Teaching palliative care in the Cook Islands

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The Cook Islands consists of fifteen major islands spread over a vast area of the South Pacific Ocean as far north as the Tokelau group and as far south as the southern latitudes of Tonga

How we became involved …..

- Previous relationship with Linda Huggins and Carla Arkless
- A few patient experiences …
- Visit to MHA by Dr Nini Wynn, Haumata Hosking and Mou Tokorangi (May, 2013)
- Dr Bruce Foggo mooted the idea and initially he was coming
  - Unable to due to the dates which suited the Cook Islands team
  - Agreed that Alison could come
- Emails and development of a workshop programme
  - Resources – discussions wit HNZ
  - A workbook
  - Syringe Driver competency

Cook Islands some stats

- The 2006 census estimated a total population of 19,569
- Life expectancy of 70 and 75 for males and females respectively
- Leading causes of death …
- Cook Islanders are NZ citizens
- Identified in the literature with no known palliative care activity

Issues for teaching palliative care in the Cook Islands

- What is a good death in the Cook Islands?
- What model or framework of care?
- Implementing palliative care carries resource implications
- Professional protocols and policies
- Integrating palliative care
- Further education and policy development

Orientation to Palliative Care Workshop

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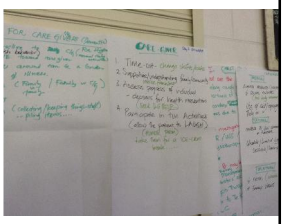
Aims of our education

- To facilitate Cook Island HP to understand what palliative care is
- To support
  - Feasible, accessible and effective palliative care development
  - Sustainable
  - Maximum coverage
- Embrace Diversity
  - Language, religion, ethnicity
  - Draw on diversity as a resource & strength
- Symbiotic relationship

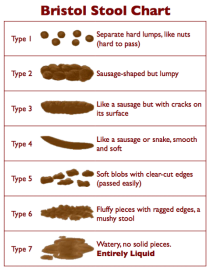
Issues for Palliative Care in the Cook Islands

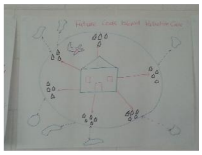
- Late presentation
- Poor availability of curative treatments chemotherapy and radiotherapy
- Limited availability of medications including opioids
- 'Granny-dumping' when family are no longer able to care
- Community is small – caring for people in the place that you live
- Formal caregiver burnout



Reflections

- Keen to engage and learn
- Limited resources
  - Do the best they can with limited knowledge
  - "MacGyver" approach
- In some respects more open minded …
  - Intimacy
  - Service engagement
- Different issues than expected
  - 'Granny dumping'
  - Fear and stigma of dementia and dying
- Some differences
  - Bristol stool chart!
  - Professional boundaries??
  - Learning styles
- Self-care was a new concept





Models of Palliative Care

Outcomes

- Increased knowledge
  - New awareness of grief and loss, self-care concepts
- Meeting with the Ministry
  - Understanding re engaging and educating the community to support increased care happening there vs hospital
- Palliative Care Committee formation
  - Representatives of different services – hospital, community, mental health, NGOs
  - Point of contact for palliative care discussion

Where to from here?

- Reports that they have commenced using CSCI in the hospital
- On-going and continued support
  - Trouble-shooting issues
  - Being a point of contact
- Future education opportunities

References

- Lynch, T., Connor, S., & Clark, D. (2013). Mapping levels of palliative care development: a global update. Journal of pain and symptom management, 45(6), 1094-1106.