Mongolia: The Present Situation and Future of Palliative Care

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Introduction

Cancer annually affects 10 million people and causes 6 million deaths worldwide. Mongolia has a very small population. In 2000, there were about 2.4 million inhabitants in Mongolia. The mortality rate is 598.3 per 100,000 (14,237 deaths in 2000). The main causes of death were cardiovascular diseases (31–38%); cancer (21–22%); injury, poisoning and other external causes (13–16%); diseases of the respiratory system (6–18%); and diseases of digestive system (8%).

Forty-one percent of Mongolian patients who died from cancer had liver cancer, 16% had stomach cancer, 13% had pulmonary cancer, 11% had esophageal cancer, and 2% had cervical cancer. The epidemiology of cancer pain or other quality-of-life concerns has not been evaluated in Mongolia.

Overall, 10,672 patients died in hospital in 2000, 4119 from cardiovascular diseases and 2649 (24.8%) from cancer. Most cancer patients (1668/2649 in 2000) died during the first year after the diagnosis of cancer. This means that 62% of cancer patients were diagnosed very late and required palliative care more than cancer treatment.

Only 3976 patients died at home during 2000. Of this group, 1627 (41%) had cancer. Thus, 41% of the total home deaths were related to cancer. These patients were incurable and stayed at home without palliative treatment, suffering from pain, dyspnea, anorexia, cachexia, constipation, depression, and many other uncomfortable problems and symptoms because family doctors were not trained in palliative care.

Present Status of Palliative Care

All people have the right to be treated well at the end of life, but in Mongolia most cancer patients are discharged to home with the diagnosis “incurable,” and at the end of life they suffer from pain and many other symptoms. We need to improve palliative care in Mongolia to protect the human right to be treated at the end of life. Our people chose democratic ways for development in our country. It is time for establishing and improving palliative care in Mongolia to protect human rights. We must organize home hospices, which will improve the quality of life of terminal patients at home and decrease hospital and home death rates.

In Mongolia, palliative care is not recognized as a medical discipline. We have no government policy on palliative care and no hospices for palliative care patients. The first Palliative Care Department with 10 beds was established in 2000 at the National Cancer Center with financial support from the Soros Foundation, but this was not enough for so many suffering patients. A Palliative Care Association of Mongolia was established with 16 members in 2001, again through the educational support of the Soros Foundation. Three articles on palliative care were published in medical journals by the association’s members, but additional progress is not possible without more financial support. Three books on palliative care and World Health Organization (WHO)
guidelines were translated into the Mongolian language and published through financial support from the Soros Foundation. These books were the first step to begin education on palliative care. Only 8–12 hours on palliative care were included in the undergraduate and postgraduate medical education program of the National Medical University of Mongolia in 2000. During March 2002, we organized the first basic course on palliative care through financial support from the Soros Foundation. This 4-day course will be held 5 times for family doctors, oncologists, psychiatrists, internists and other doctors who take care of dying patients at home and in new home hospices.

Oncologists and family doctors have not been able to provide adequate palliative care for suffering patients for many reasons. These include:

• Neither oncologists nor family doctors have received any education related to palliative care at the undergraduate and postgraduate levels.
• Although oncologists were educated by a National Cancer Project according to WHO’s approach to cancer pain, they could not use this knowledge in practice because palliative care drugs are not available or are very expensive.
• We have very few analgesic drugs in Mongolia. The list of essential drugs includes the following: aspirin, diclofenac, indomethacin, ibuprofen, paracetamol, codeine, pethidine, and morphine in tablets and injection; and fentanyl only in injection. We have no other analgesic drugs, as suggested by WHO. Our doctors do not know about buprenorphine, pentazocine, methadone, transdermal fentanyl, and many other medicines that have been used successfully in palliative care in other countries.
• Family doctors cannot prescribe for opioids and antidepressants. Usually, these kinds of drugs are prescribed by oncologists and psychologists. But psychologists and oncologists never do home visits for suffering patients, they wait for patients in medical facilities. If patients cannot reach a health center, their family members come to oncologists to get some morphine. Oncologists give morphine without assessment of pain and patients take it not by a defined regimen, but when pain increases.

The Future Development of Palliative Care in Mongolia

We must establish and improve palliative care in Mongolia. It is time for the health care system, medical education system, and medical legislation system to begin this activity. The following are ways for improving palliative care in Mongolia:

1. We will offer an improved palliative care national education program: a) to include palliative care in teaching programs of medical universities and colleges; b) to organize basic courses on palliative care for family doctors, nurses, and medical workers; c) to organize an advanced course on palliative care for palliative care multidisciplinary teams, which will be organized in the future; and d) to provide public education on palliative care.

2. We propose to develop a medical legislation system: a) drugs available for palliative care; and b) drug legislation on palliative care.

3. We offer to improve government policy on palliative care: a) establish home hospices in all districts of Ulaanbaatar and all regions of Mongolia; b) promote domestic and international collaboration with governments and nongovernmental organizations; and c) make an official document or order for establishing home hospices in Mongolia, developing palliative care inpatient departments, establishing an outpatient palliative care department at the National Cancer Center, using the financial support from the government health budget.

Mongolia is a big country with a very small and dispersed population, and a very poor infrastructure. Seventy-five percent of families belong to traditional and modern society, for whom it will be more effective to establish home hospices than inpatient hospices. Modern inpatient hospices will be established in the future, when the economic situation in Mongolia improves and a postmodern society will exist. It will be reasonable to develop palliative care inpatient departments and establish an outpatient palliative care department at the National Cancer Center at this stage. In the current situation,
it will be more effective to establish home hospices with multidisciplinary palliative care teams in all districts of Ulaanbaatar and in all regions of Mongolia. These teams will work closely with family doctors and nurses to improve the quality of life of terminal patients at home. Establishing home hospices will be more cost effective than inpatient hospice and more preferable because most terminally ill patients wish to stay at home during the last days of life.

**Conclusion**

We have to improve palliative care in Mongolia because there is a significant need now. To do so, we need to improve government policy, the national education program, and drug legislation on palliative care. The prevalence of a traditional society and the demographics of Mongolia require the development of home hospices, rather than inpatient hospices, at this time.