Refugee Healthcare Barriers: Palliative Care Efforts and Access in Lebanon

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Introduction

Since the introduction of palliative care by the ministry of health in 1995, Lebanon has been in the process of developing a system of care for its terminally ill patients. This includes a large population of refugees from Syria and Palestine. Several challenges have arisen regarding palliative care provision for refugees. This report aims to identify these challenges and suggest areas of research to be undertaken in an effort to improve refugee healthcare worldwide.

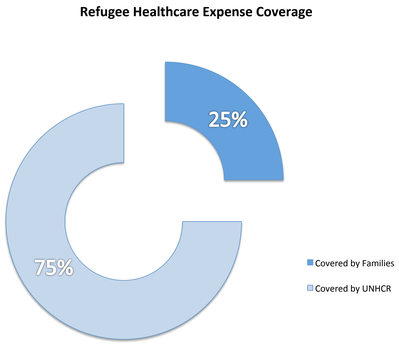
Figure Adapted from *Syrian Refugees In Lebanon 5 Years On*. Anera. Retrieved from http://libguides.gwumc.edu/c.php?g=27779&p=170358

Methods

The databases PubMed and Google Scholar were used to collect eleven peer-reviewed articles, one book chapter and a UN meeting report using the key words "palliative care," challenges," "refugees" and "Lebanon." These articles were then summarized into one literature review identifying challenges faced by refugees in seeking out care, as well as general shortcomings of the Lebanese palliative care system. From this information, several research questions were formulated for future endeavors.

Privatized Healthcare

The Lebanese healthcare system is highly privatized. Priorities for refugees lie primarily with basic needs such as food and housing, and there is often little left over to pay for healthcare when it is needed. The UNHCR provides some coverage for treatments in life-threatening situations, but families are must still cover at least some of the cost (Blanchet, Fouad & Pherali, 2016). Private hospitals have been known to confiscate identification from refugees if they are unable to pay their bill, leaving them at risk of being deported (Parkinson & Behrouzan, 2015). Primary care is available through a few existing public hospitals, but these are considered a last-resort option with a lesser quality of care (Lebanon Support, 2016).



Secondary care is available from various NGOs scattered throughout the country, but these often offer selective services to individuals identifying with certain religious or political affiliations (Lebanon Support, 2016). There is a particularly noticeable lack of specialized care available in low-income refugee camps, including palliative care services (Parkinson & Behrouzan, 2015). The many existing humanitarian efforts meant to improve healthcare access have instead created a fragmented system that is difficult to navigate (Parkinson & Behrouzan, 2015).

Some argue that the presence of so many humanitarian aid programs has perpetrated a sense of social injustice and inequality between the Lebanese citizens and refugees, resulting in resentment between the two populations (Parkinson & Behrouzan, 2015).

Social and Cultural Perceptions

Health Professionals

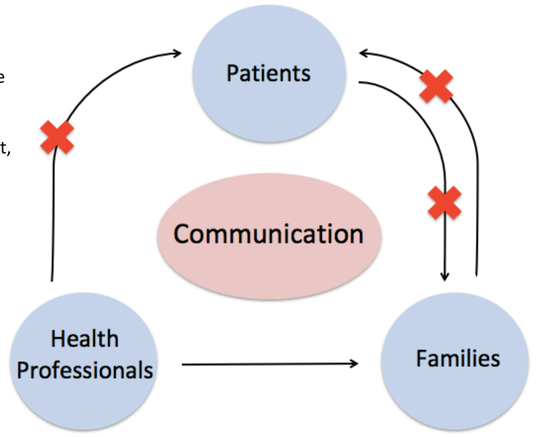
A study by Abu-Saad Huijer et al. (2009) found that knowledge, attitudes and practices of Lebanese nurses concerning palliative care were inconsistent. Most nurses would not tell patients of their diagnosis without permission of the family. Many nurses believed that patients did not have the right to declare "Do Not Resuscitate" status. There is little undergraduate training in palliative care for nurses, and many felt ill-prepared for the difficult situations faced in hospital.

Patients

A later study by Abu-Saad Huijer et al. (2012) reviewed patient perceptions of their palliative care. Most chronic disease patients were satisfied with their functional and cognitive ability during treatment, but reported a limited ability to function socially, a lack of energy, sadness, nervousness, and pain, suggesting a need for psychological and spiritual care. This is especially true for refugees, as many have experienced traumatic events and may require extra care. Additionally, surveyed patients revealed that they felt pressured to function at a high level to minimize burden on the family.

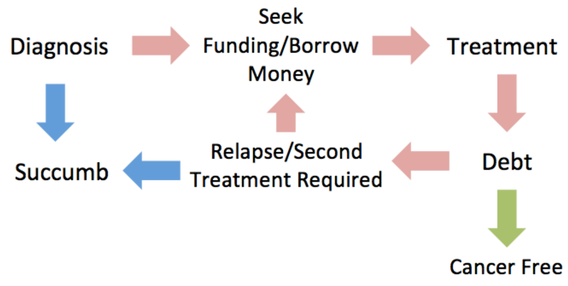
Families

In general, families of terminally ill patients are very concerned with prolonging the lives of their loved ones. This means that they are willing to continue treatment at any cost, including additional suffering for the patient. In the case of refugee families, this often means paying for a number of one-time treatments to delay death. Although the UNHCR will pay for most of the first treatment, should a relapse occur, families are forced to seek other ways to pay for treatment, adding to their financial dilemma.



Cancer Care

Spiegel et al.'s (2014) study emphasized the large expenses involved with cancer care, especially for refugees, and advised that cases that receive funding must be prioritized carefully. Most cancer patients require multiple chemotherapy treatments, but oftentimes, the UNHCR will only help cover the first of these. If relapse occurs, there is little that can be done to combat the disease without sufficient funds. Because of this, it is a sad reality that palliative care might be required for refugees as a more affordable care option for those who cannot afford to continue cancer treatment.



Questions for Future Research

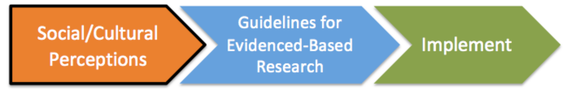
1. How can Lebanon establish a cohesive database of available public, private and non-profit secondary services for refugees, including palliative care?
2. What are some common perceptions of palliative care among refugee families, patients and community leaders?
3. What measures could be put in place to ensure adequate psychological and spiritual care for refugee palliative care seekers?
4. What models of care could be implemented in Lebanon to meet expectations of patients and family (i.e. home, hospital or hospice care)?
5. Could education programs be developed to inform health professionals and refugees on the aims of palliative care? What would these look like?

Questions should particularly focus on gathering information on cultural perceptions, social norms and personal concerns regarding palliative care from community leaders, patients and families with experience with the current health system.

Conclusion

It is clear from the literature that Lebanon has many challenges to overcome to offer adequate palliative care to both citizens and refugees. Because many health barriers faced by refugees stem from policy issues within the existing system, righting these problems calls for system reform for both citizens and refugees. This ensures fairness and eliminates potential for further resentment between the two populations.

In order to bring about this change in a culturally and socially relevant manner, further research into perceptions of palliative care is required. This information should be gathered from both refugee populations and citizens alike.



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