

# Palliative Care in Oncology in West African French-Speaking Countries: Current State

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## Abstract

**Introduction:** The majority of cancer patients in Africa are diagnosed at an advanced stage of the disease. The clinical burden of cancer and the need for palliative care are evident, particularly in Francophone West Africa. What is the state of palliative care in oncology in this region? **Method:** Between October and December 2023, an anonymous and voluntary online questionnaire was distributed via Google Forms to physicians working in cancer care services. **Results:** A total of 53 physicians participated in the survey, representing six countries: Burkina Faso, Côte d'Ivoire, Mali, Togo, Benin, and Senegal, with 69.8% being male. Medical oncology was the most common professional profile. Radiotherapy was available in all countries except Benin, and all six countries had medical oncology services. However, no country had a mobile palliative care unit, and only Senegal had a fixed palliative care unit. The availability and regulation of morphine distribution remain limited, with access to morphine deemed average. Furthermore, palliative care is poorly integrated into cancer control programs, and training in this area is considered essential. Approximately 50% of patients seen in consultation require palliative care. **Conclusion:** There exists a significant gap between the demand for and the provision of palliative care, and numerous challenges must be addressed.

## Keywords

Palliative Care, Oncology, West Africa, Healthcare Access

## 1. Introduction

The incidence of cancer in West African countries is experiencing an alarming increase, with projections indicating that the number of new cases will continue to rise in the coming years [1]-[3]. Indeed, approximately 80% of patients are diagnosed at an advanced stage of the disease, often when curative treatments are no longer feasible [4]-[6]. This observation underscores the necessity for improved access to palliative care, which plays a crucial role in symptom management and enhancing the quality of life for terminally ill patients [7].

Palliative care, defined by the World Health Organization (WHO) as a comprehensive approach aimed at alleviating suffering and improving the quality of life for patients facing serious illnesses, is especially pertinent in this context [8]. In West Africa, the challenges are manifold: limited access to medications, such as morphine, low awareness among healthcare professionals regarding the importance of palliative care, and a lack of dedicated structures for its implementation [9] [10]. These barriers compromise patient care and highlight the urgent need for the systematic development of these services.

In this study, we aim to assess the current state of palliative care in oncology across several West African French-speaking countries. The objective is to provide an overview of existing gaps and to formulate recommendations for improving access to and the quality of palliative care in this region, in order to address the growing needs of patients and their families.

## 2. Method

### 2.1. Study Design

This is a descriptive cross-sectional study conducted from October 1, 2023, to December 31, 2023. The purpose of this descriptive study is to assess the current state of palliative care in oncology in Francophone West Africa.

### 2.2. Data Collection and Participants' Selection

We developed a structured questionnaire consisting of 20 questions, which cover the following areas: the professional profile of physicians, the organization of palliative care, access to treatments, and the training received.

Participants were recruited through professional networks and medical associations, allowing us to reach physicians working in oncology services. All participants provided informed consent prior to their participation. The questionnaire was administered online via Google Forms, ensuring anonymity and voluntary participation.

In our study, we invited a total of 60 medical doctors to participate. Recruitment was conducted through various channels, including email, WhatsApp group of the hospitals in the West African countries where there is at least a clinical oncology department or radiotherapy department. We identified Benin, Burkina Faso, Côte d'Ivoire, Mali, Senegal, and Togo. We have excluded countries where cancer care is available but lacks a clearly defined service for medical oncology or radiotherapy.

Out of those invited, we received 53 completed surveys, resulting in a response rate of 88%. This response rate reflects the willingness of physicians to engage in this important discussion on palliative care.

This study was conducted in accordance with ethical guidelines and received institutional approval from the head of the department.

### 2.3. Statistical Analysis

The collected data were analyzed using descriptive statistics to determine the frequencies and percentages of responses. We used Google Forms and Excel for analyzing the data.

## 3. Results

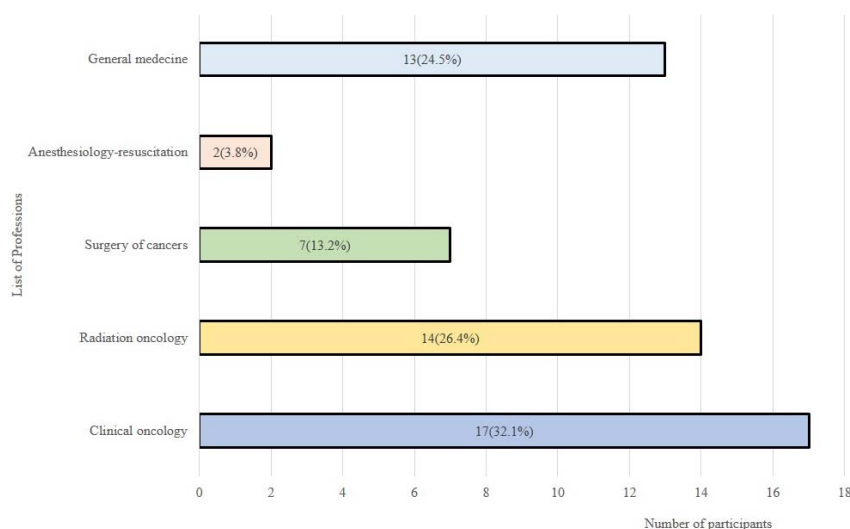
### 3.1. Profile of Physicians

Among the 53 physicians surveyed, 69.8% were male, and representation from Togo was particularly low, with fewer than 6% of participants hailing from this country (**Table 1**).

**Table 1.** Distribution of participants by country of origin.

Participant's Country of Origin	Number	Percentage
Benin	11	20.75
Burkina Faso	11	20.75
Côte d'Ivoire	10	18.87
Mali	9	16.98
Senegal	9	16.98
Togo	3	5.66
Total	53	100.00

The professional profile of the participants is illustrated in **Figure 1** below.



**Figure 1.** Distribution of participants by professional profile.

### 3.2. Available Health Services

At the time of the survey, all participating countries had a functioning medical oncology service. A radiotherapy service was accessible in all countries except Benin. However, in Burkina Faso and Mali, radiotherapy machines were out of service due to malfunctions. Regarding palliative care, only Senegal has a dedicated unit, while none of the countries possess a mobile palliative care unit for home care.

### 3.3. Access and Availability of Treatments

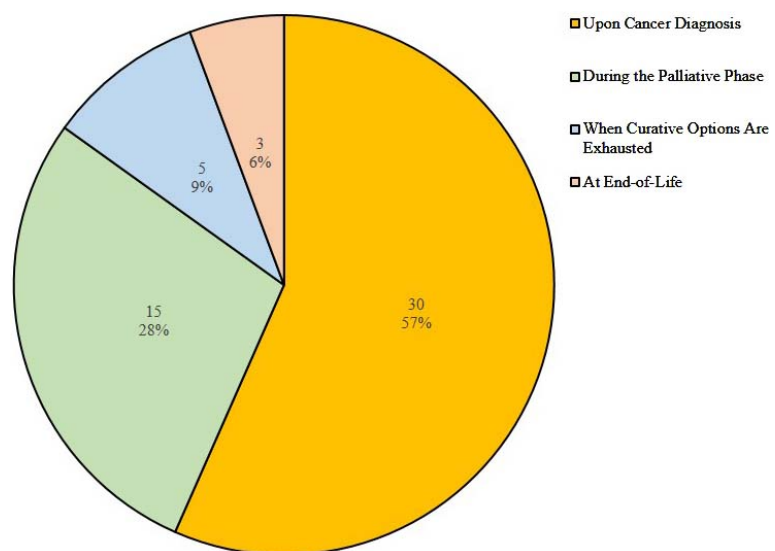
All participating countries have a professional association dedicated to the promotion of palliative care. Morphine, in both injectable and tablet forms, is available in each country, but access is deemed limited by 35.8% of physicians. It is also important to note that no patients receive morphine medications free of charge. Furthermore, there is no national regulatory framework specific to the prescription of opioids, nor is there a centralized state structure for the regulation and coordination of their dispensation.

### 3.4. Assessment of Morphine Accessibility

The accessibility of morphine for cancer patients was evaluated by the physicians: 7.5% rated access as strong, 56.7% as moderate, and 35.8% as weak.

### 3.5. Palliative Care Management

Regarding the initiation of palliative care, physicians' responses are summarized in **Figure 2**.



**Figure 2.** Distribution of participants' responses on the timing of palliative care.

### 3.6. Training and Needs in Palliative Care

None of the participating countries have enacted legislation regulating palliative care practice. Additionally, 26.4% of the surveyed physicians have not received

any degree or certification training in palliative care, and none of the Francophone West African countries have a qualifying training program. Almost all physicians (94.3%) express a need for training in palliative care and consider it pertinent to train the staff at their institutions.

Finally, based on the clinical profile of patients, the majority of physicians believe that at least 50% of patients in consultation require palliative care. The need for palliative care in a specialized unit is estimated to exceed 75% by 20.8% of physicians, while 37.7% assess this need to be between 50% and 75%.

#### 4. Discussion

Palliative care is defined by the World Health Organization (WHO) as active care that adopts a holistic approach for individuals in the advanced or terminal stages of a potentially fatal illness [8]. Its primary goal is to enhance the quality of life for patients and their families by addressing issues related to serious diseases. This includes the prevention and relief of suffering through early recognition, adequate assessment, and treatment of pain, as well as addressing physical, psychosocial, or spiritual problems [6].

Access to palliative care for cancer patients is of critical importance, especially in a context where the majority of diagnoses in West Africa are made at advanced stages [9]. According to the WHO, approximately 40 million people require palliative care each year, with 78% living in low- or middle-income countries, yet only 14% currently receive such care [8]. This access rate remains particularly low in Francophone West Africa, where only Senegal has a palliative care unit, and none of the participating countries in the study offers home-based palliative care.

The provision of palliative care remains a challenge in these countries, where comprehensive cancer management is still in its infancy. Although palliative care associations exist in all the studied countries, their influence on the organization and enhancement of palliative care remains limited. The lack of specific regulations and the structuring of morphine medications hinders access to adequate pain relief [7]. It is therefore imperative for these countries to adopt national policies on palliative care, establish appropriate programs, and allocate resources for the training of healthcare professionals in oncology.

Despite some physicians receiving training in palliative care, particularly in East Africa (such as Uganda), the need for further education remains high [11]-[13]. The establishment of a degree program in palliative care in West Africa is essential [14].

In light of the results of our study, we recommend the adoption of specific national policies for palliative care in West Africa to establish a clear regulatory framework for their implementation. It is crucial to create degree programs in palliative care and to strengthen associations dedicated to these services. Additionally, improving access to analgesics, particularly morphine, by introducing specific regulations for their prescription and distribution is necessary.

In light of recent WHO guidance on palliative care integration, our findings underscore the critical need for structured frameworks that enhance the accessi-

bility and quality of palliative services [15] [16]. The WHO emphasizes the importance of integrating palliative care into all levels of health systems [16] [17], which aligns with our results that highlight gaps in service availability and the necessity for targeted training among healthcare providers.

Moreover, a 2022-2025 regional study on palliative care integration in West Africa [18] [19] found similar challenges, particularly in resource-limited settings, where access to specialized care remains inconsistent. Our results complement these findings, indicating that despite advancements in policy, practical implementation often falls short. Both studies advocate for a multifaceted approach to improve palliative care delivery, reinforcing the need for collaboration among healthcare stakeholders to ensure comprehensive support for patients with cancer.

The integration of palliative care into cancer control programs is also essential. We advocate for the creation of mobile palliative care units, especially in rural areas, to better meet the needs of terminally ill patients. Furthermore, establishing partnerships with recognized institutions known for their expertise in palliative care, such as the Mohammed VI Center in Morocco, would be beneficial.

Finally, it is imperative to conduct awareness and education campaigns to inform the general public and healthcare professionals about the importance of palliative care and its role in enhancing the quality of life for patients.

This study acknowledges some limitations that may impact the generalizability of the findings. Firstly, the small sample size may limit the ability to draw broad conclusions and reduce the statistical power of the analyses. Additionally, the use of convenience sampling may introduce selection bias, as participants were not randomly selected, potentially affecting the representativeness of the sample. Lastly, the reliance on self-reported data may lead to self-report bias, as participants may have provided responses that they perceived to be socially desirable rather than their true beliefs or experiences. These factors should be considered when interpreting the results of this study.

## 5. Conclusion

There exists a significant gap between the demand for and the provision of palliative care in French-speaking West African countries. The primary challenges identified include a lack of knowledge and accurate information about palliative care, accessibility to analgesics such as morphine, and the organization of palliative care services. This concept and medical discipline are not yet well understood, and their development remains in its infancy in many countries of the region. To address this situation, a concerted commitment from clinical stakeholders, along with ongoing support from technical and financial partners, is essential to build a genuine palliative care system, including mobile home-based units.

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survey, providing invaluable insights into palliative care in West Africa.

## Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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## Questionnaire

### Palliative Care in Oncology in West African French-Speaking Countries: Current State

Your participation is essential to the success of this study, and we sincerely thank you for your involvement. Please note that all information provided will remain anonymous and confidential. By completing this questionnaire, you confirm that you are of legal age and give your consent for your responses to be used for statistical analysis.

\*Indicates a required question

#### 1. Gender\*

- Male
- Female

#### 2. Country of practice\*

- Côte d'Ivoire
- Senegal
- Burkina Faso
- Mali
- Togo
- Benin

#### 3. Select your profession\*

- Medical oncology
- Oncological surgery
- Radiotherapy
- Anesthesia resuscitation
- Other (If other specialties, please specify)

#### 4. Professional title\*

- Resident (doctor in the process of specializing)
- Hospital specialist doctor
- University hospital specialist doctor
- Other to be specified
- If other professional title, please specify

#### 5. Is there a functioning radiotherapy service in your country of practice?\*

- Yes
- No

#### 6. Is there a medical oncology department in your country of practice?\*

- Yes
- No

#### 7. Is there a palliative care unit in your country of practice?\*

- Yes
- No

#### 8. Is there a mobile palliative care unit at home in your country of practice?\*

- Yes
- No

**9. Is there a professional palliative care association in your country of practice?\***

- Yes
- No

**10. Is injectable morphine available in your department?\***

- Yes
- No

**11. Are morphine tablets available in your department?\***

- Yes
- No

**12. In your country of practice, are morphine-based medications free for cancer patients?\***

- Yes
- No

**13. Is there a regulatory framework to supervise and control the prescription of morphine in your country of practice?\***

- Yes
- No

**14. Is there a single structure that controls and monitors the prescription of morphine in specific prescriptions in your country of practice?\***

- Yes
- No

**15. How do you estimate the accessibility of morphine to cancer patients in your country of practice?\***

- Weak
- Average
- Forte

**16. When do you think palliative care should begin for a cancer patient? (Check the best answer)\***

- At the time of diagnosis, whether curative or palliative
- At the time of diagnosis, only if palliative
- When the patient can no longer receive therapy, either curative or palliative
- At the time of diagnosis, if the age is over 70
- Only if life expectancy is less than 3 months
- Only at the end of life

**17. Is there a law governing the provision of palliative care in your country of practice?\***

- Yes
- No

**18. Have you received a diploma or certification training in palliative care?\***

- Yes
- No

**19. Is there a certified training program in French-speaking West Africa?\***

- Yes

- No
- If yes, specify the country where the palliative care training takes place

**20. Do you feel the need to be trained in palliative care?\***

- Yes
- No

**21. Do you feel the need for palliative care training for the staff in your department?\***

- Yes
- No

**22. What percentage do you estimate of the number of your patients who need palliative care?\***

- Less than 10%
- Between 10 and 20%
- Between 20 and 30%
- Between 30 and 40%
- Between 40 and 50%
- Between 50 and 75%
- Greater than 75%