INTRODUCTION

As the world population increases the prevalence of older adults is also expected to increase in tandem. This demographic shift towards aging will particularly be felt in developing countries over the next few decades as the relatively young population moves up the population pyramid. But with longevity comes serious, chronic, and costly illness, and the Lebanese healthcare system is ill-prepared to deal with any of these. Geriatric services and palliative care programs are in their infancy in Lebanon.

Palliative care, implemented in parallel with conventional curative medicine, is now uniformly considered an indispensable component in the overall management of chronic, progressive, and terminal disease, and the marriage of these two modalities has become the standard of care in developed countries. The focus of palliative care is to mitigate the burden of illness by addressing physical and psychological symptoms, supporting caregivers, improving communication among involved parties, and accepting inevitable outcomes while allowing for therapeutic grieving.

Principles of palliative care are applicable across a wide range of healthcare settings and illnesses. Health care providers, whether in primary care clinics or tertiary care centers, should be familiar with the basic tenets of palliative care and offer palliative care services for a diverse spectrum of illnesses, both malignant and non-malignant. Education and training of healthcare professionals is an essential early step that must be implemented at a national level if palliative care is to enter mainstream medicine. Additionally, education of the public is necessary if this previously neglected and misunderstood specialty is to become widely accepted and commonplace.

To prepare practitioners academically, a three-tier framework for palliative care education is proposed. In keeping with international standards, these levels of training increase in complexity as the target trainee moves from general healthcare workers to career palliative care practitioners:

1. **Palliative Care Approach** intended to integrate principles of palliative care into the general practice of medicine. It should be offered to healthcare providers across all settings and services so that the culture of palliative care becomes ingrained in the practice of medicine. General palliative care awareness should be introduced in undergraduate education, and extended through postgraduate training via continuing professional development programs.

2. **General Palliative Care** intended for professionals frequently involved in caring for patients that might benefit from palliative care, or who act as a resource liaison in their setting, but for whom palliative care is not the main focus of their clinical practice. Most practicing practitioners fall in this category. Depending on the discipline, it may be taught at an undergraduate or postgraduate level, or through continuing professional development.

3. **Specialist Palliative Care** intended for professionals working solely in the field of palliative care and whose main activity is devoted to dealing with complex problems requiring specialized skills and competencies. Usually taught at a postgraduate level and reinforced through continuing professional development.

A primary goal of the education subcommittee of the National Committee for Pain Relief and Palliative Care created in 2011 under the auspices of the Ministry...
THE RATIONALE FOR PALLIATIVE CARE

Aging populations introduce unique challenges to providers, patients, and the healthcare system at large. With advances in medical knowledge and technology, diseases that people used to die from last century are now conditions they live with. With the advent of antibiotics, micro-nutrients, preventive medicine, and aseptic surgery, many illnesses that were lethal then are now routinely treatable or preventable. As a result, life expectancy in developed and developing countries has lengthened dramatically over the past century and reached limits never seen before.

In Lebanon, it is estimated that 10% of the population is above the age of 65 years, and 2.5% above the age of 85 – a small proportion compared to Western Europe and the United States, but quite high regionally. Life expectancy in Lebanon lags only slightly behind that of developed countries, and currently stands at approximately 74 years for men and 77 years for women (as little as 50 years ago, it was 60 years). It is projected that in 35 years, the number of Lebanese older than 65 will double.

But with longevity comes chronic disease, serious illness, and increased resource utilization. With a rapidly aging population and ever-increasing life expectancy, a surge in illnesses that afflict the elderly is expected to follow, including many types of cancers. For example, the number of new cases of cancer in Lebanon has increased steadily over the past decade, according to the National Cancer Registry of the Ministry of Health and the World Health Organization (WHO). In 2004, almost 7200 new cases of cancer were reported in Lebanon, compared to over 8000 in the most recent report. It is estimated that by 2030, the number of new cancer cases will approach 12,000. Moreover, due to an indolent preventive care culture and a high prevalence of cancer-promoting behavior (such as smoking), many cancers present at an advanced stage when the only reasonable treatment option is palliative care. It will be necessary to have an integrated palliative care system in place that functions across disciplines and settings, and qualified personnel to lead the effort. To meet these goals, significant obstacles must be overcome today.

HISTORY

Palliative medicine as a specialty and model of care is a relatively newcomer to Lebanon. Few healthcare providers have been trained in (or even exposed to) principles of palliative care. It is practiced primarily in the arena of terminal cancer, though many nonmalignant conditions can benefit from palliative care. Even so, by one estimate less than 10% of patients with terminal malignancies benefited from palliative care services in Lebanon as of today due to a deficiency of professionally trained providers, available services, and public awareness.

Palliative care was first introduced in Lebanon in 1995 during a National Cancer Control Workshop supported by the Ministry of Health and the World Health Organization (WHO). At that time, the pressing need for pain relief and palliative care services was identified as a high priority. In May 1999, a day-long symposium on palliative care and ethics was conducted during the Congrès d’Oncologie du Moyen-Orient, COMO IV (Middle East Oncology Congress). This workshop was organized by the Lebanese Cancer Society and sponsored by the WHO.

In the intervening four years between these workshops, it became clear that an interest in palliative care had taken root among certain healthcare professionals from diverse disciplines. Since then, a small but dedicated core of clinicians have championed the cause of palliative care and diligently worked towards making the dream of palliative care access for all a reality.

Pursuant to these early efforts, recommendations to the Ministry of Health and a request to the WHO for support and action were conceived. The recommendations stated that: 1) a clear national policy is needed to offer pain-free treatment; 2) an essential drug list, not only for cancer chemotherapy but also for pain and other symptom management, should be established; 3) undergraduate training of nurses and physicians in palliative care is necessary; 4) reimbursement of treating physicians for palliative care services should be sought; 5) a multidisciplinary approach to palliative care is essential; 6) strengthening home care agencies and social assistance programs is advisable; 7) palliative care is a right for all patients suffering from chronic and/or fatal illnesses and should be provided universally.

In May 2000, the Lebanese Pain and Palliative Care Initiative was launched under the auspices of the Lebanese Cancer Society. Members included physicians from various specialties, nurses, and other health professionals who work with terminal patients. The objective of this initiative was to:

- Promote the development of palliative care services and increase awareness of palliative care in academic, clinical, and social levels.
- Promote implementation of existing knowledge and expertise in palliative care, and train professionals involved in the care of patients with incurable and advanced disease.
- Promote academic studies and research.
- Support and give patronage to scientific and educational events promoting the dissemination and development of palliative care principles.
- Consolidate the efforts of professionals from various disciplines who study and practice the principles of palliative care (doctors, nurses, social workers, psychologists, volunteers, and others).
- Address the ethical problems associated with the care
of terminally ill patients, with special attention to local cultural context.

Good intentions, however, are not sufficient without means to implement them. Education, in all that it entails, is the critical first step for qualified personnel to lead the effort and for patients to accept it. With the recent addition of American-trained hospice and geriatric medicine physicians to an already existing core group of committed specialists, critical mass was achieved, and action at a national level was reenergized. On May 4, 2011, a National Committee for Pain Relief and Palliative Care was created by the Ministry of Public Health (decree no 1/486). This Committee is working hard towards implementing palliative care in Lebanon through a national plan to deliver change in pain relief and palliative care across the life span and for various illnesses. The focus of this committee is on four broad areas:

- Education
- Practice
- Research
- Public Policy.

In this special issue of the *Lebanese Medical Journal* we report on the current situation in Lebanon and the necessary steps to develop the discipline of palliative care into a full-fledged, free-standing, comprehensive, and academic service in the near future.

Regarding palliative care education (the subject of this article), a subcommittee was created with the purpose of developing a national curriculum, training health care providers in principles of palliative care, and promoting public awareness. The mandate and members of this subcommittee are summarized in Table I. In what follows, we propose a cohesive and comprehensive program to integrate palliative care in health education in Lebanon.

**UNDERGRADUATE EDUCATION IN PALLIATIVE CARE**

Palliative care education is the first and most important step in implementing palliative care practice in Lebanon. Until recently, little attention was given to pain management and end-of-life care in the formal education of health professional trainees. Principles of palliative care were not included in the basic competencies or official examinations of doctors and nurses. As a result, large cohorts of graduating clinicians are highly qualified in the management of tertiary care problems but awkwardly fade away into the background when their patients approach death and require comfort care. Such ineptitude represents a more serious upstream problem – mainly a lack of undergraduate training. Educators of medical and nursing students internationally and locally express a need to include didactic instruction on palliative care and end-of-life care, but efforts have been slow to gain momentum. In already busy curricula, end-of-life care has not garnered high priority. But students must be prepared to cope with death and dying as a potential outcome of patients under their care, and forgo the prevalent misconception that death is somehow a failure of modern medicine or an act of medical abandonment. Consequently, the education subcommittee has developed a modular curriculum for undergraduate medical and nursing trainees. It recommends that:

- A one credit course on PC (21-hour modular curriculum on pain and palliative care) be integrated into

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**TABLE I**

**PALLIATIVE CARE EDUCATION SUBCOMMITTEE MANDATE AND MEMBERSHIP**

<table>
<thead>
<tr>
<th>Mandate of Palliative Care Education Subcommittee</th>
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<tbody>
<tr>
<td>1. To recommend a core curriculum to be used in the training of health care professionals with emphasis on knowledge, attitudes, and skill development.</td>
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<td>2. To recommend specialization trajectories of physicians and nurses in the field.</td>
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<td>3. To institute the importance of continuing professional education in the field as a requirement for recertification and licensure.</td>
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<td>4. To develop strategies for public education in the field.</td>
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<th>Membership</th>
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<tbody>
<tr>
<td><strong>CHAIRPERSON</strong> Dr. Michel Daher</td>
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<tr>
<td><strong>MEMBERS</strong> Dr. Myrna Doumit Dr. Ramzi Hajjar</td>
</tr>
<tr>
<td>Dr. Rasha Hamra Mrs. May Khoury</td>
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<tr>
<td>Dr. Aline Tohmé Dr. Marie Maroun-Aouad</td>
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undergraduate training and be provided by all seven faculties of medicine and eleven faculties or schools of nursing in Lebanon (Table II);

- Questions related to pain management, palliative care, and end-of-life care be integrated into all official examinations of doctors and nurses.

Each university is given the flexibility to develop its own program based on staffing, scheduling, and available resources in order to reach the common objective. However, basic competencies modeled after internationally accepted standards for interprofessional education must be covered.

The minimum requirements for a graduating physician must include:

- Knowledge of advanced methods of pain and symptom management.
- Understanding the complex psychosocial needs of the terminally-ill patient and their caregivers.
- Understanding spirituality, cultural, and ethnic issues in relation to palliative care.
- Communication skills and truth telling; training in breaking bad news.
- Identifying ethical issues and challenges in palliative care.
- Acknowledging and respecting autonomy, dignity, and quality-of-life issues.
- Grief and bereavement care competency.
- Working as a member of an interdisciplinary team.

For graduating nurses, the minimum requirements include the same competencies as above but with lesser emphasis on pharmacological management of pain and other symptoms, and greater focus on observing, recording, and intervening to diminish patient suffering.

POSTGRADUATE EDUCATION IN PALLIATIVE CARE

With a rapidly aging population, it has become clear that care for terminal patients will not be delivered primarily by fellowship-trained palliative care practitioners. Our role is to help all those who deliver care become more adept in the principles of pain management and palliative care. To effectively manage the large number of patients in need, it will be necessary for specialists to serve as resources for primary providers and assist in the management of difficult cases. By integrating palliative care education into postgraduate training, the palliative care specialist can exert a greater reach, and influence a wider swath of future providers. However, for those wishing to pursue formal postgraduate training in palliative medicine, fellowship programs must be developed. Postgraduate education can therefore be classified into two broad categories: 1) fellowship programs for career palliative care specialists, and 2) training for all other healthcare providers during residency and thereafter in order to achieve a basic level of functional competence. The latter category is reviewed in the next section.

Currently there are no postgraduate training fellowship programs in pain management or palliative care in Lebanon. The education subcommittee understands that the future success of palliative care services is dependent on the availability of sufficient professionally trained specialists, that a worldwide shortage of palliative care providers exists. It recommends that:

- Postgraduate training programs be developed for both doctors and nurses who wish to develop special expertise in pain management and palliative care.
- A twelve-month (or longer) comprehensive palliative care fellowship curriculum be developed and be complementary to medical or surgical training.
- A process of professional accreditation be developed to recognize and certify the expertise of doctors and nurses who have completed specialization in pain and palliative care.

In some countries, professional medical and nursing organizations have established stringent criteria for postgraduate certification in palliative care, outside of a formal fellowship training program (the “Grandfather Clause”). The criteria to obtain these qualifications vary, but might include:

- A specified number of years working in palliative care under the supervision of a palliative care certified practitioner;
- Attendance at regular continuing education courses;
- Active participation in interdisciplinary team meetings;

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<th>TABLE II</th>
<th>MODULAR CURRICULUM ON PAIN AND PALLIATIVE CARE PROPOSED THEMES</th>
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<tbody>
<tr>
<td>I.</td>
<td>Overview of Palliative and End-of-Life Care (2 hours)</td>
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<tr>
<td>II.</td>
<td>Whole Patient Assessment (2 hours)</td>
</tr>
<tr>
<td>III.</td>
<td>Communication and Information to the Patient and Family (2 hours)</td>
</tr>
<tr>
<td>IV.</td>
<td>Multidisciplinary and Team Work (2 hours)</td>
</tr>
<tr>
<td>V.</td>
<td>Pain Management and the Other Common Symptoms Management (3 hours)</td>
</tr>
<tr>
<td>VI.</td>
<td>Psychosocial Problems and their Management (2 hours)</td>
</tr>
<tr>
<td>VII.</td>
<td>End-of-Life Care (2 hours)</td>
</tr>
<tr>
<td>VIII.</td>
<td>Ethical and Legal Issues (2 hours)</td>
</tr>
<tr>
<td>IX.</td>
<td>Quality of Life and Quality of Death (2 hours)</td>
</tr>
<tr>
<td>X.</td>
<td>Implementation of Palliative Care in Lebanon (2 hours)</td>
</tr>
</tbody>
</table>
specialty grows. Many more will be needed as this field should master were defined and described as follows:

1. Apply the core constituents of palliative care in the setting where patients and families are based.
2. Enhance physical comfort throughout patients’ disease trajectories.
3. Meet patients’ psychological needs.
4. Meet patients’ social needs.
5. Meet patients’ spiritual needs.
6. Respond to the needs of family caregivers in relation to short-, medium-, and long-term patient care goals.
7. Respond to the challenges of clinical and ethical decision-making in palliative care.
8. Practice comprehensive care coordination and interdisciplinary teamwork across all settings where palliative care is offered.
9. Develop interpersonal and communication skills appropriate to palliative care.

On July 28, 2013, the Ministry of Public Health issued decree no 1/1048 adding palliative care medicine to the current list of specialties recognized in Lebanon. Based on this decree, the candidate must complete a one-year fellowship training program in palliative medicine (after residency training), or a two-year postgraduate training period, in a recognized and certified program. Today, very few physicians qualify to register as palliative care specialists. Many more will need to use in order to create a massive awareness.

CONTINUING MEDICAL EDUCATION (CME) FOR HEALTH PROFESSIONALS, POLICY MAKERS AND OTHER DISCIPLINES

Even though community and hospital-based palliative care services have rapidly spread throughout the American and European healthcare system over the past few decades, few physicians and fewer nurses are certified in this subspecialty. This shortage of qualified providers is not likely to improve in the near future. In fact, it will only worsen locally and worldwide since few professionals select palliative care as a career choice, even as the need rapidly grows. Health care providers who handle critically ill, chronically ill, or terminally ill patients will benefit from additional training and ongoing education. Until the shortage is addressed, it is these providers who will shoulder the brunt of responsibility for initiating the palliative care process. In-service training and continued education is necessary to maintain skills and keep up-to-date with new developments. Continuing Medical Education (CME) in end-of-life care, pain management, and palliative medicine will be needed for these clinicians, and for continued certification of the few fellowship-trained physicians.

Training may include:
- clinical meetings and case discussions
- journal clubs
- conferences and workshops (including reporting-back sessions) by local and invited speakers
- site visits.

For optimal efficacy, CME activities should be coordinated by the office of program development, and address topics clinicians identify as high priority. It is the program’s responsibility to ensure that staff members are given the opportunity to attend appropriate courses or conferences, and trainees are encouraged to keep a record book of professional development. National CME activities will be organized by the National Committee for Palliative Care, in collaboration with the Ministry of Public Health and WHO. A wide variety of resources are available. In addition to local universities, hospitals, and scientific associations, many foreign organizations active in palliative care have an international presence and can contribute to education and training. Some of these organizations include:
- American Society for Clinical Oncology (ASCO)
- European Society for Medical Oncology (ESMO)
- International Association of Hospice and Palliative Care (IAHPC)
- European Association for Palliative Care (EAPC)
- American Psycho-Oncology Society (APOS)
- International Psycho-Oncology Society (IPOS)
- Middle East Cancer Consortium (MECC)

PUBLIC, POLICY MAKERS, AND MEDIA EDUCATION

To successfully integrate palliative care into society and alter the experience of patients and their families there must be a definite plan based on appropriate policies, adequate drug availability, education of the public and health workers, and implementation of palliative care services at all levels throughout the society (WHO, 1990). In order to facilitate implementation of such a plan we need to know how to use the media in an astute manner in order to raise awareness and to change people’s opinion about sensitive issues.

It is recommended that this process be implemented within context of the culture, disease demographics, socioeconomics, and the health care system of the country (Stjernsward, Foley and Ferris, 2007). Therefore it is always advisable to start with a national steering committee, followed by a situational analysis. Results of the situational analysis will be followed by engagement of opinion leaders and raising community awareness through the media with all its subtypes: TV, radio, and billboards need to be used in order to create a massive awareness.
Along the same line, the committee needs to identify key policy stakeholders and engage them in the process in order to ensure an affordable supply and quota of opioid, and to facilitate appropriate prescription privileges. These are pivotal steps for the success of the whole process.

In parallel, national opinion leaders responsible for education like deans of medical, nursing, pharmacy and social work schools need to be engaged in the process. Curricula need to be assessed and palliative care material needs to be added. Also a specialized program to train palliative care experts needs to be developed within universities and across different schools at undergraduate and graduate levels.

Meanwhile, along the same thought, public awareness campaigns need to be a continuous process in order to change people’s opinion and understanding of palliative care. Currently in Lebanon most patients and family members relate palliative care to end-of-life care and this idea needs to be altered through talk shows and scientific programs that are tailored to meet different audiences’ levels of understanding. Plans for targeting all stakeholders need to be designed as follows:

- **Public Education**: Palliative care workers often report that politicians, the press, fellow professionals, and even the public do not know much about palliative care. Therefore, clarification of the concept itself is essential.

- **Politicians** need to know that palliative care affects people they represent and it is an integral part of health care. It requires funding, over which they have some control, and it is an integral part of modern health care. Issues raised by the practice of palliative care – quality of life, value of life, euthanasia – are important issues in modern society.

- **Obstacles related to opioid availability and consumption** are important issues in developing countries.

- **The Press** needs to be well-informed; they influence public opinion and politicians, and can be the friends and allies of palliative care. They can help raise funds and public awareness and offer a platform to deal with key issues such as resource allocation and opioid availability.

- **Health professionals** often have misconceptions about palliative care. It is viewed as terminal or geriatric care, care of the incurable, or as being applicable only to oncology patients. Fellow professionals need to know what palliative care is, how they can access it, how it might or might not help their patients and how they might practice it themselves.

- **The general public and patients** associate palliative care with the dying process. They need to learn what palliative care entails and how palliative care teams operate in many general and specialist hospitals. They can be educated about palliative care by:
  - hearing about it on the media, reading about it in the press;
  - meeting people who have received it or whose relatives have received it;
  - reading informative leaflets about it in the offices of their family doctors and in hospital waiting rooms;
  - reading about how they can obtain financial help in leaflets prepared for their legal adviser's offices;
  - reading the special educational leaflets prepared for patients and visitors to palliative care centers in the country.

**CONCLUSION**

By current estimates, Lebanon has an annual mortality rate of 4.5/1000, or over 22,000 deaths a year. There are more than 8000 new cases of cancer each year, and around 12,000 patients are in need of opiates (60% need pain relief and palliative care). Only 5 to 10% of patients who need palliative care receive it. Most palliative care services are provided in large cities, leaving a large segment of the population without access to palliative care. Furthermore, over 50% of patients cannot afford palliative care services or the medication. In order for palliative care services to become widely available, affordable, and socially acceptable, education of patients and professionals in palliative care is urgently needed in Lebanon. Palliative care, done properly, provides as good or better outcomes than curative care alone, is cost effective, and alleviates pain and suffering for patients and caregivers alike.

**SUPPORTING REFERENCES**


Taylor A, Box M: Multicultural Palliative Care Guidelines, Palliative Care Australia, 1999.


Appendix I
EDUCATIONAL MATERIALS

- IAHPC  http://www.hospicecare.com/
- Shaare Zedek Pain and Palliative Care Library  http://www.painliterature.com/
- Palliative Care Formulary  http://www.palliativedrugs.com/index.cfm
- Education for Physicians in End of Life Care  http://www.eperc.mcw.edu/
- Innovations in End of Life Care  http://www.edc.org/lastacts/
- Palliative Care Toolkit  http://www.chcr.brown.edu/pcoc/toolkit.htm
- Growth House  http://growthhouse.org/
- Network Project  http://www.networkproject.org/

Appendix II
RECOMMENDED READINGS

- Sims R, Moss VA: Palliative Care for People with AIDS, London: Edward Arnold, 1995. Highly recommended for all called upon to provide palliative care for AIDS patients.
- Buckman R: I don’t know what to say – How to help and support someone who is dying, London: Macmillan, 1988. Invaluable for those faced with this challenge and as a teaching text.
Excellent for students, junior doctors and family doctors.

Written for families and other carers but also useful for family doctors.

Still the definitive text on bereavement.

Probably the best text for nurses specializing in palliative care.

A multi-professional book, excellent for nurses as well as doctors.

Written for both student nurses and those returning to nursing, with an excellent section on palliative care.

Textbook useful but expensive and getting out of date.

Appendix III
RECOMMENDED JOURNALS/LIBRARIES FACILITIES

Palliative Medicine
Journal of Palliative Medicine
Journal of Palliative Care
European Journal of Palliative Care
Journal of Pain and Symptom Management
CME Bulletin of Palliative Medicine
International Journal of Palliative Nursing
Progress in Palliative Care
American Journal of Hospice and Palliative Care