

# Cervical Cancer Prevention



## FACT SHEET

### Palliative Care: Supporting Women With Advanced Cancer

Cervical cancer prevention programs in developing countries must be prepared to address the needs of patients with advanced cancer. Ideally, programs should have surgical treatment available for women with early stages of cancer. In those developing countries where women have access to early detection of cervical cancer and adequate treatment options, survival rates can reach levels as high as those in developed countries. However, survival rates are much lower among women with advanced cervical cancer.<sup>1</sup> Unfortunately, in low-resource settings cervical cancer often is detected in advanced stages and cannot be cured. In sub-Saharan Africa, more than 50 percent of women seeking treatment have advanced cancer. In many regions, treatments such as radical hysterectomy, radiotherapy, or chemotherapy, if available, are not accessible or affordable. Home-based palliative care to relieve pain and suffering may be the only realistic option for these women.

Palliative care is the active, total care of patients who are dying from terminal illnesses such as advanced cervical cancer. Community health workers, physicians, and nurses can provide comfort and relief to an ill woman by addressing physical, emotional, social, and spiritual difficulties that arise during this time. In addition, they can teach caregivers and family members simple methods to help control pain and symptoms. The overall goal of palliative care is to achieve the best possible quality of life for patients and their caregivers.

#### The principles of palliative care include:

- **Providing emotional, social, and spiritual support.** Having terminal cervical cancer can cause women to feel isolated, anxious, angry, and depressed. These feelings can negatively influence the patient's perception of pain and her ability to deal with it.<sup>2</sup> Having someone to listen and provide support can ease these feelings and help alleviate pain and other physical symptoms.
- **Helping prevent and manage pain and symptoms.** Many physical problems can be prevented or managed by coordinating efforts among the patient's family, caregivers, and health care workers. Caregivers can do practical things to help keep the woman comfortable.
- **Providing support to caregivers.** A cornerstone of palliative care is providing practical and emotional support to caregivers if they feel tired or upset, and helping link them to community groups that can provide additional support. Ensuring that caregivers have needed medical supplies, understand how the disease progresses, and know how to administer appropriate medications also can ease the burden.
- **Helping prepare for death with dignity.** Support during the process of grieving and bereavement is very important. The patient, her friends, and family should be honestly informed about how the disease will progress. Friends and family may appreciate help with arrangements after the death, and they may need to discuss their grief with the palliative care worker.

#### Pain management is a priority in palliative care

Pain associated with advanced cancer can often be alleviated, but it is a problem that is frequently neglected. Globally, several million people with cancer suffer unnecessarily from pain every day.<sup>2</sup> In developed countries, approximately 50 percent of cancer patients experience pain that is unrelieved due to inadequate or nonexistent treatment; it is likely that this number is much higher in developing countries.<sup>2</sup> But research has shown that 70 to 90 percent of cancer pain can be

relieved even with limited resources,<sup>3</sup> vastly improving a patient's quality of life. Effective pain relief requires consistent, ongoing, and timely provision of tailored dosages of analgesic medications. Along with home remedies and analgesic medications, palliative care for advanced cervical cancer also can involve therapies such as palliative radiotherapy (single or short course) and chemotherapy. These therapies can help shrink the advancing growth, relieving discomfort, pain, and malodorous vaginal discharge, and decreasing the tendency for the tumor to hemorrhage.

## Barriers to implementing palliative care

In many areas, providing effective palliative care is hindered by limited awareness among policy makers of the importance of palliative care, lack of related training for health care providers, and absence of national policies supporting regulated access to opioid medicines for pain relief.<sup>2</sup> Health care providers and policy makers often are unaware that there are inexpensive, effective ways to relieve cancer pain. Instead, health care resources too often are allocated to expensive curative treatments. Overly restrictive national narcotics regulations have resulted in shortages and prohibitive pricing of opioids in some regions. Specific concerns about opioid misuse and addiction that have produced these restrictions are often misguided. In terminal cancer, opioid dosages generally are increased because pain tends to increase as the disease progresses. In the face of terminal illness, the benefits of controlling cancer pain through the use of opioids outweigh the risks of developing physical or psychological dependence on opioids.

## Ethical issues of providing palliative care

It is often very difficult to balance a family's desire to prolong the life of a loved one with an understanding of when to halt aggressive treatments that no longer benefit the woman and may, in fact, be causing undue suffering. Decisions to end aggressive treatments can be difficult, and whenever possible, should be made by the patient together with her loved ones, family, and

caregivers. If needed, additional training should be offered to health professionals to enhance their communication skills when dealing with these difficult discussions and decisions.<sup>2,4</sup>

## Policy and program implications

To ensure that women with advanced cervical cancer have access to effective palliative care, cervical cancer programs, in conjunction with broader cancer programs, should address the following issues:

### Advocacy

- Disseminate information about appropriate palliative care to policy makers and providers at all levels.
- Evaluate drug regulations and medical/pharmaceutical policies that may unnecessarily restrict access to appropriate medicines, particularly in rural settings.

### Access to services

- Integrate cancer treatment services into a national cancer control plan, so that women with curable invasive disease receive appropriate care, thus decreasing the need for palliative care.
- Organize support systems at the community level to help mobilize resources, establish linkages with treatment centers, and provide additional emotional, social, and spiritual support to terminally ill people and their caregivers.

### Training

- Train health care providers in the principles of providing home-based palliative care.
- Train health care providers in interpersonal communication and

The vast majority of women with terminal cancer in developing countries are cared for at home due to scarce resources, treatments, and health care personnel, making palliative care a crucial component of cancer care services.

counseling skills to help them discuss cancer and death with patients and their caregivers.

- Implement strategies to support caregivers providing palliative care in the home, including teaching family members to administer necessary medicines and to use simple techniques to improve the ill person's comfort and well being.

## References

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2. World Health Organization (WHO). *Cancer Pain Relief and Palliative Care: Report of a WHO Expert Committee*. Technical Report Series 804. Geneva: WHO (1990).
3. World Health Organization (WHO). *Cancer Pain Relief, 2nd ed.: With a Guide to Opioid Availability*. Geneva: WHO (1996).
4. World Health Organization (WHO). *Fact Sheet 8. HIV palliative care and terminal care*. Accessed online at [http://www.who.int/HIV\\_AIDS/Nursesmidwivesfs/fact-sheet-8/index.html](http://www.who.int/HIV_AIDS/Nursesmidwivesfs/fact-sheet-8/index.html).

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Support for development of this document was provided by the Bill & Melinda Gates Foundation through the Alliance for Cervical Cancer Prevention (ACCP). For more information, please visit the ACCP website: [www.alliance-cxca.org](http://www.alliance-cxca.org). The Alliance can be contacted by writing to the ACCP in care of PATH or by email: [accp@path.org](mailto:accp@path.org)  
April 2003