Newsletter

Spring/Summer 2026

Dear Friends of PCSL,

Palliative Care Sierra Leone (PCSL) remains committed to supporting the development of palliative care across Sierra Leone. The case study in this issue highlights both the urgent need for palliative services in a country with limited health provision and the impressive skills the Sierra Leonean health professionals have developed in this field.

How PCSL funds were spent

Funds raised in the 12 months to the end of February 2026
£8,357

Funds spent in the 12 months to the end of February 2026

The Shepherd's Hospice
£4,100

Connaught Palliative Care Unit
£7,580
£455 for morphine, £1,290 for training, £1,000 for a conference attendance and the rest for CPCU salary support

Reserves reduced by £3,323 to £24,204.

How PCSL funds are used

- **The Shepherd's Hospice (TSH), MacDonald Village:** provides primary care, some palliative care, and training for health professionals.
- **Connaught Hospital Palliative Care Unit (CHPCU):** delivers hospital and home-based palliative care and trains staff to help spread these services nationwide.

Our long standing aim has been to enable Sierra Leonean professionals to lead this work. With Dr Mary Bunn's return to the UK, that aim is now a reality; Dr Melvina Thompson now leads the PCU at Connaught Hospital.

Future of the charity

Although the trustees are not actively fundraising apart from a summer lunch, donations continue to arrive. The trustees are reviewing the previous decision to close the charity in 2027 and are considering continuing support beyond that date while funds remain available.

We thank you for your interest and generosity towards PCSL.

Best wishes Barry, Esther, Jacqui & Ruth

Eight years in Sierra Leone

by Dr Mary Bunn, OBE

Advocacy with Thinking Pink

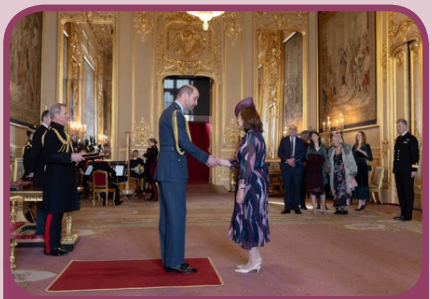
The team on a visit to the Global Mercy

Reflecting back on the past 8 years in Sierra Leone, I remember my first telephone call with Ruth Cecil, where she told me they needed a doctor to help develop Palliative Care in Sierra Leone and thought I might be what they were looking for. I remember thinking that this was certainly exactly what I was looking for!

I learnt a lot during my first year at The Shepherd's Hospice, but realised in order to develop PC in the country, we needed to establish a unit in the government teaching hospitals, where we would have greater visibility and could also teach and train nursing and medical students and other healthcare professionals. So, in 2018, we set up Connaught Palliative Care Unit, with 3 enthusiastic, compassionate and committed nurses, and support from Kings Sierra Leone Partnership.

The unit has cared for over 1,300 patients and their families, and trained teams for 8 of the 16 districts across Sierra Leone as well as training palliative care champions in Connaught and 3 other Freetown Hospitals. We have imported morphine powder to reconstitute and distribute oral morphine solution to treat pain in our patients, and trained doctors and nurses in the safe use of oral morphine. We have contributed to Ministry of Health strategy and policy documents on cancer, adapted a palliative care training manual for Sierra Leone, and developed a palliative care curriculum for students.

We have put palliative care on the map in Sierra Leone, and Sierra Leone on the map in palliative care for Africa, by taking part in studies, networking and presenting at the regional conferences.



OBE Investiture at Windsor Castle

Perseverance was needed, helped by being able to stay in Sierra Leone so long, and I am optimistic and hopeful that the team – now a Sierra Leonean Consultant doctor lead, 4 nurses and a pharmacist – will continue to grow, develop and train others to provide holistic, compassionate care for those in need of palliative care in their country. The training and modelling they received from visiting Hospice Africa in Uganda was empowering and inspiring, and has given them an ethos and vision of access to palliative care for all in Africa.

Thank you to the PC-SL trustees for all your help and support, both financial and advisory, and the encouragement to follow the vision. Thank you too for generously putting me forward for an OBE which is a great honour, and above all, a celebration of a challenging, exciting and rewarding 8 years!

Tribute to Michael Hurton 1930-2025

by Jacqui Boulton 17th July 2025

I first met Michael back in the late 1980's when he and his wife Sheila hosted tea and croquet afternoons for the young people's church group, to which I then belonged. But it was only in the last twenty years that I began to see through what previously felt like a rather crusty and slightly intimidating exterior to the softer kind and supportive centre within. This insight was largely honed through our mutual involvement in co-founding a charity to support the development of palliative care in Sierra Leone, almost twenty years ago to the day. Through this, I came to appreciate his droll sense of humour, the glints in his eye, his remarkable attention to detail, and his ready willingness to be my 'partner in wine' at various hospice meetings and events.

But today it is also my privilege to speak on behalf of my fellow trustees, both past and present, and on behalf of Mr Gabriel Madiya. Director of the Shepherds' Hospice, Sierra Leone, who joins us via the recording link.

Michael was a true gentleman, humble, generous, and very much the backbone of his wife Sheila. Together, they were truly invincible. In 1988, Sheila and Michael organised a small 'Come and Sing' fundraising concert to support 'The Princess Alice Hospice', of which Sheila was a long-time trustee. Together, they sort sponsorship to expand this concept, seeking to raise both money and awareness for the Hospice Movement, first nationally and then internationally, with Sheila becoming the chair of 'BT Voices for Hospice', now continuing as 'Voices for Hospices'. The first concert took place in 1991, and by 1997, it had expanded exponentially, involving over a quarter of a million people in 38 countries. Plans were afoot for the next concert in 1999 when Sheila and Michael received a letter from Sierra Leone. A public health official by the name of Mr Gabriel Madiye had heard about the movement and was pioneering the development of a palliative care outreach programme in Sierra Leone. He was keen to be involved both in organising a concert and in receiving support to develop palliative care in Sierra Leone.

Sheila and Michael began corresponding with Gabriel, and it was Michael who opened a heartbreaking letter from Gabriel to say that the concert could not take place. The ongoing civil war in Sierra Leone had escalated, with a devastating surge on Freetown known as 'Operation No Living Thing'. The building being used to develop this outreach had been desecrated, Gabriel had lost several family members, and he himself was in hiding, in fear of his life.

From that point, the couple became Gabriel's staunch supporters and a vital link with the wider world through the ongoing dark days of the vicious civil war in Sierra Leone. In 2001, Michael and Sheila facilitated Gabriel's first visit to the UK. Michael recounted stories of Gabriel's amazement at so many things, but in particular, the beautiful free-roaming swans around Hampton Court, exclaiming of course that they would be eaten in Sierra Leone. Michael quietly made it his business to equip Gabriel for the various speaking engagements that had been lined up. Fittingly, no pun intended, this including trips to several Princess Alice charity shops, emerging with a whole and rather dapper new wardrobe.

As part of this visit Gabriel spoke in this very church and I, along with others here today, was in the congregation. In 2004 (at an age when many would be quietly basking in retirement!) and despite concerns about her health, Michael supported Sheila's desire to visit Sierra Leone and to see the new Hospice building for which both had been instrumental in raising funds. At the time, I was undertaking a Diploma in Tropical Nursing and also working as a respiratory nurse specialist. Sheila invited me along, saying that given the nature of her ill health, Michael would be very reassured. Ruth Cecil, a specialist Palliative Care nurse, also joined us. Following on from this visit the four of us co-founded a charity to provide ongoing financial and practical support for the roll out of Palliative care in Sierra Leone. This charity is now in its twentieth year. We relied on Michael's financial expertise and attention to detail as the charity's treasurer for much of this time and our two subsequent treasurers have both expressed gratitude for his ongoing astute attention to detail, picking up small errors that would otherwise have gone unnoticed.

Michael remained a committed trustee and always had something perceptive to add. He embraced Zoom meetings during the pandemic and again joined meetings in this way latterly as his health began to deteriorate. Nevertheless, we also enjoyed an in-person meeting in his lovely flat a short time ago. The same hosting standards that had always been provided were maintained with teapot, cake and serviettes all at the ready ... and a bottle of wine in the wings.

I conclude with some words from Mr Gabriel Madiye and echoed by us all…,

"I owe profound gratitude to Michael. His life blessed many, including our patients in Sierra Leone. May his soul rest in peace… AMEN".

We are delighted to report that Patience Sankoh, one of the two Sierra Leonean palliative care nurses supported by this charity has successfully completed her Master's degree of Public Health at Njala University.

Her dissertation was entitled "Assessing the challenges of nurses trained and providing palliative care in hospitals in Sierra Leone."

Commenting on her success Patience said, *"I am very happy. It has been tough sometimes, but I thank God for all the support in pushing through".*

Huge congratulations Patience!

Report from Gabriel Madiye, Director of The Shepherd's Hospice. March 2026

The Shepherd's Hospice remains committed to the development of Palliative care in Sierra Leone by training health professionals, delivering care to relieve pain and other distressing symptoms, advocating for the adoption of the Public Health approach to palliative care by the Ministry of Health and Sanitation, and facilitating referral to palliative care. To this end, the hospice was able to train 314 health professionals in palliative care in the year 2025. These health professionals are either in training colleges or working to provide active health care for patients in the public or private health facilities.

At the level of care delivery, the hospice is currently operating from two locations: Macdonald, Western Area Rural District, and Allentown town, Western Area Urban district. By the 31 December 2025, a yearly total of 3403 new patients were reached with diagnosis, treatment and care. In addition, a total of 9746 patient events were recorded who benefited from the follow-up care for Cancer pain, HIV/AIDS, Tuberculosis, heart failure, and other life-threatening illnesses and communicable diseases.

Whilst these two centres are in active service, we completed renovation of the two other health facilities: Shepherds Hospice & Health Centre, Jalihun Valunia Chiefdom, Bo District and the Shepherds Hospice & Health Centre, Mopala,Timdale Chiefdom, Moyamba District. Both centres await posting of staff by 25 March 2026 to reinstate health care.

At the Macdonald facility, we are having Dr. Koromba-Kpallu, two Community Health Officers, eight Registered Nurses, five Medical Laboratory Technicians, four cleaners and two security guards. The inpatient facility receives patients that are referred by health facilities and individuals in the community or from the outpatient. Recently, patients who are seriously ill with Advanced HIV Disease are constituting 75% of admissions at the facility. We have used the funding from PCSL to support patient food, disinfectants, gloves, face marks and medicines for patients. Whilst we continue to provide service through patient support fund, we have invested considerable effort in educating patients and their relatives to contribute to service cost as donor resources from external funding remains regrettably low with little prospect of improving soon.

For the period under review, we received funding from the follow donors:

1. **Bread for the World,** Germany, funding palliative care training, 85% of staff salaries, equipment and administrative cost.
2. **Palliative Care Sierra Leone,** funding patient support fund for patients that cannot not pay the cost recovery service cost.
3. **Hosparus USA,** supporting salary for two nurses and equipment
4. **Inter Care UK,** supporting with limited drug and medical supplies donation
5. **Ministry of Health,** supporting with drugs for HIV, TB, training and quality control
6. **The Shepherd's Hospice,** raising funds locally through service fees to support salaries of 10% of staff cost.

Looking Forward

The predictions are mixed as BfdW, the donor that funds over 75% of our health project have notified us of winding up their funding to some of their oldest partners including Shepherds Hospice. Hence, by end of this year The Shepherds Hospice will be without funding.

PCSL is planning closure in the coming years. We welcome any proposal from our partners in this period of uncertainty.

We remain grateful to the trustees of PCSL for their unwavering support over the years, and look forward to the survival of the Shepherds Hospice through this storm. The good news is that our local income has increased to about GBP 1500 per month, which we hope to increase through grants from some international donors. In this regard, I kindly request PCSL to continue their life-saving funding now supporting patient care at the Macdonald inpatient palliative care facility.

CASE REPORT - Connaught Hospital Palliative Care Unit

by Dr. Melvina Thompson

MS was a 44-year-old, female nurse, diagnosed with Grade 3 triple-negative invasive ductal carcinoma of the left breast. She was referred to the palliative care unit with complaints of neck pain radiating to the left shoulder.

The illness began in 2020 when she noticed a lump in her left breast. A lumpectomy was performed; however, recurrence occurred six months later. In 2022, she underwent a modified radical mastectomy followed by adjuvant chemotherapy. In 2023, she traveled to Ghana for radiotherapy, facilitated by financial sponsorship due to lack of local radiotherapy services.

MS was referred to the palliative care unit at the time of her diagnosis for pain management and supportive care. Her initial cancer-related pain (score of 2/10) was managed using Step 1 of the WHO analgesic ladder with good effect.
A holistic assessment was identified:

- Biological needs: pain, fatigue, later dyspnea
- Psychological concerns: fear of recurrence, anxiety about her children's future
- Social factors: financial burden of overseas radiotherapy
- Spiritual needs: desire for faith-based reassurance and family unity

Care given addressed all four domains through counseling, the family meetings, and spiritual support.

In October 2025, MS presented with persistent cough and chest pain. Evaluation revealed pulmonary metastasis with left pleural effusion. At this stage her pain score was 8 out of 10, thus Oral morphine was commenced (WHO Step 3 analgesia), resulting in significant pain relief. She gradually weaned off supplemental oxygen as symptoms improved.

PTO

CASE REPORT - continued

Her expressed wish to spend Christmas 2025 with her family was respected, and she was discharged home. Three home visits were conducted, during which

- Advance care planning discussions were held.
- Prognosis was explained in culturally sensitive language.
- Anticipatory grief and preferred place of death was discussed.

On 30th January 2026, MS developed worsening respiratory distress and was rushed to the emergency department. She succumbed to her illness in the early hours of 1st February 2026. This fulfilled her last wish since she wanted to transition peacefully at her place of work.

MS' illness had a profound emotional impact on the Palliative team since we were directly involved in her care. We had low morale, heightened anxieties regarding breast cancer risk and difficulties balancing professional care and personal attachment.

This case illustrates several important themes:

1. Aggressive Nature of Triple-negative breast cancer
2. Early integration of palliative care improves quality of life in aggressive breast cancer.
3. Oral morphine remains safe and effective for cancer pain and dyspnea when properly monitored.
4. Home-based palliative care strengthens family support systems.
5. Advance care planning should be culturally sensitive and family-inclusive.
6. Resource-Limited Setting Challenges The need to travel abroad for radiotherapy underscores gaps in oncology infrastructure in many West African countries.
7. The need for supportive mechanisms for the staff, especially when managing terminal illness within the healthcare environment.

ANNUAL REPORT TO THE CHARITY - CONNAUGHT HOSPITAL PALLIATIVE CARE UNIT - 1.January - 12.December 2025

1. Executive Summary

We are pleased to present the annual report of the Connaught Hospital Palliative Care Unit, outlining key activities, achievements and challenges for the reporting period. With your continued and generous support, the unit has further strengthened its capacity to deliver holistic, compassionate, and patient-centered care to individuals with life-limiting illnesses, significantly improving the quality of life for patients and their families.

2. Manpower

The unit is led by Consultant Family Physician, Dr. Melvina Thompson, supported by four dedicated nurses under the supervision of Senior Nursing Officer, Patience Sankoh.

Key staffing updates:

- Dr. Mary Bunn, unit pioneer, relocated to the UK in May 2025.
- Dr. Greg Foray volunteered from June to July 2025 before proceeding to Ghana for further studies.
- Pharmacist Ishmael Ivan Jalloh continues to support the care unit intermittently, especially in opioid requisition and morphine preparation.

3. Overview of Services Provided

- New patients seen: 177 (excluding the patients at Ola During)
- Cumulative total since inception: 1,323 patients
- No. of patients visited during Home visits: 36
- Common conditions: Breast cancer, liver cancer, lymphoblastoma

4. Capacity Building & Training

Health Worker Training:

With SHST funding, palliative care training was delivered at 3 facilities:

- 34 Military Hospital: 16 participants
- Ola During Children's Hospital: 23 participants
- Princess Christian Maternity Hospital: 19 participants

Total trained: 58 health workers

Academic Engagements:

- Palliative care continues to be integrated into the curriculum for fifth and final-year medical students at COMAHS.
- Nurse Patience Sankoh completed her Master of Public Health at Njala University in December 2025.
- Other team members are actively pursuing academic qualifications while contributing to unit operations.

Mentorship:

Ongoing mentorship and support are provided to palliative care teams at **Ola During Children's Hospital** and **Bo Government Hospital.**

Research and Conferences:

Three (two posters and one oral) presentations were accepted at the APCA Conference in Botswana (September 2025). Due to limited funding, only Dr. Mary Bunn was able to attend.

5. Morphine Production and Supply

During the reporting period, three batches of oral morphine (200mls) were compounded, totaling:

- 216 bottles - February 2025
- 297 bottles - May 2025 (100 bottles for Ola During Children's Hospital)
- 287 bottles - September 2025

Despite these efforts, the unit continues to face inconsistent supply of morphine tablets from the Free Health Care section of the National Medical Supply Agency, which poses a significant barrier to effective pain management.

6. Partnerships & Advocacy

We have maintained strong collaborations with key stakeholders including the Ministry of Health, Connaught Hospital, Mercy Ship, Thinking Pink Foundation, Well-Woman Clinic, and Cancer UK, among others. These partnerships aim to mainstream palliative care into primary health services and enhance awareness of the specialty across the country.

In celebration of World Hospice and Palliative Care Day 2025, the unit provided 'care packages' to cancer patients admitted at Connaught Hospital. Advocacy efforts included media engagements:

- Truth Radio – Pharmacist Ishmael Ivan Jalloh
- Unity Broadcasting Online TV – Dr. Melvina Thompson

These helped raise public awareness and understanding of palliative care services.

7. Utilization of Sponsor Support

With your generous contributions, the unit was able to:

- Procure essential medications including analgesics and antibiotics
- Provide transport for home visits and follow-up calls to patients
- Print patient record charts and educational materials
- Offer financial support to patients in need

These interventions directly impacted the well-being of patients and enhanced the quality of care delivered.

8. Key Challenges

Despite our achievements, the unit continues to face significant challenges:

- Inconsistent supply of essential medications, particularly morphine
- Staff shortages and increasing risk of burnout
- Limited physical space for patient consultations and care
- Low public awareness about the availability and role of palliative care

9. Future Plans (2026 and Beyond)

Looking ahead, our strategic priorities include:

- Developing a Sierra Leone–specific Palliative Care Training Manual
- Formation of the Palliative Care association of Sierra Leone
- Expanding palliative care services to other hospitals and regions
- Completing and publishing research on palliative care outcomes
- Introducing palliative care modules for nursing student training
- Securing sustainable funding to improve medication access and staff welfare

10. Acknowledgements

We are sincerely grateful for your unwavering support throughout the year. Your contributions have been instrumental in delivering compassionate care and alleviating suffering for patients and their families. Together, we continue to uphold the values of dignity, comfort, and hope in the face of serious illness.

Warm regards, Dr. Melvina C. Thompson
Palliative Care Unit, Connaught Hospital, Freetown