Patients, are they the driving force to develop care? Perspectives from Nigeria

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Outline

• Tell me what you know about Nigeria
• Cancer care in Nigeria
• Meet Mrs. Aku ... our patient
• Enter the Nigerian health scenario
• How involved are the patients
• There is hope ... lessons from Nigerian Christian Hospital
• Going forward ... what will the future look like
Disclosure

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Introduction

• A general practitioner in oncology
  • Most of my practice based at Nigerian Christian Hospital
    • 110-bed hospital established by American Missionaries (Church of Christ)
  • Trained at British Columbia Cancer Agency

• Working with the University of Saskatchewan while completing my PhD in Health Sciences
  • Emphasis on cancer control in Nigeria

• Leading efforts to establish Marjorie Bash Cancer Center – Nigeria
  • Also President of Marjorie Bash Foundation
What do you know about Nigeria?

• Let’s play a game... called ‘Nigeriana’

• Which one is Nigeria? (A – E)

• What comes to your mind when you hear ‘Nigeria’?
  • Lots of people (some say 170 million)
  • Melting pot of cultures (>250 ethnicities)

• What do you think happens to our cancer patients?
Cancer Care in Nigeria

- Cancer is an emerging public health problem in Nigeria
  - More people are diagnosed; few are treated
  - Most people do not much know about cancers...
    - Including clinicians to some extent

- There is no organized prevention program
  - Non-profits lead advocacy
  - Pockets of screening and registration exist
  - A new national cancer policy adopted

- Care is fragmented
  - Surgeons and GPs provide chemo & treatment
  - Pockets of radiation exist, not reliable

Meet The Typical Nigerian Cancer Patient

• Meet Mrs. Aku...
  • 40 year old primary school teacher, Married, 4 children, ‘strong believer’
  • Noticed a lump in the breast during a bath sometime ago ...
    • Does not perform regular breast self exam
    • Remember there is no mammogram or other screening programs
  • First ‘prayed about it’ and consulted the pastor
    • 6 months later, lump did not go away... got bigger
  • Came to a free screening program in 2017
    • 6 cm mass in left breast, 2 axillary lymph nodes
    • Stage 4 breast cancer

• Scared
  • Of the diagnosis, for her family, not knowing what next
  • ‘Dr, please do something’
Chapter 2: Enter healthcare providers

• By default, most Nigerian cancer patients present late (Like Mrs. Aku)
  • Limited treatment options with poor outlook/prognosis
    • Remember we have very limited radiation therapy and other resources to start with
  • Low level of awareness about cancers affects our patients ...
    • They don’t know what to expect about treatment
    • They often don’t believe ‘western medicine’ will work
      • Cancers, by default are caused by witchcraft... And can only be cured ‘traditionally’
      • Their families have large influence on health decisions... but don’t know much either

• In the light of patient-driven cancer care...
  • Can you drive when you don’t know anything about the car?
  • How about not knowing the destination or the direction...

What does patient involvement look like?

• Most of our patients have limited knowledge...
  • Depend on the Drs and nurses to lead the decision making
    • “Dr, you know what is best for me…”, they’d often say

• Clinicians make effort (sometimes not strong) to involve patients...
  • Our approach is more like ‘telling what to do’ and not ‘seeking their input’
    • Patients expect you to have the answer
  • Even after discussing the scenario...
    • Family must be consulted... even the pastor has a say
    • The traditional healer might be the first to offer therapy...

• Ultimately, involvement is limited by low awareness and poor health literacy
But there is hope …

• Increasing cancer advocacy locally helps
  • Marjorie Bash Foundation running cervical cancer awareness presently

• At Nigerian Christian Hospital …
  • Learning that broader communication is helping
    • Involvement is for patients and families; not patients alone
    • Advice patients to come along with a family member (preferably enlightened)
  • Growing a team of local clinicians who understand the disease & community
    • And can answer deep, endless questions
    • Engage with the community (in person, social media, etc.)
  • We know that we are making some impact…
    • Patients often refer others
    • American missionaries help us get better
### Develop

- Develop patient support groups
  - Build trust, share experiences, increase involvement

### Invest

- Invest more in community cancer education
  - Teach the public about cancers

### Expand

- Expand patient navigation programs
  - Started a pilot project at University of Uyo Teaching Hospital

### Improve

- Improve availability of cancer centers
  - Marjorie Bash Cancer Center in the works (glad to discuss about that!)
  - Generate better data about cancer care

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**Going forward ...**
Just before I leave you ... this is Nigeria
• Appreciation to American Society of Clinical Oncology and Nigerian Christian Hospital for supporting my work
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