

Refresher course in palliative care

Members of the Cipla Centre palliative care team benefitted from a refresher course on various aspects of care, conducted by Dr Gayatri Palat, Director of The International Network for Cancer Treatment and Research (INCTR), Palliative Care Access (PAX) Program, and Indian Palliative Care Network (IPCN), Hyderabad. It was conducted from May 24 to 29 at Cipla Centre.

The course covered all aspects of palliative care ranging from clinical care to communications. Participants included doctors, nurses, volunteers and staff members.

The participants appreciated the extensive use of role play, experience sharing and case presentations during the course.

Calling for more such courses, Deepa Kesarkar, counselor, appreciated the relevance of the course to everyday practice. "What we learnt at the programme definitely enabled us to do better at work because everything was so practical," she said.



Building teams the play way

As part of the ongoing International Palliative Care Leadership Development Initiative (LDI) being undertaken by Dr Priyadarshini Kulkarni, Medical Director, a team-building workshop was held at Cipla Centre on September 13 for core team members.

Conducted by Vikas Vinayachandran, a training professional from Chennai, the 16 participants in the workshop played a series of games, which were all designed to underline the importance of teamwork.

"I would like to believe that after the workshop, there has been a better appreciation of one another's contribution to the team effort. I think we bond better now," said Prachee Sathe, one of the participants.

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Caring for dignity

put at ease and told that what matters is their comfort. When there are unresolved issues between relatives and the patient, the Centre's team takes the initiative and encourages them to start a dialogue. It restores the dignity of all to be able to communicate again and to bridge petty differences. When it comes to discharge, what matters is what the patient wants.

Writing in the Indian Journal of Palliative Care, Dr M R Rajagopal, Chairman, Pallium India, notes that the very word "patient" tends to favour stigmatization. It comes from the Latin word *patiens*, meaning to endure, bear or suffer. It refers to "an acquired vulnerability and dependency imposed by changing health circumstances." Dr Rajagopal wonders if this condition is tantamount to a licence for others to be arrogant and insulting. Describing palliative care as a "breath of fresh air amidst this disease-oriented medical nightmare" he points out that "unrecognised deprivation of dignity keeps wounds raw and prevents healing."

He goes on to state that poverty compounds this problem of loss of dignity. "They may have very little of worldly possessions, but the one thing that the poor in our country proudly live with is their dignity." Dr Rajagopal regrets that when they are relegated to the alien world of a hospital by disease,

they lose this dignity and are subjected to insults from every corner through gestures and words. He questions, "Why should people go through pain, humiliation and destruction of dignity almost all through the process of illness till they get respect, empathy and the works only in the last few days or weeks of life?" He concludes by making a strong plea that "All that palliative care stands for should be integral to the whole of health care."

In the Journal of American Medical Association (JAMA), Dr Harvey Chochinov talks about a study of "Dignity Psychotherapy," a new intervention designed to preserve dignity at the end of life. In the course of the study he gathered different perspectives of dignity. The patient said, "Dignity is a state of the soul. Dignity is the sense of peace that passes all understanding." The patient's wife felt that "our dignity has been maintained because of the care we have been receiving in the hospital.... I think part of dignity is trying to make him feel that he is still of value." The doctor, who was in charge, felt that dignity was "trying to preserve the person as they are; you know, the sensible things like keeping them clean, keeping them comfortable, but also enabling their way of being, what made that person that person."

At Cipla Centre, we have had cases where a patient died within hours or days of admission. Often, because of sheer poverty and ignorance, the patient is in a bad condition. Yet,

regardless of the background of the patient and the duration of the stay, the body is carefully washed and wrapped. "At times," says Madhura Bhatwadekar, Medical Social Worker, "I think that destiny brings some people here just to ensure that they die a dignified death."

If all this gives rise to the notion that dignity matters only in the last days, one meeting with Ghongade baba (see story elsewhere in this issue) is enough to know how palliative care can help maintain dignity in life. On palliative care for the last 5 years, he comes to the Centre for his medicines regularly. He is concerned about keeping pain away so that he can continue to work hard at his farm, hold his head high in his village where he is an important man. Death is the last thing in his mind as he talks to his fellow villagers as fervently about palliative care as about the intricacies of scientific farming.

Cipla Centre once had a doctor, a well-respected senior physician, on a visit. He asked us if we were not trying to prolong life. This is what our palliative care doctor, who was accompanying him, had to say: "The difference between regular medical care and palliative care is in the priorities. Your goal is to extend life; the comfort and dignity of the patient are secondary. The quality of current existence is sacrificed for an uncertain future gain. The palliative care team helps every patient live the fullest possible life right now. It does not matter how long or short life would be."