

## Project Hamrahi visit to Patna – December 2018

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I have visited Patna, the capital of the state of Bihar in India, five times since 2010. This time, it was to conduct an education program to further sensitize health professionals to palliative care needs and practice. An opioid workshop to help implement the Narcotic Drugs and Psychotropic Substances Act 2014 (NDPS Act) in the state was also on the agenda.

The events were scheduled over three days at four major hospitals in Patna.

My visit was the continuation of a long-established relationship with two of these institutions: the Indira Gandhi Institute of Medical Sciences (IGIMS), and the All India Institute of Medical Sciences (AIIMS), Patna campus. In February 2018, I had visited the two other hospitals included in this program — Mahavir Cancer Sansthan and PARAS hospital — as part of Project Hamrahi, an initiative of Australasian Palliative Link International (APLI) and Pallium India.

I arrived on 11 December 2018 and met up with my collaborators, Dr. M.R. Rajagopal and Shalini A.J. of Pallium India.

### A 40-bed hospice is planned; current palliative care need is apparent



While the program at Mahavir was cancelled due to a programming clash with a key hospital event, we were able to meet with the director, Dr. Biswajit Sanyal, radiation oncologist Dr. Rita Rani, and other senior colleagues. There is currently a 15-bed ward at Mahavir; the majority of patients have advanced cancer on first presentation.

Mahavir Cancer Sansthan expressed its commitment to establish a 40-bed independent hospice two kilometres away from their main campus.

### **Informal, interactive, wide-ranging discussions**

The teaching at PARAS hospital was informal and interactive, centred on the principles of palliative care and pain management. Senior clinicians, mostly medical, engaged in lively discussion with our team. PARAS has a palliative care clinician, Dr. Shane Meraj, who was keen to develop her palliative care skills and seek ways to increase palliative care activity.



State Drug Control Administrator Dr. Amal Kumar at the opioid availability workshop.

Day 2 at AIIMS was well attended, especially by nursing staff. A wide-ranging program included talks on palliative care in oncology and interventions in pain management, as well as ethical dilemmas and palliative care in non-cancer illnesses. The day ended with a viewing of *Hippocratic*, the biographical movie of Dr. Rajagopal.

### **State representative key to opioid workshop**

The opioid availability workshop, on Day 3 at IGIMS, was attended by State Drug Control Administrator Dr. Amal Kumar. His attendance led to a much better understanding among participants about implementation of the 2014 NDPS Act. We are optimistic that this workshop will improve opioid availability at these four Patna institutions and beyond, as it was attended by clinicians from other Patna hospitals who expressed interest in palliative care education and also the need for opioids at their hospitals.

### **Possible ways forward, now and long-term**

Few health professionals in Bihar have palliative care training, and palliative care services in the community and within health care institutions are in the very early stages of development.

There are, however, immediate and long-term solutions. Immediate steps can include: staff training through palliative care organisations (there was much more interest this year), establishing inpatient palliative care centres, and exploring links with community health care providers. Long-term solutions can be: local palliative care training centres, and establishing networks of palliative care throughout the city, then the state.



## **A Few Things I Learned**

**Be prepared for the unexpected.** Adjust your program to fit local issues and suit the needs of the audience.

**Treat hosts with utmost respect and courtesy.** Visits involve much work, of which we may be unaware. Guests are held in high regard in India and we need to be gracious guests in return.

**Case-based teaching is often the most appreciated format.** Despite the lack of knowledge of palliative care, many doctors who attend the talks have vast experience in their field of practice; we need to draw on their expertise when teaching palliative care.