

Palliative care in India—need of the hour

Abstract

Palliative care is a health care that involve physical, emotional, mental, behavioral care to persons with debilitating illness from diagnosis till death. Obstacles of growth of palliative care in India has various factors as population density, poverty, geographical and cultural diversity, workforce scarcity at base level, limited national palliative care policy and lack of institutional interest in palliative care. For developing country like India continual efforts are needed to overcome these barriers for successful implementation of palliative care, as now is the need of the hour.

Keywords: palliative care, chronic illness, implementation

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Opinion

Palliative care is a resource for anyone living with a serious illness such as heart failure, chronic obstructive pulmonary disease, cancer, dementia and many other chronic illness. Although it can be helpful at any stage of illness but the best is provided from the point of diagnosis. In addition to improving quality of life and getting treatment of symptoms, palliative care can help patients to understand their choices for medical treatment. The organized services available through palliative care may be helpful to any older person having a lot of general discomfort and disability very late in life. Palliative care can be provided along with curative treatment and is not dependent on prognosis. Thus the goal of palliative care is to improve quality of life for both patients and families by responding to pain and other distressing physical symptoms, also to provide nursing care, psycho-social and spiritual support.¹

India has a large health burden of communicable diseases and infections, these have been rising exponentially along with the prevalence of chronic lifestyle diseases and cancer. It is estimated that 5.4 million people a year are in need of Palliative Care in India.² One of the study done by McDermott et al. found that one thirty eight organizations currently providing hospice and palliative care services in sixteen states in India. Majority of these services are provided in large cities and regional cancer centers, with the exception of Kerala, where services are more widespread.³ The Kerala has more than sixty units which covers a population of more than twelve million and is one of the largest networks in the world.⁴

At present scenario the trend of increasing life span of people and shift from acute to chronic illness in India is seen, therefore it is estimated that approximately six million people in a year need palliative care.

These chronic illness increases and creates need for a system of care at home that can be built by community based palliative care movement. It is estimated that less than three percent cancer patient in India have access to adequate pain relief.⁵ All international organizations including WHO focused on providing physical, psychological, emotional and spiritual needs to improve the quality of lives of patients and their families. Home based palliative care is increasing its popularity as it becomes easy to care the patient at

their doorstep in familiar atmosphere. The aim of Home based care is to promote and maintain the patients maximum level of comfort, function, satisfaction and health along with care towards a dignified death. This kind of care are more effective as it is person centric with keeping in mind of all his cultural, religion and value system. This also respect people's right to dignity, individuality and privacy, this kind of facility is suitable in community driven philosophy.

Another importance of this home based palliative care is its cost effectiveness, as there is no travelling fees, does not include doctor and nursing fees, no unnecessary investigations and treatments.

In India numerous challenges are present for the implementation of palliative care as this is in early stage of development. There must be an approach of patient centric where the need of patient and family goals are essential to planning care. As it is a multidisciplinary approach which includes field of medicine, nursing, psychology, nutrition and rehabilitation although depth of support may differ from each discipline, as passion and commitment is must for providing palliative care. Thus this subject must be included in post graduate curriculum so that the futures generations get imbibe the kindness of palliative service.

Another lacking aspect is the communication about patient goals and preferences for patient care. Every patient has the right to know about his illness, so a proper and decent way of communication is must between patient and physician. Another factor is of consent which has to be taken by competent patient and should not be assumed.

As India is a diverse country, each state will need to develop its own policy that fulfill the criteria of its need and social and cultural background, especially the matters related to availability of opioids and education. Clinicians has to learn more about palliative care to overcome the barriers, increasing of knowledge is also an essential initial step. Thus establishing palliative care in India is a long way to go, for this efforts are to be done at grass root level. Continued efforts are needed to overcome the barriers to successful implementation of palliative care as now it is need of the hour.

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Conflicts of interest

The authors declare that there are no conflicts of interest.

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