Philosophy of Palliative Care

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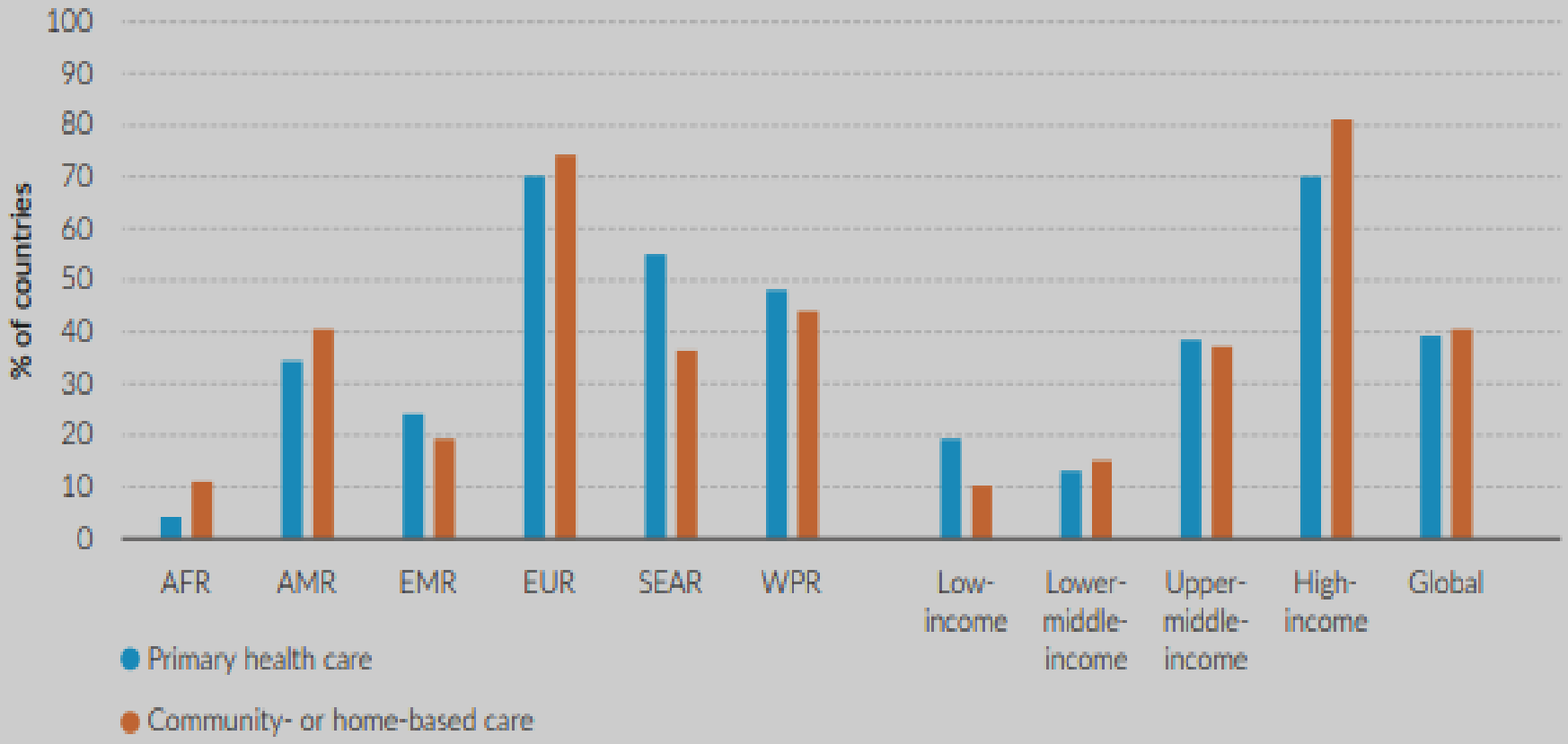
Palliative care

CONTRAST!

Percentage of countries with palliative care reported as being "generally available" in a primary health-care setting or community- or home-based care, by WHO region and World Bank income group



AFR: WHO African Region; AMR: WHO Region of the Americas; EMR: WHO Eastern Mediterranean Region; EUR: WHO European Region; SEAR: WHO South-East Asia Region; WPR: WHO Western Pacific Region.

Death

Result of poverty, not able to get treatment which was expensive

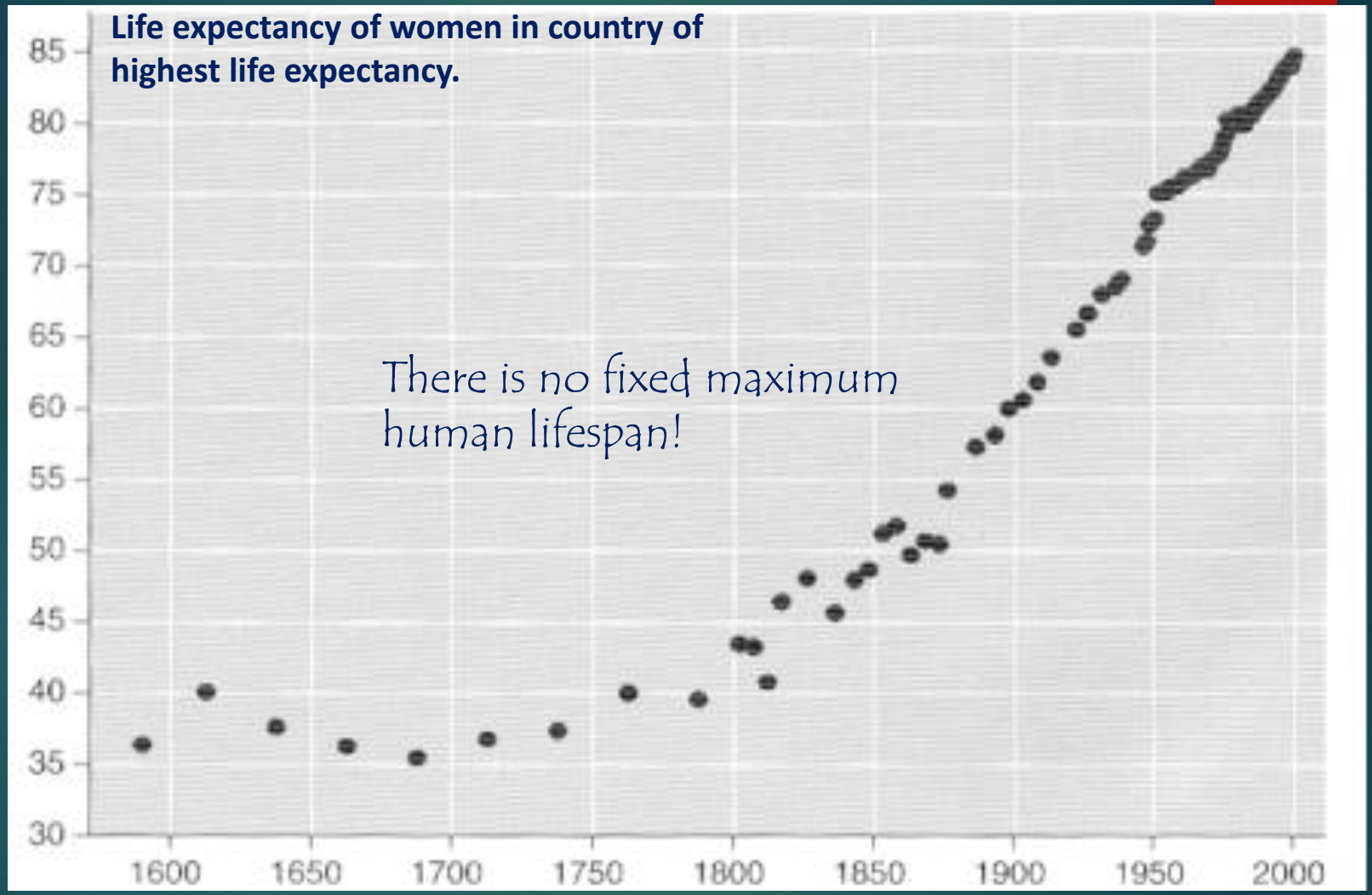
Prevent at all costs

More money can help

Reinforced in many domains

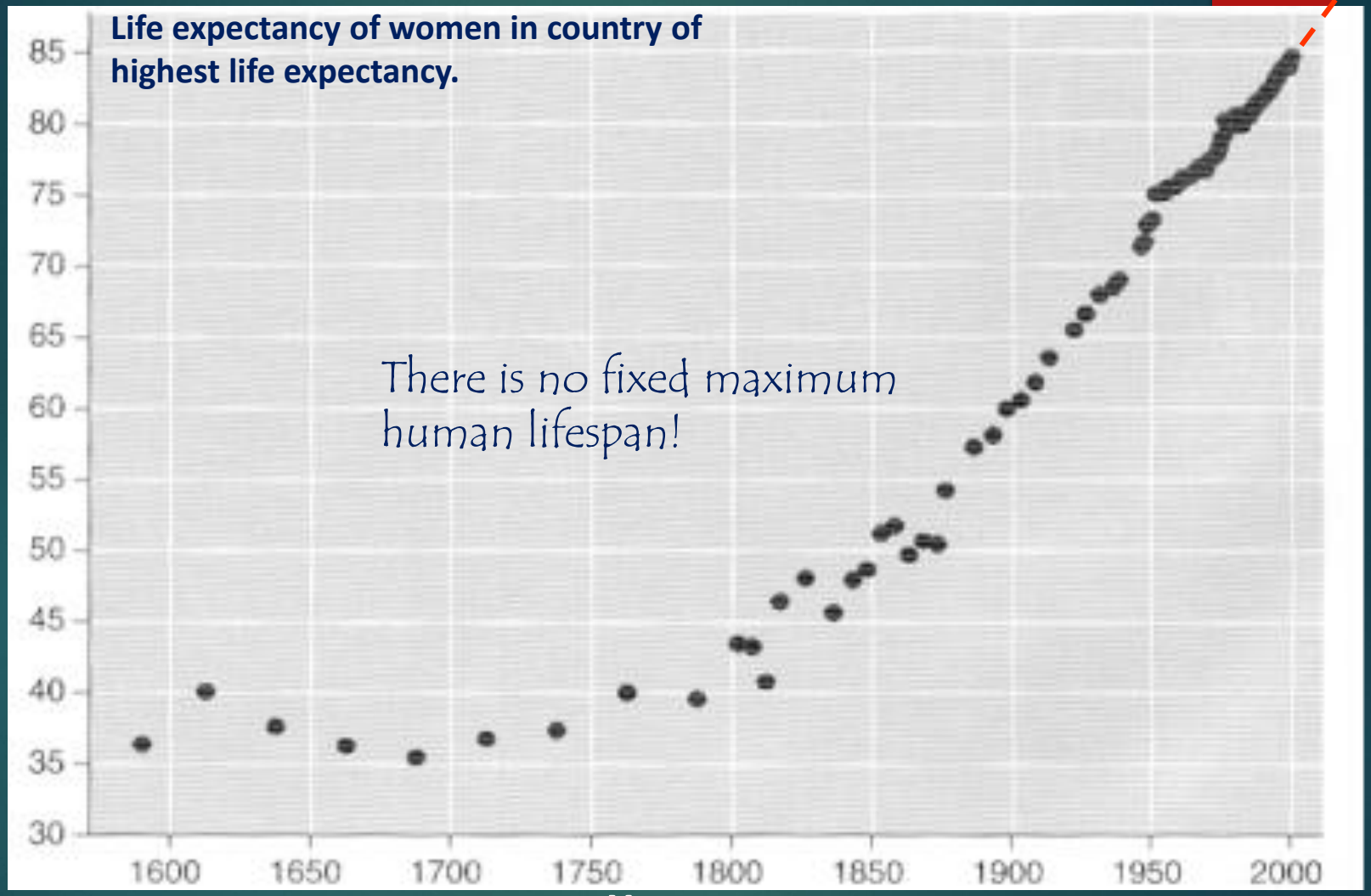
How long will you live?

Death is in retreat



Source: Oeppen & Vaupel, 2002, Science 296:1029-31

Death is in retreat



Source: Oeppen & Vaupel, 2002, Science 296:1029-31

Life Time Risks

Lifetime Risk of:

Heart disease:	**1:2 men; 1:3 women (age 40+)**
Alzheimer's:	**1:2.5 – 1:5 by age 85**
Diabetes:	**1:5**
Parkinson's	**1:40**

9 Meaning of life

- “The meaning of life is that it stops.” -- Franz Kafka

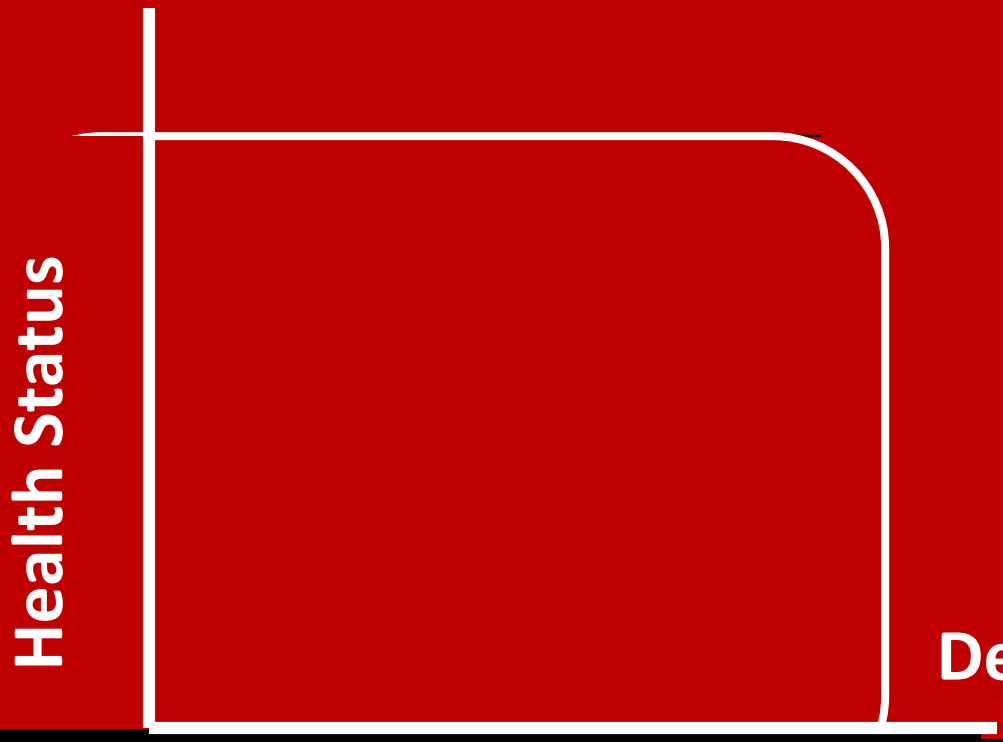
20th Century – Transition from Acute Death → Chronic disease

- Heart attack → Heart failure.
- Stroke → Vascular dementia.
- Diabetic death → Diabetic life.
- HIV death → HIV life.

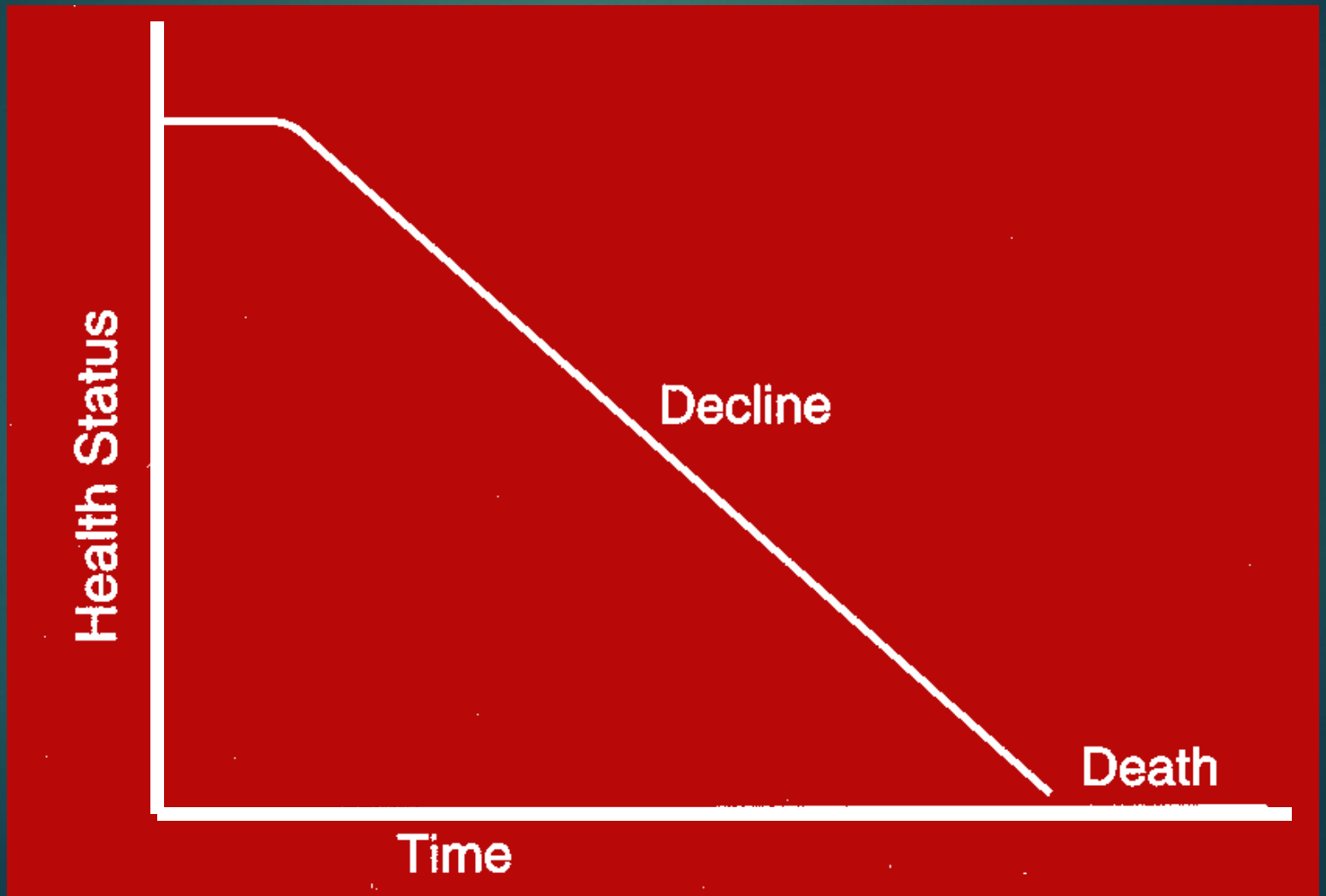
How do people die?

Sudden death, unexpected cause

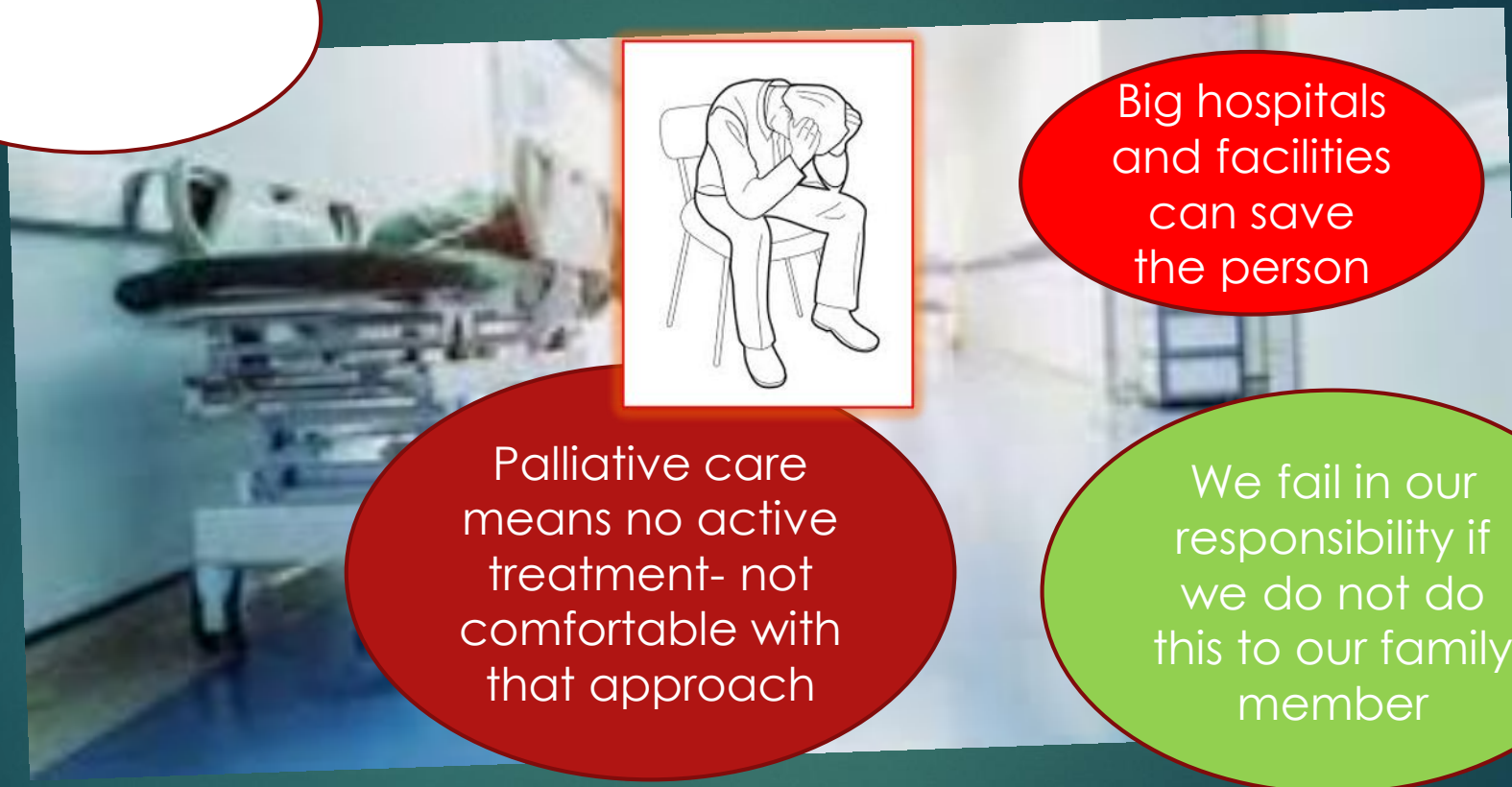
- < 10%, MI, accident, etc



Steady decline, short terminal phase



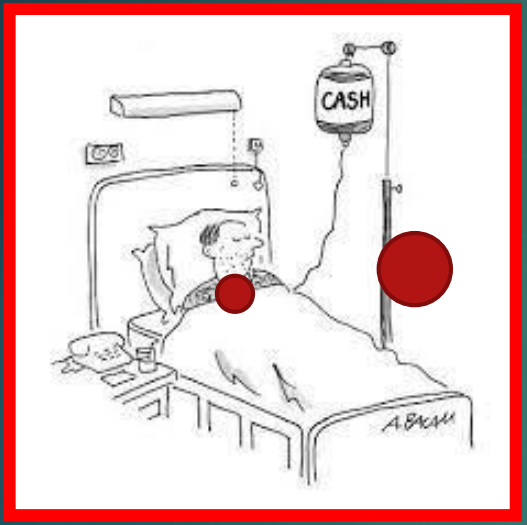
Slow decline, periodic crises, sudden death



Big hospitals and facilities can save the person

Palliative care means no active treatment- not comfortable with that approach

We fail in our responsibility if we do not do this to our family member



Am I causing problems to my family?
Do I get better?
Will they pay money for my care?
I am scared
If I am not in hospital what will happen?

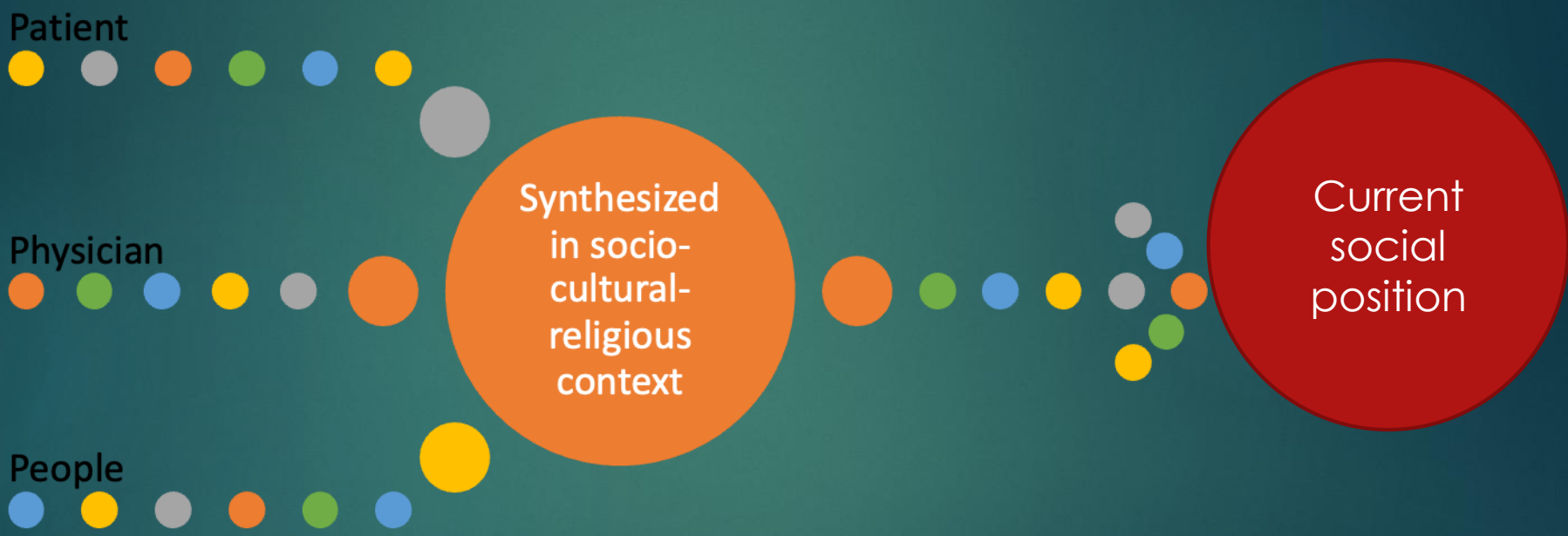
I cannot say no active treatment; it affects my position!
Someone else will say something can be done!
We can always try- new treatment is there
I can also provide palliative care

Too many priorities, not heard from senior clinicians as a need!

Elements of palliative care seen by groups…

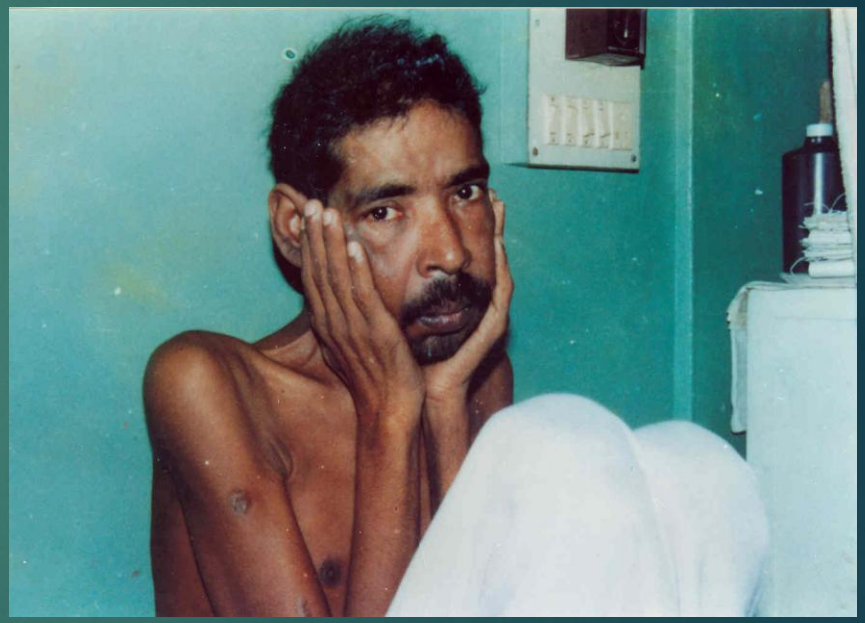
WHO Definition of Palliative Care

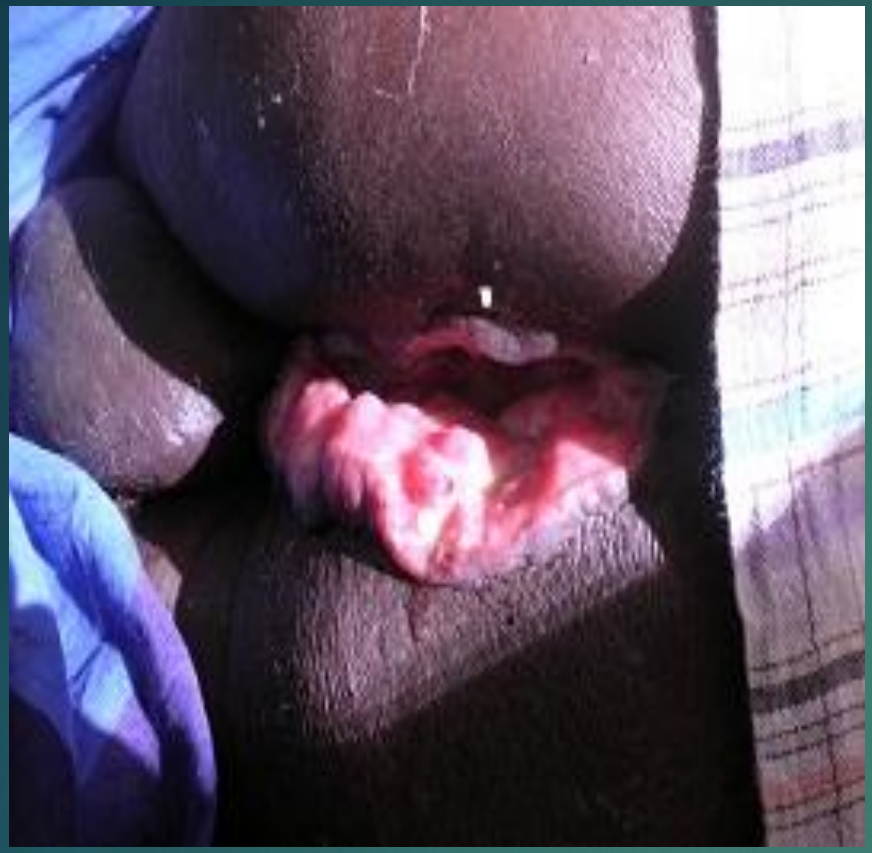
- Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

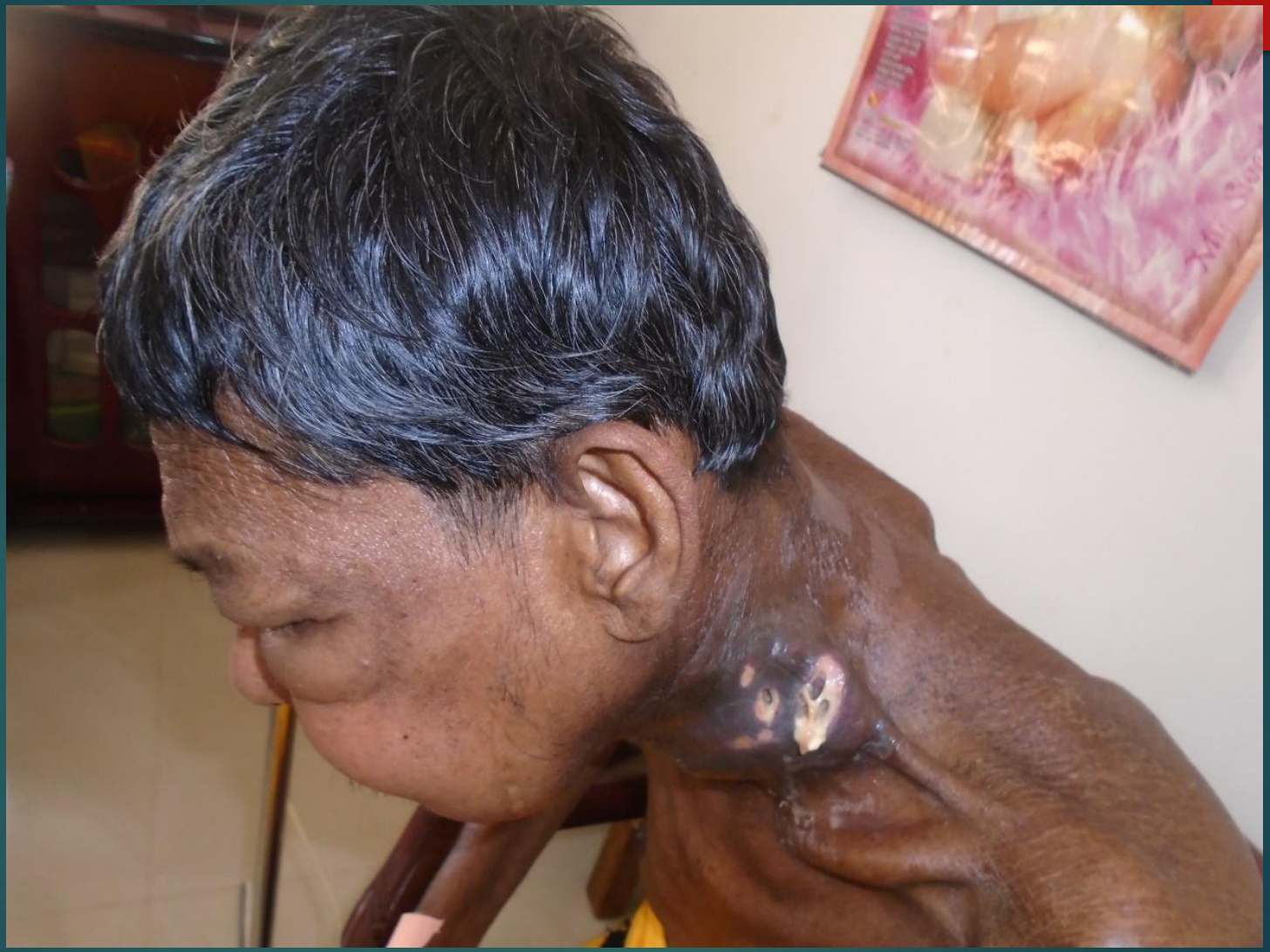

Patient
Physician
People
Synthesized in socio-cultural-religious context
Current social position

Problems of patients with advanced diseases

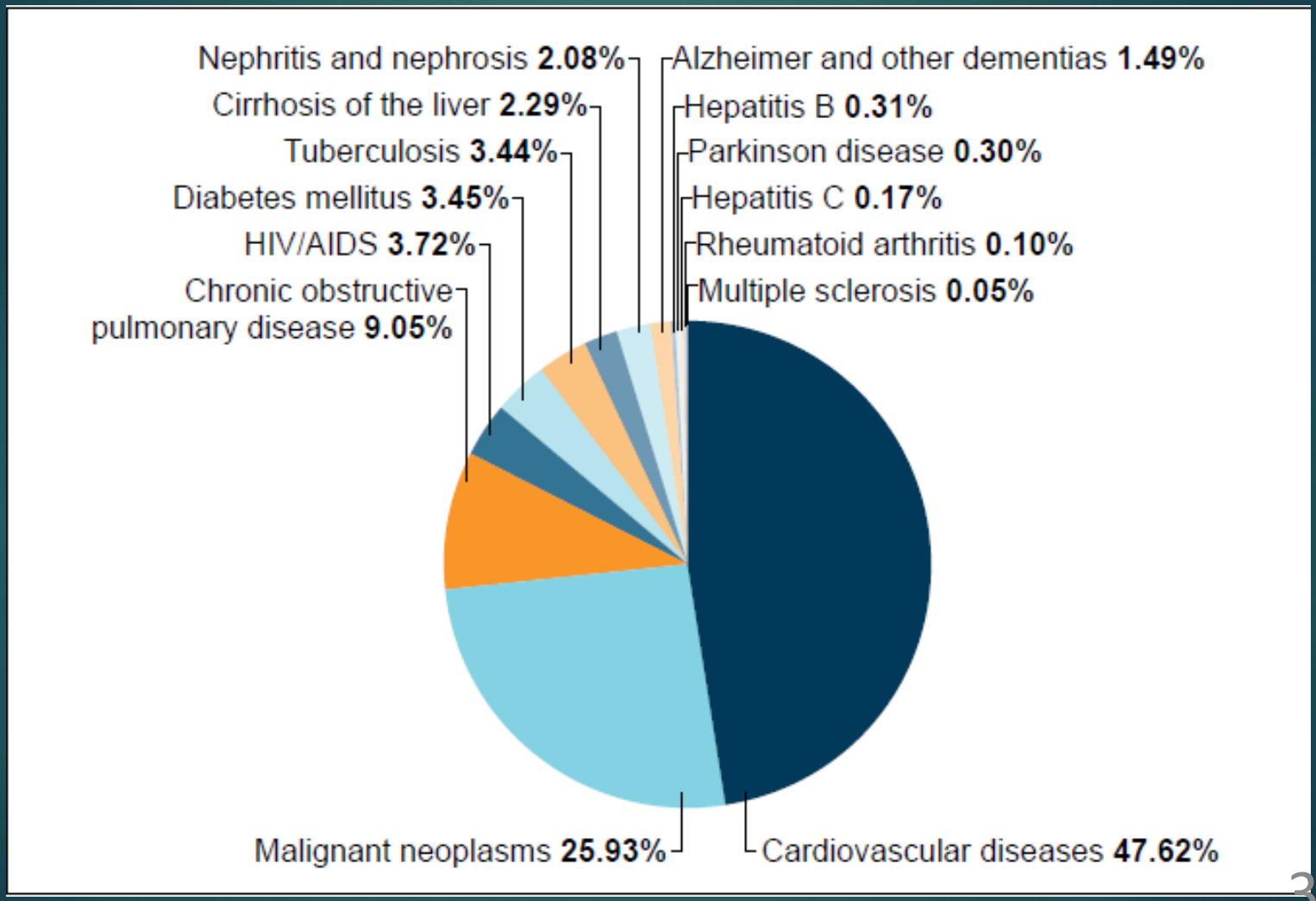
- Physical problems – Pain, Dyspnoea etc
- Social problems – Financial problems, social isolation etc
- Emotional problems – Sadness, anger, worries, anxieties etc
- Spiritual problems – Religious or otherwise



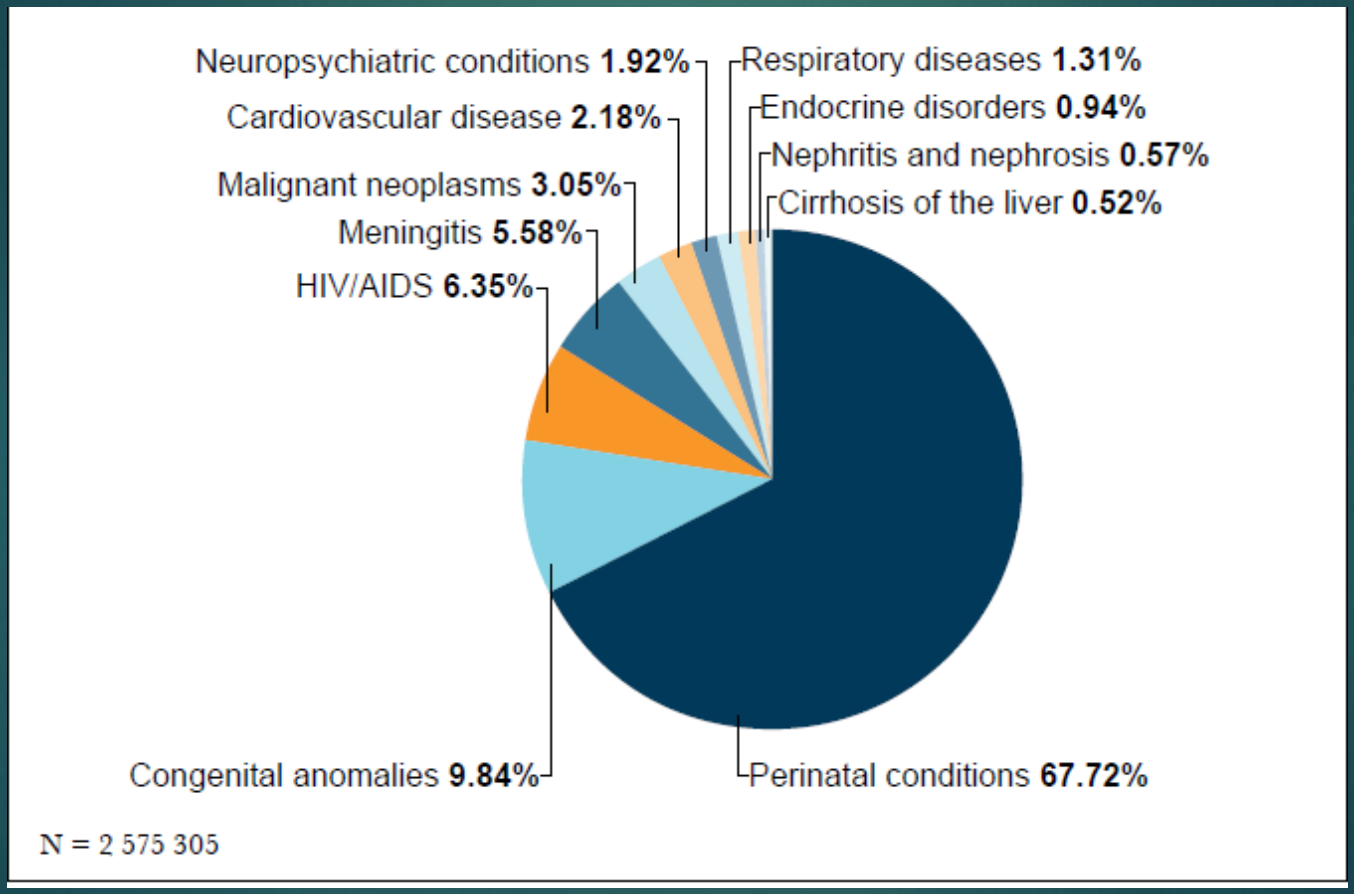


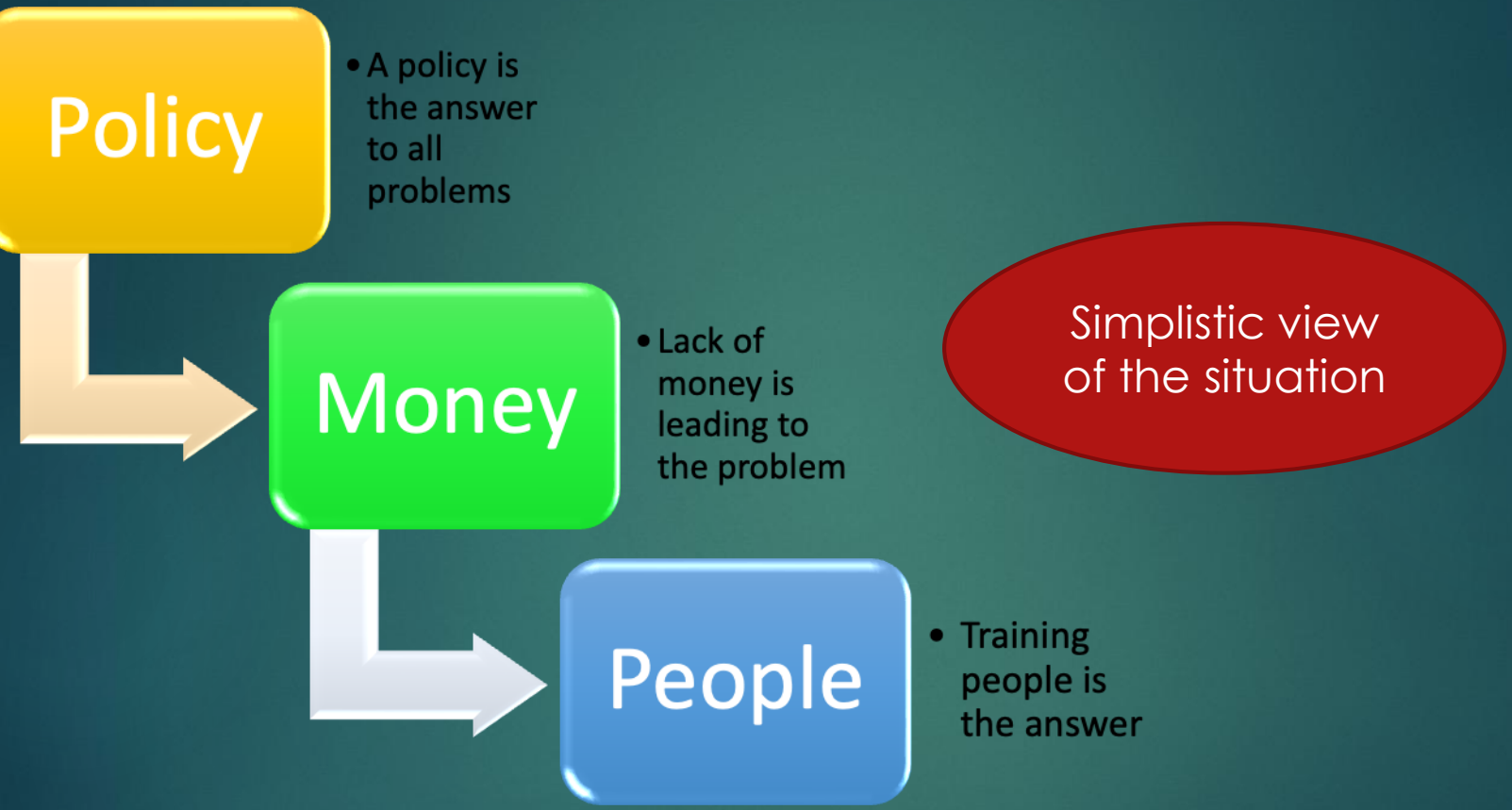


Distribution of adults in need of Palliative Care



Children in need of Palliative care




Policy
• A policy is the answer to all problems
Money
• Lack of money is leading to the problem
People
• Training people is the answer
Simplistic view of the situation

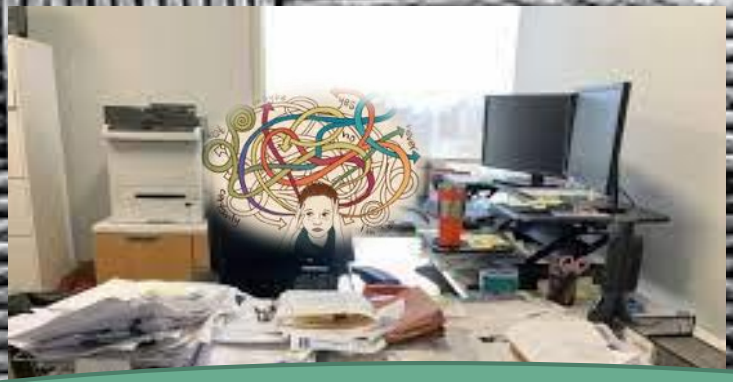

No support systems
No good models
Ignorance and misconceptions
Mindset- nothing but curative treatment

NCD plan

Cancer plan

Alcohol control strategy

Tobacco control plan



Diabetes plan

Nutrition plan

Cervical cancer plan

70% of plan elements are the same!

NCD MSA plan

Physical activity plan

Childhood cancer plan

Tools- which one to use for what and when?


TIMING IS
EVERYTHING


NOW
LATER

Ready with some facts

Keep it short and sweet

Assess the situation and adapt

Context specific response

Think through the mind of the employer

Get your hands dirty with the ground reality

Get firsthand experience of many areas

ASSUME can intern make an ASS of U and ME
Talk from experience

Don't get carried away by documents and jargon

Decode the jargon

Be the subject matter expert in some areas

Stay up to date

Publish regularly

Teach or provide seminars

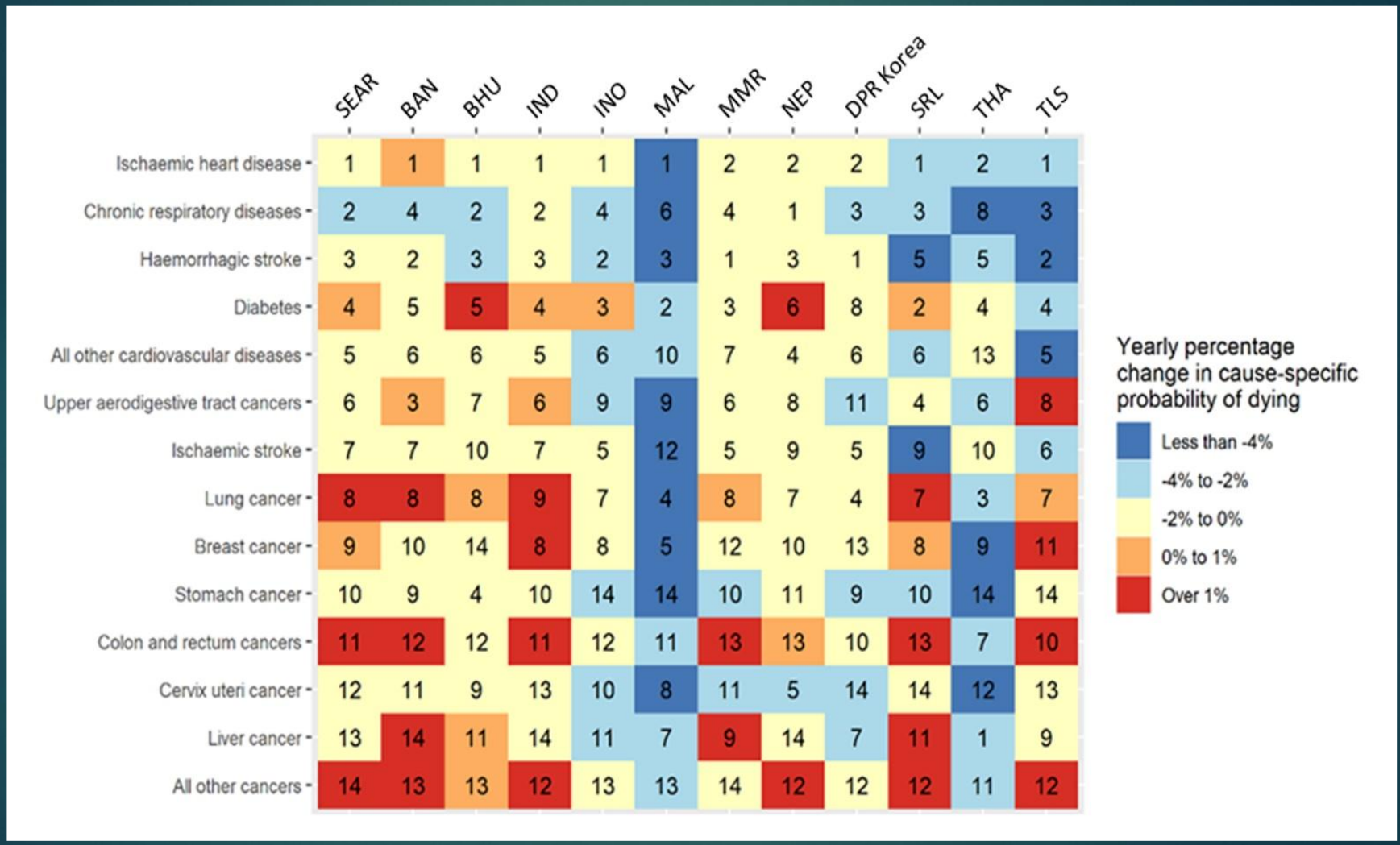
Make new slides for every session

Remember three Ts
Things Take Time

Easier to think, but may not be the reality

A roadmap for sustainable palliative care

Yearly percentage change in cause-specific probability of dying
Rank of each specific cause as a contributor to overall mortality from NCDs in 2019
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02347-3/fulltext#%20




Palliative
care
models


Planning and implementing palliative care services:
a guide for programme managers
World Health Organization
Integrating palliative care and symptom relief into primary health care
A WHO guide for planners, implementers and managers
Integrating palliative care and symptom relief into paediatrics
A WHO guide for health care planners, implementers and managers
World Health Organization
Integrating palliative care and symptom relief into the response to humanitarian emergencies and crises
A WHO guide
World Health Organization

World Health Organization

WHO GUIDELINES FOR THE PHARMACOLOGICAL AND RADIOTHERAPEUTIC MANAGEMENT OF **CANCER PAIN** IN ADULTS AND ADOLESCENTS

WHO GUIDELINES FOR THE MANAGEMENT OF CANCER PAIN

The main components of the WHO Guidelines are:

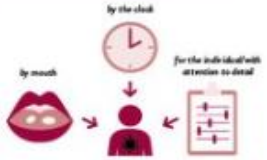
- **INITIATION OF PAIN RELIEF** (Non-opioids and opioids)
- **MAINTENANCE OF PAIN RELIEF** (Opioids)
- **ADJUVANT MEDICINES** for cancer pain (Steroids)
- **MANAGEMENT OF PAIN RELATED TO BONE METASTASES** (Bisphosphonates and radiotherapy)

ADMINISTRATION OF ANALGESIC MEDICINE

BY MOUTH
Oral administration is preferred to parenteral administration.

BY THE CLOCK
Analgesics should be given on a regular basis *by the clock* rather than *on demand*.

FOR THE INDIVIDUAL, WITH ATTENTION TO DETAIL
The dose of an analgesic should be determined on an individual basis.



THREE-STEP ANALGESIC LADDER

The concept of a ladder explains the need for pain assessment and for appropriate management of pain based on the severity of pain.

OTHER RELATED PUBLICATIONS

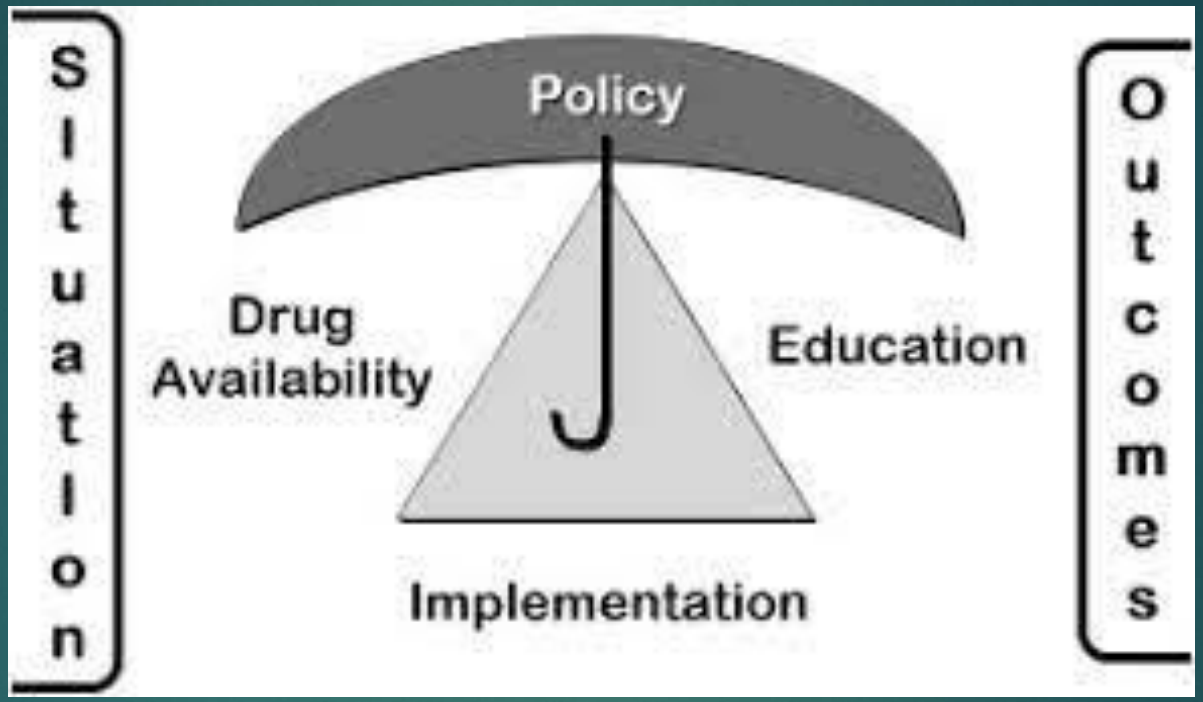
https://www.who.int/ncds/management/en/

HEALTH FOR ALL

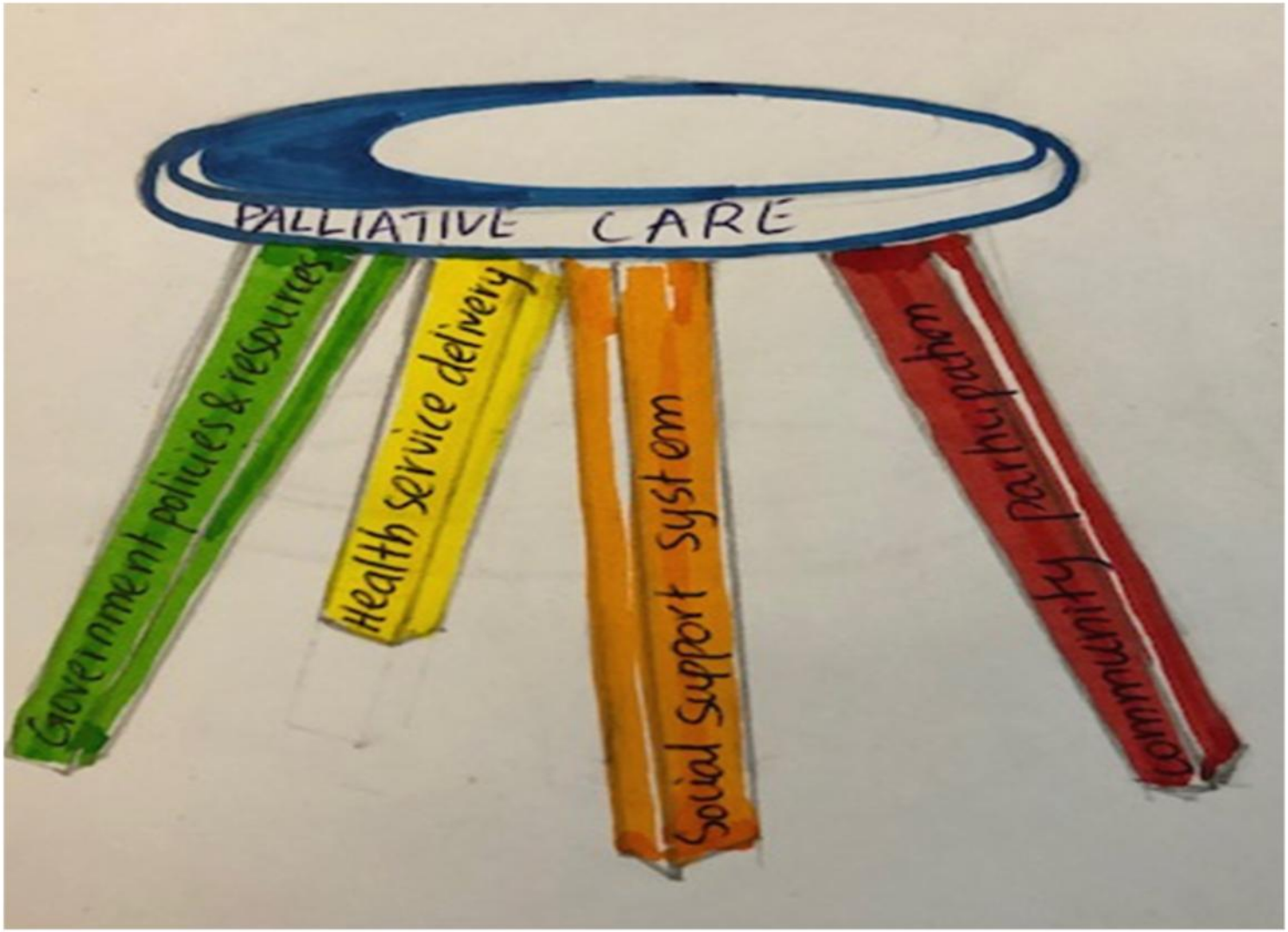
ACCESS TO PAIN RELIEF AND PALLIATIVE CARE IS A HUMAN RIGHT AND AN ESSENTIAL PART OF UNIVERSAL HEALTH COVERAGE

World Health Organization

SEEING is BELIEVING!


Situation
Policy
Drug Availability
Education
Implementation
Outcomes


MORPHINE
NSAIDs
PARACETAMOL
WHO
ANALGESIC
LADDER


PALLIATIVE CARE
Government policies & resources
Health service delivery
Social support system
Community participation

Palliative Care in the Community

The proposed model for Long Term Care (LTC) and Palliative Care (PC) Adapted with permission from Stjernsward 2005(Indian Journal of Palliative Care 11 (2)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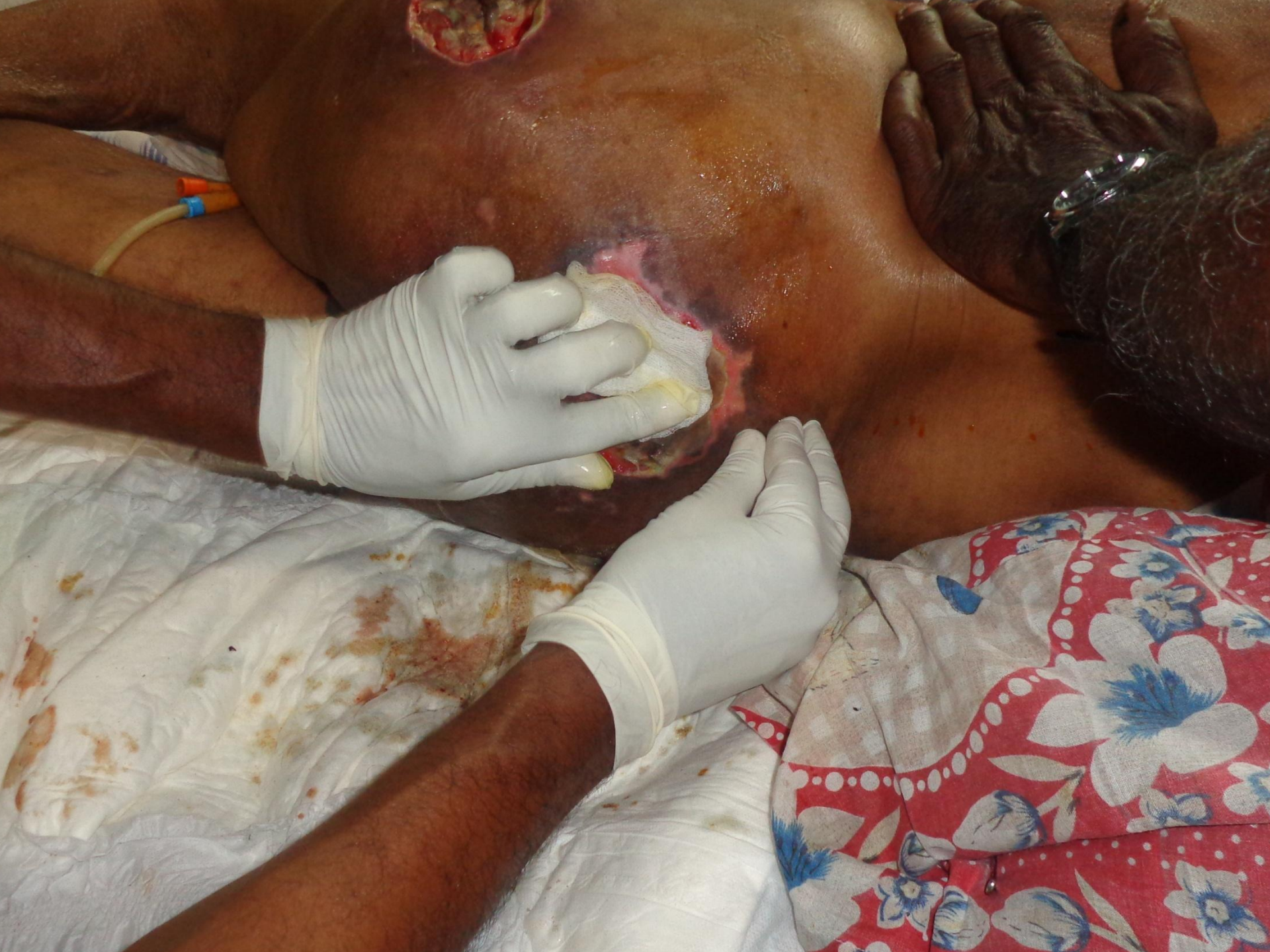

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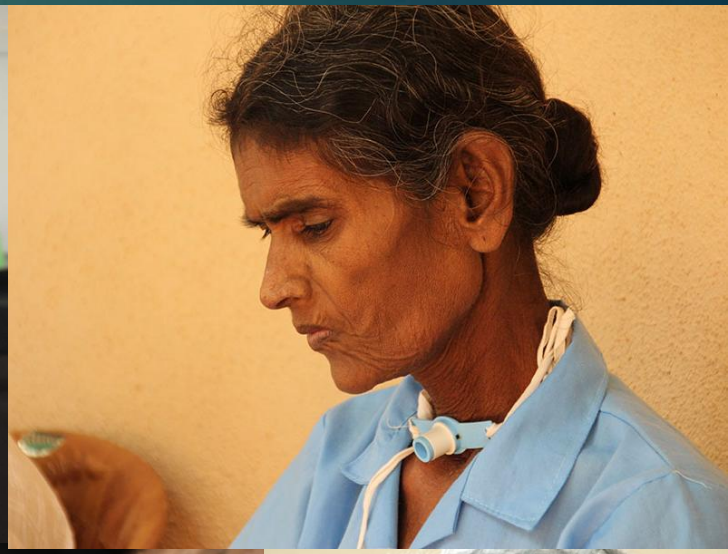
புற்றுநோய் பராமரிப்பு சங்கம்
Cancer Care Association

Lets Light a Life…



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Cancer Care Association

CANCER CARE HOPICE
Families Visiting their Patients







Team with the patient in front of his house

Social Worker with the caretaker(mother of the patient)

Palliative Care

- Aims at improving the quality of life of the incurably ill, bedridden and dying patients
- Is total care of the patient and support for the family by a team of health care professionals and non professionals

We all have to die one day...

Only 10 to 15 % of people die suddenly.

The rest, have a slow and gradual end of life.

Most people suffer enormously in the last phase of life.

It's About How You LIVE!

Learn about your options, choices and decisions

Implement your advance directive plans

Voice your decisions about hospice and palliative care

Engage others to learn more about hospice and palliative care

Our last days in this world

- It is not going to be easy!!
- Most people will suffer from physical pain
- There will be limitations in mobility
- Likely to have various other disabilities
- Social isolation
- Emotional problems
- Financial problems
- Bed sores

Suffering at the end of life

- Is universal!!!
- Has no social, religious, geographical boundaries
- Life threatening incurable disease does not respect your age, wealth or social standing

End of Life Care

- The only guarantee for comfort in suffering at the end of life is meaningful relationships


IT ALWAYS SEEMS
IMPOSSIBLE
UNTIL IT'S DONE.
-NELSON MANDELA


THANK
YOU