CANCER SUPPORT IN KENYA

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Memberships
Why cancer support

Who needs cancer support

What is cancer support
Learning objectives

• Understand the needs of cancer patients.
• Models of cancer support.
• Harambee model of care.
WORLDWIDE CANCER DEATHS ARE PROJECTED TO INCREASE BY 60% FROM 8 million TO 13 million
African statistics

- 70% of cancer deaths occur in low and middle income countries.

- 80% - 90% of the cancer in Africa (Kenya) diagnosed at late stage.
Beyond the tumor: Quality of life matters.

A cancer tumor is so complex, with multiple variables at play which determines the end outcome.
Biopsychosocial sequelae of cancer treatment

• Complications from cancer diagnosis and treatment are multifaceted and multifactorial.

• Biopsychosocial sequelae include biomedical, psychological and socio-economic, cultural domains affecting cancer patients.

• Cancer patients report higher incidences of psychological distress than other chronic conditions (Elliot & Staetsky, 2011).

Disease specific complications (Biological)

- Post Operative urinary incontinence (over 66% of men affected six months post surgery) (PCOS study)
- Post Operative erectile dysfunction in men: More than 50% of men affected after Radical prostatectomy (Shover, et al 200).
- Speech and swallow complications.
- Sleep problems.
- Infertility.
- Hypothyroidism.
- Hormonal changes etc.

Social complications of cancer.

- Social Isolation.
- Stigma.
- Relationship adjustment
- Community acceptance
- Marital discord and breakup
- Body image
- Workplace adjustment
- Survivor quilt.
- Financial burden.
- Treatment ambiguity.
Psychological sequelae

• Cancer related anxiety.
• Recurrent emotional turmoil.
• Cognitive impairment.
• Fears of recurrence and metastasis.
• Psychiatric disorders (30% - 60%) of patients diagnosed (Mitchel et al 2011)
• Studies show that 35% of doctors will misinterpret psychological distress in clinical presentation (Mitchel).

Naivasha woman commits suicide after being diagnosed with breast cancer

By Antony Gitonga | Monday, Aug 5th 2019 at 14:44

A 40-year-old woman diagnosed with breast cancer has committed suicide in Naivasha hours after learning of her condition.

The woman hanged herself in her sister’s house in Kasarani Estate after travelling from Kenyatta National Hospital (KNH) where she had gone for treatment.

A 65-year-old man, who was allegedly diagnosed with cancer, has committed suicide at Kwa Mwaura village in Laikipia East Sub-county.
The survey was carried among 40 breast cancer survivors attending Faraja Cancer Support Trust. From the survey:

62% noted they would like more information on cancer.

56% requested for more exercise activities during their cancer treatment and after treatment.

84% Wanted to learn more information about post treatment care.

72% Want to teach other cancer survivors what they have learnt in post treatment care.
Can we develop African models of care that addresses patients unique challenges?
Our challenges

- Poor coordination of care
- Long wait times
- Variation in the number and type of tests
- Limited patient access to information
- Miscommunications

FRAGMENTED EXPERIENCE
Personalized
Patient centered

Precision care
Holistic care
Harambee model of care / Community care
Harambee model of care

Based on Harambee philosophy coined by the first president of Kenya. It means coming together as a community to be part of the rebuilding the nation.

Harambee philosophy is the guiding principle of working together and pooling resources (physical, emotional, financial, practical, spiritual) according to individual ability and willingness to bring about development in (quality of life) education and other areas of national development.
I am because we are, because we are I am

• Based on ubuntu (I am because we are philosophy) - Reclaiming our humanness in care.

• Building ubuntu networks of care (Communal education) – Reduce stigma.

• Collective medicine, enlisting community support.

(Ignorance is the greatest disease, cancer patient)
Changing the care narrative

• Challenging and changing the myths around cancer diagnosis and treatment.

• Cancer does not occur in isolation, whilst it affects individual the whole community is affected.

• Personalized medicine complemented by communal support ( workplace, training institutions, religious institutions).

• We all have something to offer.
Conclusion

Advancing cancer care requires more than great science. It's a collective effort driven by passionate individuals and organizations (Communities) dedicated to making difference for those living and affected by cancer (Olivia Nataf, VP US Oncology Astra seneca)


Thank You