



The Need for a National Palliative and End of Life Care Policy in Brunei Darussalam

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Palliative care is ‘an approach that improves the quality of life of patients and their families facing life – threatening illnesses’ (WHO 2003). End-of-life care refers to the ‘care of people with advanced life-limiting conditions, for whom death within 1-2 years is likely, as well as those in the terminal phase of illness’ (The Irish Hospice Foundation 2016). Although Cicely Saunders pioneered the UK palliative and end of life care in 1967, the global palliative and end of life care movements evolved as a health science discipline only since 2000. The Global Atlas of Palliative Care (Worldwide Palliative Care Alliance & World Health Organisation 2014), that maps palliative care developments across the world, reported that only around 20% of countries have access to quality palliative care and 75 countries (32%) have no known palliative care services.

Current Palliative and End of Life Care Initiatives in Brunei Darussalam

The Government of His Majesty Sultan Haji Hassanal Bolkiah Mu'izzaddin Waddaulah ibni Al-Marhum Sultan Haji Omar Ali Saifuddien Sa'adul Khairi Waddien, Sultan and Yang Di-Pertuan of Brunei Darussalam has already taken impressive steps towards ‘implementing and integrating’ palliative and end of life care approach within the Brunei Health care system. His Majesty’s Titah on 29th September 2016 has underlined various palliative and end-of-life care elements: open disclosure, prognostication, healthcare professional’s role in hope and recovery when patients have serious illnesses. Most importantly, health care professionals need to understand that ‘*the only real healer is Allah the Almighty*’ (Brudirect.com 2016). Since 2008, Brunei Darussalam Health care

services have made strides with the following palliative and end-of-life care initiatives in Brunei Darussalam:

1. Established a specialist Palliative Care Department at the major tertiary hospital, Raja Isteri Pengiran Anak Saleha (RIPAS) Hospital
2. Development of community based palliative nursing services
3. Highlighting the need for integrating palliative care in the management of non-communicable diseases (NCDs) as part of The Brunei Darussalam National Multispectral Action Plan for the prevention and Control of Non-communicable diseases (BruMAP-NCD) 2013-2018.
4. Steps towards clinical guideline developments for opioid usage in acute clinical settings
5. Human resource investment on palliative and end-of-life care specialists and academics across the health and higher education settings
6. Steps towards advancing geriatrics and palliative specialty nursing skills for inpatients in RIPAS Hospital
7. Development of Brunei palliative and supportive care interest group to provide a platform for educational and clinical engagement sessions
8. Establishment of The Brunei Cancer Centre (TBCC) where comprehensive oncology services including palliative care are provided
9. Steps towards extending specialist palliative care services across the health care system (including district hospitals and primary care)
10. Research initiatives on palliative and end-of-life care with collaboration between University of Brunei Darussalam and Ministry of Health, Brunei

Why we need a Brunei Palliative and End-of-Life Care Policy

With a growing population of terminally ill people across the world (Wright *et al.* 2008), there is also an increasing awareness among international health policy makers in improving the quality of life for terminally ill patients. In the United Kingdom, the national End-of- Life Care Policy was established in 2008 (Department of Health, 2008). The Global Atlas of Palliative Care reported that palliative and end-of-life care provision in Brunei Darussalam is categorised as Grade 3A i.e. generalised provision of palliative care (Worldwide Palliative Care Alliance & World Health Organisation, 2014). We envisage that a national palliative and end-of-life care policy in Brunei will be beneficial to:

1. Set standards for palliative and end-of-life care localized to the Brunei context
2. Provide clinical guidelines for healthcare professionals caring for palliative and end-of-life patients and their families in Brunei
3. Provide future directions for palliative practice, education and research in Brunei
4. Prevent unnecessary suffering and cost for families, patients and the society
5. Improve quality of life of patients with life-limiting illness and families
6. Identifying and allocating resources for palliative and end-of-life care services in Brunei
7. Develop national standards and mechanisms to improve quality of palliative and end-of-life care in Brunei
8. Identifying quality indicators and establish monitoring processes for palliative care needs and access at the national level.

Promising components for the Brunei palliative and end-of-life care policy

International developments in Palliative and end-of-life care already provide evidence based recommendations on components of national policy for palliative

and end-of-life care. For example, The UK National End-of-Life Care Strategy 2008 consists of policy recommendations for end-of-life care pathway, care in different settings, family care support, end-of-life care workforce, and measurement and monitoring mechanisms (Department of Health, 2008). Similarly, with our international observations and experience, we propose the following components that can be incorporated into a palliative and end-of-life care policy in Brunei Darussalam.

1. His Majesty's vision of 'Whole-of-Nation approach' based policy recommendations
2. Strategies to provide palliative care to all patients, all life-limiting diseases and all stages of illness, especially in the context of NCDs dominated Brunei health care burden, which incorporates values and principles of Melayu Islam Beraja (MIB)
3. Family and carer support interventions as Brunei has strong family values within society
4. Procedures for delivering palliative care services through the continuum of care (primary health care, community and home-based care, and specialist palliative care services)

5. Guidelines related to palliative and end-of-life medications
6. Public health interventions to improve public awareness on palliative and end-of-life care
7. Educational opportunities for both specialist and generalist healthcare practitioners on palliative and end-of-life care
8. Expansion of the scope of community clinical services such as family-centered Home care palliative service initiatives
9. Benchmark standards that can be monitored through clinical audits to ensure clinical quality is maintained
10. Opportunities for stakeholders to identify and prioritize the cultural components of palliative and end-of-life care.

References

- Brudirect.com (2016) His Majesty Delivers Titah During Unscheduled Visit to RIPAS Hospital. In *BRUDIRECT.COM*, Bandar Seri Bagawan.
- DH (2008) End of Life Care Strategy- Promoting High Quality Care for All Adults at the End of Life. Department of Health, London.
- The Irish Hospice Foundation (2016) About Hospice care: Definitions, Dublin. Available at: <http://hospicefoundation.ie/about-hospice-care/definitions/> (accessed 30 March 2017).

Conclusion

To align with His Majesty's Titah, '*the only real healer is Allah Almighty*', Brunei Health care services have the opportunity to embrace the concept of palliative and end-of-life care as 'Whole of Nation' health care agenda. In this context, developing and implementing a national palliative and end-of-life care policy will play major role in achieving Ministry of Health's strategic vision for 2035: 'Together towards a Healthy Nation' by improving quality care in Brunei Darussalam. The multi-sectorial input and stronger localised palliative and end-of-life care intelligence through quality local research is also needed to guide implementation of the essential components of this important policy development.

- WHO (2003) WHO Definition for Palliative Care. Available at: <http://www.who.int/cancer/palliative/definition/en/>.
- Worldwide Palliative Care Alliance & World Health Organisation (2014) Global atlas of palliative care at the end of life (Stephen R. Connor & Maria Cecilia Sepulveda Bermedo eds.). Worldwide Palliative Care Alliance, London.
- Wright M, Wood J, Lynch T & Clark D (2008): Mapping levels of palliative care development: a global view. *Journal of pain and symptom management* **35**, 469-485.