



Introduction to Palliative Care For FLW



LEARNING OBJECTIVES

- Describe brief history of palliative care
- Define Palliative care.
- Enumerate domain of sufferings with examples
- Enumerate 5 important principles of palliative care.
- Describe the current situation of Palliative care in India/ local state.
- Describe the concept of Palliative care as part of a continuum of care
- Describe the interface between palliative care and primary health care





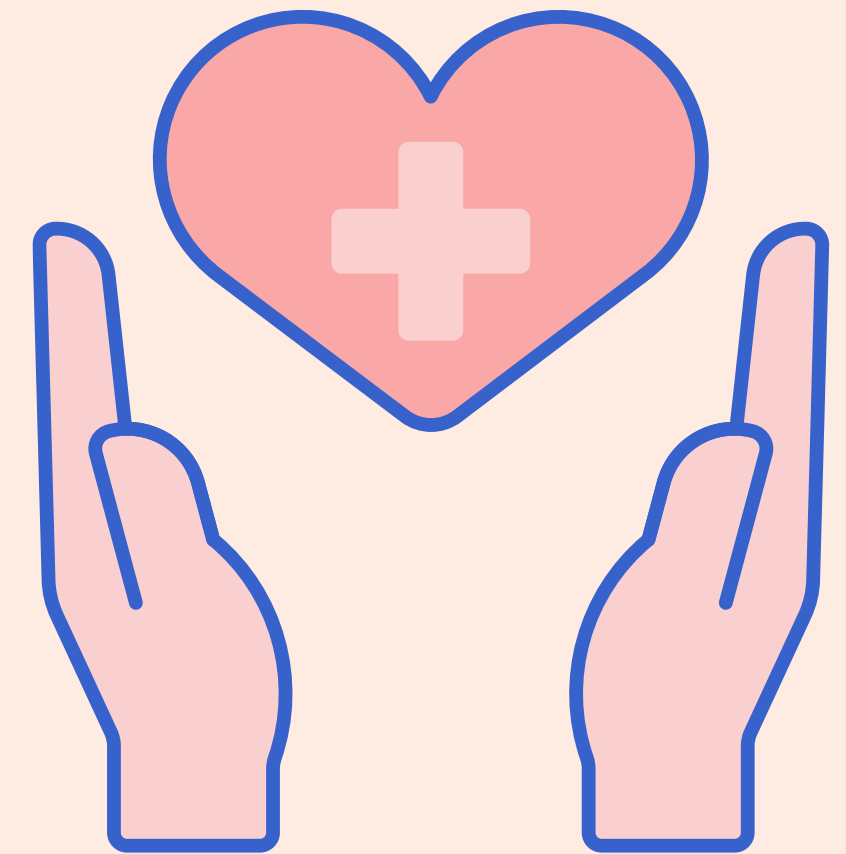
SAVITRI'S STORY

Ms. Savitri is a 32-year-old lady with advanced breast cancer in your neighbourhood. She has two children aged 8 and 6. Her husband is a manual labourer. The treating doctor has told the husband that her disease is not responding to treatment and the patient is likely to die in 6–9 months. You visited her yesterday. She complained of pain all over the body. She looked very worried.

- As a neighbour, what can you do to help this patient and her family?
- Who all can you seek help from?

WHAT IS PALLIATIVE CARE?

- Palliative care is the total, active care of patients suffering from life limiting illnesses along with care of the family.
- Palliative care relieves suffering and improves the quality of both life and death.





PALLIATIVE CARE

- Respects life but also regards death as a normal process
- Does not quicken or postpone death
- Provides relief from pain and other difficult symptoms
- Looks after the psychological and spiritual issues
- Helps the patients live as actively as possible until death
- Helps the family during the patient's illness and after the death





WHAT IS HEALTH?

Complete physical, mental and social well-being, and not merely the absence of disease and infirmity





FOCUS OF HEALTHCARE



Not only disease;
Also, prevention and treatment of suffering.





HISTORY OF PALLIATIVE CARE IN INDIA

- In olden days, in India, places were built where the dying was cared for, like in Varanasi. In the west, the Christian missionaries took care of the old and dying in institutions called ‘hospices’.
- The modern scientific palliative care was started by Dame Cicely Saunders in the UK.
- Palliative care units started in 1980s, situated mostly in South, especially Kerala.
- NPPC launched in 2012 and National Health Policy (2017) also recognizes palliative care as integral part of CPHC.



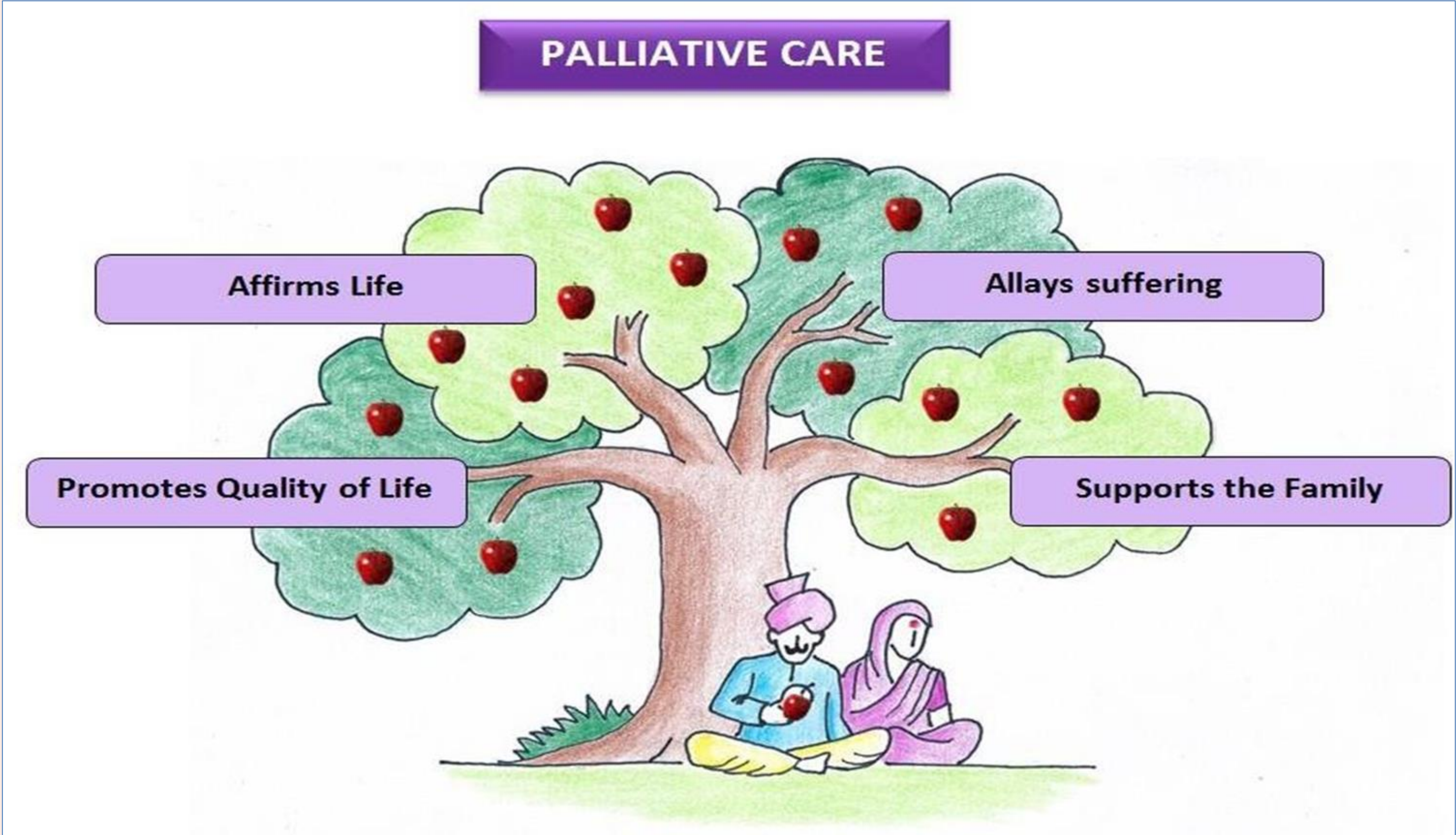


PALLIATIVE CARE, CONTRARY TO POPULAR BELIEF...

- Is not only for cancer.
- Is not only pain management.
- Is not only for terminal illness.
- It is for all Serious Health-related Suffering (SHS) of patients along with care of families. It relieves suffering and improves the quality of both life and death.



COMPONENTS OF PALLIATIVE CARE



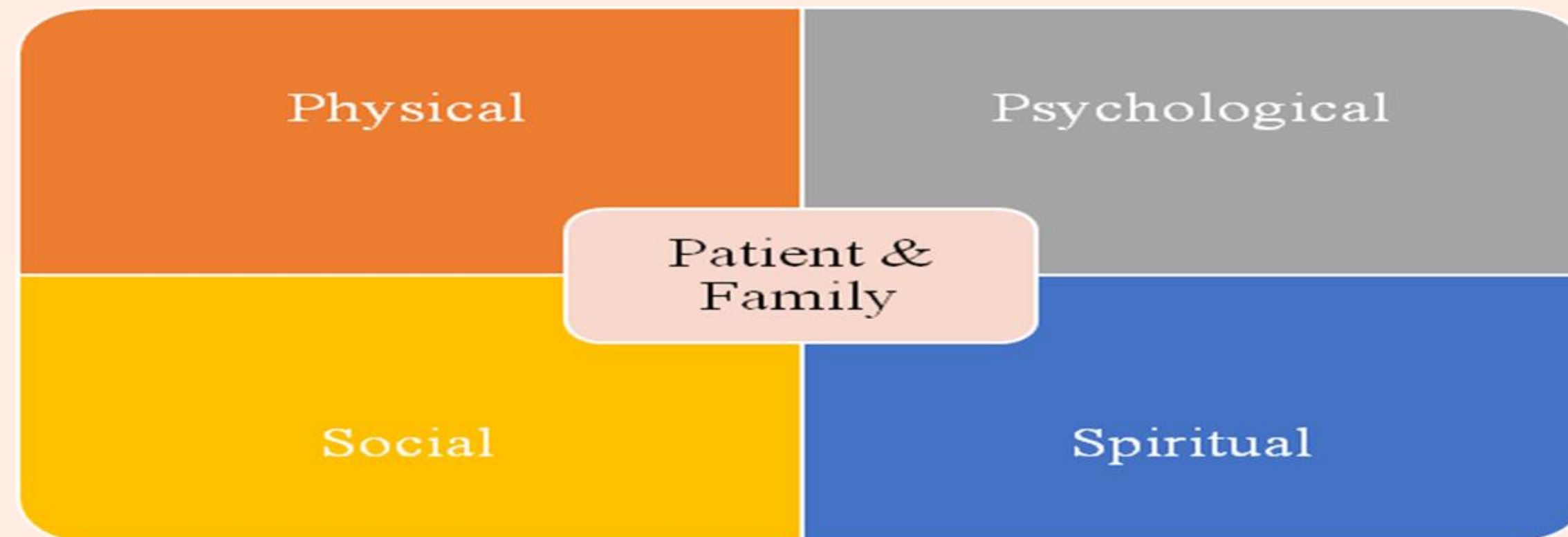
WHO NEEDS PALLIATIVE CARE?

Those with:

- Organ failures like heart failure, lung failure or kidney failure
- Chronic neurological diseases eg- Parkinson's disease, Stroke
- Stroke or spinal cord injuries
- Old age conditions like Alzheimer's disease etc.
- Children with cerebral palsy or birth defects etc.
- Cancer
- HIV/AIDS

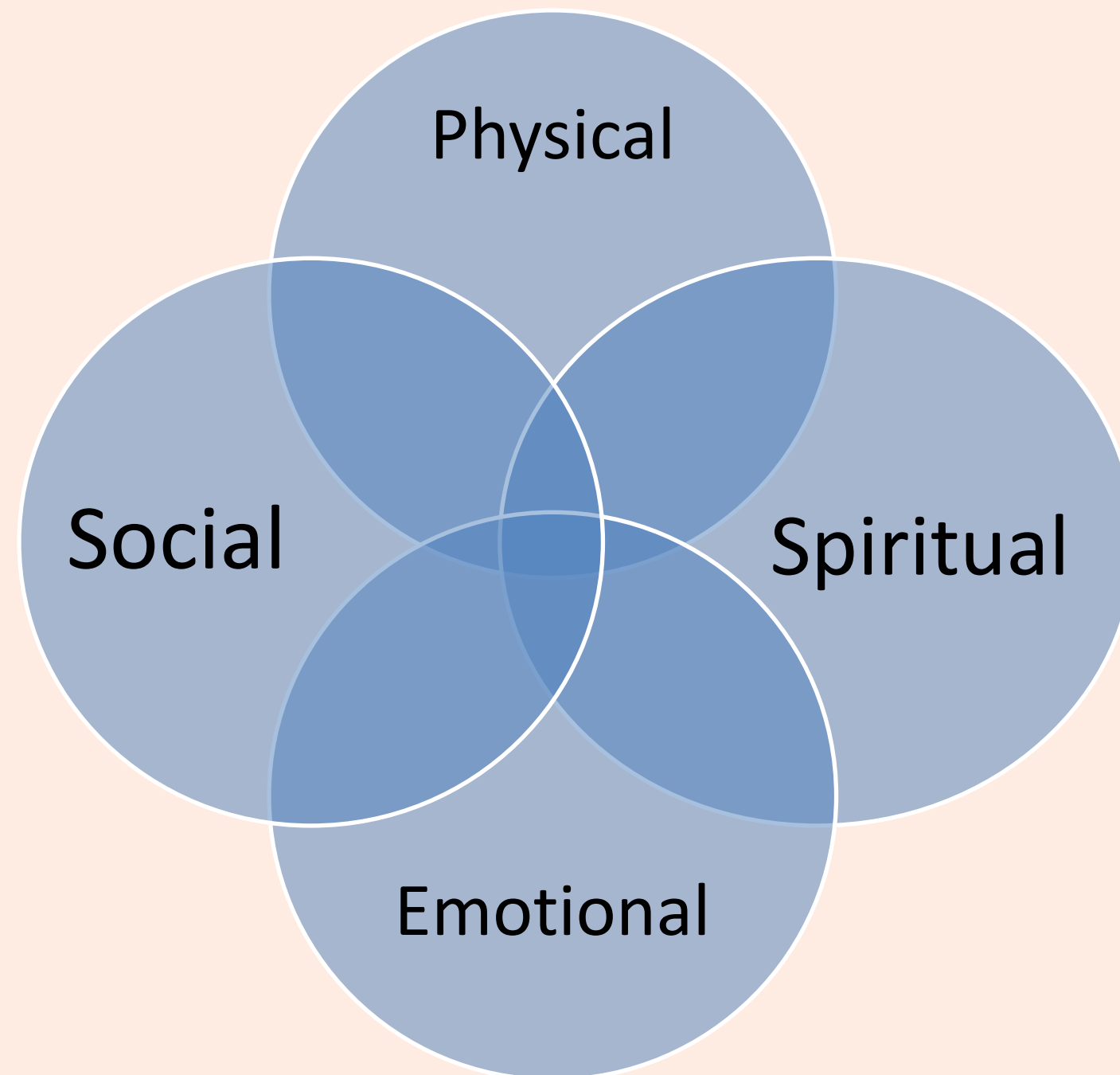
PRINCIPLES OF PALLIATIVE CARE

- Patient & Family is at the centre of the care
- Palliative care looks at the person as a whole.
- It takes care of the physical as well as emotional, social and spiritual needs of the patient and the family.
- When a patient is suffering, the whole family suffers with him so it looks after the patient as well as the family.





ERROR OF OMISSION 1- WE DO NOT TREAT SUFFERING



GROUP WORK

1. All the participants will be divided into 4 break out rooms.

Group 1 – Physical domain

Group 2 – Social domain

Group 3 – Mental domain

Group 4 – Financial domain



2. Groups will discuss the elements of sufferings in serious illnesses under each domain

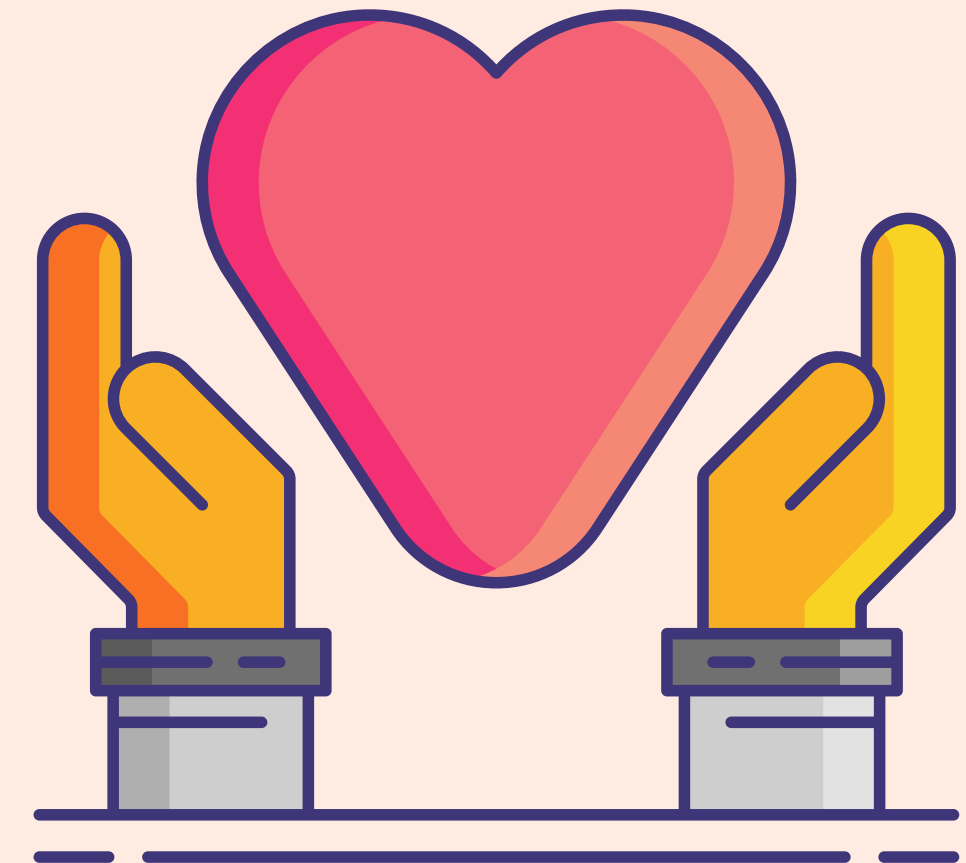
3. Group leader will present in the plenary.

NEED FOR PALLIATIVE CARE

- With changing lifestyle, NCDs becoming more common. Earlier thought to be diseases of the rich, affect poor people because of their unhealthy living conditions, poor nutrition, more high-risk behaviour , less access to health services. All this leads to more psycho- social problems.
- Out of pocket expenses on treatment pushes millions into poverty every year.
- Patients with chronic diseases in addition to medical treatment need regular support from their family/community. Current healthcare system is mostly meant for care of acute, not chronic illnesses.

NEED FOR PALLIATIVE CARE

- Due to nuclear families setup becoming more common, the traditional social support is no longer available.
- Out of the 7 million people who die every year, almost 4 million need palliative care but less than 1% are able to access it

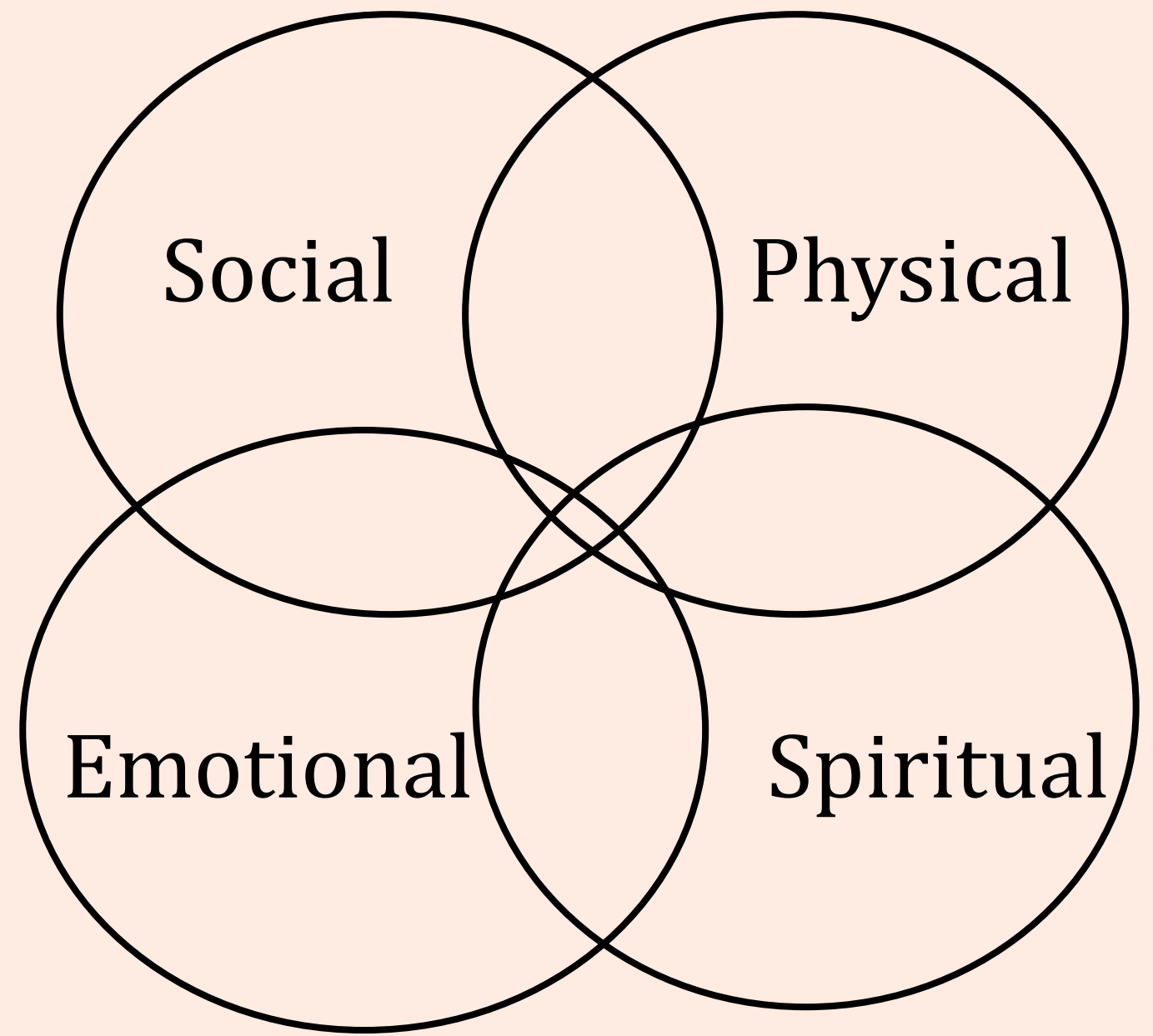


PALLIATIVE CARE DELIVERY

The team:

- Volunteers
- Social workers
- Health workers
- Nurses / Doctors
- Spiritual care guides
- Physiotherapist etc

ALL NEED TRAINING!





ACCESS TO PALLIATIVE CARE SERVICES



Free standing hospices

Inpatient care in general setting

Outpatient care

Home based



STEPS IN EVOLUTION OF THE CONCEPT OF PALLIATIVE CARE



- Control physical symptoms.
- Convey that you care.
- Encourage life review:
 - purpose, value, meaning



INTERCONNECTEDNESS WITH THE WORLD



- Companionship
- Respect
- Dignity
- Convey, “I care for you”.



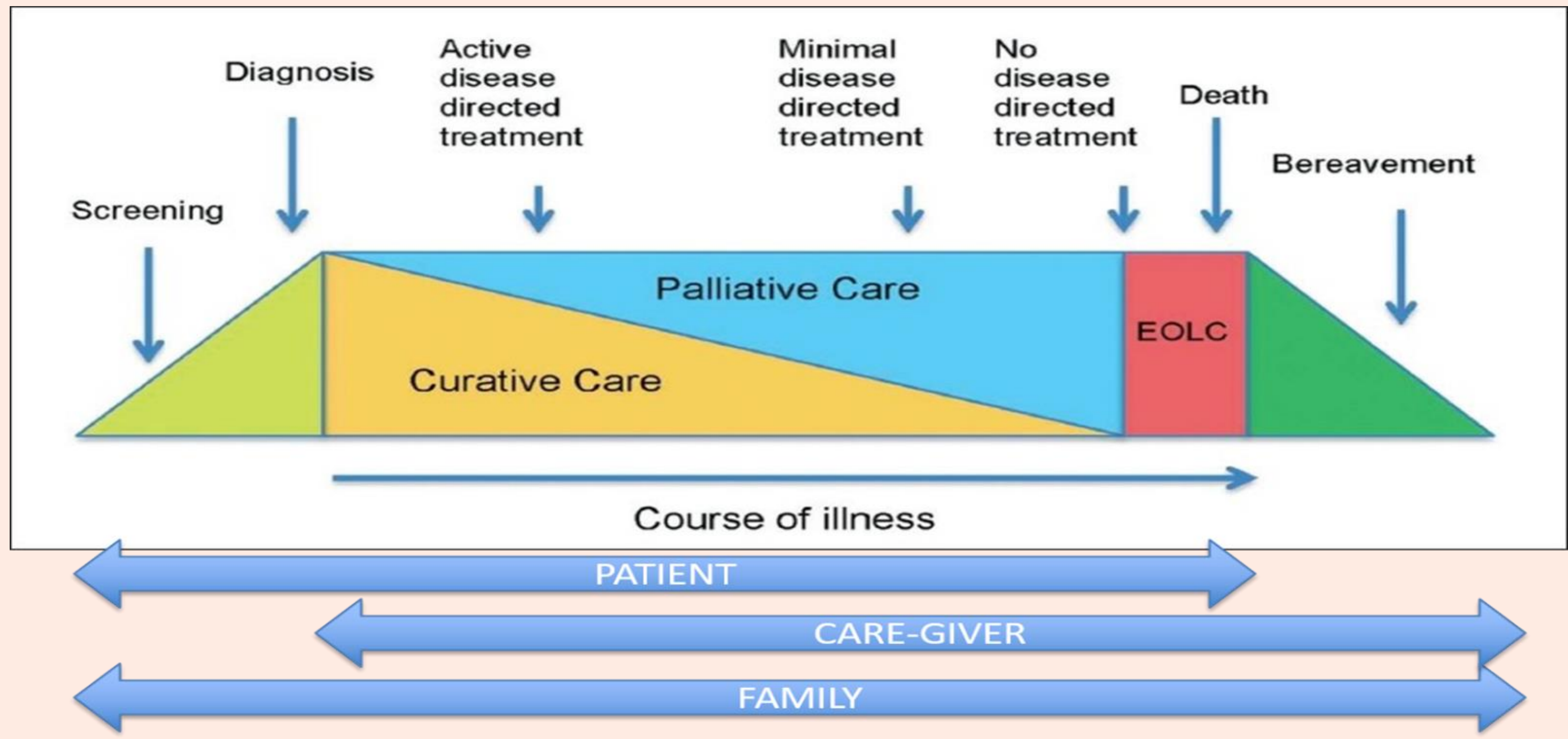


PALLIATIVE CARE

- From beginning of health-related suffering to the end.
- Has to go hand-in-hand with disease-specific treatment.
- Helps build trust, plan ahead to prevent symptoms and have timely discussions with the family
- Plan for good end of life care by making wise, well-informed and timely decisions when the disease is advanced.



INITIATION OF PALLIATIVE CARE SERVICES





“A good health system delivers quality services to all people, when and where they need them”. WHO





EVALUATION

STATE WHETHER TRUE OR FALSE

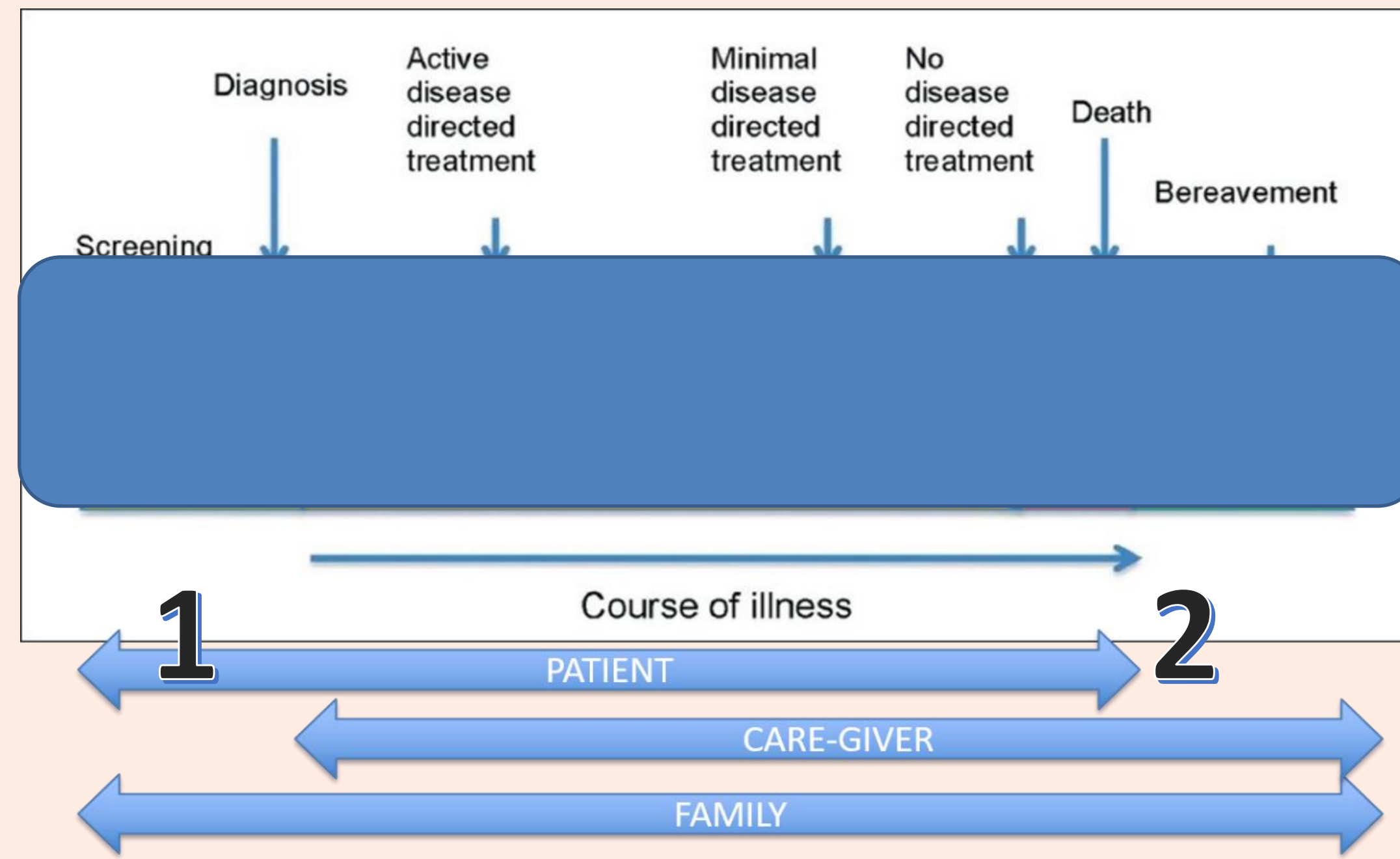
1. One of the goals of palliative care is to cure the person completely T/F
2. A principle of Palliative Care is alleviation of all Serious Health-related Suffering T/F
3. Palliative Care is offered in Health and Wellness Centres to reduce out-of-pocket expenses thereby reducing poverty T/F
4. Palliative care covers the physical, social, emotional and spiritual components of care of the patient and family T/F
5. Palliative care begins when a patient is bed ridden. T/F



EVALUATION

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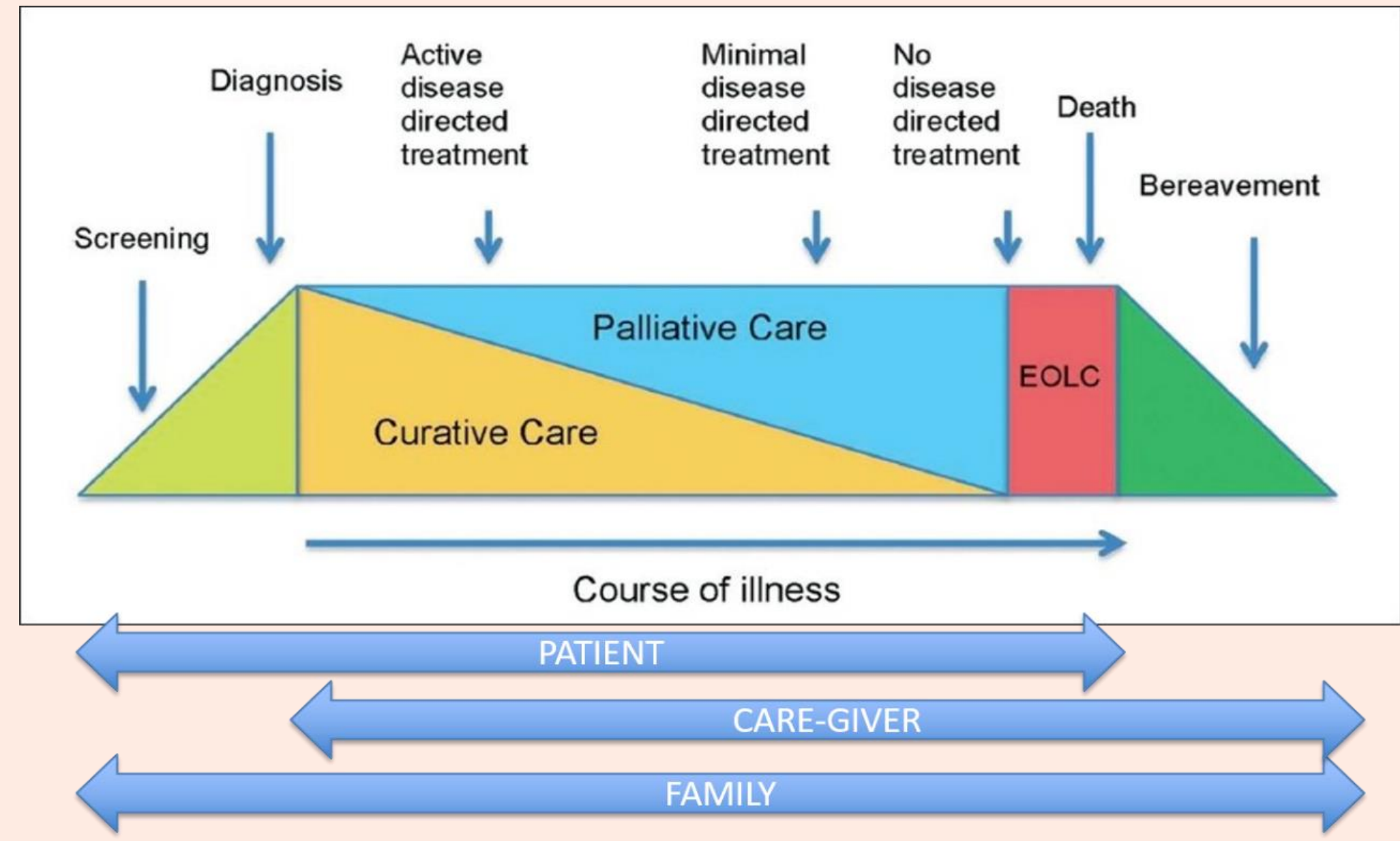
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Q1) Name 1 and 2 in range of Palliative Care Services
Q2) WHAT IS EOLC



EVALUATION KEY



EOLC=End of Life Care



Thank You

