

PALLIATIVE CARE

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Cure sometimes, relieve often, comfort always.

Palliative care is needed in all conditions, which are incurable. Cancer forms an important part of this list. Sadly, 75% of cancer patients in India see their doctor for the first time, when the disease is advanced.

There comes a time when an illness like cancer is not curable. And this is the time when most of us hear the shattering words “Nothing more can be done for this person. I am sorry”

Nothing can be more incorrect than this statement. What the doctor means is that nothing more can be done to cure this person’s disease. While there may be a limit to *cure*, there is no limit to *care*. And this is the philosophy of palliative care.

Derived from the Latin word pallium which means a cloak, palliative care aims to cloak the person with everything that is necessary to mitigate his suffering.

WHO defines palliative care thus: (Quoted ad verbatim from <http://www.who.int/cancer/palliative/definition/en/>, accessed on May 21, 2015)

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.

Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patients illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

Palliative care addresses “Total pain”, which includes physical, emotional, social, psychological and spiritual.

Here are some FAQs:

Q: How different is palliative care from other types of care?

A: Palliative care addresses all aspects of care when the disease is advanced. It is holistic and aims to offer the best possible quality of life. The focus changes to care from cure. Counselling forms an important part of palliative care.

It aims at adding life to days, not days to life.

Q: Is palliative care only for cancer?

A: No. It is applicable in any life threatening as well as life limiting illness. Examples: End stage kidney disease, chronic lung and heart disease, neurological conditions, etc.

Q: When does palliative care begin?

A: Ideally, from the time of diagnosis. It aims to give information about the illness such that the person is empowered to take necessary decisions. The palliative care team facilitates and supports the journey of the person through the ups and downs of the illness. Hopefully, if the person gets cured, the team is available to sort out issues post treatment. If advanced, pain and symptom control become important. Once that is attended to, other issues are addressed.

Q: What are the medications that they use in palliative care?

A: The drugs used are commonly used ones. However, for pain, when needed, morphine and other opioids are used.

Q: Is morphine safe? Will it not cause addiction?

A: Morphine is a safe and very effective drug when used properly. There are many myths about it and the palliative care physician can best explain this.