The Need For Palliative Care in Rwandan Refugee Camps
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Introduction

Since the early 1990s, Rwanda has experienced an influx of refugees from Burundi and the Democratic Republic of the Congo1. Within refugee camps, many find themselves faced with terminal illness and substantial trauma. Despite the obvious need these individuals have for care, many refugee health facilities do not prioritize care for the chronically ill, choosing instead to allocate resources elsewhere.

This study aimed to justify the need for humanitarian palliative care in Rwandan refugee camps.

Methods

Directed Literature Review:

- What is the state of palliative care in Rwanda, and what challenges exist?

- What health and care access challenges face refugees in Rwanda?


google search: 78

web of science: 7

abstracts in anthropology: 3

EMBASE: 19

OVID Medline: 19

PubMed: 19

Google Scholar: 2


google search: 14

web of science: 5

abstracts in anthropology: 2

PubMed: 12

Google Scholar: 2


Refugee Health Challenges:

- Women participate in transactional sex to provide for families and buy kitenges
- Nonconsensual unprotected sex as a result of gender-based sexual violence
- Men frustrated that they have no job, beat their wives to cope
- Women endure beatings in hopes of receiving kitenges
- Refugees miss their old way of life
- High levels of depression and PTSD

Findings

Rwandan Palliative Care Needs:

- Opioid Access
  - Morphine made available in 2012
  - Available in powder, liquid and capsule form
  - Health providers hesitant to administer; considered a “last-chance” medication

- Distance From Care
  - Palliative care mostly available in hospitals
  - Access is difficult for those living in rural areas
  - Most people prefer to receive care in hospital – considered a more “dignified” death

- Psychosocial Care
  - High rates of PTSD and depression following genocide
  - Only 11% of patients who received palliative psychosocial care reported that it helped “a lot”

- Community Awareness
  - Considered the family’s responsibility to access care
  - Palliative services should be advertised so family knows when and where to access care

Discussion

Assuring Equity:

- Both citizens and refugees in need of palliative care
- Palliative care systems must be improved at a national level to benefit citizens and refugees alike – refugees should not be the only focus

Recommendations For Future Services:

1. More Psychosocial Services
   - Needed for addressing traumatic experiences
   - Encourage better coping strategies (Prevent GBV)

2. Community-Based Model
   - CHWs help identify potential patients
   - Make hospital transportation more readily available

3. Health Professional Training
   - Continue educating on opioid use and value
   - Equip staff to offer adequate psychosocial care

4. Ethnographic Research on End-of-Life
   - Identify cultural views on death and dying
   - Tailor services to work within these shared views

Conclusion

There is still much work to be done regarding palliative care provision in Rwanda. For refugees in particular, additional psychosocial services are needed to address feelings of purposelessness in their new lives. Assistance for these feelings could lead to a decrease in gender-based violence incidence, as well as restore the feeling of a fulfilled life in palliative HIV patients.

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