Spotlight on supportive and palliative care

For more than ten years, Philip Ouma has worked as a clinical psycho-oncologist. He works at the Faraja Cancer Support Trust in Nairobi, Kenya. He completed a UICC fellowship at Memorial Sloan-Kettering Cancer Center, New York in 2014 where he learned about psychosocial skills and programs that could be brought back and implemented in Kenya. Mr. Ouma said, “The fellowship has been a turning point in my work with cancer patients. I feel more empowered and inspired in my work in Kenya and Africa.” This can be seen through the various structures and programs he has initiated in cancer centres. In this case study, Mr. Ouma shares what he learned from his fellowship, speaking at conferences, and participating in board meetings.

Improving cancer control in Kenya

Mr. Ouma noted that on the policy level, Kenya is advanced in cancer control with its strong National Cancer Control Plan and many cancer guidelines. Unfortunately, Kenya faces challenges in policy implementation because of limited resources and personnel. There are only 20 trained oncologists, which means the demand for treatment and care is much greater than the number of doctors and other resources. Nairobi itself has four treatment cancer centres, but these centres are hard to access for people outside of Nairobi. Additionally, treatment is too expensive for 70-80% of the population. National Health Insurance helps cover radiation and chemotherapy costs for 60% of the population, but it does not cover other costs such as transportation to the centres and accommodation while at the centres.

Despite this overwhelming barrier, Mr. Ouma stays hopeful in his work. He addresses this issue by helping patients find organizations that can help pay for some parts of the treatment that aren’t covered. He also believes that these barriers can be overcome through increased activity among civil society organizations such as Kenya Network of Cancer Organizations (KENCO). These organizations have the capacity to engage with the government and ensure implementation. They are also able to work with cancer survivors who are important ambassadors in raising awareness and are crucial components of advocacy.

Addressing the importance of psychosocial support

One main misconception he works to dispel is that cancer control only means treatment, such as chemotherapy or radiation. He highlights the importance of psychosocial support and care as a means to improve quality of life.

With this in mind, he hopes to increase the number of psycho-oncology programmes and train hospitals and institutions on programme implementation. Initially, he struggled to get patients, hospitals, and doctors to see the value in these initiatives but, with persistence, he was able to implement complimentary therapy programmes and increase their use. These programmes are meant to reduce distress and increase quality of life among cancer patients, and they include activities like yoga. Currently, he is measuring the impact of these programmes via questionnaires, such as a quality of life questionnaire.

Treatment for all: A holistic approach

As iterated by Mr. Ouma, treatment extends beyond chemotherapy, radiation, surgery or access to essential medicines. It also includes that data that informs the cancer burden in country, early detection programmes that aim to establish diagnoses sooner, and, equally as important, supportive and palliative care for people facing cancer at all stages of disease. Treatment for All is about this comprehensive cancer control, and Mr Ouma’s work to challenge how we
define treatment helps to pave the way toward this holistic understanding. Supportive and palliative care cannot be neglected from the treatment plan because it helps cancer patients and survivors lead a quality life and reduce suffering. For these same reasons, it mustn’t be neglected from the global agenda either.