

WELCOME

Dr. Jerina Kapoor Nov 20, 2010

Agenda

What is Pallium India USA?

What is Palliative care?

Why we need it?

How is it fulfilling a critical need?

How is it supported?

How can you get involved?



Health

NO RELIEF In India, a Quest to Ease the Pain of the Dying

By DONALD G. McNEIL Jr.

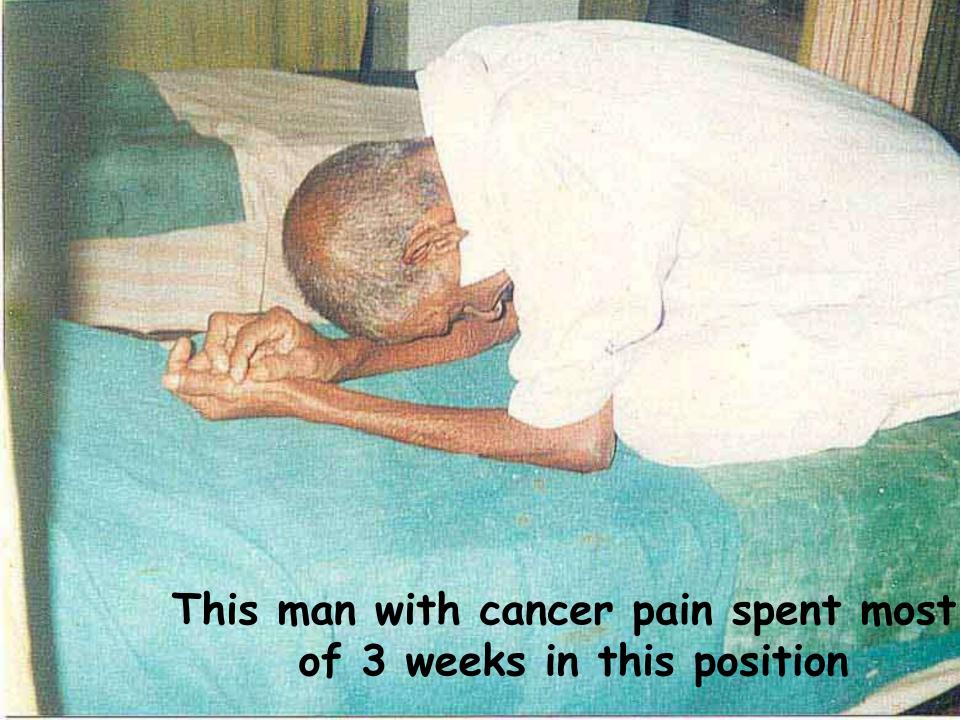
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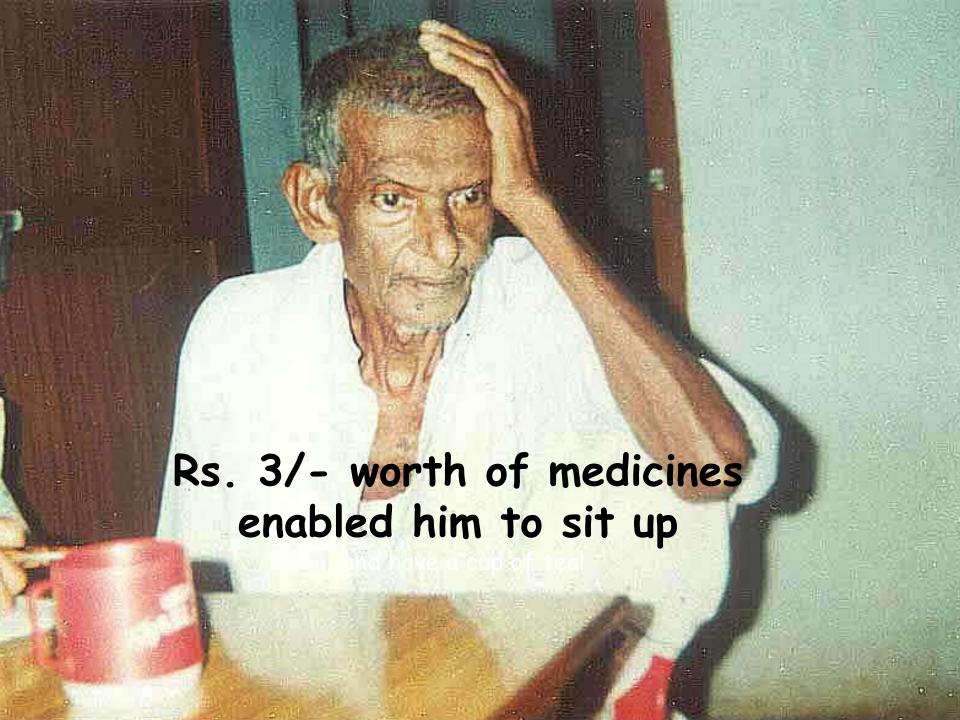
• TRIVANDRUM, <u>India</u> — It was a neighbor screaming in pain 35 years ago that set Dr. M. R. Rajagopal on the path to his nickname: India's "father of palliative care."

"He was dying of <u>cancer</u>, with lots of tumors on his face and scalp," Dr. Rajagopal recalled. "His family asked if I could help, and I couldn't — I was just a medical student."

Today, the same neighbor with the same cancer would almost certainly die the same way — unless he lived in tiny Kerala State, where Dr. Rajagopal runs his Pallium India clinic here in the capital. Although opium was one of the chief exports of British India and the country still produces more for the legal morphine industry than any other country, few Indians benefit. They end up like millions of the world's poor — spending their last days writhing in agony, wishing death would hurry.

12/2/2010





PALLIATIVE CARE

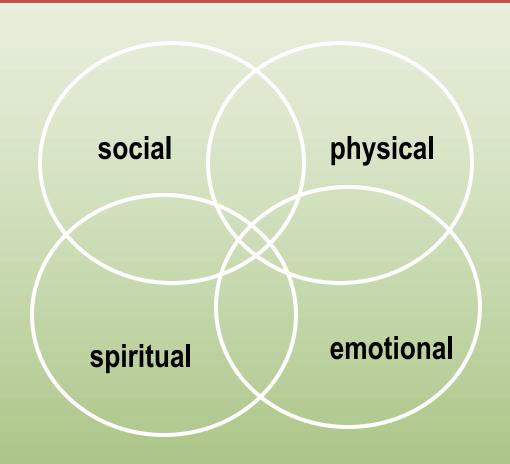
Adding life

to their

days



Palliative care is active total care



Aim of palliative care

Quality of life
of patients and their families
by management of
pain and other problems,
physical, psychosocial and spiritual.

SOME INDIAN PALLIATIVE CARE FACTS

- -80% of cancers are diagnosed too late for curative treatment, and palliative/comfort care is only resort.
- -Very high load of HIV cases in India needing palliative care.
- -1% of Indians receive palliative care, 40% of Keralites receive palliative care.
- -Most patients treated by Pallium India are abysmally poor. 82% of patients receive free treatment.
- -The **NEED** for Palliative /Comfort Care/Hospice Care services is **ENORMOUS** and **URGENT**.
- India ranked 40th for quality of "End of Life Care" after Uganda at 39th position.

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The Indian reality

- At least 1.5 million have pain from cancer
- Millions more with other incurable diseases
- Most of such pain can be relieved with application of WHO pain ladder at low cost
- India is the largest legal producer of opium in the world—

 export it to the rest of the world and deny it to our own

 people

WHO definition of palliative care

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.

Pallium India

Started in Trivandrum, Kerala, in 2003 by Dr. M.R. Rajagopal

Charitable trust which endeavors to

- Develop & run palliative care services.
- Support committed individuals and organizations to start palliative care in their home towns.
- Impart education to health care professionals and the general public.

Palliative care delivery

Care at home whenever possible

- Outpatient service: low cost to provider
- Home visits whenever possible particularly for those who are too sick to travel to a hospital/clinic
- Inpatient service for selected few

Home visit – doctor, nurse, volunteer

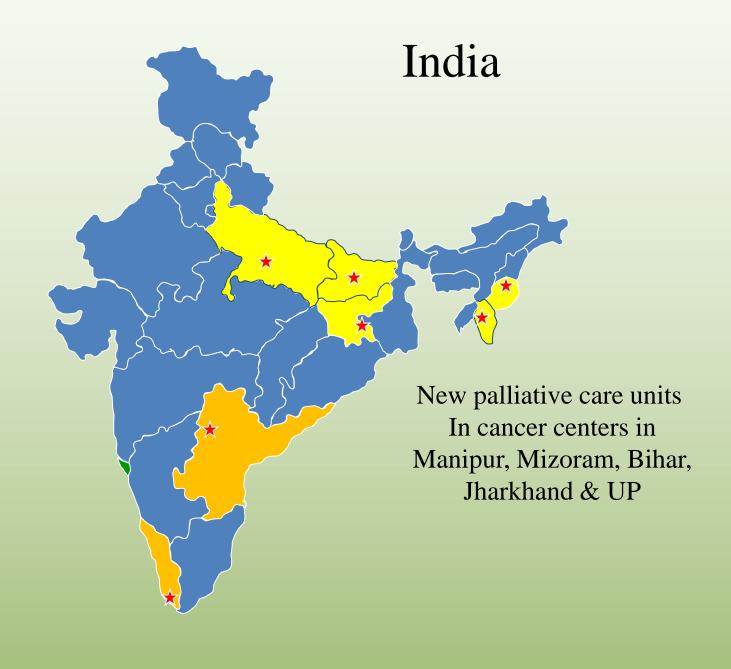


Psycho-spiritual support



Vocational rehabilitation

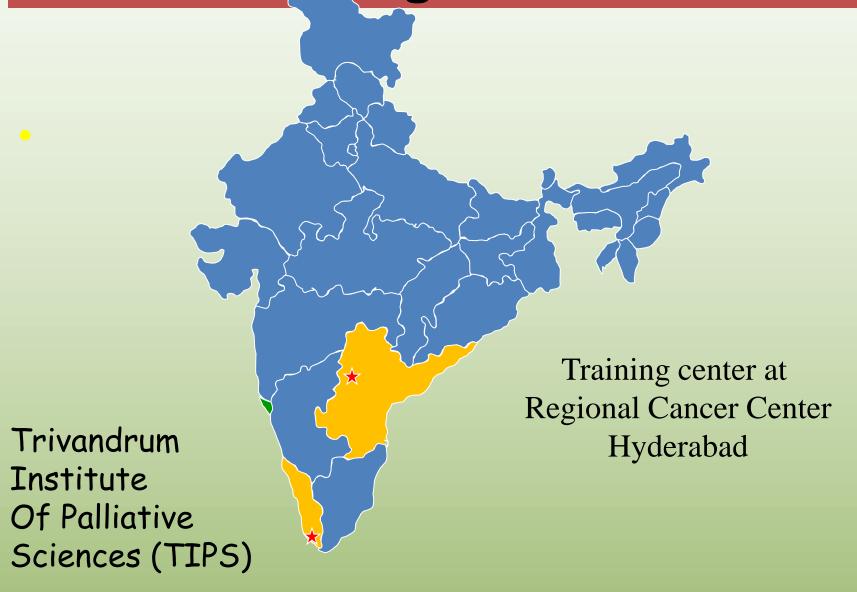




Palliative Care Services established in Northern States

- **States** which had no effective palliative care services:
 - Regional Institute of Medical Sciences at Imphal in Manipur,
 - Regional Cancer Centre in Aizawl, Mizoram,
 - Sanjay Gandhi Institute of Post-Graduate Institute of Medical Sciences, Lucknow, Uttar Pradesh,
 - Indira Gandhi Institute of Medical Sciences, Patna,
 Bihar, and
 - Meherbai Tata Cancer Institute, Jamshedpur, Jharkhand.

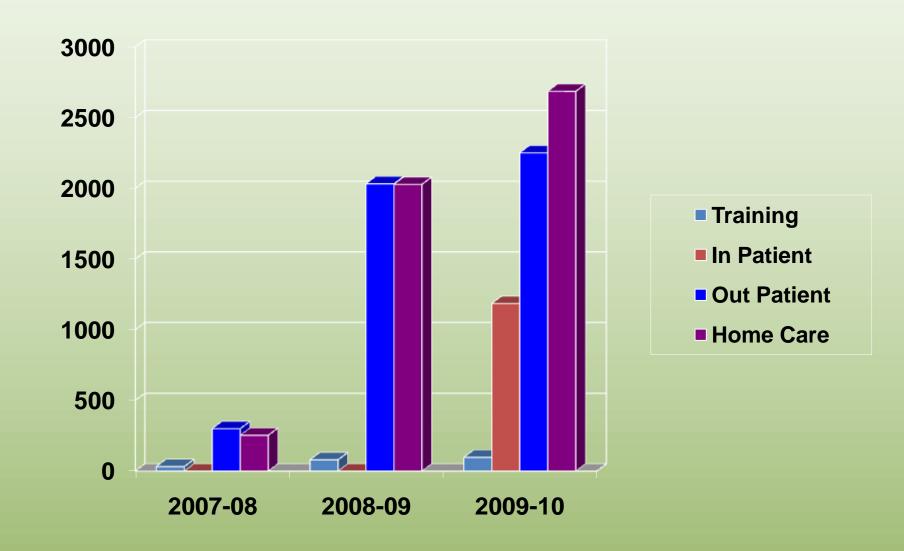
Training centers



Need for Palliative care training center in North India

State	Population With cancer	No. of pall Care centers
Kerala	75,000	140
U.P	400,000	1
M.P	180,000	1
Bihar	207,000	1
Haryana	53,000	0

Activities during last three years



Mr. S; 42 years, has cancer of the cheek



Causes of suffering: 1) Attitude & awareness of professionals

- Doctors do not perceive pain as a problem
- Unaware of principles of pain medicine
- Have unrealistic fear of opioids
- Medical students have not SEEN a tablet of oral morphine!

Causes of suffering: 2) Disease & treatment destroy families

No social security system or

effective health insurance;

treatment costs are out-of-pocket.

Limited Government funding for Health.

Role of community

Role of the community

The problem is not only medical.

It is also social.

Medical The System Community

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Training program



6 weeks "hands-on" course for doctors & nurses

Education: Key to development of palliative care in India



Requirements for starting a palliative care service

- Institution providing infrastructure
- Doctor & nurse willing to undergo six weeks' course
- Money!

How much does it cost to support one person's treatment?

- Rs. 1000 per patient per week (\$25)
- Rs. 4250 per patient per month (\$100)
- Rs. 50000 per patient per year (\$1200)

Take-off expenses for a new palliative care facility

Two year project

Rs 672,000 (US\$ 15,000)/ year

Project cost US\$ 30,000 / 2 years

Conclusion and Action Items for support for India

• Conclusion:

- Severe gap in Palliative care services.

• Action Item:

- Identify a hospital and champion a Palliative care center.
- Donate and promote the mission of Pallium India for Patient Care and Training Centers .
- -Spread the word in USA and in India

Palliative care makes all the difference



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Thank you for your time.

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