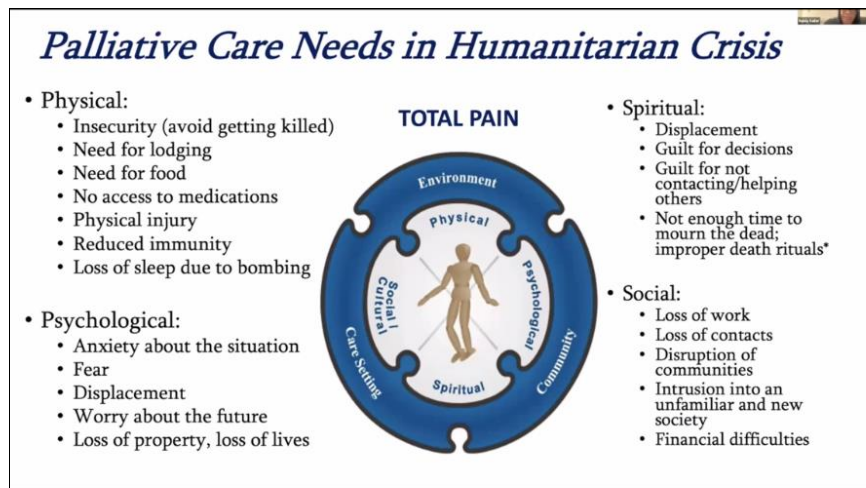
PallCHASE Webinar #10
Clinical Education Series: Hidden Lives, Hidden Patients

On July 26 and 27, 2023, PallCHASE hosted a webinar on Pain & Symptom Management in Humanitarian Settings. This second webinar of a four-part clinical education series was chaired by Father Richard Bauer.

Dr Nahla Gafer, a clinical oncologist from Khartoum, Sudan, first shared on pain management and access to pain medicine in a humanitarian crisis. She discussed the kinds of crises that can occur, from natural disasters to war. She narrated the situation of the current war with Sudan, and how such crises greatly affect patients with chronic conditions. Dr Gafer gave several examples, including one Sudanese patient with chronic arthritis who travelled over two days and crossed the country border, just to find medication. She shared about the crisis' effect on total pain: physical, psychological, spiritual, and social.



Prevalence of pain is huge issue during humanitarian crises, for often narcotic drugs are unavailable due to a lack of distribution and/or trained healthcare providers to prescribe and administer to patients. When narcotic drugs are not available; she recommends using adjuvants and to consider herbal treatments and non-pharmacological interventions. When the hospital is no longer there, Dr Gafer gave examples of doctors in Sudan who made make-shift clinics in classrooms and trained volunteers to help as nurses. If internet and telephone calls are possible, the palliative care team can consult patients and families.

Dr Gafer concluded with the challenges of care during a crisis, such as the current war in Sudan. With unmanaged pain and symptoms in a patient, there are often social effects: depression, conflict within the family, loss of faith in God and in humanity, and even suicide. She explained that there have been emergency responses from the EU, WHO, Red Crescent and the UNCHR in Sudan, and that efforts can improve when the connect to local authorities and medical teams who can identify who needs the help. She emphasised the need for community networks and telehealth support in this time.

Next, Dr Kayla Wolofsky, a clinical instructor from the University of Toronto in Canada, presented on symptom management in humanitarian settings. Her case study was on a middle-aged male patient with pancreatic cancer that had metastasised to the lungs and liver, who is living in rural Northern Uganda. He presented with severe abdominal pain, dyspnoea (shortness of breath), nausea, and anxiety.

For pain, Dr Wolofsky emphasised taking a good pain history, using opioids, and finding adjuvants. The OPQRST acronym (onset, palliative, quality, radiation, severity, and temporal factors) helps with history taking. Pain assessment also including identifying the type of pain and how to use the WHO Pain Ladder. Then, Dr Wolofsky explored dyspnoea, from its physical to psychological causes of 'a subjective feeling that the patient cannot breathe'. Management includes education of the dyspnoea to the patient and family and encouragement of pharmacotherapy measures, such as providing cold facial stimulation, calm and quiet atmosphere and oxygen as well as opioids and anxiolytics.

Opioids: Severe Pain

- Codeine: 15 to 60 mg every 4 hours as needed.
  - maximum daily dose: 360 mg/day
  - not for children
- Tramadol: 50 mg every 4 to 6 hours PO PRN
  - maximum daily dose: 400 mg/day
- Morphine: 2.5-5.0 mg every 4 hours PO PRN
  - Good first line drug

Drug	Oral dose	IV/SC dose	Ceiling Dose
Codeine	100mg	-	240mg (8 tabs)
Morphine	10mg	5mg	-
Oxycodone	5mg	-	-
Hydromorphone	2mg	1mg	-

In symptoms such as nausea and vomiting, Dr Wolofsky emphasised that we must understand their mechanisms, prevent constipation, and be proactive when treating these symptoms. There are non-pharmacological interventions available, in addition to antidopaminergics and broad-spectrum agents. For the management of anxiety, Dr Wolofsky recommended supportive counselling, complementary therapies (i.e., massage, guided imagery), and pharmacotherapy such as SSRIs. Then, in cases of delirium and acute confusion the management involves creating a quiet, reassuring atmosphere and ensuring there is no urinary retention. Pharmacologic approaches of antipsychotics or benzodiazepines may help. As Dr Wolofsky concluded her presentation, she reminded us to understand and treat the cause of each symptom. In times of humanitarian crises, we may depend more on non-pharmacological interventions and be aware of alternative medications or adjuvants.

Our first panellist, Anne Kelemen, LICSW from the USA, commented on the case study, explaining hidden trauma from the illness, pain, or patient's past. She quoted that trauma is "experiencing fear in the face of helplessness" and advised using grounding techniques to help the patient. Panellist Mariam Ibrahim, RN from Ghana, observed that many times, the patient's symptoms are interconnected and when we manage one, the others can improve. Dr Nahla Gafer also added her voice to the case study and hidden

trauma. She shared that we need to sit with the patient and respond to their fear and helplessness, for your presence and support are significant; they are no longer helpless because they have you.

Our discussion covered morphine use, with a participant in West Africa observing that doctors do not prescribe morphine because it is not always available. Both presenters spoke to breaking this vicious cycle through education and training of all stakeholders. Dr Kayla Wolofsky added that even in times of shortage, it is better for doctors to prescribe morphine; the morphine could be used once or twice daily then supplement with adjuvants. Decreasing pain even by 2 points, she explained, would make all the difference in a patient's quality of life. Several others agreed to this and added that we need to advocate and educate to increase morphine access and use.

As we concluded, Dr Megan Doherty noted that we did not explicitly cover pain and symptom management for children today but will do in the future. In the meantime, members can refer to site for e-learning material created by International Children's Palliative Care Network.

The next webinar will be October 25th and 26th, 2023. Hope you can join use then.