



Geriatric Palliative Care in Latin America with A Social Approach

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Abstract

Introduction: Palliative care for the elderly is of great importance due to the high prevalence of geriatric syndromes and conditions. In Latin America, there is a context of social vulnerability, characterized by limited access to healthcare services, restricted availability of medications, and social phenomena such as forced displacement, victimization due to armed conflict, poverty, and migration. These factors hinder comprehensive access to palliative care for the elderly.

Objectives and Methodology: This paper aims to provide a perspective or reflective review of the challenges associated with geriatric palliative care in Latin America and the need for a multidisciplinary and governmental approach. A literature review was conducted to develop a reflective perspective.

Final Reflection and Conclusions: Barriers to palliative care for the elderly in conditions of poverty and social vulnerability include economic instability, challenges in maintaining health system membership, difficulties with institutional care, and limited family and community support. Among ethnic and indigenous groups, there is a highlighted need for holistic care and an approach that incorporates cultural awareness and linguistic competence. For elderly migrants, the emphasis is on the necessity of integration policies that involve the family and the host community in palliative care. As potential solutions, the paper suggests strengthening local and multisectoral capacities, improving the accessibility of geriatric palliative care and hospice facilities, and adopting a person-centered palliative care approach that includes the elderly, their families, and the community

Keywords

Geriatric palliative care, elderly, social vulnerability, indigenous communities, displacement.

Introduction

The need for palliative care in the elderly is of great importance due to the high prevalence of associated geriatric syndromes and

conditions. These include the burden of comorbidities and other phenomena such as polypharmacy, extreme polypharmacy, cognitive decline, sarcopenia, osteosarcopenia, clinical frailty, among others. Older adults have particularities that include physiological changes due to aging, pharmacokinetic and pharmacodynamic changes, which, when associated with polypharmacy, present a greater clinical challenge due to potential adverse effects and the difficulty in symptom control [1].

In addition to the above, in Latin America, there is a scenario of social vulnerability, characterized by limited access to healthcare services, restricted availability of analgesic and non-analgesic medications in some sectors, as well as social phenomena such as forced displacement, victimization due to armed conflict, poverty, migration, among others [2]. This paper aims to provide a reflective review of the challenges of geriatric palliative care in Latin America and the need for a multidisciplinary and governmental approach.

Materials and Methods

A literature review was conducted using the following search terms: “palliative care”, “Latin America”, “elderly”, “forced displacement”, “indigenous communities” AND “vulnerability.” Based on the results obtained, reflections were developed with a social focus and included some perspectives for future approaches.

Results and Discussion

Need for geriatric palliative care with a social focus

The implementation of palliative care programs in Latin America has faced challenges, including limitations in healthcare access, access to medications, and issues in training professionals with specific competencies. Each country faces its own challenges, including the strengthening of national health systems, specific legislation for comprehensive elderly care, and care regulations [3]. Particularly in establishing goals for geriatric palliative care, advanced care planning is emphasized as a cornerstone for guiding comprehensive palliative management that involves the elderly and their families [4].

Traditional models of geriatric palliative care aim to improve the quality of life of the elderly and their families, as well as reduce healthcare costs. Specifically, in geriatric palliative care, the establishment of clear care goals and a multidisciplinary approach has allowed for addressing not only the physical, psychological, social, and spiritual dimensions but also impacting hospital readmissions, admissions to intensive care units, and improvements in the coordination of care for older patients with multiple chronic diseases [5].

In addition to the process of care planning for the elderly in a palliative context, early access to palliative care is of great importance, incorporating autonomy in decision-making regarding healthcare, specific management preferences, and end-of-life care

[4]. An additional limitation is the need to improve palliative infrastructure, increase the availability of analgesics and other medications for symptom control, and provide adequate training to all healthcare providers, with an emphasis on older adults, where high comorbidity, clinical frailty, functional decline, and other geriatric conditions require efforts in the individualization of patient care, their comorbidities, and their personal desires for palliative care [6].

Governmental efforts and challenges in caring for the elderly vary by country. However, the need for the incorporation of palliative care plans for the elderly, including the strengthening of legislation, the development of interdisciplinary research to create policies based on solidarity and social co-responsibility, is highlighted [7]. The importance of individualized care in a multidisciplinary context, with an emphasis on potential limitations in access to palliative care for elderly patients in adverse social conditions or who may face barriers to palliative care, is underscored. The following sections highlight specific scenarios:

Social Focus: Palliative care for the elderly in conditions of social vulnerability and poverty

The difficult socioeconomic conditions of many older adults in Latin America are linked to the lack of comprehensive social security systems in old age, with limitations in meeting their needs, as well as issues in social and intergenerational integration mechanisms, food security, and access to housing. Only a few older adults can maintain an autonomous household, often associated with multigenerational poverty, with children or relatives, and in some cases, the older adult is the financial provider for their family. Economic instability is common in such households, and there is a high proportion of households consisting only of older adults [8]. In this context, geriatric palliative care faces the challenge of supporting older adults with high comorbidity and social vulnerability.

Some multimorbid older adults face limited physical access to palliative or hospice care, lack of family support, difficulties remaining in the healthcare system, and reluctance to enter institutional settings, leading to a greater likelihood of exclusion from palliative care. Poverty and vulnerability can affect end-of-life care, limiting access to comprehensive palliative support and even preventing them from dying in a place of their choosing due to

relocation to urban areas for care, resulting in separation from their homes and support communities [9]. Limited access is highlighted for older adults without family support and with cognitive decline or associated pathologies.

Given the significant barriers to palliative care for older adults in vulnerable conditions, it is necessary to design an appropriate healthcare and governmental approach to provide compassionate and appropriate care, even at the end of life, with physically accessible palliative care and hospice locations [9], with an emphasis on addressing access barriers for vulnerable older adults.

Social Focus: Palliative care for the elderly in indigenous communities or ethnic minorities

In Latin America, access to healthcare services for indigenous ancestral communities has required a comprehensive and inclusive approach, with an emphasis on the need for holistic guidance, the right to self-determination and recognition, the right to participation, respect and revitalization of cultures, reciprocity in relationships, among others. Particularly, some older adults in these communities live in conditions of poverty, relative isolation, and marginalization. For some, aging represents an inability to work, a loss of identity and self-esteem, loss of strength, increasing dependency, and a decrease in value in the eyes of the community [10]. In this sense, palliative care for indigenous older adults presents a challenge, as spiritual care and community context become highly relevant in addition to healthcare [11].

In previous studies, some older adults in Latin America have perceived that healthcare services are not always of good quality. Specifically, regarding palliative care for this population group, numerous barriers to care are highlighted, including a lack of geographic access to healthcare services, adequate communication between healthcare professionals and indigenous older adults and their families, which hinders the acceptance of formal healthcare services by these communities, particularly in geriatric palliative care [12].

Especially in the context of palliative care for indigenous older adults, given the mentioned barriers, the need for palliative care with "cultural awareness and linguistic competence" is emphasized [12,13]. Particularly, in the scenario of end-of-life care for older adults, communicating honestly and without medical jargon, taking the time to listen to the story from the cultural singularities and

personal perspective of the disease process and end-of-life care of the older adult, their family, and their community, are pillars of the bond between the older adult and the palliative healthcare staff [13]. This includes compassionate presence and attentive listening, respecting their beliefs and their decision to reject or accept traditional palliative care.

To overcome the barriers related to communication in geriatric palliative care, including end-of-life care, care planning, prognosis, and care expectations, it is necessary to train community members or use interpreters. Previous experiences in palliative care programs for ethnic minorities highlight positive outcomes following empathetic and compassionate communication, emphasizing inclusion and diversity, promoting palliative programs that seek to strengthen community relationships, primary care in the community, and promote education [13,14].

Given the particularities of older adults belonging to ethnic minorities, the importance of implementing family-centered care policies and palliative programs is emphasized. Strengthening local capacity to provide culturally appropriate geriatric palliative care, flexibility, and multisectoral partnerships are crucial for addressing the complexity of the daily needs of older adults and their families.

Social Focus: Palliative care for the elderly who are victims of forced displacement or migrants

The impact of migration on older adults involves potential scenarios of mistreatment, violence, ethnic discrimination, and greater challenges in accessing healthcare systems [8]. Palliative care focused on migrants or those in situations of forced displacement involves challenges such as communication barriers, difficulties in relationships with healthcare staff, reluctance to use healthcare services, financial limitations, among others [15].

Among the challenges in optimizing palliative care, especially for older adults, it is essential to consider the aforementioned barriers, as well as issues associated with family dynamics and caregivers, including financial stress, unemployment, divergent beliefs, and cultural changes. Limitations in understanding medical terminology, difficulties in balancing responsibilities and decision-making, and restrictions on autonomy are particularly significant [15].

In migrant or violence-displaced populations, especially older adults, elements recommended to overcome these barriers in palliative care include the incorporation of the family, respecting the beliefs, values, and practices of the family and the older adult. In other words, using a family/older adult-centered care approach, with an emphasis on communicating bad news and the clinical situation of the older adult. It is highlighted that the structural problems of palliative care for older adults in Latin America imply a renewed effort to understand and improve integration policies for displaced populations as well as host communities [16], emphasizing the previously described particularities of geriatric palliative care.

The need to provide geriatric palliative care in the region with a social focus allows for a comprehensive approach to the care scenarios of older adults, investigative processes, and the strengthening of programs oriented toward the individual and community. The following outlines the main challenges in palliative care scenarios for older adults in Latin America (Figure 1).

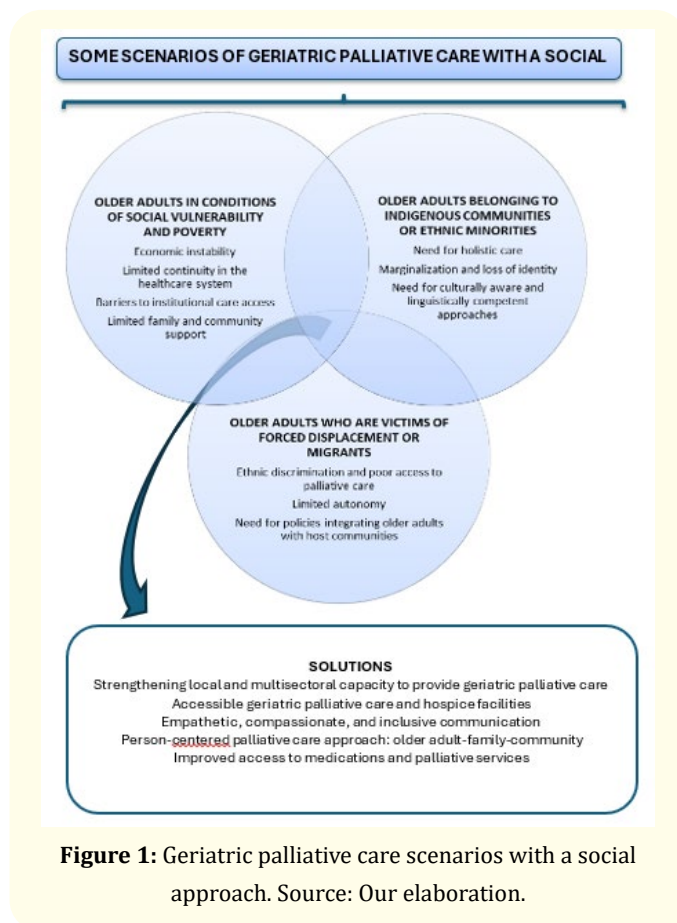


Figure 1: Geriatric palliative care scenarios with a social approach. Source: Our elaboration.

Final Reflection and Conclusions

Geriatric palliative care in Latin America represents a multisectoral challenge. The particularities of the elderly, such as high comorbidity, clinical frailty, functional decline, polypharmacy, among other geriatric conditions, require an effort to individualize the patient, his or her comorbidities and personal wishes for palliative care. A holistic approach is required, centered on the person and the vulnerable social context of older adults. There is a need for greater governmental, political and legislative efforts to include social aspects in the palliative care of the elderly, strengthening of local and multisectoral capacity, accessible geriatric palliative care and hospice locations, empathetic, compassionate and inclusive communication, highlighting a person-family-community centered approach to palliative care.

Conflict of Interest

The authors declare that they have no conflicts of interest.

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