



- **PALLIATIVE CARE IN  
THE WILDERNESS**

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**LEARNINGS, REFLECTIONS  
AND OUTCOMES**

**Sister Gomolemo Moetsi**

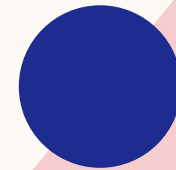
Palliative Care Team

Asbestos Relief Trust & Kgalagadi Relief Trust

- **ABOUT SR GOMOLEMO**
  - **Grew up at Loopeng village +- 80km from Kuruman**
  - **Diploma in Nursing at Henrietta Stockdale Nursing College, Kimberly**
  - **Worked for 11 years at Maternity & Casualty department at Kuruman Hospital**
  - **Further studies at Potchefstroom University, Degree in Nursing BCur(ED ET ADM)**
  - **Short courses on Dispensing and Spirometry at UF**
  - **From 2018, employed by the ART and KRT Trust as one of the Palliative Care professional nurses**

## WHAT WE DO

- **Palliative Care refers to the total wellbeing of the client, whereby all aspects of life needs to be addressed in totality**
- **And since we are in rural areas – sometimes in The Wilderness! - palliative care is not easy as we do have limited resources**



# PALLIATIVE CARE

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- **Palliative care definition of the World Health Organisation:**
- **“an approach that improves the quality of life of patients and their families who are facing life-threatening illness.**
- **It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial, or spiritual.”**
  
- **The service aims to meet the palliative care needs**
- **of patients, their families, and care givers,**
- **from initial testing, to diagnosis,**
- **possible surgery, and chemotherapy, through to the end of life.**

# A FEW STATISTICS

<b>End of life support</b>	<b>From 2018 we had 75 clients and we supported them till to the end, including the non qualifying clients</b>
<b>Home visits</b>	<b>Are done once in a month ,and it also depends on an individual needs - currently we have 15 clients on the programme. The average is between 15 and 20</b>
<b>Families assisted with claims process</b>	<b>Out of 75 clients we assisted, only 5 client didn't qualify to claim from the Trusts - the rest got compensated while still alive</b>
<b>Kilometres covered</b>	<b>Many kilometres – this includes home visits, transporting clients to Lenmed for CT chest, tracing, of clients without contact details, treatment deliveries &amp; attending meetings</b>
<b>Community meetings addressed</b>	<b>We usually address the community during AIG education and information events funded by the trusts. We also address health professionals especially in the beginning of the year where they have new staff</b>

# OPERATIONAL STATISTICS

<b>PALLIATIVE CARE ACTIVITIES</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Referrals from Dr Gopane and partners	9	8	9	1	12
Referrals from Dr Ellis & Vorster	16	52	65	70	29
Referrals from Oncology	12	16	4	9	14
Referrals to Public Facility	13	16	11	16	<b>53</b>
Referrals to Cardiothoracic clinic	6	19	7	4	20
Counselling on Screeings	20	31	45	36	67
Occupational forms filled in	3	25	10	10	11
Environmentals forms filled in	10	16	8	7	13
Clinical Assessments	10	19	4	2	6
Home visits	126	220	203	70	130
Enquiries at MBOD	6	5	16	29	30
Referrals to One Stop clinic	18	9	29	32	46
Post screening Consultation	7	13	25	22	23
Clients on Palliative Care	15	18	11	9	17

## KEY LEARNINGS

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- **While working at hospital I was generally unaware of how the asbestos mines had affected the community**
- **We had clients with symptoms we now know are suggestive of asbestos related disease**
- **Some were treated for TB and end up dying while on TB treatment**
- **Only after joining the trusts did I realise that they had been suffering from asbestos related disease**

## KEY LEARNINGS (CONT.)

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- **There is no safe level of exposure to asbestos**
- **Asbestos does not cause cancer only, client can suffer from shortness of breath and lung function reduction & only later the disease can progress to cancerous**
- **Asbestos can affect the lungs and the peritoneum-lining of the abdomen.**
- **Peritoneal mesothelioma is not easy to diagnose ,the routes of investigations and diagnose are not as clear as those affected with lung disease.**

**We had two clients with suspected peritoneal mesothelioma, first case confirmed with postmortem results, and results of the other case still outstanding**



## KEY LEARNINGS (CONT.)

- **Clients with cancer are treated differently from other medical conditions:**
  - before treatment they are screened to see if they are able to withstand the severe side effects
  - Since the disease is fatal, clients are informed of the treatment and how it works.
  - Some clients end up discontinuing treatment, not seeing the need of taking it if it does not cure the disease.....

# REFLECTIONS

- **Though the asbestos mines are no longer operating, the mineral has left the community with unbearable situations**
- **Community awareness is essential, and is done by the Asbestos Interest Group (AIG)**
- **Presentations on asbestos related disease by the Palliative Care Nurses at two local hospitals has helped the community to be aware of the disease and its danger**
- **Most of the community are doing regular screening and those with suspected asbestos related disease are referred to our office for further screening and investigations.**

## REFLECTIONS (CONT.)

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- It is rare that we get a negative outcome once we have a client that is unwell and this shows the seriousness of the disease and its danger
- Most of the clients are diagnosed while still alive and with the award from ART/KRT they can change their lives
- Since I started to work for the Trust from 2018 to date, we had 75 clients with confirmed mesothelioma
- Others died before the diagnosis and postmortem results confirmed the disease - The award the family receive after postmortem results is also helpful - they can do what they have been dreaming for

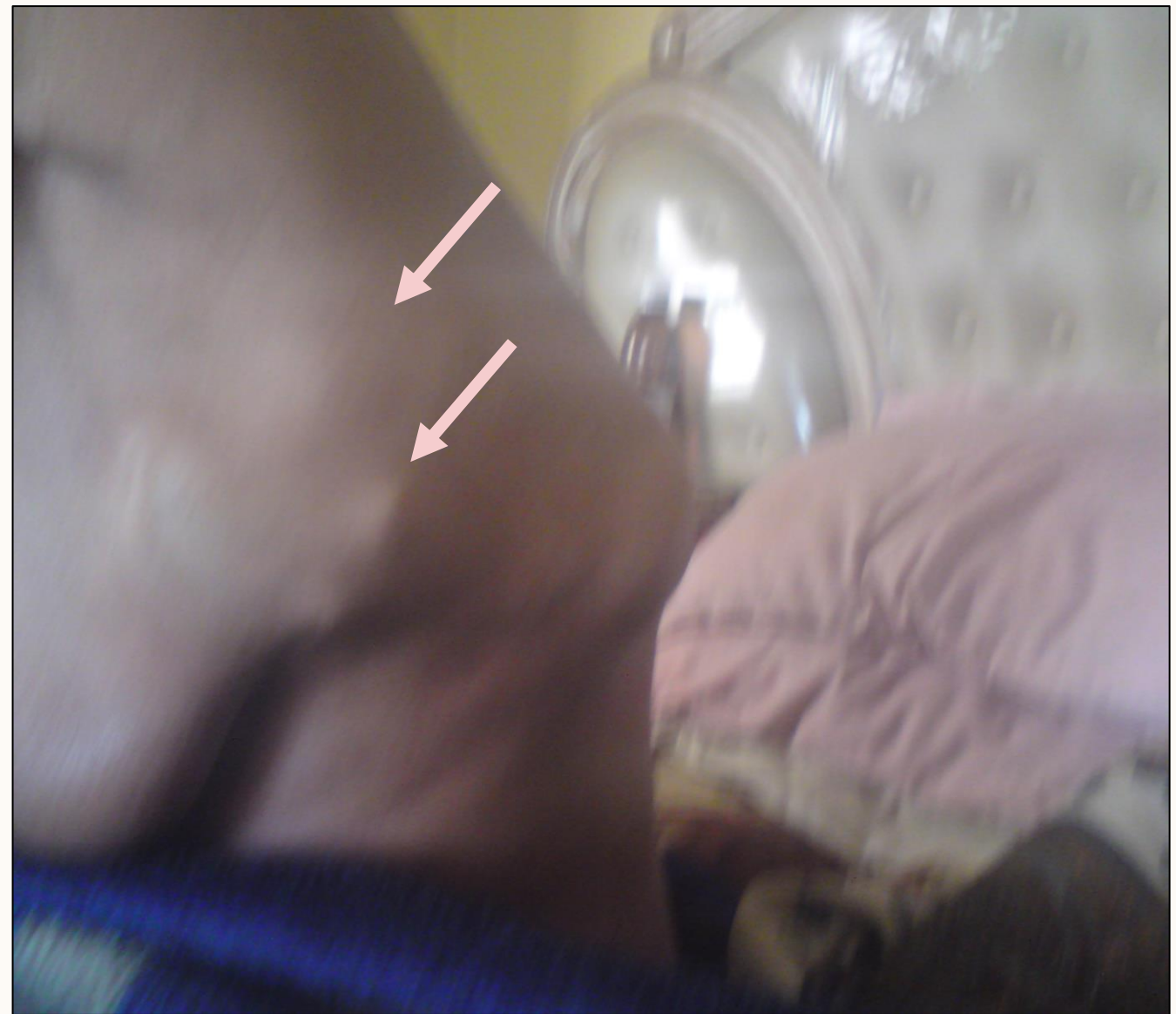
# PICTURE BEFORE AND AFTER THE COMPENSATION





# PICTURE OF THE CLIENT WHO BENEFITTED FROM POSTMORTEM RESULT





**EXAMPLES OF CANCER CELL SEEDING**





**EXAMPLES OF CANCER CELL SEEDING**

# SYMPTOM RELIEF





# SERVICE CHALLENGES!



# REFLECTIONS

- Kuruman is a small town with lots of villages and they are scattered.
- For the client to access the services they need to travel long distance on gravel roads that are sometimes not maintained.
- For them to see the specialists its also a challenge – no radiologist in Kuruman the nearest is Kathu, about 50 km away.
- Cardiothoracic clinic in Kimberly is no longer operating, the nearest is Bloemfontein, about 400 km away.

Clients will be travelling on roads with lots of trucks and road users that are impatient and driving recklessly.

## REFLECTIONS (CONT.)

- **Since villages are scattered, we sometimes have challenges with communication- network will be poor especially during load shedding and we will have to travel to the client's place for them to get the message.**
- **Language barrier is sometimes challenging.**
- **We sometimes come across clients or family members that are disputing the award.**

# POSITIVE OUTCOMES!

- **Dr Selemela in Kathu is does CT chest for us**
- **We can send clients with suspected asbestos related cancers to Universitas Cardiothoracic clinic in Bloemfontein.**
- **Hardship policy where clients are assisted according to their individual needs – we can supply Tramadol, Oxygen concentrators and adult disposable napkins.**
- **Funding of CCW by ART/KRT**

**Clients with meso who do not qualify for Trust benefits are assisted by CCW with transport money to RMSH for routine follow up and to Kuruman Oncology for treatment**

- **The award from the Trust also plays a vital role to the clients, if there is no patient transport, they can transport themselves to RMSH to see the Oncologist**



**THANK YOU**