Reviewer's report

Title: Palliative care making a difference in rural Uganda, Kenya and Malawi: three rapid evaluation field studies

Version: 1 Date: 23 October 2010

Reviewer: Anne Merriman

Reviewer's report:

Major Compulsory Revision

P14:

The above two abstracts are not factual. It indicates that they are not aware of the history in Africa of palliative care or that they are using a PEPFAR definition which included support care only (see below).

Home based care was commenced for HIV to respond to the HIV epidemic in the early ‘80s in the Anglophone countries. However, palliative care in Africa commenced in Zimbabwe in 1979, S Africa in 1980, Kenya in 1990 and Uganda in 1993, for cancer patients only. Home care in Nairobi and Uganda, was the method of delivery because of the felt needs in Africa for those dying to be in the land of their ancestors and also because of restricted finances and a poor economy.

The palliative care team responded to the HIV epidemic by researching pain and symptom control for AIDS patients in Uganda in 1994 and then grafting palliative care for AIDS patients onto already established home care teams for HIV/AIDS. The Uganda model was brought to Malawi in 2002 now adapted for cancer and AIDS. The services are adapted to both, based on the teaching for all health professionals and volunteers.

Midmay International brought palliative care for AIDS patients to Uganda in 1998 and developed a form that included support care for those who were not critically ill or approaching death. The WHO definition for palliative care was changed to a PEPFAR (donor) definition to include support care only, at the start of the PEPFAR grants in 2004. This diluted the true meaning and need for palliative care, a scarce commodity if the patient had pain and symptoms while support care was there and well funded for HIV/AIDS patients. This approach has recently been revised to recognise that palliative care must include pain and symptom control delivered by trained professionals in conjunction with trained volunteers. This was the original WHO definition.

So the conclusion that new models of palliative care need to be made for cancer is erroneous. The biggest problem is coming from donors, who will only support the HIV patients and cancer patients are not catered for.

This is an error in interpretation. References to the history of Palliative Care in Africa and the original PEPFAR definition of palliative care are found in: Wright
M, Clarke D, Hospice and Palliative Care in Africa, Oxford University press 2006, pgs 8 and 12

2. Discretionary revision: The use of charcoal and water for preserving the body is mentioned twice. See page 12 top of page.
We have not heard of this. Kerosene (paraffin) is injected into the body cavities at home by a member of the family and this preserves the body for a few days and for traveling. Perhaps they could enlarge on this.
However it is known that wrapping charcoal in a cloth around a smelling open wound takes away the smell.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests.