

STORIES FROM THE FIELD: Palliative Care Program at MNJ

Dr. Shiraz Malik, a recent family medicine graduate from Canada, spent an elective month in November 2009 in the palliative care department of MNJ Regional Cancer Centre in Hyderabad, India.

I am a recent family medicine graduate from Canada and am currently enrolled in a palliative care fellowship in Toronto. One of my goals for the fellowship year was to explore challenges facing palliative care in the developing world. I am of Indian heritage and as such had a particular interest in palliative care in the Indian subcontinent. Under the advice of a Canadian colleague, Dr. Fraser Black (Co-Director of the INCTR PAX), I approached Drs. Gorijavolu Durga Prasad and Gayatri Palat about an elective month in their palliative care department at the MNJ Regional Cancer Center, which is part of the INCTR Palliative Care Network. I was thrilled when they accepted my application. What a wonderful opportunity!

Prior to arriving in Hyderabad, I read an article on MNJ Institute of Oncology's Palliative Care Program in the INCTR newsletter (Volume 7, number 4). This served as a great introduction to MNJ's palliative care program. I also read a few articles on general issues facing palliative care in India. From my readings I understood that some of the key issues included the large burden of advanced cancer, which cannot be adequately addressed because of the paucity of regional and local palliative care centers, the need for education of health professionals, and restricted access to opioids. I thought this was reasonable preparation but I don't think anything could have prepared me for the reality I was about to face. In November 2009, I spent three and a half weeks working with Drs. Palat and Durga Prasad's team in Hyderabad.



Left to Right: Dr. G. Durgaprasad (Head of Department, Palliative Care, MNJ), Dr. Gayatri Palat (Program Director, Palliative Access Program, India), Dr. Priya Chandran (Volunteer at MNJ, Professor of Zoology, Nizam's College), Dr. Shoba Nair (Visiting Faculty from St. John's National Academy of Health Science, Bangalore), Dr. Shiraz Malik (Visiting palliative care fellow, University of Toronto, Canada)

During my first few days at MNJ I was most impressed by the staggering volume of patients. On an average day, the team would see between 40-60 outpatients and 15-20 inpatients. The department also sees on average 8-10 pediatric outpatients and 4 pediatric inpatients. It's not just about case volume, but also unique psychosocial case complexity. MNJ is a government hospital, and the majority of the patients who are seen live below the poverty line. Patients travel long distances - taking up to 12 hours to attend their appointments. In addition to geographic isolation, patients are often isolated from family and friends because of the stigmatization of cancer (e.g., fear of contagion). Unlike in Canada, the community supports are very few. As such, there is very little support for end-of-life care at home.

By the second week of my elective, these realities had all made me a bit weary. A consistent buoy to my spirits was the commitment to quality palliative care demonstrated by the team at MNJ. In addition to Drs. Palat and Durga Prasad, the team consists of a physician locum, three full-time nurses, two social workers, several volunteers, and an administrative assistant. The nurses are well trained in the management of lymphedema, wound care, pain and symptom management, and supportive counseling. The skilled social workers help support patients and families facing the pressures of poverty, illness, and social stigmatization associated with cancer.

The palliative care program at MNJ was established in 2003. Over the last seven years, the group has made tremendous gains with respect to building palliative care capacity within the region. This has been accomplished through educating health professionals, advocacy for improved opioid availability and government funding for palliative care, development of community outreach programs, and partnerships with non-governmental organizations. These efforts are a result of the dedicated leadership of Drs. Palat and Durga Prasad. Their mentorship was the most valuable part of my experience at MNJ.

Research is a key area of growth in palliative care. The same holds true for palliative care in India and at MNJ. The group at MNJ hosts several workshops throughout the year aimed at building palliative care capacity through health professional education. The main courses are funded through the INCTR PAX program. Future research grants along with training in research methods will be a key part of the growth of the program. The team at MNJ has taught me the importance of advocacy and public awareness in improving healthcare. I am currently developing a working knowledge of research methods in palliative care. It is in the capacity of a colleague with an interest in collaborative palliative care that I hope to contribute to the success of palliative care in India.

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