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DYING IN INTENSIVE CARE UNITS IN INDIA: MEDICAL PRACTICES, POLICIES AND POSITION PAPERS ON PALLIATIVE AND END-OF-LIFE CARE

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CU deaths are common in India. Many of the patients, admitted in ICUs, are medically futile. This compels attention to palliative and end-of-life (EoLC) care within ICUs. Since early 2005, till 2015, the Indian Society of Critical Care Medicine and the Indian Association of Palliative Care published total 6 Policy Papers and Guidelines, focusing on palliative and EoLC within ICUs. However, these documents, written solely from a medical perspective, failed to elicit wider public responses. This paper therefore takes non-medical stand for critically exam these 6 documents to find: discrepancies between the medical rhetoric and the contextual realities; and the extent to which the policies are able to clarify various clinical and ethical issues of palliative and EoLC within ICUs. The review comments are substantiated with field information, collected from a 550 bedded private hospital during 2015. It was found that although barrier-free doctor-patient communication, upholding patient's autonomy, shared decision-making and compassionate Caregiving were strongly recommended by these guidelines, they were grossly missing in clinical practice. By and large, the physicians avoided taking the risk of shifting ICU patients from rescue to palliative care mode primarily due to inadequate infrastructure, poor human skill, medico-legal hassles and public rage associated with such shift of care. The policy documents failed to guide physicians in tackling these deficiencies. In addition, their over-simplistic model of palliative and EoLC in ICUs did not take into account several clinical and ethical complexities. The paper concludes by highlighting the need to contextualize the policies in Indian situations.

Biography

Jaydeep Sengupta is pursuing his PhD at Indian Institute of Technology Kharagpur, West Bengal, India. He is formally trained in Anthropology and Development Studies. His area of interest is in issues related to palliative & EoLC, Death & Dying and Public Health.

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