

“So that at the end, you have a gentle landing”: Palliative care in natural disaster response

Planning for palliative care in disaster settings

Humanitarian aid organizations and healthcare providers increasingly recognize the benefits of palliative care during humanitarian crises as a means of relieving human suffering. Interviews conducted with humanitarian healthcare providers who responded to natural disasters suggested that the provision of palliative care in disaster settings should be considered an ethical obligation. A key finding was that **palliative care is possible during natural disaster response if it is incorporated into disaster planning beforehand.**



Photo credit: Lynda Redwood-Campbell

“I looked at her and she said, ‘Would you cover me? I don’t want the flies to eat me alive.’ And I did. ... And I walked back and I covered her and talked to her a bit, and I move on, to go and look after those who we hoped to save. And I said to myself, ah, there’s a place for [palliative care].”

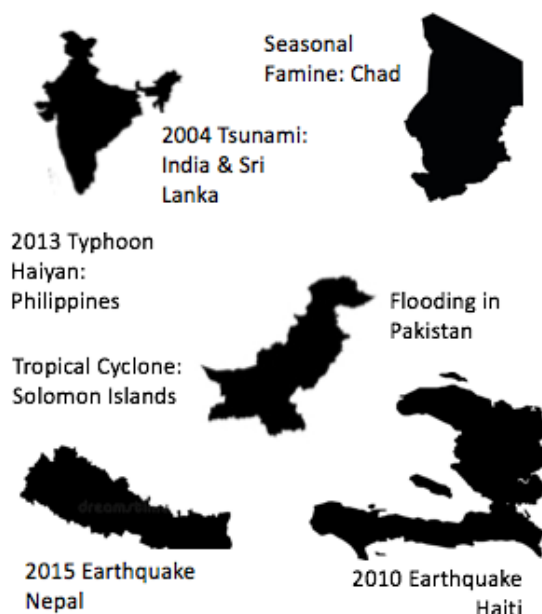
– International physician

Background

The *World Health Organization* defines palliative care as “an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness.” Unfortunately, the integration of palliative care into humanitarian response has often been limited by a tendency to focus on life-saving interventions, as well as a lack of training and guidelines specific to humanitarian settings. Natural disasters may overwhelm the capacity of local health systems, leading to significant suffering and mortality. This qualitative research study generated evidence clarifying the ethical and practical dimensions of providing palliative care in natural disaster contexts.

How the research was conducted

Semi-structured interviews were conducted with 20 humanitarian healthcare providers who had responded to various natural disasters, including 14 international responders, 5 responders from the affected country, and 1 international responder who was originally from the affected country.



Key findings

- Palliative care is seen as a **key component of comprehensive humanitarian healthcare**.
- Palliative care involves **accompaniment and psycho-social support** for patients and their families, **dignity** in death and dying, and management of pain and other distressing symptoms.
- **Barriers to the provision of palliative care** in natural disaster settings included damage to health structures and supply chains; inadequate resources compared to need; the invisibility of patients with palliative needs; differences in local cultural norms; prioritization of acute needs; and challenges of mobility and access to care.
- Despite resource limitations, respondents agreed that humanitarian aid organizations have an **ethical obligation** to provide palliative care during disaster response.

Implications for humanitarian practitioners and policymakers

- Palliative care must be **integrated into disaster planning** from the beginning; otherwise, it is likely to be neglected during a crisis.
- **Key components of disaster planning include** strategies to ensure **accompaniment and pain management** for patients who may have a low chance of survival, and the **inclusion of psychosocial care providers** in disaster response teams.
- **Palliative care training and protocols** are needed to guide practice in natural disaster settings.
- While state-of-the-art palliative care may not be feasible, **minimum standards** should include shelter and privacy; sensitivity to cultural norms; access to pain medication; and family/community involvement.
- Long-term goals could involve **strengthening local health system capacity** to provide palliative care sustainably.

Recommendations for future research

As this research focused on the perspectives of local and international humanitarian healthcare providers, future research could explore the perspectives of patients and local community members in order to identify gaps and best practices in the provision of care.

About the study team

This study was part of a larger research project conducted by the Humanitarian Health Ethics Research Group, a multidisciplinary team of researchers and practitioners collaborating since 2009 with the aim of helping to clarify the ethical issues that are present in humanitarian healthcare practice.

The natural disasters case study was led by Rachel Yantzi and Takhliq Amir. The Principal Investigators of the larger study are Drs. Lisa Schwartz and Matthew Hunt.

Keywords

Palliative care, humanitarian response, natural disasters, ethical practices

Articles and further reading

Project page on Elrha website:

<https://www.elrha.org/project/ethics-palliative-care-international-humanitarian-action/>

Moral experiences of humanitarian health professionals caring for patients who are dying or likely to die in a humanitarian crisis:

<https://jhumanitarianaction.springeropen.com/articles/10.1186/s41018-018-0040-9>

Palliative care in humanitarian crises: a review of the literature.

<https://jhumanitarianaction.springeropen.com/articles/10.1186/s41018-018-0033-8>

