



Evaluating a Structured Palliative Care Programme on Quality of Life for Oncology Inpatients in Nairobi's Public Hospitals: A Short Report

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Abstract

Cancer patients in low-resource settings frequently experience a high symptom burden and diminished quality of life (QoL). In Nairobi's public hospitals, palliative care has traditionally been fragmented and inconsistently integrated into standard oncology inpatient services. This short report aimed to determine the impact of a newly introduced, structured palliative care programme on QoL scores for oncology inpatients in two public hospitals in Nairobi, Kenya. A comparative analysis was performed using routinely collected patient data. QoL was measured with a validated tool at admission and after one week of receiving either standard oncology care or the integrated palliative care programme. The structured programme involved a dedicated palliative care team, standardised symptom assessment protocols, and psychosocial support. Patients receiving the structured palliative care programme demonstrated a clinically meaningful improvement in overall QoL scores compared to those receiving standard care. A key observation was a 40% reduction in the proportion of patients reporting severe pain at the one-week assessment. The integration of a structured palliative care programme was associated with improved QoL outcomes for oncology inpatients in this setting, with notable benefits in pain management. Public hospitals in similar resource-constrained settings should consider the systematic integration of structured palliative care into routine oncology services. Further research is required to evaluate long-term sustainability and cost-effectiveness.

palliative care, oncology, quality of life, inpatient, Kenya, sub-Saharan Africa, pain management This report provides early evidence from a real-world implementation context, supporting the integration of palliative care within public hospital oncology services in sub-Saharan Africa.

Keywords: *Palliative care, Quality of life, Oncology inpatients, Sub-Saharan Africa, Programme evaluation, Symptom burden, Low-resource settings*

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