**OVERVIEW OF PALLIATVE CARE**

Dear all!!!

I begin this Podcast episode by citing the words of **Dame Cicely Saunders,**

the founder of the Hospice Movement. I quote:

 “You matter because you are you, and

 You matter to the last moment of your life,

 We will do all we can, not only help you die peacefully,

 But also to live until you die.”

And I unquote.

India, being a developing country with a huge population has an imposing burden attributed to life- limiting illnesses. There is an unmet need to provide the much needed palliative care services. Globally, as per the recent statistics 56.8 million people are estimated to be in need of palliative care every year which includes 31.1 million prior to care and 25.7 million people towards the end of life.

In India, patients requiring palliative care is a staggering 5.4 million per year and these include people who die of the most unbearable pain and distress. Despite the fact that there has been a pronounced development in the realms of providing palliative care since the last two decades in India, the fact remains that less than 1% have access to pain relief and palliative care. This is really a disturbing fact that needs to be aggressively addressed and health care institutions across India, both government and private have a huge role to play in this direction.

Palliative care, which is otherwise referred to as ***Supportive care*** for the terminally ill cases such as cancer, HIV and so on, could be offered at affordable costs in the tertiary care facilities such as Community Health Centres (CHC) and also in the residence of the patients, facilitated by Home Based Palliative Care Services. Palliative care enhances the quality of life by providing the necessary support right from the time of diagnosis until the end of life and bereavement.

**Palliative care**

The **World Health Organization (WHO) defines palliative care** as “an approach that improves the quality of life of patients and their families confronting the problems associated with life-threatening or chronic illness, through the prevention and relief of suffering by means of early identification and competent assessment and treatment of pain and other problems, namely physical, psychosocial, and spiritual”. Hence, it is in the fitness of things to state that Palliative care is the total care of the patient.

Palliative care is given to cancer patients, end stage cardiac disease, end stage renal disease, end stage lung disease, progressive neurological disorders, HIV- AIDS and psychiatric illness.

## Principles of Palliative Care

Palliative care works on well defined principles. As a matter of fact palliative care :

* provides relief from pain and other distressing symptoms;
* affirms life and regards dying as a normal process.
* intends neither to hasten or postpone death;
* integrates the psychological and spiritual aspects of patient care;
* offers a support system to help patients live as actively as possible until death;
* offers a support system to help the family cope during the patient’s illness and in their own bereavement;
* uses a team based approach to address the needs of patients and their families, including bereavement counselling, if indicated;
* will enhance quality of life, and may also positively influence the course of illness;
* Is applicable early in the course of illness, in association with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

Palliative care as such aims to prevent and treat the suffering of both patients with serious medical illness and their families through a multidimensional approach and empathy based approach. Through these set of services, it enhances the life of patients and their caregivers. A Palliative care team comprises specialists, staff nurses, social workers and caregivers. It can be provided in a variety of settings- either hospital based or home based palliative care services. There are people who die in hospitals and spend nearly the total cost of care consumed by the individual who is bed ridden. And many do not receive palliative care which nearly cuts down the cost of care effectively.

 Puducherry, with a population of around nine lakhs has been well developed, with wide accessibility to the health care facilities. With almost all forms of the treatment facilities in place at the tertiary care institutions, it must still be said that palliative care is in its infancy stage of development. In spite of the evidences for the need assessment of the palliative care services in the urban and the rural areas, the integration and the implementation of palliative care still remains sub optimal.

# Need for the Department of Palliative Medicine at a tertiary centre such as MGMCRI hospital, a constituent teaching unit of Sri Balaji Vidyapeeth

# Each academic medical institution in the country can adopt well defined strategies for the establishment of palliative care as a specialty. Now that many states in India are adopting palliative care policy in their health service and Medical Council of India has approved the new postgraduate course in palliative medicine, the time is ripe to establish a full fledged palliative medicine unit at MGMCRI hospital. Undoubtedly, this would lead to the creation of health care professionals who would be able to provide holistic care.

We need to understand that chronically ill patients possess complex medical needs. These patients, in particular are unable to coordinate their own care. Palliative care promotes caring and enhances the quality of life for patients and families throughout the period of illness by addressing all these dimensions and bringing in a person-centered care within the health delivery system. It is applicable right from diagnosis of a chronic disease up to the end of life. Today, there is availability of evidence based knowledge and skills to relieve much of the unnecessary suffering attributed to pain and other distressing physical and psycho-social concerns.