Making life threatening illnesses manageable

Jacqui Kaye
CEO at HospiceWits

According to renowned Canadian physician, surgeon and academic, Dr Balfour Mount, “The sickest of the sick...deserve the best the healthcare system can provide for them”.

It is these very sentiments that have been one of the driving forces behind some of the phenomenal work that HospiceWits has done within the community since its inception in 1979. What started initially as patient care facilities, provided by a part time nurse from founders’ Stan and Shirley Henen’s home, has now grown into an operation that employs 150 full-time staff including; doctors, nurses, psychologists and spiritual counsellors.

The impact of life threatening illnesses or conditions on patients goes beyond just the physical, and can also have spiritual and psychological effects. The facility has – since its inception – provided patients with palliative care as a means to improve the quality of life for not only patients facing life-threatening and life-limiting illnesses, but to support and train these patients’ care givers and families too.

One of the challenges we have experienced over the years is reshaping the way people view palliative care. We often find that the public views us as an ‘end resort’/end of life care provider. It is therefore our desire at HospiceWits, to be involved with the patient from the first diagnosis where we introduce palliative care as a key part of the treatment plan for any patient diagnosed with a life threatening illness/condition.

To address this, over the years, we have continued to help patients that are facing health challenges manage and live life to the fullest, free from pain and anxiety, while supporting their families and loved ones. They achieve this by using a holistic and multi-disciplinary approach to palliative care.

How does this care work?

Patients registered with facilities such as ours are visited in their own homes or in hospital by a trained home-care sister who performs a comprehensive assessment of their condition, based on the referral from their treating doctor.

Kaye adds, “As part of psychosocial support we offer patients access to trained members of our team including; counsellors, spiritual counsellors and social workers that are able to provide counselling, planning and support where needed. In fact, the vast majority of our patients are cared for at home.”

In cases where the patient’s condition worsens, HospiceWits is able to admit them into the in-patient unit in Houghton or Soweto, where they are treated with dignity, great care and compassion. Further to this, patients receive medical support aimed at ensuring relief from pain with the help of trained doctors, nurses and psychologists to aid their recovery.

Our facility also provides support through an onsite pharmacy that provides an essential support service to the Home Care team, the in-Patient Unit and patients attending both the Houghton and Soweto facilities. This medication is purchased through Qestmed, UPD and Trans Pharm, who provide special prices on the medications, where possible. To ensure the effective allocation of the medicines, there is an accredited and responsible pharmacist along with a pharmacist’s assistant to dispense medication to patients with a medical aid. This is critical given that prescriptions for indigent patients continue to increase in number, requiring careful management of dispensary resources.

Previously, the organisation obtained generous donations of medications from Qestmed, which helped to offset the costs incurred in providing medication and patient care items to indigent patients. However, patients often need to be referred to their own pharmacies if they have a medical aid, or to a government hospital in order to source medication. Unfortunately, the facility is affected when medication such as morphine is in short supply in South Africa but this has generally been well controlled, ensuring that a small supply of Schedule 6 medication, required for patients, is available at all times. Another challenge that we face, is that more often than not, deceased patients’ families bring medication that their loved ones have left behind as well as large quantities of expired medications for disposal, which is a continuous and costly process. Biomedical waste is disposed of in regulated containers, transported to a registered destruction facility for proper disposal, and a Certificate of Destruction confirms that it has been properly treated and disposed, to ensure compliance with relevant regulations regarding medical waste.

Despite the challenges in the supply and destruction of medications, HospiceWits has been highly successful in providing patient care since it first opened its doors in 1979, where since then, they have supported and cared for over 95,000 patients, in celebrating their life right through until the end. The organisation aims to continue to fulfil the need for palliative care within South African communities and in doing so, improve the quality of life for patients with life limiting conditions or illnesses.

Definition of Palliative care

Palliative care is an approach which aims to improve the quality of life of patients, caregivers and families facing life threatening illness by preventing and alleviating suffering through the early identification, assessment and management of pain and other physical, spiritual or psychosocial conditions.