

The rise in noncommunicable diseases and initiation of cancer treatment in Bhutan, combined with a global recognition of the need for palliative care, led the country's Ministry of Health to identify the need for palliative care. A team of nurses at Jigme Dorji Wangchuck National Referral Hospital in Thimphu were recruited to launch the country's first homecare palliative program. The Bhutan Cancer Society contributed financially to this effort, and other nongovernment organizations and faculty at the Khesar Gyalpo University of Medical Sciences of Bhutan School of Nursing contributed on the academia front.

AT A GLANCE

- Noncommunicable diseases have become the greatest health challenge in Bhutan.
- Palliative care is particularly important for patients with cancer in Bhutan because of this population's high mortality rate.
- Challenges to palliative care development in Bhutan include a lack of equipped academic programs, a shortage of trained healthcare providers, and a lack of opioid availability.

KEYWORDS

palliative care; cancer treatment; home care; end of life; noncommunicable diseases

DIGITAL OBJECT

IDENTIFIER

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Palliative Care

The emerging field in Bhutan

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Bhutan is a small country in southeast Asia, wedged between China and India, with a population of about 800,000 (World Bank Group, 2018b). It has one of the fastest-growing economies in the world, with a per capita gross national income of \$2,510 in 2016, which is up from \$580 in 1990, making it a lower middle-income country (World Bank Group, 2018a). Gross national happiness, described as “definitive improvement in the happiness and satisfaction of the people rather than mere growth of the gross national product” (Thinley et al., 2017, p. 11), is the country's holistic approach to development and is what guides the government, because happiness is believed to be a fundamental human goal. Geographically, Bhutan is vulnerable in terms of its mountainous terrain and rural agrarian culture. The availability of fruits and vegetables is seasonal, and barely anything grows in winter. People depend on imports, which are either expensive or not readily available (Pelzom, Isaakidis, Oo, Gurung, & Yangchen, 2017). Collectively, these issues lead to poor access to resources and health care, whether for financial or logistical reasons.

Health Care in Bhutan

Basic health services in Bhutan are paid for by the government, with no charge to individual residents, in accordance with the country's constitutional mandate (Thinley et al., 2017). These basic health services are available through a three-tier structure, and there are about 205 basic health units, 28 district or general hospitals, and 3 regional

or national referral hospitals (Adhikari, 2016). The government is a major source of health financing, contributing to about 88% of the total expenditure (Adhikari, 2016), and government spending on health is about 6% of its total planned budget (Tobgay, Dophu, Torres, & Na-Bangchang, 2011). The Ministry of Health develops healthcare infrastructure through five-year plans. Healthcare specialties, including oncology and palliative care, are in their infancy. Jigme Dorji Wangchuck National Referral Hospital (JDWRH), which is located in the nation's capital of Thimphu, houses the country's only oncology unit.

One of the ancient names for Bhutan was “Land of the Medicinal Herbs” because of the exportation of its diverse medicinal plants (Tobgay, Dorji, Pelzom, & Gibbons, 2011). Bhutanese people integrate their traditional medicine into their main conventional medical system; often, patients are referred between the two services (Tobgay, Dorji, et al., 2011). Bhutanese people always have placed the art of healing at high esteem, and, with the rapid advancements in health care around the world, Bhutan is in a position to adopt best practices in palliative care.

The Need for Palliative Care

Noncommunicable diseases (NCDs) have become the greatest health challenge in Bhutan, causing more than half of all deaths (Pelzom et al., 2017). From 1990–2010, the leading cause of disability-adjusted life years in Bhutan changed from communicable diseases and maternal, neonatal, and nutritional causes to NCDs and injuries (Thinley et al., 2017). Correspondingly, life expectancy increased from 53 years