Barriers to access to palliative care services perceived by gastric cancer patients, their careers and physicians in Santander, Colombia

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Gastric cancer (GC) is a public health issue since the high incidence and mortality in Colombia. It is the second cause of death for cancer in men and the fourth in women in Bucaramanga, secondary to a late diagnosis and barriers to access and to curative treatment due to the absence of screening programs, integral routes of health care and specific regulations for this type of cancer associated with economic and social patient’s problems. For that reason, the palliative care (PC) is the only option for this patients, PC consist in accompany and improve the patient's physical, social, psychological and spiritual needs in: the prevention and management of symptoms; communication and education of the care of the patient at home with the accompaniment of the caregiver. Our aim is to describe the access barriers to PC perceived by adults with GC, caregivers and physician in Santander, Colombia by a qualitative study carried out with the analysis of the grounded theory (Strauss and Corbin), through fifty-six semi-structured interviews, after sampling for convenience we found the following access barriers: administrative, economic, cultural, knowledge, communication, institutional and geographical. The most frequent barrier was administrative, related to procedures and authorizations required to access to medications, appointments, procedures, home support, etc., causing delays or impeding integral and timely attention. In addition to situations such as: lack of contracts, hiring each service with different IPS and denial of services. The above generates collapsed services, limitation of medical autonomy and partial resolution of patient’s health problems.

As a consequence of the barriers there are overcoming strategies such as cancer screening programs, governmental surveillance, and investment in health regarding to the government, for the patients is different, they try support themselves in God and their families to face and accept the disease and to achieve the required procedures for health care, added to the tutelage action interposed as a legal measure to guarantee health services access for themselves. Also, the State has an absent role as guarantor of timely and quality health care, due the absence of clear policies or protocols that define a route in which education, promotion, prevention, timely diagnosis, monitoring, treatment and palliation are included.

In conclusion, gastric cancer patients require improvement measures in health care through strengthen health and education policies to facilitate procedures and different services among the timely access to palliative care. This to guarantee an integral access in health and improve quality life of the adult with gastric cancer.

Keywords: Stomach Neoplasms; Palliative care; Health Services Accessibility; Delivery of Health Care.