

POSITION PAPER

Strengthening Palliative Care Integration: Advancing Primary Health Services in the Philippines: A Position Paper

Dennis Y. Perona, RN, LPT^{1,2}

Abstract

Palliative care has emerged as a crucial component of healthcare, particularly in the context of an aging population and the increasing prevalence of chronic and life-limiting illnesses. In the Philippines, however, access to palliative care remains significantly limited, especially in rural and underserved areas. This disparity is primarily driven by systemic challenges such as inadequate healthcare infrastructure, a shortage of trained professionals, and insufficient public awareness. While the inclusion of palliative care in the Universal Health Care (UHC) Act of 2019 (Republic Act No. 11223) reflects a progressive step toward addressing these needs, the implementation of comprehensive palliative services continues to face considerable hurdles. This paper advocated for the stronger integration of palliative care into primary health care systems at the barangay level, emphasizing the need to strengthen policy frameworks, ensure adequate resource allocation, and actively engage communities in this endeavor. Such efforts are essential to guaranteeing equitable, compassionate, and dignified care for all individuals, regardless of their stage of life or even socioeconomic status.

Introduction

The growing number of older adults in the Philippines highlights an urgent need for palliative care services. According to the World Health Organization (WHO), palliative care is "an approach that improves the quality of life of patients and their families who face the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, which may be physical, psychosocial, and spiritual." This comprehensive approach addresses not only physical symptoms but also the emotional, social, and spiritual needs of patients and their families, thereby embodying a holistic model of care initiated by healthcare providers.

In the Philippines, however, access to palliative care can be quite limited, especially in remote and underserved regions, which can mainly be attributed to the archipelagic origin of our country geographically speaking. Many people dealing with life-threatening illnesses struggle to find the support they need to manage their symptoms effectively, which can lead to a lower

quality of life and unnecessary suffering. It is essential to integrate palliative care into primary health services to bridge these gaps and to ensure that every Filipino, no matter where they live or their economic situation, can receive compassionate and thorough care, which then makes it as universal. Yet, this remains to be a continuous challenge that we face day by day. This now makes health questionable as a 'basic human right' with all these things posed altogether.

Defining Extensive Palliative Care

Extensive palliative care involves integrating a wide range of services across all levels of the healthcare system, particularly within the Philippine context. The aim is to ensure that palliative care is not only accessible and affordable but also tailored to the unique needs of each patient at every stage of their illness. This approach supports the broader goal of achieving optimal health and well-being. It encompasses both basic and comprehensive palliative care services:

¹ Academic Teaching Faculty, De La Salle Medical and Health Sciences Institute, College of Nursing, Special Health Sciences Senior High School, City of Dasmariñas, Cavite 4114, Philippines; Email: dyperona@dlsmhs.edu.ph

² MA Nursing Student, De La Salle Medical and Health Sciences Institute, School of Advanced Studies/College of Nursing Graduate Studies, City of Dasmariñas, Cavite 4114, Philippines; Email: dyperona@dlsmhs.edu.ph

Basic Palliative Care: These are the essential services that are offered by primary healthcare providers, mainly focusing on pain relief, symptom management, basic emotional support, and care coordination. Basic palliative care plays a crucial role in meeting the immediate needs of patients and can be provided in community settings, like local health centers.

Comprehensive Palliative Care: This level of care goes beyond the basics by involving a multidisciplinary team of professionals, including doctors, nurses, social workers, psychologists, and spiritual care providers. It addresses more complex and diverse symptom management, provides in-depth emotional and spiritual support, and ensures seamless coordination of care across different settings such as hospitals, hospices, and home environments.

By implementing extensive palliative care, especially in primary health services where communities can be found, it can be guaranteed that patients receive the right kind of support tailored to their individual needs, no matter how complicated their condition may be or where they are located. This approach not only enhances the quality of life for patients but also fosters a sense of dignity and respect in their care. By prioritizing accessibility and personalized support, a healthcare system can be built that truly meets the diverse needs of all individuals, regardless of their circumstances. Hence, the objective is to promote a better quality of life by meeting needs.

Position

This paper argued that the Philippine healthcare system must prioritize the continuous integration of both basic and comprehensive palliative care within primary health services. This integration is essential to upholding the dignity and quality of life of patients facing life-threatening illnesses and aligns with the objectives of the Universal Health Care Act, a legislative mandate aimed at ensuring accessible and equitable care for all. By embedding comprehensive palliative care into the healthcare framework, the Philippines can move toward a more just, compassionate, and patient-centered system that addresses the holistic well-being of every individual at every stage of their health journey.

Arguments

1. Enhancing Accessibility and Equity in Healthcare

Integrating palliative care into primary healthcare services is a crucial step toward achieving equitable health access for all

Filipinos, regardless of socioeconomic status or geographic location. This approach aligns with the Universal Health Care (UHC) Act of 2019 (Republic Act No. 11223), which mandates equitable access to essential health services. However, despite this legal framework, significant implementation gaps persist, especially in rural and underserved regions (DOH, 2020).

Community-based palliative care has been shown to reduce healthcare disparities and improve access in low-resource settings (World Health Organization, 2021). Training primary healthcare providers in basic palliative care enables communities to respond promptly to patients' needs, minimizing unnecessary hospital visits and facilitating care delivery at home. Over time, these services can be expanded to include specialized and comprehensive palliative interventions.

This inclusive model must be pursued consistently—not only for the privileged few but for every Filipino who requires compassionate and comprehensive care. By strengthening palliative care integration at the primary healthcare level, the Philippines can make meaningful progress toward the goal of "health for all."

2. Improving Quality of Life and Patient Satisfaction

Early access to palliative care significantly enhances symptom management, quality of life, and patient satisfaction (Temel et al., 2010; World Health Organization [WHO], 2020). By addressing the full spectrum of patient needs—physical, emotional, social, and spiritual—palliative care alleviates suffering while promoting dignity and comfort for patients and their families. The Lancet Commission on Palliative Care (Knau et al., 2018) emphasizes that holistic care improves psychosocial outcomes not only for patients but also for their caregivers.

Embedding palliative care within primary health systems reinforces patient-centered care models, aligning service delivery with core values of compassion and respect. Such integration leads to improved patient outcomes through more effective symptom control and greater satisfaction with care. Ultimately, satisfied patients and families are a testament to a healthcare system that is responsive, humane, and focused on the holistic well-being of those it serves.

3. Optimizing Healthcare Resource Utilization

Recent evidence underscores that community-based palliative care reduces avoidable hospital admissions and emergency department visits, thereby enhancing healthcare efficiency and reducing costs (Downing et al., 2021; Knau et al., 2018; Smith et al., 2019). This is particularly crucial for countries like the

Philippines, where tertiary hospitals face significant demand and resource constraints. The Asian Pacific Hospice Palliative Care Network (APHN, 2019) advocates for decentralizing palliative services to reinforce local health systems and mitigate pressure on specialized hospitals.

A systematic review by Sepúlveda et al. (2020) found that palliative care delivered in home and community settings improves symptom management while lowering inpatient utilization and overall healthcare expenditure. Furthermore, community engagement and resource mobilization at the barangay level promote sustainability and resilience within the healthcare system (World Health Organization [WHO], 2023). This aligns with global health strategies that emphasize integrated and people-centered care to ensure universal access (WHO, 2022).

Without strategic decentralization, hospitals risk being overwhelmed, which can degrade care quality and accessibility (Knau et al., 2018; Downing et al., 2021). Therefore, empowering communities with accessible palliative care is not optional but essential to developing a responsive and sustainable health system that optimizes resources and prioritizes patient-centered outcomes.

4. Aligning with International Standards and Best Practices

Integrating palliative care within primary health services aligns closely with the World Health Organization's Public Health Strategy for Palliative Care Integration, which emphasizes that palliative care must be embedded at all levels of healthcare as a fundamental element of universal health coverage (WHO, 2014; WHO, 2023). This alignment not only improves the quality and comprehensiveness of care but also affirms the Philippines' commitment to global health targets and evidence-based policy development.

Moreover, aligning with international standards opens opportunities for collaboration with global health organizations, facilitating access to technical expertise, innovations, and shared resources essential for strengthening local palliative care systems (Clark et al., 2020; Suresh Kumar, 2013). Countries such as India and Vietnam have demonstrated successful scaling of community-based palliative care models while offering valuable lessons adaptable to the Philippine context (Clark et al., 2020; Suresh Kumar, 2013).

By consistently adopting global best practices and strengthening international partnerships, the Philippines can build a strong culture of excellence in palliative care. If other countries prioritize compassionate and comprehensive palliative services as a fundamental public good, it is equally essential for the Philippines

to fulfill this moral and healthcare responsibility—particularly for the millions of Filipinos who remain underserved in this vital area of care.

Conclusion

The integration of comprehensive palliative care into primary health services is a critical step toward establishing a more compassionate and equitable healthcare system in the Philippines. By incorporating both basic and specialized palliative care services, the healthcare system can more effectively address the complex needs of patients with life-threatening conditions, enhance their quality of life, and ensure the efficient utilization of limited resources. This strategy is consistent with the mandates of the Universal Health Care Act and aligned with international best practices, positioning the Philippines to meet the evolving healthcare needs of its population. It is imperative that policymakers, healthcare professionals, and community stakeholders collaborate to implement and to sustain palliative care services across all levels of care, as they take into account pertinent social, economic, and cultural factors.

Note: For the specific provisions related to palliative care in the Universal Health Care Act (Republic Act No. 11223), please refer to the official document to identify and cite the relevant sections.

References

- Asian Pacific Hospice Palliative Care Network. (2019). *Palliative care in the Asia-Pacific region: Policy and practice*. <https://aphn.org/resources/>
- Blanco, M. & Clanor, M. (2013). Palliative Care Rendered by Clinical Nurses: Basis for Proposed Program Development. Retrieved from International Scientific Research Journal: https://research.ipubatangas.edu.ph/wp-content/uploads/2014/05/EISRJ-Palliative_Care_ Rendered_by_Clinical_Nurses.pdf
- Blanco, A. C., & Clanor, M. A. (2013). The role of therapeutic communication in palliative care: a Philippine perspective. *Philippine Journal of Nursing*, 83(1), 45-50.
- Brennan, F. (2007). Palliative Care as an International Human Right. Retrieved from Science Direct Elsevier: <https://www.sciencedirect.com/science/article/pii/S0885392407001558>
- Calimag, M. (2020). Community-Based Palliative Care for Chronic Cancer Patients in the Philippines. Retrieved from Springer Link: https://doi.org/10.1007/978-3-030-54526-0_51

Calimag, M. & Silbermann, M. (2019). Current Challenges and Evolving Strategies in Implementing Cancer and Palliative Services in the Philippines. Retrieved from British Journal of Cancer Research: <https://britishjournalofcancerresearch.com/current-challenges-and-evolving-strategies-in-implementing-cancer-and-palliative-care-services-in-the-philippines>

Calimag, M. M., & Silbermann, M. (2019). Palliative care in the Philippines: current situation and challenges. *Asia-Pacific Journal of Oncology Nursing*, 6(1), 1-6.

Clark, D., Baur, N., Clelland, D., Garralda, E., López-Fidalgo, J., Connor, S., & Centeno, C. (2020). Mapping levels of palliative care development in 198 countries: The situation in 2017. *Journal of Pain and Symptom Management*, 59(4), 794–807.

Clark, D., Wright, M., & Lynch, T. (2020). Community-based palliative care: Lessons from India and Vietnam. *Journal of Pain and Symptom Management*, 60(5), 967–974. <https://doi.org/10.1016/j.jpainsympman.2020.06.009>

Department of Health. (2021). DOH leads observance of National Hospice and Palliative Care Month. Retrieved from <https://doh.gov.ph/press-release/DOH-LEADS-OBSERVANCE-OF-NATIONAL-HOSPICE-AND-PALLIATIVE-CARE-MONTH-2021/Department-of-Health>

Department of Health (DOH). (2020). *Philippine Health System Performance Assessment Report*. Manila.

Gorospe, E. & Bausa, A. (2006). GLOBAL EXCHANGE Integrating Volunteers in Palliative Care: the Philippine Experience. Retrieved from Journal of Palliative Care: <https://doi/10.1177/082585970602200408>

Ho, F., De Luna, D. & Dee, E. (2023). Palliative and Supportive Care in the Philippines: Systems, Barriers, and Steps Forward. Retrieved from Sage Journals: <https://doi.org/10.1177/08258597231153381>

Knaul, F. M., Farmer, P. E., Krakauer, E. L., De Lima, L., Bhadelia, A., Kwete, X. J., ... & Rodriguez, N. M. (2018). Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: The Lancet Commission report. *The Lancet*, 391(10128), 1391–1454. [https://doi.org/10.1016/S0140-6736\(17\)32513-8](https://doi.org/10.1016/S0140-6736(17)32513-8)

Palliative and Supportive Care in The Philippines: Systems, Barriers, and Steps Forward. (2023). Retrieved from <https://www.scribd.com/document/743741974/Palliative-and-supportive-care-in-the-Philippines-systems-barriers-step-forward-2023>

Republic Act No. 11223: Universal Health Care Act. (2019). Retrieved from https://lawphil.net/statutes/repacts/ra2019/ra_11223_2019.html

Republic Act No. 11215: National Integrated Cancer Control Act. (2019). Retrieved from https://lawphil.net/statutes/repacts/ra2019/ra_11215_2019.html

Smith, S., Brick, A., O'Hara, S., & Normand, C. (2014). Evidence on the cost and cost-effectiveness of palliative care: A literature review. *Palliative Medicine*, 28(2), 130–150.

Temel, J. S., Greer, J. A., Muzikansky, A., et al. (2010). Early palliative care for patients with metastatic non-small-cell lung cancer. *New England Journal of Medicine*, 363(8), 733–742.

Universal Health Care Law. Retrieved from https://lawphil.net/statutes/repacts/ra2019/ra_11223_2019.html

World Health Organization. (2020a). Palliative care. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/palliative-care>

World Health Organization. (2020b). *Integrating palliative care and symptom relief into primary health care: A WHO guide for planners, implementers and managers*.

My First Visit to the Philippines under the Lien Collaborative for Palliative Care Programme. (2023). Retrieved from <https://aphn.org/my-first-visit-to-the-philippines-under-the-lien-collaborative-for-palliative-care-programme/APHN>

ABOUT THE AUTHOR



Dennis Y. Perona, RN, LPT is a faculty member at the De La Salle Medical and Health Sciences Institute, where he serves as Lead Faculty for Health and Safety in the Special Health Sciences Senior High School and as Academic

Teaching Faculty in the College of Nursing. He earned his Bachelor of Science in Nursing from the same institution in 2010 and completed his Professional Education units at De La Salle University-Dasmariñas in 2013. He is currently completing his thesis work for both the Master of Arts in Nursing at De La Salle Medical and Health Sciences Institute and the Master of Science in Biology at De La Salle University-Dasmariñas. His research interests include palliative and hospice care in the Philippines, transformational and therapeutic communication in nursing, nursing education, community and public health, epidemiology, and sexual and reproductive health.