Palliative care in a rural Indian setup: An oncologist's experience

Sir,

The widening economic, regional, and gender disparities in India are posing challenges for the health sector. About 75% of health infrastructure, medical man power, and other health resources are concentrated in urban areas where 27% of the population lives.[1] In the rural regions, a lack of resources, illiteracy, poverty, lack of awareness about the types of available health care make developing palliative-care services a major challenge in India.[2]

The author, having worked in a rural cancer hospital setup in North India, would like to share his first-hand experiences of the same.

The basic and most prevalent problem is that of lack of education. Cancer is still considered to be a doomed disease and has its taboo that holds back the patient from seeking timely care for it. More often than not, the patients presenting are in advanced stages and seek a palliation mentally prepared for the dismal outcome. Even in cases where a radical intervention is possible, patients are reluctant for it.

The second important problem is the lack of proper infrastructure to cater the needs of the poor and often underprivileged patients from the rural interiors. The institution where the author worked, had a decent build-up area, but utterly lacked in the required skilled manpower and proper resource management.

During the 1-year tenure of the author, almost more than 50% cases required palliation in some form or the other. Pain and dysphagia were the two chief complaints encountered. It is well known that radiotherapy alone can cater to a wide variety of presentations in the palliative setting with a basic, functional cobalt-60 unit, provided it is in a working condition that was not the case in the given scenario. The treating doctor and the patient invariably had to go through a rigorous and tiring process to procure the needful palliative management the reasons being financial and social, (at the patient's end) and more importantly hospital-related (lack of staff and infrastructure in a working condition) adding to the misery of the doctor. Patients dropping out in such a scenario cannot be held responsible and the author sees it as a collective failure on the hospital's end.

There are many challenges to improving the current situation, the major one of which is organizational. Many cancer centers lack a system of psychosocial care that is integrated with the cancer care of the patient. Psychosocial care encompasses a range of problems (emotional, social, palliative, and logistical). The integration must occur with the cancer care of the patient at all stages (from screening to palliative care) and across all clinical sites of care (inpatient and outpatient cancer services as well as primary care).[3]

Developing and promoting all the eras of palliative care in a community setup is a must for the proper palliative care of the needy. Palliative care treatment should focus on the improvement of the quality of life instead of straining the curative treatment approach.[4]

Moreover, it is the combined responsibility of the Government, the hospital owners who are willing to serve in the rural areas to provide a decent working environment and be cooperative to a doctor who wishes to work in such challenging conditions to serve the underprivileged. In the hospital concerned, the author was the 14th clinical oncologist appointed in a short span of 7-8 odd years. A valid reasoning should be sought for the doctor not being able to continue at the center bearing the fact in mind that the young doctor of India is today is willing to work for the poor, provided he is taken care of in a decent manner by the concerned authorities.

Every hour more than 60 patients die in India from cancer and in pain. Moreover, with a population of over a billion, spread over a vast geopolitical mosaic, the reach and reliability of palliative care programs may appear staggering and insurmountable.[5] The ideal situation cannot be reached in the absence of a doctor seated at the grass root level and working with full dedication.

This letter comes as an urgent appeal to the concerned authorities to take firm and practical steps for the proper upgradation of the rural cancer centers and make sure that the majority of the Indian population residing in the villages can have the access to the most basic and required palliative care facilities.

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