

Palliative Care is Urgently Needed in India for People who are Terminally Ill or Unwell, which has Long been a Source of Worry

Anuj Kumar*

Department of Palliative Medicine, Tata Memorial Centre, Mumbai, Maharashtra, India

Introduction

The WHO defines palliative care as a strategy to improve the quality of life for patients with terminal illnesses by preventing and reducing suffering through prompt detection, assessment, and management of pain and other distressing psycho-social and mental conditions. In fact, a patient may need the most psychological support after they are given a diagnosis. It even extends beyond a person's passing away, and is known as bereavement care.

Palliative care is urgently needed, particularly in a nation like India where the number of terminally ill patients has long been a cause for concern. With projections indicating that this number will continue to rise exponentially, it is now even more crucial that we shift our focus to offering those who need it high-quality hospice care. In this essay, the writers define both palliative care and hospice care while yet retaining their unique characteristics [1-4]. After laying the groundwork for the same, we go into the development of palliative care in this nation across time. We then go on to the current hospice care situation in India and attempt to view it through a more modern perspective. We also go into the effects of specific illnesses that have a particularly bad impact on people and necessitate more advanced end-of-life care. These include, but are not restricted to, advanced cancer, multidrug-resistant (MDR) TB, and HIV-AIDS (Human immunodeficiency virus-associated acquired immune deficiency syndrome). The topic of academic interventions to support hospice care in India is then discussed, along with how research and education might serve to advance end-of-life care throughout all spheres of life. In order to advance towards better and more sustainable hospice care in the Indian setting, we finally discuss how we can go forward and what positive adjustments we can make. Our goal is to improve the understanding of hospice care among both healthcare professionals and the general public via our activities. Palliative care's main objective is to make the experience as comfortable as possible, not to make it last longer. As a consequence, the goal is to improve the quality of life for both patients and their carers by responding to discomfort and many other unpleasant manifestations, as well as by offering top-notch inpatient treatment and psychological and emotional support [5]. Hospice care is a wellness programme without normal therapy or the objective to cure, whereas palliative care is a wellness programme with or without a medical goal. Despite the fact that the objectives of hospice and palliative care are frequently different, both aim to relieve physical discomfort and symptoms. Hospice's goal is to promote wellness while avoiding intrusive, pointless therapy. Being created just in the last three decades, palliative care is a relatively new concept on the Indian subcontinent. Since then, committed players, including healthcare professionals and activists from India, have collaborated with international organisations and like-minded people from other countries to develop models for palliative and dying care. The reason for this significant rise in the south of India is the region's growing awareness. The non-governmental organisations also contribute money. The success of hospice in Kerala and South India is due to support from the government and non-profit organisations. A more advanced healthcare system can also be developed since South India has a higher literacy rate than the north. Kerala has demonstrated how to solve the issue of providing hospice care owing to a shortage of space in the area by providing hospice at home. The creation of a body like the Clinical Consultative body, which consists of experts in

the field of hospice who work diligently to improve the condition of the sick, has solved many issues in a city like Mumbai [6-8]. Currently, there are more than 150 centres devoted to delivering palliative care, but we continue to feel that this number falls well short of what people expect will be provided in the form of high-quality palliative care. Numerous organisations have disclosed and evaluated that the calibre of care provided by palliative care facilities is just as important as the quantity of these facilities. Thus, quality assurance and attention to detail are vital.

Discussion

The field centered on MDR-TB hospice is mostly concerned with symptom and pain relief. When a medication fails, all that is left is hope, and hospice care uses this approach. It is nearly hard to discuss incurable illnesses in India without discussing HIV/AIDS. In the Indian hospice industry, AIDS has not been defeated in any way. In the hospice industry, it hasn't succeeded in gaining popularity. It takes the utmost care to restore patients' hope and to give them analgesics to alleviate the excruciating agony when a disease advances to the point where it physically destroys the immune system of the individual, making them susceptible to dying of even an ordinary cold. At the end of their lives, 80% of AIDS or cancer patients experience moderate to severe agony [9]. There is a need for palliative care in India for other diseases that are prevalent there, such as Parkinson's disease and multiple sclerosis. MS patients' load of symptoms cause them to endure a degree of discomfort comparable to that of cancer patients seeking palliative treatment [10].

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Conflict of Interest

Author declares no conflict of interest.

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*Corresponding author: Anuj Kumar, Department of Palliative Medicine, Tata Memorial Centre, Mumbai, Maharashtra, India, E-mail: anuj_k@gmail.com

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