

Palliative care – a small step... big result...an effort to achieve....

Abstract

Palliative care is an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and treatment of pain and associated problems as physical, psychosocial and spiritual. In India it is relatively a new concept so to understand and practice it is challenging thus small steps progressive to a big result will be achieved if determined. Thus the policies must be made and implemented by government of India which must be taken care by Health sciences and economics as at present, there is no uniform health-care system followed in India like in some developed countries. The universal health insurance system in government and private sector is still in its infancy and most of the population remains uninsured because of great expenses due to inequalities which are related to socioeconomic status, geography, and gender and are compounded by high out-of-pocket expenditures, with more than three-quarters of the increasing financial burden of health care being met by households.

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Palliative care is an approach that upgrade the quality of life of patients and their families facing various problem as behavioural, mental, physical, emotional which are associated with life and life threatening illness, through the prevention and relief of suffering by means of early identification and treatment of pain. Palliative care means providing relief from pain and related distress. It is a kind of service to counsel the patients regarding optimistic approach to life. It offers patients a support system to live actively, happily, lively as possible. Palliative care actually provide a complimentary intervention to patients and their family to cope up during illness, integrates the psychological and spiritual aspects. This may also positively influence the course of illness and applicable early in the course of disease in association with other therapies that are purposive to prolong life, such as chemotherapy or radiation therapy, and includes those investigations required to better understand and manage distressing clinical complications.

The ageing populations is increasing worldwide with growing palliative care needs, home-based care has become a priority in many countries,¹ because the home based palliative care provide feelings of normality and security through individualized care. There are considerable differences between the models and allocation of home-based palliative care interventions in different settings. Generally home-based palliative care provides holistic care through a multidisciplinary team which comprises of physicians, nurses, personal support workers and case managers.² Palliative care is needed for all those patients who are terminally ill but is not recognized much by patients suffering from chronic diseases other than cancer. Hence, expert palliative care involvement needs to be explained especially for non cancer patients also.³

The palliative care services in India is slow progressing in health care, the helping doctors and other professionals have to provide true health care—a care that views the person as a whole, identifies elements of suffering, remove these and improves quality of life. This is a kind of care which does not lead to saying “there is nothing more we can do,” because that is simply not true. There is always something to be done, including treating pain or other symptoms, holding a hand, wiping a tear, or just being there for patients.

There have been many challenges and barriers to the implementation

of palliative care globally. It is estimated that four million people a year are in need of Palliative Care in India,⁴ The palliative care development follows the public health model developed by the WHO.⁵ India ranks at the bottom of the Quality of Death Index.⁶

For India hurdles for implementation are lack of national policy on palliative care and it very difficult to foster the support for development of palliative care without a policy. There is lack of trained personnel, no separate allocation of funds, dearth of national standards of care and protocols for palliative care, and no national strategy on palliative care implementation.⁷ Another reason is access to opioid analgesics for needy patients is very difficult in India because of irrational use thus worldwide palliative care community and related human rights organizations have advocated for balance to be restored by paying attention to both medical use and prevention of illicit use of opioid analgesics. One of the another cause is lack of knowledge. The vast majority of health professionals worldwide have little or no knowledge of the principles and practices of palliative care and it holds true for India as well, also there are psychological, financial, social and cultural constrains which make it difficult for implementation in India.

Despite all these, palliative care is not establishing in India because of medical practice as in India study is disease based, not person based and as a result, palliative or hospice care is difficult. The Medical Council of India accepted palliative care as a medical specialty only in 2010 and it is still not at the MBBS level or part of the Nursing syllabus.

However, though the beginnings are there, and models are available to follow, there is still a long way to go. Community based, volunteer driven, and non-medical models are likely to be the more popular at present in India who provide home-based palliative care services with care being taken to the doorstep of the patient as the family member is usually the primary care-giver to the sick. This kind of service with personnel's involved with the thought that home is the place where people are most comfortable at the end of their lives, surrounded by their loved ones thus to “promote, restore, and maintain a person's maximum level of comfort, function, and health, including care toward a dignified death.”

Although a lot of work has done on palliative care in India but

various shortcomings are present which need thorough work up .Palliative care must be taken care by health sciences and economics in India. Interdisciplinary communication and cooperation between health economists and palliative care team are necessary because only this will enhance understanding of the challenges faced by each other. Initial small steps are taken but the journey is too long but if determined and put efforts we can achieve.

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Conflicts of interest

The authors declare that there is no conflict of interest.

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