

Introduction to Palliative Care & National Program for Palliative Care (NPPC) 2012 For MO





LEARNING OBJECTIVES

- Define palliative care
- List common elements of physical, social, mental & spiritual suffering in serious health conditions
- Describe the current status of Palliative care in India
- Describe the concept of Palliative care as part of a continuum of care
- Describe the interface between palliative care and primary health care
- Enumerate the components of a palliative care delivery team



HISTORY OF PALLIATIVE CARE IN INDIA

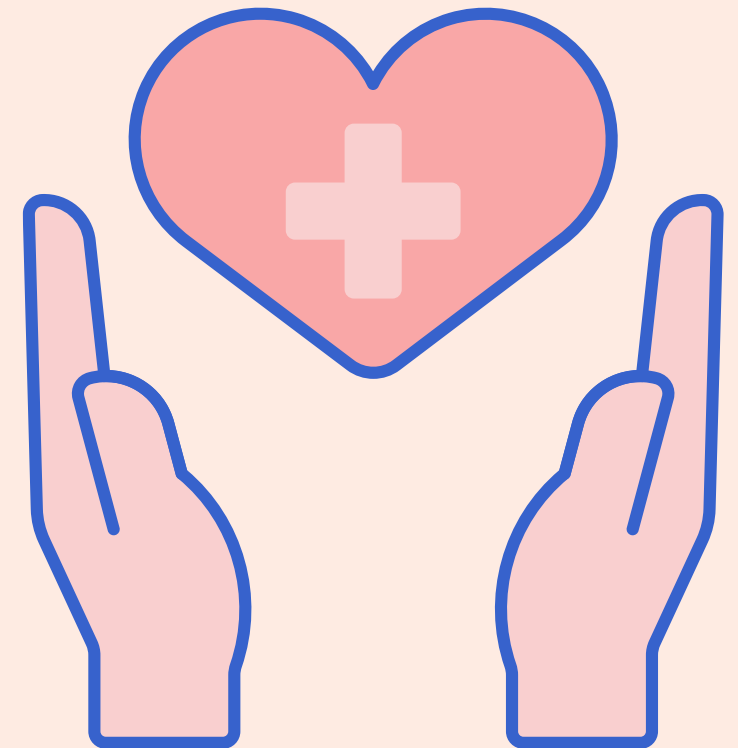
- In olden days, in India, traditional healthcare reached people in their homes.
- In the west, old and dying were cared for in ‘hospices’.
- Modern palliative care was started by Dame Cicely Saunders in the UK.
- In India, Palliative care started in 1980s, mostly as non-governmental activity.
 - NPPC launched in 2012 and National Health Policy (2017) also recognize palliative care as integral part of CPHC.



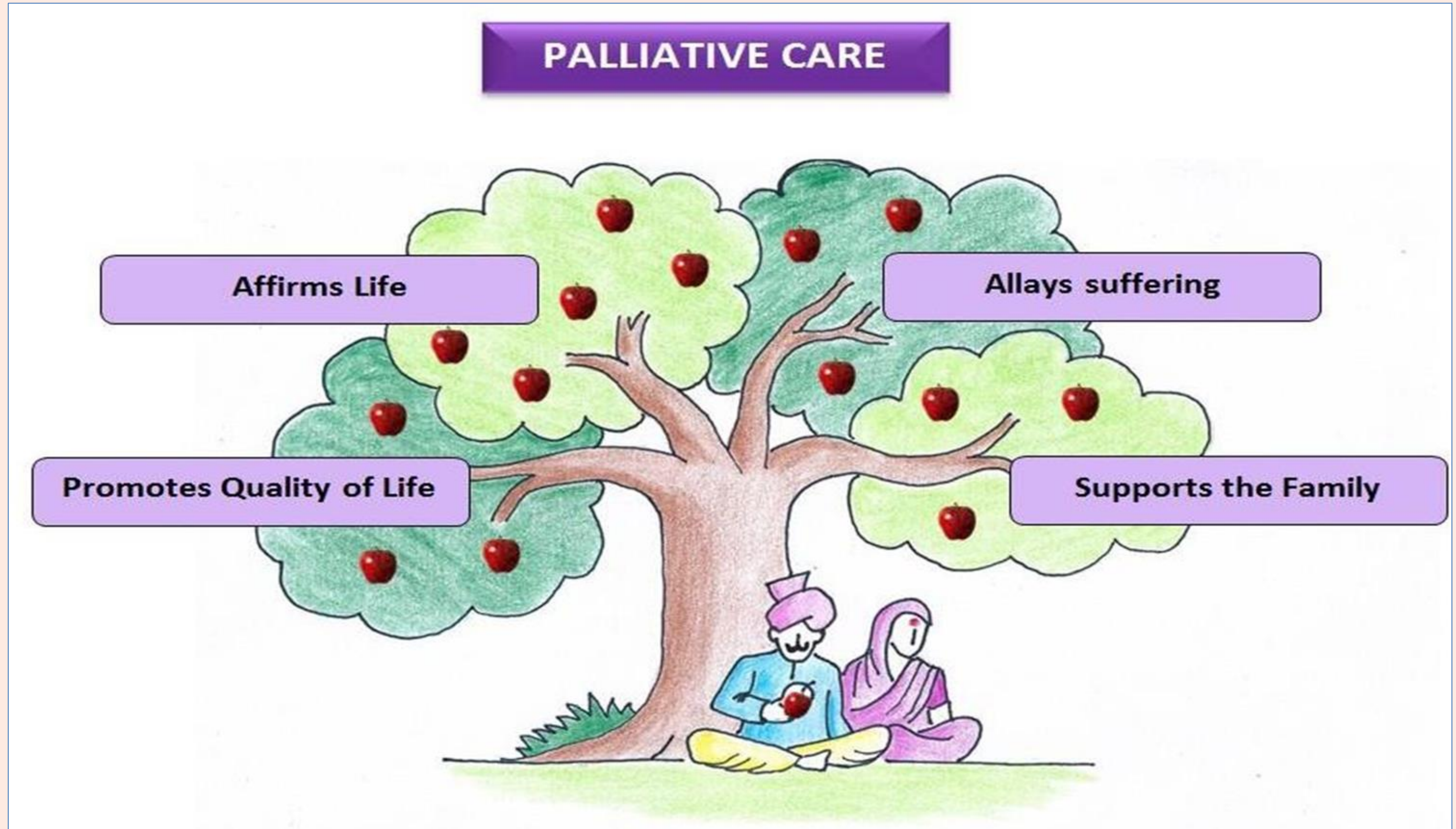


PALLIATIVE CARE, CONTRARY TO POPULAR BELIEF...

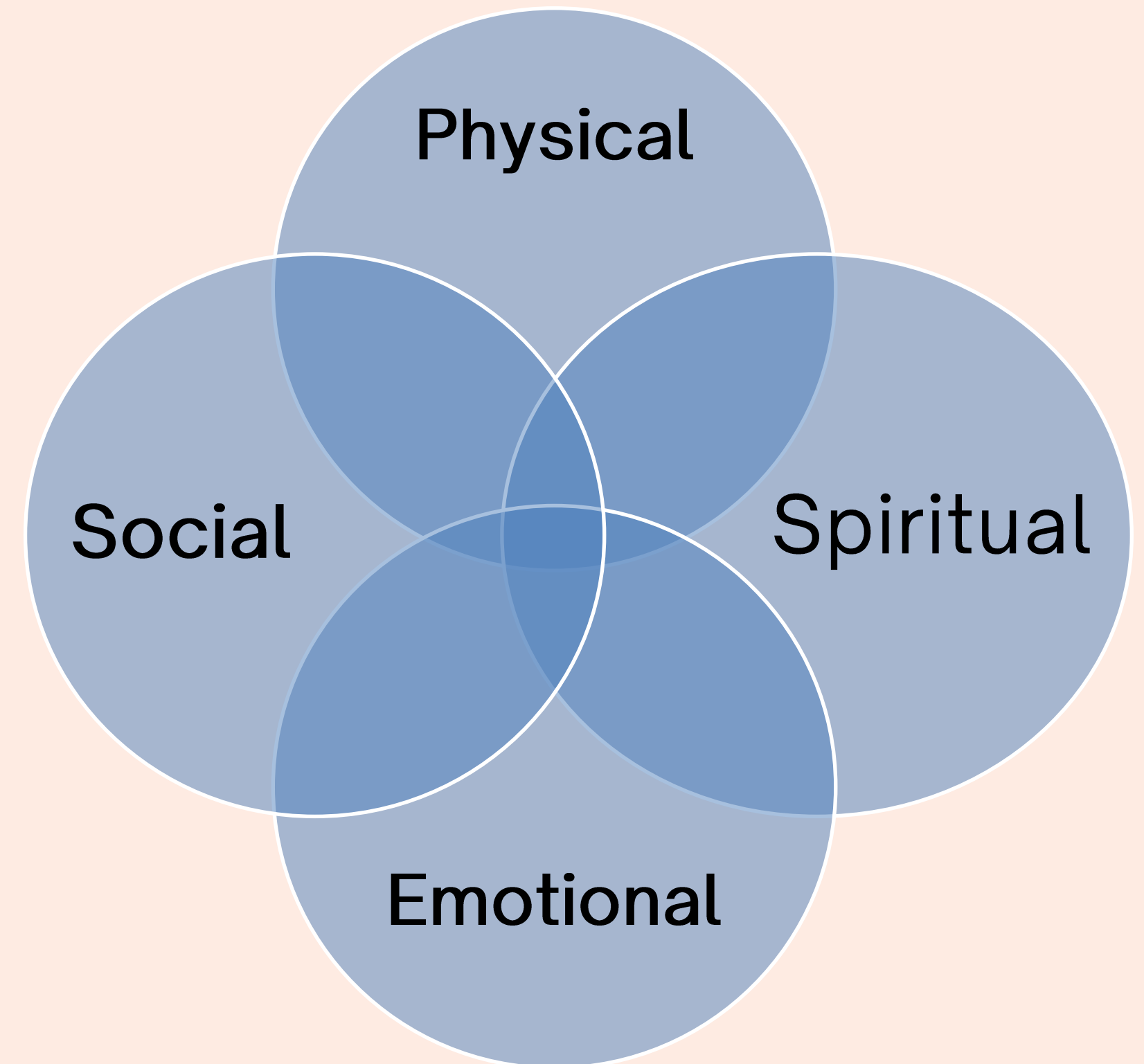
- Is not only for cancer
- Is not only pain management
- Is not only for terminal illness
- It is for all serious health related suffering (SHS) of patients along with care of families. It relieves suffering and improves the quality of both life and death



COMPONENTS OF PALLIATIVE CARE



ELEMENTS OF SUFFERING





BASIC PRINCIPLES OF CARE

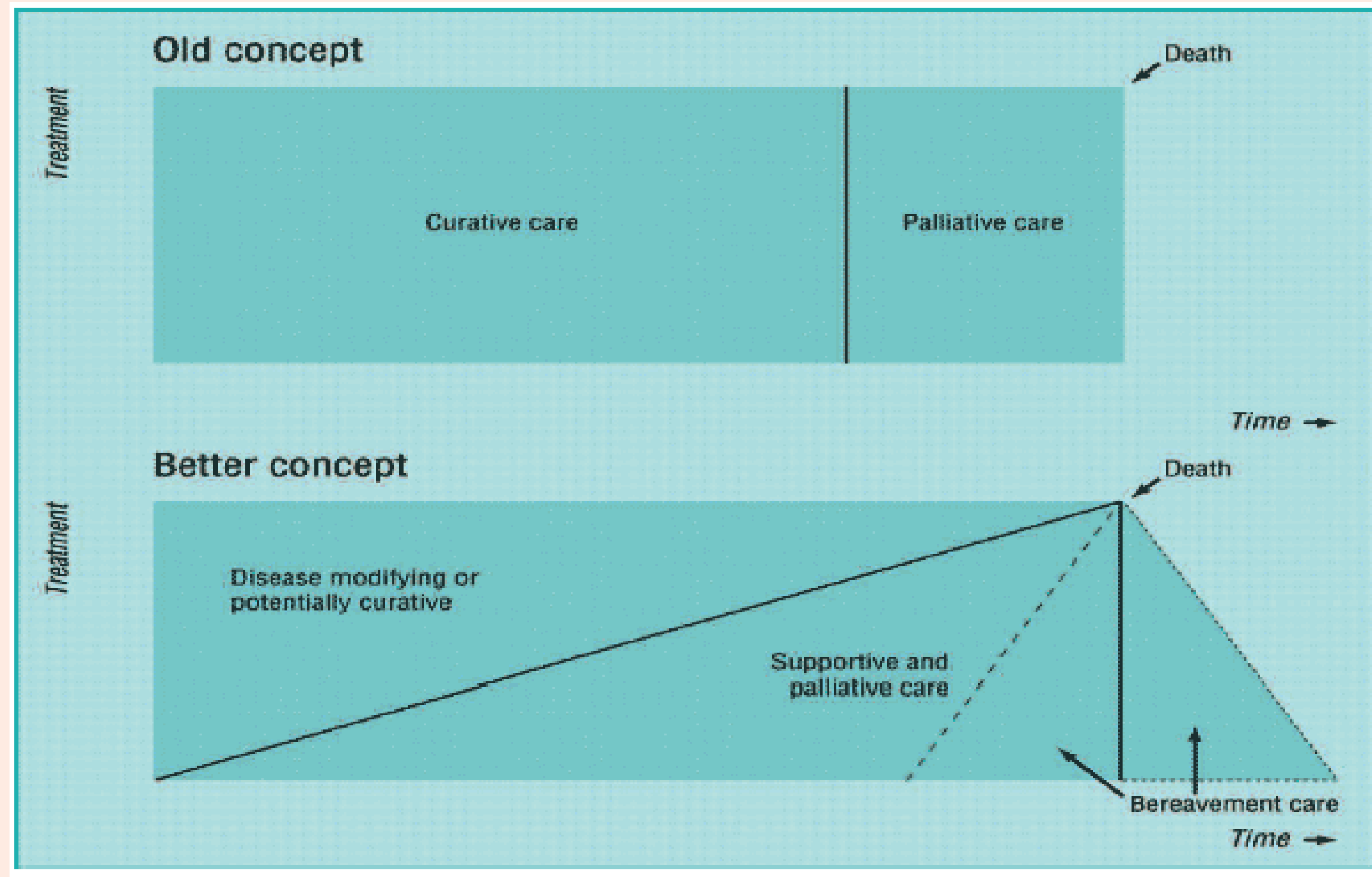
- Control Symptoms
- Companionship
- Respect
- Dignity
- Convey, “I care for you”.





PALLIATIVE CARE, WHEN?

From beginning to the end of health-related suffering.



WHO NEEDS PALLIATIVE CARE?

Those with:

- Cancer
- HIV/AIDS
- 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.

THE USUAL MEDICAL MODEL

Micro



Macro



SOCIAL CAPITAL – THE PRODUCT OF HUMAN INTERACTION, WITH SHARED VALUES

Micro



Meso



Macro



COMMUNITY PARTICIPATION: DO'S & DONT'S

Health for all has to be health with all.

- A facilitator is essential
- Training of volunteers is essential
- Define & follow guiding principles
- Ensure privacy & dignity of patient
- Ensure confidentiality
- Be cautious of vested interests



ACCESS TO PALLIATIVE CARE SERVICES

Free standing
hospices

Inpatient care in
general setting

Outpatient care

Home based



NATIONAL PROGRAM FOR PALLIATIVE CARE (NPPC) 2012

- Provision for palliative care in:
 - Primary, secondary and tertiary levels of health care (Tertiary not implemented)
 - Palliative care education
- Budget allocation from National Flexipool
- State governments can submit PIPs & apply for funding to central government on annual basis
- Implementation through NHM

<https://palliumindia.org/cms/wp-content/uploads/2014/01/Model-PIP-under-NPPC-MOH-Delhi.pdf>



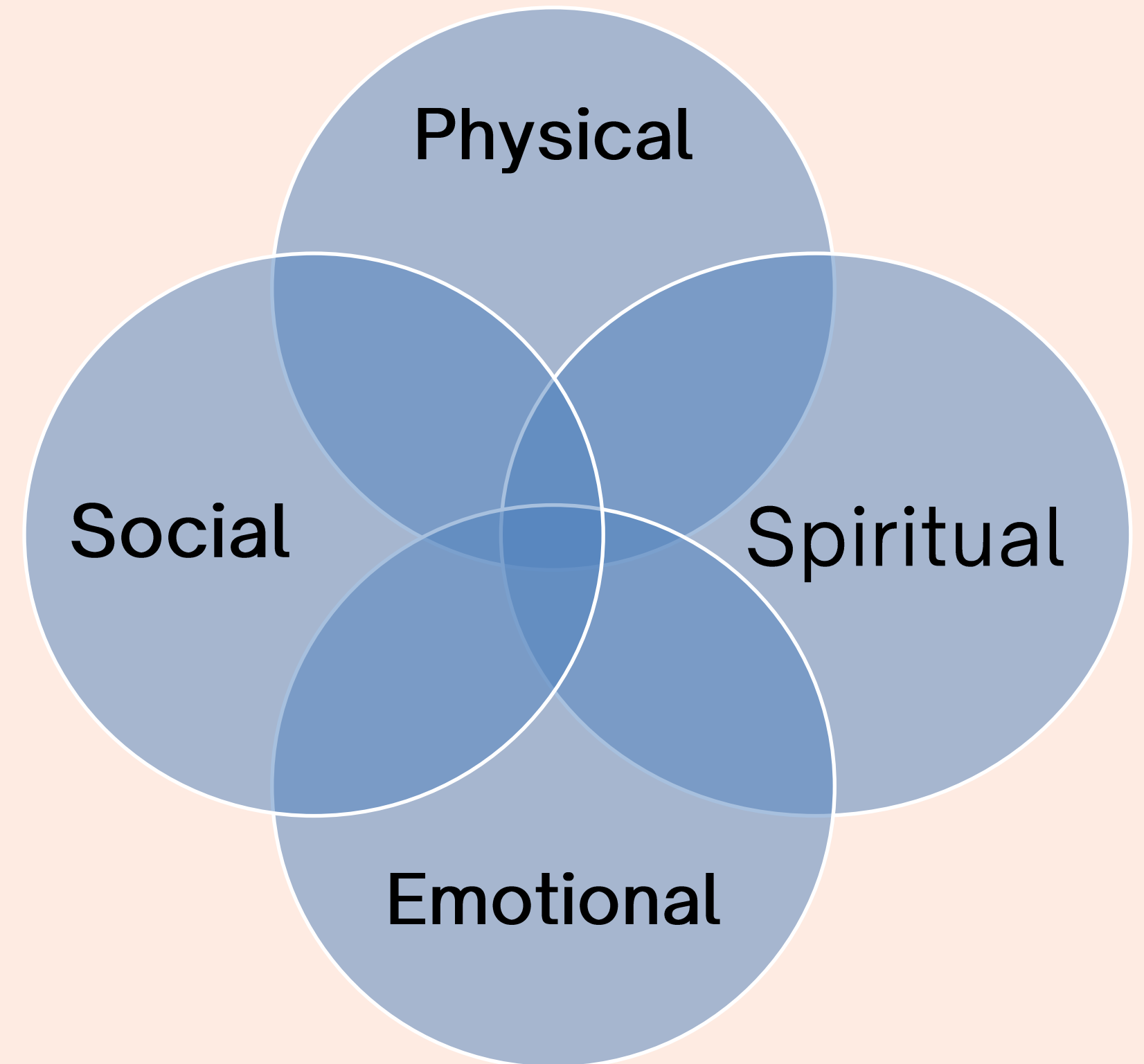
ROLES & RESPONSIBILITIES OF A DOCTOR

- Assess & manage out-patient & home care including use of essential narcotic drugs (ENDs)
- Perform basic procedures [Ryle's Tube Insertion, Urinary Catheter Insertion, Ascites Tapping, Complex wound dressing, ostomy Care etc.]
- Training of the caregivers/ ASHA/Volunteers/ANM/ Staff Nurse
- Conduct weekly outpatient clinics in HWC &/or PHC/UPHC
- Manage palliative care patients referred to PHC/UPHC
- Referral & Linkage services for complex cases
- Supervision of all palliative care activities
- Compassionate communication and Counselling



PALLIATIVE CARE DELIVERY

- Volunteers
- ASHAs
- MPW/ANM
- Staff nurse/CHO
- Physiotherapist
- Others





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

- WHO





Thank You

