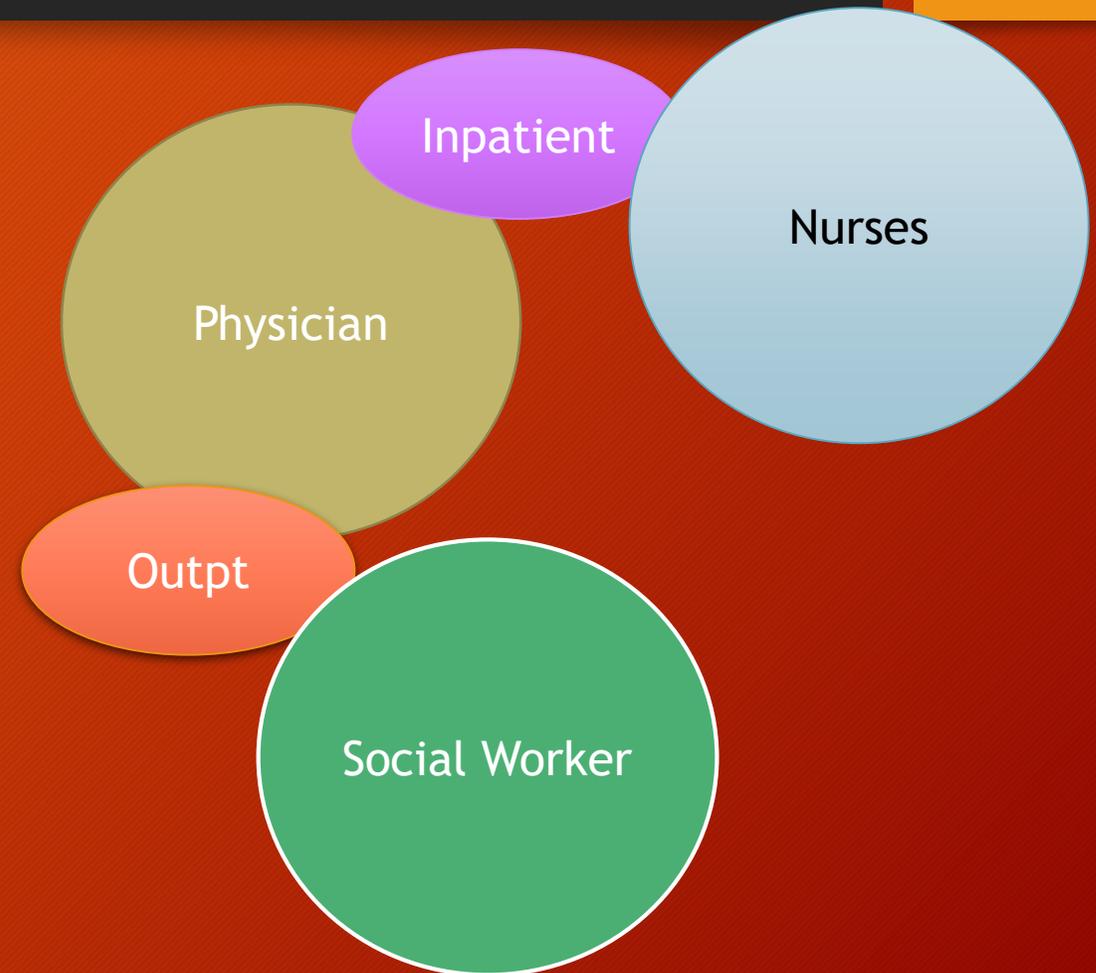
- Team selection
- Resources
- Policies & Procedure & Forms
- Hospital permission
- Network
- Training and Education
- Consultation...outpatients ...admission
- Review and audit

# Objectives of the program

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- A palliative clinic
- Palliative consultation
- A palliative care unit for admission
- Introduction of services to other specialists
  - Medical Oncologists
  - Radiation Oncologists
  - Oncologic Surgeons

Our framework/services  
Pain Management  
Symptom Management  
GI  
Respiratory  
Psychiatrics  
Nutrition



# Challenges and future outline

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## Challenges

- 1.Scatter beds all over the hospital
- 2.Communication & acceptancy
- 3.Referral (WO indication)
- 4.Old school (Training & Education barrier)
- 5.Screening (pts can afford & oncologic filed)
- 6.Applied policies and approaches
- 7.End of Life Care

## Future outline

- 1.Increase number of beds available
- 2.Increase number of physician at practice
- 3.Increase number of patients in outpatients clinic
- 4.Increase number of admission
- 5.Provide overseas training for nurses
- 6.Provide End of Life Care
- 7.Provide private home care services

# Review/conclusion

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- Started 21st September 2017 (Closed for 11 weeks due to renovation)
- Clinic (outpts) visit: 168/y (new pts)
- Admission: 48/y (new pts)
- Consultation: 265
- At first phase 6 beds designated out of 175 for palliative care
- The first independent palliative care unite completed in September 2018 with 6 bed.

# Qazvin experience

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# First introduction to palliative medicine

- Participate in the International Health Policy Forum in May 2017, in Republic of Georgia
- Participatory nature of the workshops led us to action planning
- Follow up with two actions listed in our action plans once we returned from the Forum to Qazvin province in Iran
  - Goal 1: Setting up a palliative care center
  - Goal II: Promoting women's health in preventing breast cancer



# First few steps



IDENTIFYING  
STAKEHOLDERS  
FROM VARIOUS  
SEGMENTS OF THE  
SOCIETY



INTRODUCING  
PALLIATIVE  
MEDICINE TO  
THE  
STAKEHOLDERS



MEETING AND  
GATHERING  
SUPPORT FOR  
THE IDEA



SETTING UP  
STUDY TOURS  
TO THE CAPITAL  
FOR THE  
INTERESTED  
PARTIES FROM  
WITHIN QAZVIN  
PROVINCE



BUILDING ON THE  
EDUCATIONAL  
SYNERGY CREATED  
BETWEEN THE  
PARTICIPANTS AND  
THE PROGRAM IN  
BAZARGAN  
HOSPITAL IN  
TEHRAN THE  
CAPITAL CITY

## More steps

- Launched a radiotherapy center in the Velayat Hospital
- Attracted collaboration of oncologists to provide radio and chemotherapy in the new center, instead of their offices, meeting required performance standard
- Received JAHAD University support to establish a palliative medicine center

# Thus far

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- Secured land to build the PC center
- Has continuous support of the Velayat hospital
- Have full support of the charity responsible for the hospital
- Architectural designs are ready
- Seeking sponsorship to start building



**Second Goal:**  
*Establishing a system  
to promote women's  
health to prevent  
breast cancer*

Not a part of palliative center, but still a goal that was set at the conference and WHO is encouraging prevention to be a part of cancer planning

**Briefly situation today and next steps:**

- Stakeholder identification, awareness and buy-ins
- Engaging the medical community in series of educational seminars and awareness buildings
- Establishing protocols of design and operation
- Identifying location and getting ready to build
- Set up a working unit and train human resources to operate the center
- FUNDRAISE, FUNDRAISE AND FUNDRAISE

# Palliative Care in Islamic Republic of Iran

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# Palliative care, Firozgar Hospital experience, before May 2017

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- An 8-year-experience of palliative care implementation in Tehran and Isfahan, the only PC centers in Iran
- First division of a hospital focus on palliative care
- Nearly 15,000 patients were admitted and received compassionate care
- Focused on all aspects of a cancer patients' lives such as psychology, economic, social, pain and family problems
- A close collaboration with a charity organization

# Post Forum-- *The Forum expanded our horizon and knowledge*

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- Changed and expanded the scope of work from oncology to all other NCDs
- Diversified our services from only Oncology to Nephrology, Cardiology, Gerontology and even Pediatric
- Changed our marketing approach to reach patients and their families vs. hospitals and doctors.
- Outreach to policy makers and clerics to impact greater numbers
- Expanded our work with charity organization and through them reaching the patients
- Adopted integrative palliative care model
- Adopted multi disciplinary team approach that includes doctors, nurses and social workers
- Working with a large database of patient information
- Opened wellness clubs based on EMRO's suggestion

# Integrated palliative care model

- Moved from the 10 unit bed that only about 4 of them were used to more of home based care
- A year after the conference we are seeing 80-90 patients routinely in their home
- Registration takes place in their home
- Integrative hospice care that consults with the team
- The patient care planning takes place without patients
- We equip the house with equipment
- Country's law does not allow for DNR
- Families are trained to call 115 to resuscitate



# Barriers

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- Islamic jurisprudence, ease of pain, DNR, natural death vs. intervention
- Intertwine nature of academic training and medical practice with Islamic jurisprudence by the physicians → adherence to the Islamic jurisprudence
- One case at a time
- Cultural barriers tied to religious beliefs
- Dominance of curative medicine vs. palliative
- Financial incentives for hospitals and doctors
- Overwhelming restrictions on prescribing opioids
- Financial reliance on the government's insurance payments on behalf of a large segment of the population
- Lack of civil society engagement, awareness and action in this space

*Thank you*