

Palliative Care - Reviewing the Current Scenario

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Word Palliative Care often redresses the sufferings of the terminally ill patients as we have confined it within the boundaries and restricted within the WHO Definition which says "Palliative care is an approach that improves the quality of life of patients and their families facing the problem 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". Does this essentially means that all other patients and families do not come within the purview of Palliative Care? Is it a valid justification for not addressing the sufferings of the majority of patients and ignoring their pain?

While confining Palliative Care we have even forgot the principals of natural justice which targets that "Even hardcore criminals sentenced to death are asked for their last desire; which is often fulfilled and all civilized nations aim at painless death even for them. Isn't it unfortunate that majority of the patients of Communicable Diseases have to bear severe pain; may it be for hours, days or months? Shouldn't freedom from Pain be regarded as Human Rights issue?

Certainly it is high time when we need to redress the aforesaid questions and revise the definition by broaden it up for all sufferings irrespective prognosis so as to extend an helping hand of palliative touch to all patients; making it an integral part of medical curriculum as well as practice. At any point of time sizable section of population suffers from some type of pain and / or mental problem may it be anxiety, depression, hysteria, mood swings etc. leading to deteriorating family atmosphere and poor quality of life of the entire family creating a strong need for counselling which is an integral element of Palliative Care and a must for the patient and their family.

Most post-operative patients have to suffer from excruciating pain in the developing world and in many developed countries; as Palliative Care is not covered under Insurance; often making it expensive and inaccessible. Taking the example of Communicable Diseases such as chikungunya; the patients have to suffer in post exposure excruciating pain for months and in light of the fact that it is not a life threatening condition; should these patients not be given Palliative Care?

In case of Infectious Diseases such as HPV infection; a silent killer and often considered as a taboo on account of its linkage with sex, plays havoc on the females causing Cancer Cervix due to the prevalent life style of wealthy society, early sex, early marriage, early pregnancy, multiple abortions and births further deteriorate the scenario.

Females inflicted with HPV Infection often need moral support for early detection and treatment which may be possible by counselling emphasizing on the role of Palliative Care which is often lacking. While post exposure to HPV it takes years to cause Cancer Cervix; it is really puzzling that most patients came to the doctors in advance stages due to lack of awareness about the killer which can easily be restrained by early detection. Community awareness in an introvert Society poses a challenge and needs special mechanism for redressal. Cancer Aid Society has pioneered in community awareness campaigns effectively handled through specially designed awareness literatures in 12 regional languages of India as the Social Workers address the gatherings and distribute the literatures across the length and breadth of the Country announcing an Annual International Award of INR 100,000/- for Excellence and Leadership in Palliative Care. Let us all join hands and advocate for widening the scope of Palliative Care thereby ending the sufferings of all patients.

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