

## Painless end eludes too many in State



*Experts assert that the goal of palliative care is to improve the quality of life for those facing complex illnesses*

### ***Palliative care is available to hardly 5 p.c. patients in need***

“I want to see my grandchildren growing up. But I know I am going to die and my only wish is that my end should come in my village and not in a hospital,” says E. Margaret, choking on her words.

Suffering from advanced stage of cervical cancer, the 59-year-old native of a village in Chittoor of Andhra Pradesh is now at the Palliative Care Unit of Kidwai Memorial Institute of Oncology. She is one of the 20 in-patients here.

P. Nanjamma (41), crippled by breast cancer, is on 20 mg of oral morphine once in four hours. Although breast cancer can be treated, she landed in the hospital when her disease had reached an advanced stage. “All I want is relief from pain and this medicine helps me,” she says pointing to the bottle of morphine.

Knowing that death is round the corner for these patients as they are all suffering from advanced stage of cancer, the doctors and support staff at the Palliative Care Unit try to ensure they do not suffer in pain.

With October 10 being observed as World Hospice and Palliative Care Day with the theme “Hidden Lives, Hidden Patients”, experts assert that the goal of palliative care is to prevent and relieve suffering and improve the quality of life for those facing complex illnesses.

Nagesh Simha, president of Indian Association of Palliative Care, says palliative care should ideally start at the time of diagnosis. “There is a misconception that palliative care comes into picture only after the disease has gone beyond the limit,” he says, adding that over 75 per cent of the patients in India see a doctor only when the disease has already advanced.

A whole range of holistic tools are used to manage the patient’s physical symptoms, emotional distress, social and spiritual needs and also helping the families cope with the stress of illness, he says.

But not all are fortunate enough to get this care. In Karnataka, hardly five per cent of patients get palliative care, says K.B. Lingegowda, Director of Kidwai Memorial Institute of Oncology.

“Apart from Karunashraya run by Bengaluru Hospice Trust, there are just three-four other hospitals that provide palliative care in Karnataka. At Kidwai, we see more than 2,000 new patients who require palliative care. Over 10,000 patients come for follow up every year,” he says.

## A few units

Meanwhile, only a few hospitals and NGOs in Bengaluru have palliative care units. While St. John’s Medical College and Hospital, Baptist Hospital, HCG and Narayana Hrudayalaya’s Mazumdar Shaw Cancer Centre, apart from Kidwai, offer the facility, Karunashraya offers the most comprehensive, complete and all-round care. There are other organisations such as Snehadan, which offer palliative care for those living with HIV.

## Oral morphine is hard to access

### ORAL MORPHINE INTAKE IN KIDWAI

2010	11.5 kg
2011	12.1 kg
2012	12.5 kg
2013	13.3 kg
2014	13.9 kg
2015 till date	11.5 kg

➤ Nearly 100 patients from across State come to Kidwai every month for oral morphine

### MYTHS

- Oral morphine is addictive
- Should be used only by terminally ill patients
- Causes breathing problems or has life-threatening side effects

Last year, when the Union government amended the Narcotic Drugs and Psychotropic Substances (NDPS) Act of 1985, it raised hope of hundreds of terminally-ill patients, who require oral morphine.

With less than 18 hospitals in the State, including Kidwai Memorial Institute of Oncology, authorised to stock and dispense morphine, more than 100 patients come to Kidwai in Bengaluru every month to collect the “magic medicine”. Although under the amended Act, all government hospitals are “recognised medical institutions” to stock and dispense the pain relieving medicine, no government hospital in the State has started dispensing the medicine.

State Drugs Controller Raghuram Bhandary told *The Hindu* that the amended Act has relaxed restrictions on the procurement and sale of morphine. “The Health Department is working on a State Palliative Care policy and a meeting of experts that was scheduled last month is likely to be held shortly,” he said. “The amendment enables registered agencies to procure morphine by obtaining a single licence from the respective State Drugs Controller,” said Nagesh Simha, president of Indian Association of Palliative Care. He, however, added that it would not result in immediate availability of the drug to every needy patient overnight. “It requires a lot of work, including sensitising and training

doctors in providing pain relief and prescribing the medicine. We need uniform rules to implement the Act,” he said.

Kidwai Director K.B. Lingegowda said amendment to the NDPS Act was much-awaited. “The tough provisions in the Act, which were intended to prevent easy access and misuse of opioids, also effectively shut the door on pain relief for patients,” he said.

## Poor reach

With hardly five per cent getting palliative care, doctors are concerned that a majority of those deprived include people living with HIV, homosexuals, transgenders and even prisoners.

K.B. Lingegowda, Director of Kidwai Memorial Institute of Oncology, said nearly 10 patients from the Bengaluru Central Prison at Parappana Agrahara are referred to the institute for palliative care every year.

Quoting the instance of 60-year-old Nanjappa, a jail inmate who was living with HIV, Dr. Lingegowda said a team of doctors from Kidwai provided him palliative care and oral morphine at the jail.

“He was given 600 mg of oral morphine every fourth hour, the highest dose ever given to any of our patients. His last wish was to see his disabled children and our volunteers fulfilled it. He passed away a few months ago,” he added.