

## **CURRENT STATUS OF PALLIATIVE CARE IN PAKISTAN: A NURSING PERSPECTIVE NARRATIVE LITERATURE REVIEW**

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### **ABSTRACT**

Palliative care in Pakistan remains underdeveloped, with limited access, minimal policy support, and low public awareness. Nurses are key providers of holistic care; however, their roles are often restricted by inadequate training and systemic barriers. This review assesses the current state of palliative care in Pakistan, with a focus on nursing roles, challenges, and future directions. A narrative literature review was conducted using PubMed, Scopus, CINAHL, and Google Scholar for studies published in English between 2010 and 2025 with the keywords “Palliative care” AND “Nursing” AND “Pakistan.” The review identified limited palliative care services, scarce education programs, and weak policy frameworks. However, new training initiatives and policy developments indicate gradual progress. Strengthening nursing education, national guidelines, and research support are essential to improve palliative care delivery and ensure quality, compassionate care for patients and families in Pakistan.

Keywords: Palliative care, Nursing, Pakistan, Nursing education

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### **INTRODUCTION**

Palliative care is a specialized healthcare approach that seeks to enhance the quality of life of patients and their families confronting serious or life-threatening illnesses. It emphasizes the prevention and alleviation of suffering through early identification, comprehensive assessment, and effective management of pain and other physical, psychological, social, and spiritual issues (Vidrine et al., 2025). The current state of palliative care in Pakistan, particularly regarding nursing roles, remains underdeveloped and faces significant systemic challenges. Despite increasing needs driven by an aging population and a rising burden of non-communicable diseases, services and nursing capacity remain limited and unevenly distributed (Ambreen et al., 2023a). Although nurses play a pivotal role in providing palliative care, often serving as primary caregivers and key coordinators within interprofessional teams (Hussain et al., 2024). However, in Pakistan, nurses' involvement in palliative care is constrained by limited awareness, inadequate training opportunities, and persistent systemic barriers (R & A, 2015).

Palliative care in Pakistan remains largely underdeveloped, compounded by inadequate public healthcare infrastructure, limited health budget allocations, and ineffective prioritization of scarce resources (Irshad Khan, 2017). The demand for palliative care is especially high in low- and middle-income countries (LMICs) due to the rising burden of non-communicable diseases (NCDs). It is estimated that nearly 80% of the global need for palliative care originates from these regions (Munday et al., 2019). Such as Pakistan, where the prevalence of non-communicable diseases and associated health-related suffering continues to increase (Raheem et al., 2024).

Despite international recognition of palliative care as an essential component of universal health coverage, there remains limited synthesis of literature examining the roles and challenges of nurses in this field within Pakistan. This review addresses that gap by exploring the current status of palliative care in Pakistan, focusing on nursing roles, barriers, and emerging opportunities for development.

## **PURPOSE OF THE REVIEW**

The purpose of this literature review is to explore the current status of palliative care in Pakistan, with a particular focus on the role of nurses in its development and delivery. The review aims to identify existing challenges, barriers, and gaps in nursing education, policy, and practice related to palliative care. It also seeks to highlight ongoing initiatives and propose strategies to strengthen nursing capacity, enhance service integration, and improve the quality of life for patients and their families within the Pakistani healthcare context. The findings aim to inform nursing education, healthcare policy, and palliative care program development in Pakistan.

## **METHODS**

This study employed a narrative literature review approach to examine the current status of palliative care in Pakistan, with a focus on nursing roles, challenges, and future directions. Relevant literature was retrieved from four electronic databases: PubMed, Scopus, CINAHL, and Google Scholar. The search covered studies published between 2010 and 2025, using the keywords “Palliative care” AND “Nursing” AND “Pakistan.”

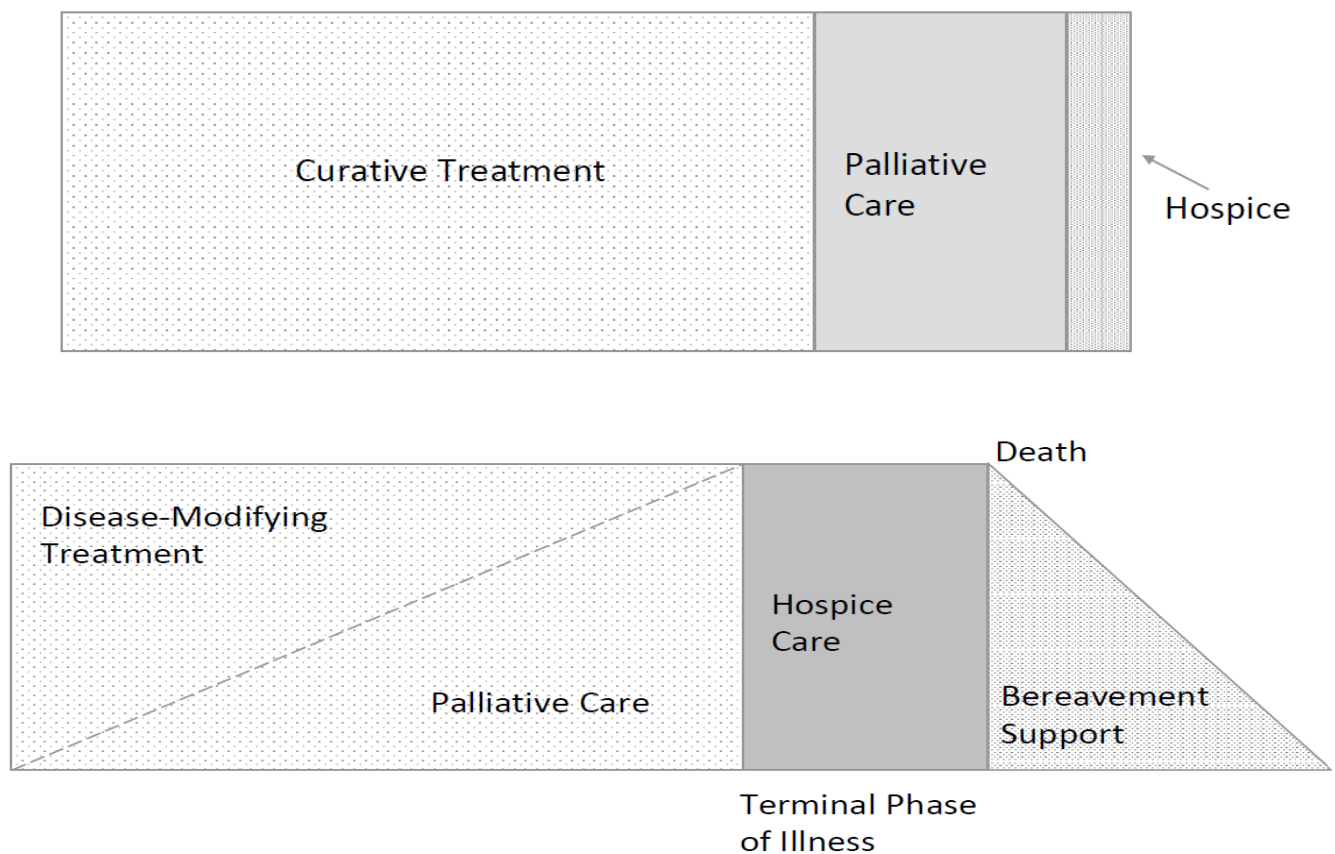
Only studies published in the English language were included. Both qualitative and quantitative studies, as well as policy reports, national guidelines, and international frameworks (such as ELNEC), were reviewed to provide contextual understanding. Studies not related to Pakistan or not addressing nursing aspects were excluded.

The selected studies were examined to identify trends, barriers, and progress in palliative care development. Data were summarized under key themes, including nursing roles, educational gaps, systemic challenges, and policy initiatives. The findings were synthesized to highlight the current landscape and propose recommendations for advancing palliative care nursing practice in Pakistan.

## **UNDERSTANDING PALLIATIVE CARE AND ITS EVOLUTION**

Palliative care aims to alleviate suffering and enhance the management of complex health conditions for patients and their families by addressing their physical, psychological, spiritual, and social needs (Felipelli Bernardes, 2023). Historically, palliative care was introduced at the terminal stage of illness, mainly when curative treatments had failed. In the current approach, palliative care is integrated early in the disease trajectory, beginning at the time of diagnosis and continuing alongside life-prolonging treatments. This early integration ensures comprehensive symptom management, psychosocial support, and an overall improvement in the quality of life for patients and their families (Taylor & Davies, 2024). This integrated approach allows patients to benefit from better symptom control, improved quality of life, and more effective support throughout their illness trajectory.

Figure 1. Traditional and modern models of palliative care



This figure 1 illustrates the transition from the traditional to the modern model of palliative care integration. In the traditional model (upper panel), curative treatment dominates most of the illness trajectory, and palliative care begins only when active treatment is no longer effective (Istambouly, 2019). Hospice care is introduced near the end of life, focusing primarily on comfort during the final stage. In contrast, the modern integrated model (lower panel) demonstrates that palliative care should be initiated early, alongside disease-modifying treatment, and gradually increase in intensity as the illness progresses (Pardon & Vanbutsele, 2019). As the patient approaches the terminal phase, hospice care becomes the central focus, ensuring comfort and dignity in the last days of life (Borisova et al., 2023). After death, bereavement support continues to assist family members in coping with loss. This model highlights that palliative care is not limited to end-of-life management but is a comprehensive, patient- and family-centered approach that spans the entire course of a serious illness.

## THE ROLE OF NURSES IN PALLIATIVE CARE

Nurses represent the largest group of regulated healthcare professionals and play a vital role in delivering palliative care across diverse settings, including hospitals, nursing homes, and home-based care (Robinson et al., 2017). Their roles involve providing comprehensive physical, psychosocial, and spiritual care while collaborating effectively within interdisciplinary teams (Ferrell et al., 2021). In critical care environments, especially in pediatric intensive care units (PICUs) and trauma care, nurses play a crucial role in initiating and delivering palliative care while managing complex, sudden, and unpredictable situations. Evidence suggests that establishing dedicated Palliative Care Units significantly enhances the quality of end-of-life care in PICUs (Bobillo-Perez et al., 2020; Nantawong et al., 2025). Furthermore, specialized palliative care registered nurses (PCRNs)

play a vital role in nursing facilities by addressing unmet palliative care needs and helping to reduce unnecessary hospitalizations (Hickman et al., 2020).

The benefits of early palliative care (EPC) are well-established, and nurses play a central role in facilitating its timely initiation, supporting patients and families through holistic and compassionate care (Mohammed et al., 2017). Their responsibilities in palliative care include managing symptoms, providing emotional and spiritual support, facilitating communication, and educating patients and families. In oncology settings, nurses play an essential role throughout the patient's journey from diagnosis to end of life by managing distress across physical, psychosocial, spiritual, and emotional dimensions (Dahlin, 2015).

## **PALLIATIVE CARE IN PAKISTAN: SPECIFIC CHALLENGES AND CURRENT LANDSCAPE**

Despite global recognition of the importance of palliative care, Pakistan remains significantly behind in its implementation and service delivery (Khan, 2017). Only a few institutions and organizations in Pakistan provide specialized palliative care services. As of 2021, it was estimated that less than one percent of the population had access to such care, a situation that deteriorated further during the COVID-19 pandemic (Saeed et al., 2022).

The burden of life-limiting illnesses in Pakistan is substantial; however, palliative care services remain severely limited and insufficient to meet the growing needs of patients (Hashmi et al., 2024a). For instance, the oncology sector faces an urgent need for palliative care support, as the majority of cancer patients are diagnosed at advanced stages when curative treatments are no longer effective in enhancing their quality of life (Naghavi-Behzad et al., 2018). Palliative care in Pakistan is still in its early stages of development, marked by a critical shortage of trained healthcare professionals and limited resource allocation, further hindered by cultural, social, and financial constraints (Saleem, 2024).

Several studies have identified significant gaps in awareness, knowledge, and attitudes toward palliative care among healthcare providers in Pakistan. A 2022 survey reported wide variations in awareness levels, underscoring the urgent need for targeted education and training initiatives (Kashif, 2022). Similarly, a cross-sectional study conducted in Peshawar identified a significant deficiency in nurses' knowledge of palliative care. The findings highlight the urgent need for structured educational programs and research initiatives to enhance nurses' competencies and improve the overall quality of palliative care delivery in Pakistan (Hussain et al., 2024). Another study evaluating self-efficacy among nurses in Karachi revealed notable deficiencies in their skills and training regarding the delivery of palliative care (Ismail Khan et al., 2024). These findings align with broader observations indicating that many healthcare professionals in Pakistan, including both physicians and nurses, have a limited understanding of the principles, benefits, and overall importance of palliative care services (Jabeen et al., 2022a; Sannia Perwaiz Iqbal et al., 2025).

## **CATEGORIES OF PALLIATIVE CARE DEVELOPMENT**

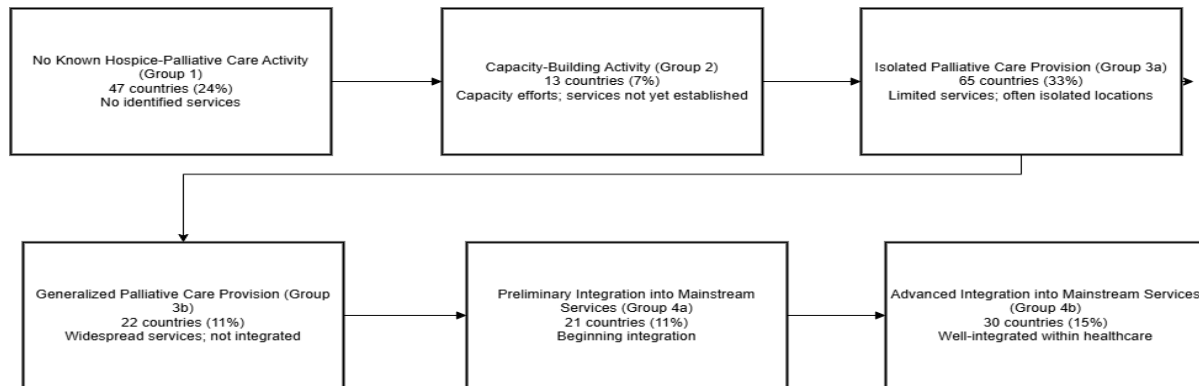
**No Known Hospice-Palliative Care Activity (Group 1)** Countries with no identified palliative care services or activities: 47 countries (24%) fall into this category. **Capacity-Building Activity (Group 2)** Countries where efforts are being made to build capacity for palliative care, but services are not yet established. 13 countries (7%) are in this stage. **Isolated Palliative Care Provision (Group 3a)** Countries with limited palliative care services, often in isolated locations. 65 countries (33%) have isolated palliative care services (Clark et al., 2020; Lynch et al., 2013)

**Generalized Palliative Care Provision (Group 3b)** Countries with more widespread palliative care services, but not yet integrated into mainstream healthcare. 22 countries (11%) have generalized palliative care services. **Preliminary Integration into Mainstream Services (Group 4a)** Countries where

palliative care services are beginning to be integrated into the mainstream healthcare system. 21 countries (11%) are at this stage (Clark et al., 2020; Lynch et al., 2013).

Advanced Integration into Mainstream Services (Group 4b) Countries with well-integrated palliative care services within the mainstream healthcare system. 30 countries (15%) have achieved advanced integration.

Figure 2 shows that Pakistan falls into Category 3a, which means isolated palliative care Provision.



## BARRIERS TO PALLIATIVE CARE DEVELOPMENT AND NURSING INVOLVEMENT IN PAKISTAN

The challenges facing the development of palliative care and the effective involvement of nurses in Pakistan are multi-faceted:

- lack of education and training:** A major barrier is the insufficient inclusion of palliative care education in nursing curricula and continuing training for practicing nurses (Hussain et al., 2024). Studies indicate that many nurses lack the essential knowledge and skills necessary for the effective delivery of palliative care (Ismail Khan et al., 2024). Internationally, many surgical residency programs include palliative care training; however, Pakistan's postgraduate surgical curriculum remains limited and requires significant improvement (Qamar Riaz & Muhammad Rizwan Khan, 2020). The lack of comprehensive training programs restricts nurses' ability to competently address the complex physical, psychological, and spiritual needs of palliative care patients (Ferrell et al., 2021).
- Awareness and Misconceptions:** Limited awareness and persistent misconceptions regarding palliative care among healthcare professionals and the general public remain major obstacles to its early integration in Pakistan (Jabeen et al., 2022b). Many still equate palliative care exclusively with end-of-life management or perceive it as synonymous with giving up hope. These misunderstandings contribute to delayed referrals, reduced utilization of services, and missed opportunities to improve patients' quality of life throughout the disease trajectory (Batzler et al., 2024).
- Systemic and Policy Gaps:** Pakistan's healthcare system allocates limited resources to palliative care, leading to insufficient services and workforce capacity (Saleem, 2024). There is a critical lack of national palliative care guidelines and referral pathways, though development efforts are currently in progress (Hashmi et al., 2024a). The lack of clear policy and infrastructure severely limits the growth of palliative care services in Pakistan (Laird et al., 2021). Moreover, external factors such as geographic remoteness and limited resource availability, especially in rural areas, further challenge nurses in delivering quality palliative care (Kaasalainen et al., 2012).

- **Resource Constraints:** Financial limitations, scarcity of trained professionals, and restricted access to essential medications, including opioids for pain management, remain significant barriers to palliative care delivery in Pakistan. Furthermore, with nearly 90% of healthcare costs paid out-of-pocket, specialized palliative care services are financially inaccessible for the majority of the population (Irshad Khan, 2017).
- **Cultural and Social Factors:** Cultural beliefs and societal norms play a crucial role in shaping the acceptance and delivery of palliative care in Pakistan. Discussions about death and dying are often culturally sensitive, leading families to favor aggressive curative treatments even in terminal stages, which delays or limits the timely initiation of palliative interventions (Batzler et al., 2024).

## PROGRESS AND THE WAY FORWARD

Despite the challenges, some initiatives are emerging in Pakistan to advance palliative care:

- **Palliative Care Programs:** Formal palliative care services are alarmingly scarce, with fewer than 10 specialized facilities nationwide concentrated in urban centers like Karachi and Lahore (Ambreen et al., 2023b; Hashmi et al., 2024b). The Aga Khan University Hospital (AKUH) in Karachi exemplifies a rare model of success, delivering integrated home-based care (Jabeen et al., 2022c). However, this capacity addresses less than 1% of the estimated national need.
- **Training Initiatives:** Short-term workshops and certificate courses serve as valuable supplements to formal palliative care training pathways. The Jeelani Drabu Palliative Care Programme, a collaborative initiative between the United Kingdom and Pakistan, conducts annual one-week intensive workshops in Karachi for approximately 30 selected clinicians, with recruitment continuing through August 2025. However, these initiatives remain insufficient to meet the growing national need for comprehensive and sustainable palliative care education and workforce development (Jeelani Drabu Palliative Care Programme, 2025).

## RECOMMENDATIONS FOR ADVANCING NURSING IN PALLIATIVE CARE IN PAKISTAN

Based on the reviewed evidence, the following strategies are recommended to strengthen nursing involvement in palliative care in Pakistan.

- **Integrate Palliative Care into Nursing Curricula:** Formal palliative care education should be systematically incorporated into both undergraduate and postgraduate nursing curricula to ensure that all graduating nurses enter the workforce with essential knowledge and skills in palliative care (Kirkpatrick et al., 2017).
- **Develop Specialized Training Programs:** Continuing professional development and specialized training programs in palliative care are essential for practicing nurses. International frameworks such as the End-of-Life Nursing Education Consortium (ELNEC) and the American Association of Colleges of Nursing (AACN) emphasize core domains of palliative nursing competence, including key domains: Pain Management, Symptom Management, Ethical and Legal Issues, Cultural and Spiritual Considerations, Communication, Loss, Grief, and Bereavement, Final Hours/Days (Paice, 2025).
- **National Palliative Care Policy and Guidelines:** The development and implementation of national palliative care policies and guidelines tailored to Pakistan's healthcare system are crucial for establishing standardized and sustainable practices. These policies should explicitly define the roles and responsibilities of nurses within multidisciplinary palliative

care teams, ensuring adequate resource allocation, training opportunities, and institutional support to strengthen the overall quality and accessibility of palliative care services

- **Raise Public and Professional Awareness:** Targeted public awareness initiatives are essential to address misconceptions about palliative care and promote its early utilization and acceptance within the community. Simultaneously, continuous education and training for healthcare professionals can strengthen their understanding, attitudes, and advocacy, fostering the integration of palliative care into routine clinical practice.
- **Support Research:** Adequate funding and institutional support for palliative nursing research in Pakistan are vital to address local challenges, evaluate the effectiveness of interventions, and establish evidence-based practices suited to the country's cultural and healthcare context.

## **IMPLICATIONS FOR NURSING PRACTICE AND POLICY**

The findings of this review highlight the urgent need to strengthen palliative care education, clinical practice, and policy development in Pakistan. Integrating palliative care principles into nursing curricula can enhance nurses' competencies in pain management, communication, and holistic care. At the policy level, establishing national guidelines and professional training programs will ensure consistency and quality across healthcare settings. Furthermore, increasing public and professional awareness can help reduce misconceptions and promote early referral to palliative care services. These efforts collectively can improve patient outcomes and elevate the role of nurses as key providers in delivering compassionate, culturally sensitive end-of-life care.

## **CONCLUSION**

Palliative care in Pakistan remains underdeveloped, with limited services, inadequate training, and low awareness among healthcare providers. Nurses play a vital role in improving the quality of life for patients and families, yet their contribution is hindered by systemic and educational barriers. Strengthening nursing education, developing national policies, and promoting awareness are essential to advance palliative care. Investing in training and research will help build a competent workforce and ensure compassionate, culturally appropriate care for all in need.

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