

LETTER TO EDITOR

The need of Palliative care model in cancer patients in India-A long overdue**Kanica Kaushal¹, Sudip Bhattacharya², Amarjeet Singh³**

¹Senior Resident, Department of Community Medicine, Postgraduate Institute of Medical Education and Research, Sector 12, Chandigarh - 160012; ²Senior Resident, Department of Hospital Administration, Postgraduate Institute of Medical Education and Research, Sector 12, Chandigarh - 160012; ³Professor, Department of Community Medicine, Postgraduate Institute of Medical Education and Research, Sector 12, Chandigarh - 160012

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Corresponding Author

Address for Correspondence: Dr Sudip Bhattacharya, Department of Hospital Administration, Postgraduate Institute of Medical Education and Research, Sector 12, Chandigarh, India
E-Mail ID: docsudip84@gmail.com

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WHO defined palliative care as “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual.” (1)

The concept of palliative care was introduced in the mid-1980s in India. McDermott E et al found Kerala to have 83 palliative care services as against 139 in the whole of the country in 2008. (2)

The community palliative care projects of northern Kerala and the Neighborhood Network in Palliative Care (NNPC) is a solution to achieve meaningful coverage and care for the terminally ill. They demonstrate the way to "Palliative Care for All". (3) The Indian state has shown enormous progress in the area of palliative care (PC). It is probably the largest community-owned PC network in the world. Volunteers from the local community are trained to identify problems of the chronically ill in their area and to intervene effectively and efficiently, with active support from a network of skilled

professionals. It doesn't aim to replace the medical health care professionals; it supplements the combined efforts of the healthcare staff in providing the necessary psychosocial and emotional support. We can learn the evolution and functioning of this network and the lessons learned can be projected to the entire country. Indian palliative care development at its most successful has innovated and produced services such as the NNPC, which provides an exemplary model of community-based palliative care for other low-resource countries worldwide.

However, there are various challenges to its implementation; reduced access to palliative care services, disease-focused approach rather than patient-centred philosophy, lack of cultural appropriateness, informed consent, limited evidence for palliative care and non-covering of palliative care under by most of the medical insurance.

In India and in most of the developing world, palliative care reaches too few, too late in the continuum of their disease-related suffering. It is being reported that there is a chronic lack of opioid

drugs leaving millions of people throughout the developing world to live and die in excruciating pain especially in India, which historically had the world's biggest legal opium poppy industry. (4)

Palliative care model allows us to widen our horizon beyond the "biomedical model" of health. Palliative care has a role where knowing that death is an inevitable part of life, the patient can live with dignity and pain-free not becoming a burden on the family. Still, a lot can be learnt from the NNPC model of Kerala, and the lessons can be replicated to the entire country to form health care policy on palliative care in India. Despite of the practical knowledge, evidence, and efforts by the palliative care providers in the country, palliative care service delivery in India is far behind the globe.

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