???????: End of life planning,

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Cameroon

End-of-life planning in Cameroon is largely informal, family-centred, and minimally documented.

While palliative care services are beginning to develop, there is no widespread culture of anticipatory planning (such as advance directives or formal care preferences).

Instead, end of life is typically approached through:

- family care and decision-making
- community and social structures
- spiritual and religious frameworks

In practice, end-of-life support exists – but it is embedded in social life rather than formal systems.

1. **What support exists?**

Palliative and end-of-life care

- A small but growing number of organisations provide palliative care:
  - hospital-based services
  - community and home-based care
- Much of this provision is:
  - faith-based or NGO-led
  - not yet fully integrated into the national health system

Services may include:

- pain management (where available)
- psychological and spiritual support
- caregiver guidance

Coverage remains limited, and many people do not have access to these services.

Access and limitations

- Services are concentrated in certain regions
- Financial barriers limit access
- Availability of strong pain relief (e.g. morphine) is uneven

As a result, many people receive little formal medical support at the end of life.

2. **Legal and planning framework**

- There is no established system of advance directives
- There is no comprehensive legal framework for end-of-life decision-making
- Euthanasia and assisted dying are not recognised

Planning is typically:

- informal
- family-led
- decided in the moment rather than in advance

3. **Cultural approach to death and planning**

A largely unspoken subject

- Death is often not openly discussed
- There is little or no “education” around death
- Many people do not actively anticipate or plan for it

Death may be experienced as something that arrives suddenly, even when illness is present.

A collective, family-based model

- Care is primarily provided by:
    - family members
    - extended networks
- Decisions are:
    - shared
    - negotiated
    - often implicit

The individual is rarely the sole decision-maker.

Dying at home

- People nearing the end of life are often:
    - brought back home
    - cared for by relatives
    - without ongoing medical supervision

This creates a home-based model of care, rooted in community and proximity.

Social continuity and succession

In some contexts:

- individuals may designate who will take over their social or traditional roles

This reflects a form of planning focused on:

- continuity of roles and responsibilities
  rather than:
- personal medical or existential preferences

Spiritual and religious context

- Religious beliefs (Christian, Muslim, and traditional) are important
- They shape:
  - meaning of death
  - expectations of what follows
- However, they do not usually translate into formal planning practices

4. **Economic context**

- Formal planning tools (e.g. wills, inheritance planning) are:
  - used mainly by a small minority with assets
- For most people:
  - daily economic priorities take precedence

This limits:

- both the need
- and the perceived relevance
  of formal end-of-life planning

5. **How end of life typically unfolds**

A common pathway is:

1. Serious illness develops
2. Access to specialised care is limited
3. The person returns home
4. Family members provide care
5. Death occurs in a family and community setting

Support is:

- relational
- immediate
- but often medically and structurally limited

6. **Practical signposts**

If you are in Cameroon or supporting someone there:

Where to start

- Major hospitals (especially those with oncology or palliative services)
- Faith-based health networks
- Local NGOs offering home-based or community care

What to expect

- A focus on:
    - comfort and care
    - family involvement
    - spiritual support
- Planning conversations:
    - informal
    - often led by family or circumstance

What may be limited

- written advance care plans
- legal documentation of preferences
- specialised hospice services

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Translation disclaimer: Content originally written in English. Drafted by Plenna, drawing on inputs from Cameroonian contacts living in Geneva, with additions and structuring from ChatGPT.