

Phase III: Experiences of provision of Palliative Care to the Forcibly Displaced Rohingya Refugees



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Whenever
You are in a Position
to Help Someone,
Just Do it & be Glad,
Bcoz.

God is Answering
Someone's Prayers
through You.
So don't think that
Anybody is using you
but Remember
that You're Useful.

Acknowledgement:

I am deeply grateful to Dr. Nurjahan Begum (assistant professor, pediatrics, BIRRDEM Hospital), Dr. Shaheen Reja Chowdhury (Associate professor, Ophthalmology, National Medical College) and Dr. Megan Doherty for all their time and consultant advice shared with me for the patients we could provide PC service so far.

Implementation of my thoughts:

From 4th-12th December, 2017 I did a sort of 'scope/feasibility practices' of what is actually possible to do from the perspectives of Palliative Care for the Forcibly Displaced Rohingya Refugees (FDRR) right at the moment.

1. My idea was to serve at first the patients who had been already identified during the PC needs assessment survey. To my surprise, whenever I went to meet one of such patients, at least 6-10 patients from the nearby area rushed to us to get palliative care service. So, all the credit goes to our surveyors who were able to create a trusted relationship with the patients and their families.
2. I wanted to train a group of 10 community volunteers who would be able to serve eventually as 'palliative care assistants.' I could manage to organize a group with four old and five new volunteers.
3. There is a huge need of home based care in relation to maintain continuum of care. All the TB patients (at least 6) we have connected to the BRAC TB service delivery centres. All the patients with paralysis or spasticity, dystonia we have connected with the Handicap international who provides physiotherapy, organize patient friendly toilet, wheel chair, ramp etc. We will continue to follow up these patients.
4. It would be worthwhile, if we can manage to give food and medicines (in a weekly/monthly basis) to the patients.

I am sharing few photos from the recent experiences and measures we have taken for patients. I have taken permission from the adult patients and in case of children, from the parents to share their photographs.

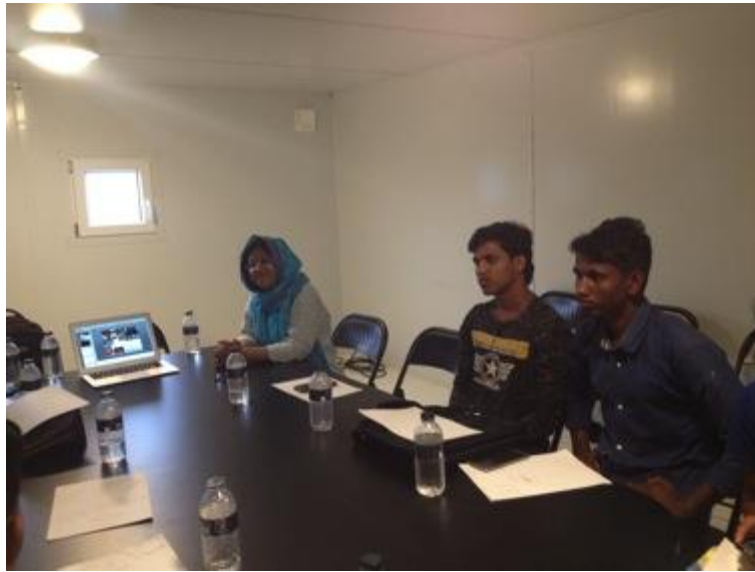


We could manage to use the ISCG Hub at Kutupalong camp for training. There are meeting and conference rooms in the hub, which can be used for meeting/training purpose with pre-booking. These are free of charges.



In front of the ISCG Hub at Kutupalong, Ukhiya with the Hub Manager (my left side)

Training:



The participants were found to be very interested in the philosophy of PC.

So much need, so much opportunities to help!



? Breast Cancer – We referred this patient to Red Crescent Field Hospital for consultation.



This patient with cataract, we referred her to MSF hospital.



This patient with eye complications was referred to MSF Hospital.



Sanzida, a 15 year girl, who has quadriplegia. Cannot move, talk, seat or walk, but understands everything. Her sister told me that she loves good food. **She won't take food and sleep at night without having food, if there is no fish item in the menu.** She was laughing while I was chatting with her mother, brother and sister. Her brother (around 25 yrs old) told that he had to carry her on his back all the way from Rakhaine to Ukhiya. It took 15 days to reach here. We have started muscle relaxant and physiotherapy by the Handicap International.





70 year old Maymuna has been paralyzed for many years. She doesn't know how or what to ask for help. Her son carried her on his back all the way to Bangladesh. She only uttered, "Please help me."



I was literally overwhelmed with joy when after consultation through whatsapp, my ophthalmologist friend told me that this 6 yr girl's condition is still treatable. She is having watery eye since last six months. We have started her Rx.





Eye infection was still in the treatable group. We have started antibiotic treatment. He cannot stand or walk. Perhaps a case of ?cerebral palsy.



She is the mother of this baby. What is this condition?
?Down's Syndrome/
?Hypothyroidism/ot hers.)



We will start treatment this child's ricket from next week. The medications, advised by Dr. Nurjahan, could not be found in Cox's Bazar. I will send those from Dhaka.



Most unfortunate twin brothers. Their conditions are totally incurable. One has already lost both eyes and another has lost one eye. We have started antibiotics according to the advice of the ophthalmologist just to improve the existing watering and pain.

Both of them were roaming around naked. When we took permission to take photographs, their mother had rushed to put them in proper clothing.

