

Necessity of Palliative and Hospice Care Facilities in Bangladesh

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Abstract: World Health Organization (WHO) estimated most deaths across Bangladesh are caused by noncommunicable diseases (NCDs) namely heart attacks, strokes, chronic respiratory disease, diabetes, and cancers. The number of cancer cases are increasing in a tremendous speed across world so as in Bangladesh. In 2022 WHO estimated 167,256 new cancer cases had registered among which 94,922 were male and 72,334 were female patients and by the end of 2050 it may go double. According WHO cancer killed 116,598 patients in 2022. Unfortunately, most patients are not receiving proper treatment due to inaccessibility at treatment centres. In Bangladesh it is estimated approximately 700,000 people including 40,000 children needs palliative care but undesirably only 0.001% is receiving. All such data and alarming news clearly state that Bangladesh neither have adequate cancer treatment facilities nor proper arrange for care and assistance. Both government and private initiatives are working in establishing all necessary infrastructure and ensuring proper care for the people with serious illness. Undeniable fact is that setting up of cancer treatment centres in across country requires a good amount of time, resource, and money. Therefore, to provide care and assistance to the people who are fighting with cancer and various life ending diseases it is mandatory to establish palliative and hospice care facilities to minimize suffering of critically ill patients. Therefore, above data, news and discussion clearly shows the inevitability of palliative care facilities and the necessity of setting adequate amount of palliative and hospice care facilities in Bangladesh.

Keywords: Palliative Care, Hospice Care, Cancer in Bangladesh, Palliative Care in Bangladesh, Hospice Care in Bangladesh, Scope of Palliative Care in Bangladesh.

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I. INTRODUCTION

Being one of the densely populated countries, along with different infectious and easily transformational disease mass population of Bangladesh is carrying a huge burden of disease. World Health Organization (WHO) estimated majority of deaths (67%)¹ across Bangladesh are caused by noncommunicable diseases (NCDs) namely heart attacks, strokes, chronic respiratory disease, diabetes, and cancers. Different research shows that consumption of tobacco, alcohol, junk food, betel leaf, smokeless tobacco (zarda), sexual and reproductive factors and sedentary lifestyle are the leading causes for rising NCDs expressly cancer across

country. It is an alarming news for Bangladesh that the number of cancer patients are increasing rapidly. WHO estimated 167,256 new cancer cases² had registered in 2022. Bangladeshi people suffer from 32 different types of cancer. According to a fact sheet published by International Agency for Research on Cancer (IARC) stated nearly 5,000 women die of cervical cancer each year in Bangladesh while 8,000 women gets infected. WHO estimates cancer death rate upsurges around 8% since 2018³. Referring to WHO data cancer killed 116,598 people (68,591 male, 48,007 female) in 2022. Based on that data it can be easily calculated that on an average cancer kills 319 people daily across country. According to WHO survey on 115 countries shows cancer

¹ Sources of data: Global Health Observatory May 2017
<http://apps.who.int/gho/data/node.cco>

² The Global Cancer Observatory, 50-bangladesh-fact-sheet, Globocan 2022, 08.02.2024, <https://gco.iarc.who.int/today>

³ Nadeem Razzaque Rommo (2024, Feb 2). Cancer deaths in Bangladesh up 8%. The Business Standard. Retrieved on July 16, 2024, Website: www.tbsnews.net/bangladesh/health/cancer-deaths-bangladesh-7-2020-786174

killed 9.7 million⁴ in 2022 and most countries do not have adequate finance and care giving facilities. Bangladesh is no exception to that. Annually 200,000 people diagnosed with cancer and only 50,000 gets adequate treatment. Unfortunately, most patients are not receiving proper treatment due to inaccessibility at treatment facilities. High treatment expense, seat limitation at hospital and absence of treatment and care facilities in the rural areas are key reason for inaccessibility of mass people to treatment centres. Bangladesh needs to setup a good number of cancer treatment centres to meet the emerging demand of health care assistance across country. Undeniable fact is that setting up of cancer treatment centres in across country requires a good amount of time, resource, and money. Therefore, alternatives should consider to minimize sufferings of the patients at the current moment. Along with setting up cancer treatment facilities, much emphasize must be given to establish care giving facilities for patients who are suffering from serious illness and whose cure is not possible. Establishing palliative and hospice care facilities and train up care givers is the most suitable timely solution that Bangladesh should initiate immediately.

➤ *Description of the Problem*

Bangladesh is eight most populous and one of the most densely populated countries of the globe. World Health Organization (WHO) estimated 167,256 new cancer cases⁵ among which 94,922 male patients and 72,334 female patients had registered across Bangladesh in 2022 and by the year 2050 it is predicted to go double. People of Bangladesh suffers from 32 different types of cancer among which oesophagus, oral cavity, lung, breast, and cervix uteri are the leading. Different research shows that consumption of tobacco, alcohol, junk food, betel leaf, smokeless tobacco (zarda), sexual and reproductive factors and sedentary lifestyle are the leading causes for rising noncommunicable diseases (NCDs) expressly cancer across country. Professor Nezamuddin Ahmed Founder of Palliative Care Department, Bangabandhu Sheikh Mujib Medical University (BSMMU) stated 700,000 people including 40,000 children needs palliative care but undesirably only 0.001% is receiving⁶.

According to Bangladesh Cancer Society President Professor Golam Mohiuddin Faruque, there are crisis of equipment as well as of manpower. As per the WHO standard, Bangladesh needs 170 radio therapy machines but has only 40 among which 70% are out of order⁷. It is clearly visible that Bangladesh health care sector is heading towards a challenging situation in its near future. Bangladesh needs to setup a good number of cancer and critical diseases treatment centres to meet the emerging demand of health care services across country which requires time, money, and resources. Therefore, policy makers should come with other alternative options like establishing palliative care and hospice care facilities and training up care givers to support critically ill patients. World Health Organization 2020 report estimates that approximately 56.8 million people across globe annually requires palliative care facilities but unfortunately only fourteen percent (14%) have proper access towards it⁸. The need for palliative care is expected to rise globally because of increasing percentage of ageing population around globe and rapid spreading and increase of noncommunicable diseases like heart disease, stroke, cancer, and respiratory issues, as well as infectious diseases like AIDS, tuberculosis, malaria, viral hepatitis, and sexually transmitted infections. Therefore, it is high time for people of Bangladesh especially the government and the policy makers to take initiatives to establish palliative and hospice care facilities across country which will reduce pain and suffering of the people with serious illness.

II. LITERATURE REVIEW

After reviewing Mohanti, Bidhu (2011)⁹, Hubert, Jocham & Dassen, Theo & Widdershoven, Guy & Halfens, Ruud (2009)¹⁰, and Rojas-Garcia C, Vargas-Escobar LM, Giraldo-Castro M. Palliative (2023)¹¹ it is clearly evitable that palliative care and hospice care plays a significant role in ensuring better support and care facilities for the people who are suffering from seriously diseases. After studying Ferraz-Gonçalves JA, Flores A, Silva AA, et al. (2024)¹² the benefits of palliative care are easily visible. Swotting McLaughlan R, Richards K, Lipson-Smith R, Collins A, Philip J. (2022)¹³

⁴ <https://www.who.int/news/item/01-02-2024-global-cancer-burden-growing--amidst-mounting-need-for-services>

⁵ The Global Cancer Observatory, 50-bangladesh-fact-sheet, Globocan 2022 - 08.02.2024, <https://gco.iarc.who.int/today>

⁶ Rifat Parveen (2024, February 3). Bangladesh ranked among the worst in palliative care. A decade later, have things gone better? Bdnews24.com. Retrieved July 16, 2024, from <https://bdnews24.com/health/qzszog3lzb>

⁷ Rashad Ahamad (2023, February 4). Cancer patients on rise in Bangladesh. The New Age. Retrieved July 16, 2024, from <https://www.newagebd.net/article/193489/cancer-patients-on-rise-in-bangladesh>

⁸ Rifat Parveen (2024, February 3). Bangladesh ranked among the worst in palliative care. A decade later, have things gone better? Bdnews24.com. Retrieved July 16, 2024, from <https://bdnews24.com/health/qzszog3lzb>

⁹ Mohanti, Bidhu. (2011). Research Focus in Palliative Care. Indian journal of PC 17. S8-S11. 10.4103/0973-1075.76231.

¹⁰ Hubert, Jocham & Dassen, Theo & Widdershoven, Guy & Halfens, Ruud. (2009). Evaluating Palliative Care - A Review of the Literature. Palliative Care: Research and Treatment. 3. 10.4137/PCRT.S2178.

¹¹ Rojas-Garcia C, Vargas-Escobar LM, Giraldo-Castro M. Palliative Care Needs of Families of Adults With Advanced Cancer.

J Hosp Palliat Nurs. 2023 Aug 1;25(4):197-203. doi: 10.1097/NJH.0000000000000954. Epub 2023 May 6. PMID: 37171389.

¹² Ferraz-Gonçalves JA, Flores A, Silva AA, et al. Continuous Sedation in Palliative Care in Portugal: A Prospective Multicentric Study. Journal of Palliative Care. 2024;0(0). doi:10.1177/08258597241256874

¹³ McLaughlan R, Richards K, Lipson-Smith R, Collins A, Philip J. Designing Palliative Care Facilities to Better Support Patient and Family Care: A Staff Perspective. HERD: Health Environments Research & Design Journal. 2022;15(2):149-162. doi:10.1177/19375867211059078

explores more on the necessity and benefits of palliative care facilities. After evaluating survey result and news release published by WHO, it is clearly perceptible that the medical care sector across globe is heading towards a challenging situation as every minute the need for palliative care and hospice care is emerging in a tremendous speed. In 2022, globally 20 million new cancer cases and 9.7 million cancer deaths has been estimated by WHO. Approximately every 1 out of 5 people develop cancer in their lifetime. On the other hand, 1 out of 9 men and 1 out of 12 women die from the disease. WHO global survey on cancer and Universal Health Coverage (UHC) stated that only 39% of 115 participating countries covered the basics of cancer management through Health Benefit Packages (HBP)¹⁴. Majority of the countries participated survey do not have adequately financial priority for cancer and palliative care services, as part of their UHC. Further this global survey also reveals that only 28% of 115 participating countries process palliative care and hospice care facilities. WHO Bangladesh fact sheet shows 167,256 new cancer cases were diagnosed and 116,598 deaths were reported which is 11% and 8% increase respectively compared to the year 2018¹⁵. Reviewing all such journals and articles give us a clearly idea regarding the importance of establishing palliative care facilities. Above discussion, journals and research papers clearly state the significance of conducting a study on the necessity of palliative and hospice care across Bangladesh.

➤ Objective

This study mainly aims to explore the necessity of palliative and hospice care facilities across Bangladesh. Core three objectives of this study were:

- Current condition of cancer patients across Bangladesh
- Necessity of palliative and hospice care facilities in Bangladesh
- Explore benefits of palliative and hospice care facilities.

III. METHODOLOGY

This article is written based on the descriptive exploration of the subject area which is backed by different published articles, journals, research paper and online verified data. Different types and sources of data have been collected, analyse, and formulated in the right way to draw meaningful information and possible recommendation for the study problem.

➤ Data Collection

Two broad sources had been used to collect data for supporting this article. Both primary and secondary data have been used to address the study problem.

• Primary Data Collection

This article mainly focuses on the subject matter of the study area which is Bangladesh. Several patients who are suffering from serious life altering diseases were interviewed to collect essential data and after analysing such data it was converted into meaningful information. Primary data were collected through informal interview and open discussion with patients who are suffering from serious illness and family members of a patients who have serious illness.

• Secondary Data Collection

To support the findings of primary data different secondary data have been used to write this article. Secondary data for this article has been extracted from different newspaper writings, online journals, and blogs of the authors, published online articles, newspaper news, research report, statistical reports, and other available databases.

➤ Study Area

The study area of this article is limited to Dhaka, capital city of Bangladesh. Selecting Dhaka as the study area has expanded the door of opportunities as in most cases people with serious illness comes to Dhaka in search of proper care.

➤ Study Constraints & Limitation

Like all other study or research work this study also has some limitation and had to gone through several challenges. This study work is self-funded so budget constraint was one of the greatest challenges. Time constraint was another big challenge. Most devastating challenges was to extract information from a patient who is suffering from life altering diseases. Identifying a suitable moment when the patient has both physical and mental stability to conduct an informal interview was very challenge.

➤ What is Palliative Care:

Palliative care indicates any special care and assistance given to any patient who is suffering from serious life altering diseases like cancer. A part from giving special care to patient's palliative care also emphasize on the mental wellbeing of family members of critically ill patients. Palliative care usually starts as soon as a patient is identified with any serious illness. Palliative care is meant to enhance a patient's current care by focusing on the quality of life of a patient along with patient's family members. It provides symptom relief, comfort, support to people fighting and living with serious illnesses. It mainly aims to reduce pain and suffering of a patient at the end of their life span. Palliative care patients receive medical care for their symptoms along with treatment which intended to cure their illness. If someone is living with a life-altering illness, palliative care may be available to improve health and overall well-being of such patient. It involves medication and psychosocial support for patients, patient's family members and caregivers.

¹⁴ World Health Organization (n.d.). *Global cancer burden growing, amidst mounting need for services*. (WHO). <https://www.who.int/news/item/01-02-2024-global-cancer-burden-growing--amidst-mounting-need-for-services>

¹⁵ Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F

(2024). *Global Cancer Observatory: Cancer Today*. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed 10 July 2024].

Palliative care starts as soon as a disease is first detected, and while it does not necessarily add to a patient's lifespan. It ensures patients last days are not full of pain and suffering. It is very important for older adults to plan ahead & let their caregivers, doctors, or family members know their end-of-life preferences. Instead of receiving care or dying in hospitals and nursing homes, with proper palliative care, patients may choose to stay at home or preferred location and enjoy their remaining life span.

At a new release on August 2020, World Health Organization stated, "*Palliative care improves the quality of life of patients and that of their families who are facing challenges associated with life-threatening illness, whether physical, psychological, social or spiritual. The quality of life of caregivers improves as well*"¹⁶.

➤ What is Hospice Care:

Hospice care is the end life specialized care for people who are at the end stage of their life span. Hospice care provides physical comfort and emotional, social, and spiritual support for patients who are suffering from life ending disease. American cancer Society stated that *Hospice care can be started when a person's cancer can no longer be controlled and they are expected to live no more than 6 months. Hospice can help make a person's quality of life the best possible during their last few months, weeks, or days*¹⁷.

Hospice care aim on a patient's quality of life and dignity at the life end. The philosophical view of hospice care is death being the final stage, every patient should be able to live surrounded by their love one, as fully and comfortably as possible till their last breath. Hospice care aims to treat the patient and symptoms of cancer, rather than treating the cancer itself. Hospice care manage pain, symptoms, distress, and spiritual issues of a patients rather than trying to postpone death. Being family centred care hospice care also involves love ones or family members of seriously ill patients in making decisions and planning care.

➤ Who Needs Palliative Care and Hospice Care:

Palliative care is an interdisciplinary caregiving approach that mainly aims to work for pain management for terminally ill patients. Palliative care is specialized medical care for people living with a serious illness such as:

- Cancer,
- Alzheimer's Disease,
- COVID-19,
- Chronic Obstructive Pulmonary Disease (COPD),
- Heart failure and Heart Stroke,
- Amyotrophic Lateral Sclerosis (ALS),
- HIV & AIDS,
- Kidney and Liver Related Disease,
- Lung Disease,
- Multiple Sclerosis (MS) and

- Parkinson's Disease.

➤ Who are Palliative and Hospice Care Givers:

Palliative care givers try their best to ensure any death is as less painful as possible. Palliative care giving indicates specialized medical care for people living with a serious illness so it is obvious palliative care giver must process certain level of special skill and knowledge to reduce pain and sufferings of a patient at the end of their life span. Usually doctors, palliative care giving nurse, nutritionist are the key personnel who provides palliative and hospice care but developed countries in many cases involve spiritual advisors (chaplains) and financial and social advisor as well for patients who are standing at the last stage of their life span.

➤ Palliative and Hospice Care Services:

Palliative care and hospice care givers try their best to minimize suffering and pain of any patients with serious illness. In most cases palliative and hospice care givers aims to ensure death is as less painful as possible. Palliative care giving indicates specialized medical care for people who are living with serious life ending illness which needs additional care, support, and assistance. Palliative and hospice care involves a wide range of care, support, and tips. Palliative and hospice care mainly aims to enhance quality of a patients' life directly and indirectly tries to influence the course of illness positively. Palliative care givers always try to give patients a sense of relief from pain and other distressing symptoms, on the other hand hospice care givers mainly aims to affirms life and regards dying as a normal process. Neither palliative care nor hospice care intends to hasten or postpone death. Care givers of both palliative and hospice care tries to integrates the psychological and spiritual aspects of a patient who are fighting with a serious illness. Palliative and hospice care ensure a complete support system that enable help a patient to stay as lively and active as possible until death. This support system also includes helping family members of such ill patient to cope up during hard time and bereavement. Palliative and hospice care is applicable early in the course of any serious illness. In most cases in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy palliative or hospice care is recommended by the medical professionals. A wide range of care giving which usually involves in palliative and hospice care are:

- Talk Therapy,
- Sleeping Improvement Tips,
- Different Exercise (Meditation, Relaxation, Cognitive and Breathing Exercise),
- Valuable Guidance (Nutrition, Weight Management and Diabetics Control Guidance),
- Healing Touch and Messages.

¹⁶ WHO (2020, August 5). Palliative Care. Retrieved July 18, 2024, www.who.int/news-room/fact-sheets/detail/palliative-care

¹⁷ American Cancer Society, Hospice Care (2023, Dec 19). Retrieved July 18, 2024, www.cancer.org/cancer/end-of-life-care/hospice-care/what-is-hospice-care.html

➤ *Global Statistics on Necessity of Palliative and Hospice Care:*

World health Organization (WHO) defines end life care (palliative and hospice care) as an approach that aims to improve the quality of patient's life (both adults and children) along with their families who are also facing much difficulties, hardship and problems ensuring proper treatment for life-threatening illness. Palliative and hospice care prevents and relieves suffering through the early identification, impeccable assessment and treatment of pain and other problems, whether physical, psychosocial, or spiritual. Due to the increasing percentage of world's aging population and cancer patients the need for palliative and hospice care across globe is expanding in both developed and developing countries. Latest global statistics of palliative and hospice care are as follows:

- World Health Organization (WHO) estimated that annually approximately 56.8 million people including 25.7 million in the last year of life who needs palliative care¹⁸. Majority of such patient lives in low income and mid income generating countries.
- Across globe only 14% of critically ill patients are receiving palliative care.
- Most adult patients who need special care like palliative and hospice care have chronic diseases such as cardiovascular diseases (38.5%), cancer (34%), chronic respiratory diseases (10.3%), AIDS (5.7%) and diabetes (4.6%)¹⁹.

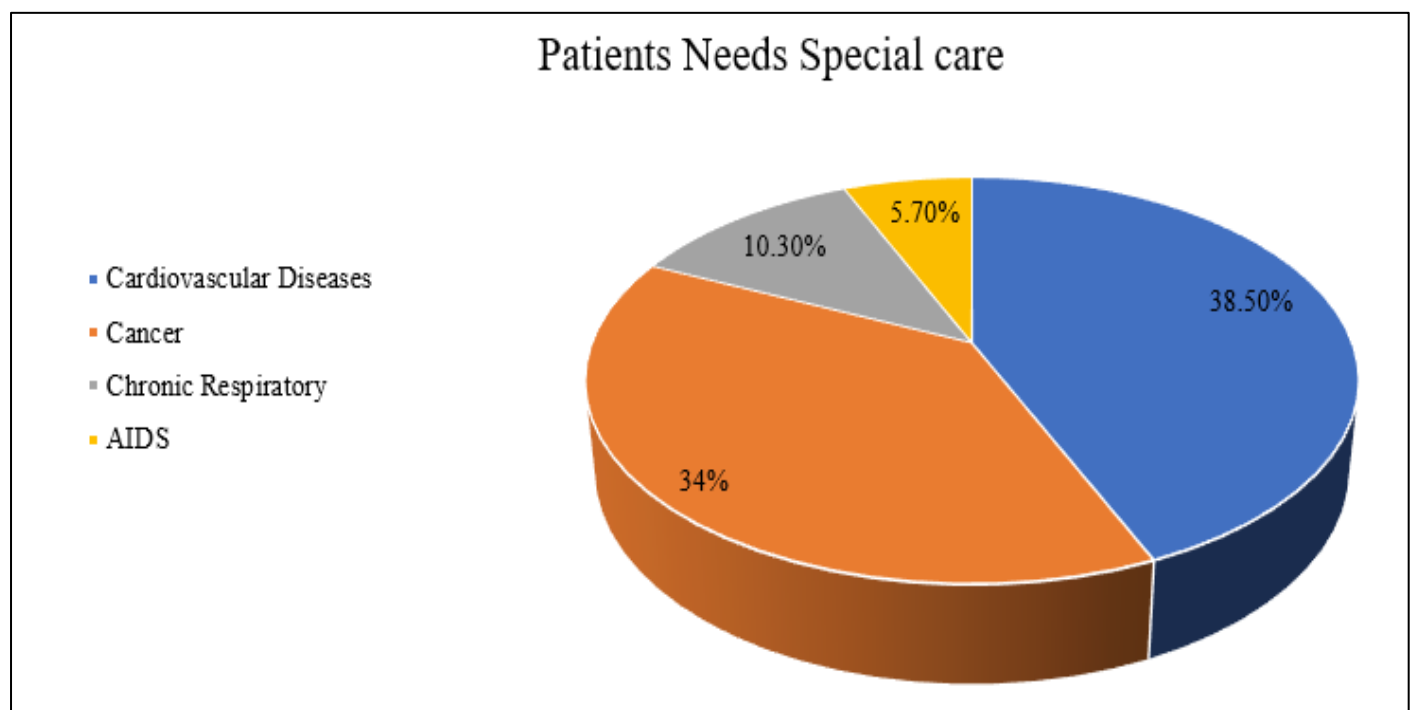


Fig 1 Disease Wise Percentage of Adult Patients who Needs Special Care

- Approximately 98% of the children needs palliative care who mostly belongs to these countries among which almost fifty percent resides in Africa²⁰.
- Annually approximately 4.4 million people in the WHO European Region, including one hundred and forty thousand (140,00) children need palliative care, estimated by European Association for Palliative Care (EAPC)²¹.

➤ *Statistics on Necessity of Palliative and Hospice Care across Bangladesh:*

World Health Organization (WHO) estimated 167,256 new cancer cases²² had registered across Bangladesh in 2022 and by the year 2050 it is predicted to go double. People of Bangladesh suffers from 32 different types of cancer among which oesophagus, oral cavity, lung, breast, and cervix uteri are the leading. Approximately 700,000 people including 40,000 children needs palliative care but undesirably only

¹⁸ Key facts, WHO (2020, August 5). Palliative Care. Retrieved July 18, 2024, www.who.int/news-room/fact-sheets/detail/palliative-care

¹⁹ Key facts, WHO (2020, August 5). Palliative Care. Retrieved July 18, 2024, www.who.int/news-room/fact-sheets/detail/palliative-care

²⁰ Key facts, WHO (2020, August 5). Palliative Care. Retrieved July 18, 2024, www.who.int/news-room/fact-sheets/detail/palliative-care

²¹ World Health Organization (WHO) (2023, June 1). Palliative care. WHO News Room. Retrieved July 18, 2024, from <https://www.who.int/europe/news-room/fact-sheets/item/palliative-care>

²² The Global Cancer Observatory, 50-bangladesh-fact-sheet, Globocan 2022 - 08.02.2024, <https://gco.iarc.who.int/today>

0.001% is receiving²³. According to Bangladesh Cancer -- Society President Professor Golam Mohiuddin Faruque, there are crisis of equipment as well as of manpower. As per the WHO standard, Bangladesh needs 170 radio therapy

machines but has only 40 among which 70% are out of order²⁴. According WHO cancer killed 116,598 patients in 2022. Annually 200,000 people diagnosed with cancer and only 50,000 gets adequate treatment.

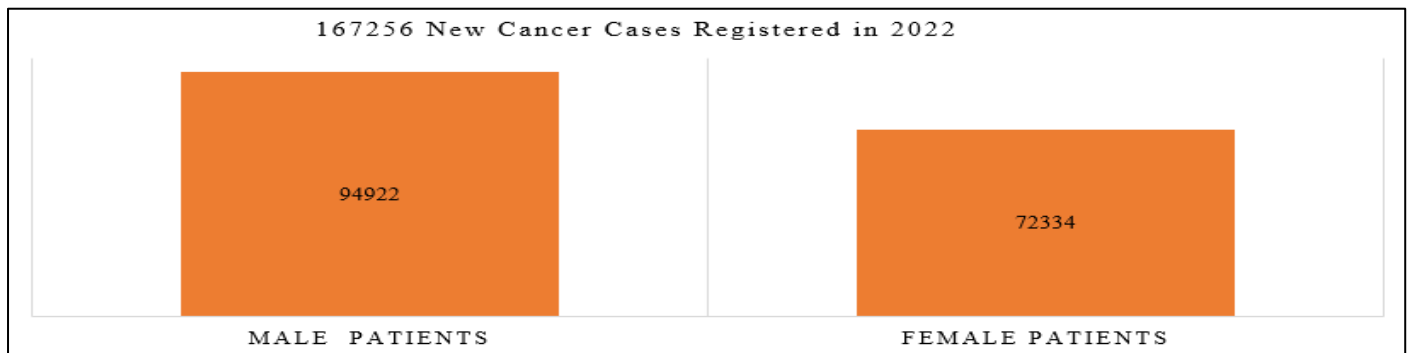


Fig 2 WHO Estimated New Registered Cancer Cases in 2022 in Bangladesh

IV. SPECIFIC FINDINGS FROM INFORMAL INTERVIEW AND DISCUSSION

After discussing and conducting an informal interview of around ten patients and family members of critically ill patients this study tried to draw primary data on necessity of palliative and hospice care facilities in Bangladesh. Approximately fifty-five (55%) percent of the patients who went through informal interview were found suffering from life altering serious illness whereas forty five percent (45%) of interviewee informed one of their family members is suffering from serious illness. Approximately twenty (20%)

percent of the interviewees or family members of the interviewees who went through informal interview were found suffering from lung cancer whereas fifteen (15%) were suffering from breast and another fifteen (15%) were suffering from oral cavity cancer. Five percent (5%) of the total interviewees were suffering from oesophagus and another five (5%) percent were suffering from cervix uteri cancer. Five percent (5%) were suffering from other lung diseases and another five (5%) percent were suffering from liver diseases. Ten (10%) percent were suffering from heart failure whereas five (5%) percent were suffering from COPD, ALS, MS and Parkinson diseases respectively.

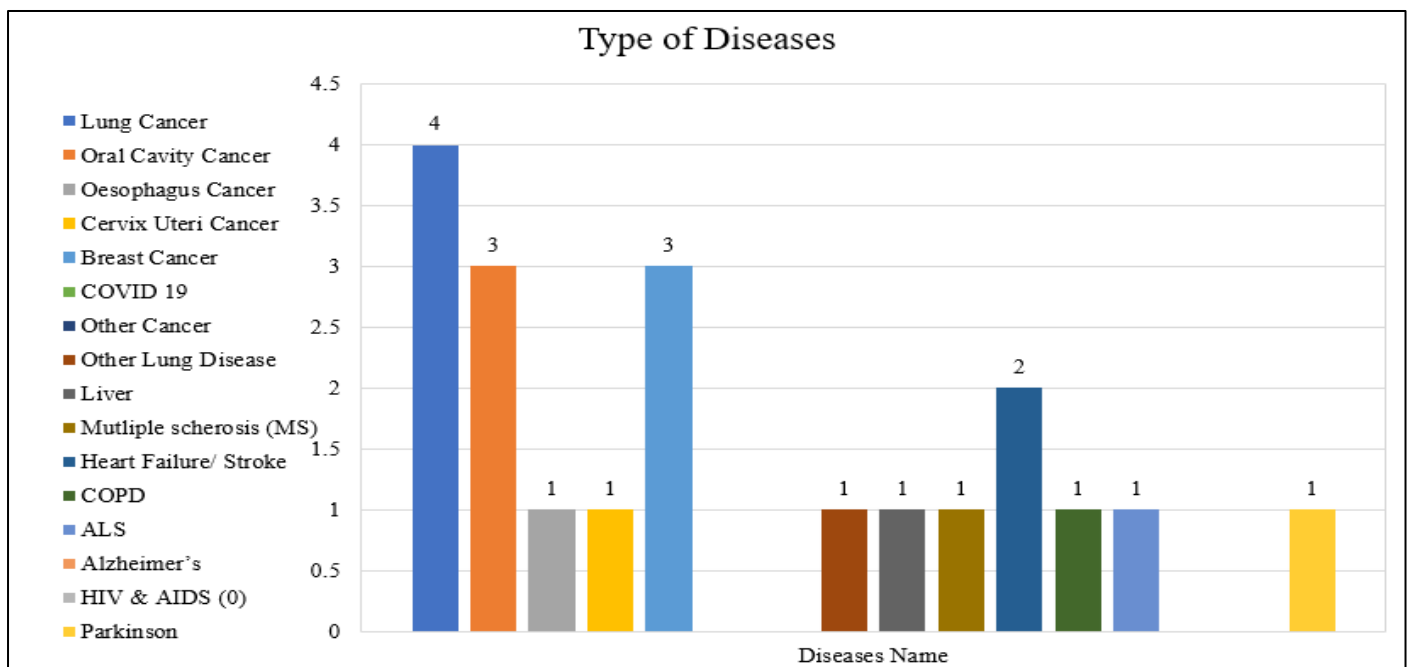


Fig 3 Different Type of Diseases

²³ Professor Nezamuddin Ahmed Founder of Palliative Care Department, Bangabandhu Sheikh Mujib Medical University (BSMMU) Statement Published by Rifat Parveen (2024, February 3). Bangladesh ranked among the worst in palliative care, Bdnews24.com. Retrieved July 16, 2024, from <https://bdnews24.com/health/qzszog3lzb>

²⁴ Rashad Ahamad (2023, February 4). Cancer patients on rise in Bangladesh. The New Age. Retrieved July 16, 2024, from <https://www.newagebd.net/article/193489/cancer-patients-on-rise-in-bangladesh>

Approximately eighty five percent (85%) of the interviewees or family members of the interviewees were experiencing enormous pain due to suffering from serious illness or critical life altering illness. Seventy-five (75%) of patients or family members of critically ill patients informed that doctors prescribed patients for special care like palliative care or hospice care assistance. Unfortunately, it was found that only five percent (5%) of the interviewees had received palliative care.

V. CONCLUSION

It is an inevitable fact that the need for palliative and hospice care across globe is emerging rapidly due to increasing percentage of aging population and critically ill patients. World Health Organization (WHO) estimated 20 million new cancer cases and 9.7 million cancer deaths across globe in the year 2022. Approximately eighty percent (80%) of the cancer patients needs terminal palliative care. WHO estimated across globe 56.8 million people including 25.7 million in the last year of their life needs palliative care but unfortunately only 14% are receiving palliative care. Bangladesh has no exception to that. With time number of critically ill patients specially number of cancer patients are spreading across country but only a very tiny percentage of such patients are receiving special care. Children are the worse sufferer in such a challenging situation. WHO estimates majority of the children who needs oncology palliative care mostly residing in Eastern Mediterranean, African, South-East Asia, and Western Pacific regions. All above discussion and data collected from both primary and secondary sources clearly stated the need for establishing special care facilities across country to reduce suffering and pain of critically ill patients. Special care like palliative and hospice care mainly aims to improve the quality of life of both adult and child patients who are suffering from serious illness. Besides improving quality a patients' life, palliative and hospice care also works to improve morality, mental strength and mental wellbeing of families who are facing problems associated with life-threatening illness. Special care like palliative and hospice care tries to prevent and relief suffering of both patients and family members through quickest identification, accurate assessment, and reduction of pain and resolving other physical, psychosocial, and spiritual problems. Therefore, the need for palliative and hospice care facilities across country is ever increasing. As a result, government and policy makers should take initiatives to meet the emerging need of critically ill patients. Constructing hospitals and establishing cancer treatment centres across country requires a good amount of time, resource and liquidity therefore setting up palliative and hospice care centres and training up professional for giving special care to critically ill people is the only affordable and realistic solution of the upcoming crises situation of the health care sector of Bangladesh.

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