

Jeff Clyde G. Corpuz, PH.D. 

Department of Theology and Religious Education, De La Salle University, Manila, Philippines

## Essay/Personal Reflection

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Email: [jeff.corpuz@dlsu.edu.ph](mailto:jeff.corpuz@dlsu.edu.ph)

Palliative and supportive care need is increasing in the Philippines due to rising mortality rate and noncommunicable diseases in addition to the COVID-19 pandemic (Corpuz 2023). The Philippines' palliative care is expected to rise due to increased prevalence of chronic diseases, increasing awareness, an aging population, government support, and technological advancements (Corpuz 2023). In the absence of a professional palliative care team, the immediate family serves as the caregiver of the dying patient. Culture, religions/traditions, and beliefs play an important role in every Filipino's life and death (Nambayan and Lu 2015). In far-flung areas like *barrios* or *sitios*, access to palliative care has been hindered by several factors such as the unavailability of pain medications and other treatments, expensive palliative care in hospitals, lack of proper guidelines, lack of government priority on palliative care, and a socio-cultural belief system that considers palliative and supportive care as nonessential (Poudel et al. 2019). This essay aims to contribute to literature on the need to integrate palliative care and supportive care in hospitals and hospices in the Philippine context.

Palliative and supportive focus on the quality of life of patients and that of their families who are facing challenges associated with life-threatening illness, whether physical, psychological, social, or spiritual (Breitbart 2019; WHO 2020). Before the COVID-19 pandemic struck the world, Sleeman et al. (2019) report the first worldwide projection of future global burden of serious health-related suffering: "By 2060, an estimated 48 million people (47% of all deaths globally) will die each year with serious health-related suffering, and 83% of these deaths will occur in low-income and middle-income countries." The World Health Organization (WHO 2020) estimated that 56.8 million people, including 25.7 million in the last year of life, are in need of palliative care.

Access to such care is a fundamental human right, yet disparities in access persist globally, particularly in resource-limited settings (Breitbart 2008). In the context of palliative care, these rights extend beyond the right to health and include patient rights to freedom from torture, cruel and inhuman treatment, nondiscrimination and equality, bodily integrity, privacy and confidentiality, information, and right to a remedy (Barros de Luca et al. 2017). The Philippines, an archipelago in Southeast Asia, is home to over 110 million people and faces unique challenges in delivering palliative and supportive care services across its diverse population. Ho et al. (2023) found that a limited palliative care workforce, high out-of-pocket health-care costs, and low opioid availability all hinder access to palliative care in the Philippines. In addition, religious fatalism, strong family-ties, and physician reluctance to refer to palliative care providers represent contributory sociocultural factors. Breitbart (2019) opines that there is a need for novel interventions in palliative and supportive care. Spirituality in palliative and supportive care aims to provide care for the whole person (Corpuz 2023).

Access to palliative and supportive care in the Philippines is still limited and often fragmented. The majority of palliative care services are concentrated in urban areas like Metro Manila, leaving rural populations underserved. A shortage of trained health-care professionals skilled in palliative care further compounds the issue. Moreover, misconceptions surrounding palliative care, including its association with end-of-life care and opioid misuse, contribute to underutilization of available services (Ho et al. 2023). Several barriers impede access to palliative and supportive care in the Philippines. Financial constraints, particularly for low-income individuals, hinder their ability to afford medical care and medications. Limited public awareness about palliative care's benefits and scope also leads to late or inappropriate referrals to palliative care services. Regulatory hurdles related to opioid availability and prescription further hinder effective pain management. Cultural beliefs and religious practices influence Filipinos' perceptions of illness, death, and dying. Many Filipinos value familial support and prefer to care for their seriously ill family members at home. This cultural norm can lead to delays in seeking professional palliative care, impacting the patient's overall well-being (Corpuz 2021).

Indeed, palliative and supportive care need in the Philippines should be translated into action. Launching educational campaigns to increase awareness about palliative and supportive care can help dispel misconceptions and promote early utilization

of these services. Introducing palliative care training into medical and nursing curricula can address the shortage of skilled professionals. Collaborations with international organizations and universities can facilitate knowledge exchange and capacity-building. Developing integrated care models that incorporate palliative care into existing health-care systems can help extend these services to remote and underserved areas. Advocating for policy changes to improve opioid accessibility and streamline regulations surrounding palliative care medications is essential for effective pain management. Engaging local communities and religious leaders can help align palliative care novel approaches with cultural norms, promoting acceptance and early engagement with services (Corpuz 2022).

In conclusion, access to palliative and supportive care remains a challenge in the Philippines, influenced by a combination of health-care system limitations, cultural factors, and policy gaps. Addressing these challenges requires a multifaceted approach, including public education, health-care workforce development, policy reforms, and community engagement. In ensuring equitable access to palliative and supportive care, the Philippines can enhance the quality of life for individuals facing life-limiting illnesses and their families, ultimately fostering a more compassionate and inclusive health-care system.

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