

Returning to Ahmedabad with Project Hamrahi

Second visit to Community Oncology Centre, Gujarat Cancer Research Institute, Ahmedabad, Gujarat, India

24- 31 January 2020

Sandy Hawkins and Toni Coleman – Palliative Care Registered Nurses, Wagga Wagga, NSW.

Accompanied by Dr Saima Furqan – Pallium India

It was heart-warming to be welcomed back to the Community Oncology Centre in Ahmedabad. There were many familiar faces excited to see us return and some new staff to meet as well.

We spent our first day reconnecting with staff and gauging interest in education. We were somewhat disappointed to hear that two of the senior nurses, with whom we spent a lot of time on our previous visit, had been transferred to work at the Civil Hospital.

On a positive note, we had two new graduate nurses with one in particular, Rosie, expressing a keen interest to learn as much as she could during our visit. We armed her with resource materials to plough through and prepare questions.

The hospice was almost at full capacity during this visit, with only about four beds vacant. Once again, we attended rounds and contributed to the planning and clinical management of patients. On our first round we encountered a gentleman diagnosed with cholangiocarcinoma with significant pain. Once again there were many patients with head and neck cancers, challenging wounds and pain.

As part of our education plan, we decided to develop a case history for each patient in order to develop a management plan for our next patient round. With Dr Saima translating, it provided a great opportunity for educating staff. There were a couple of patients with significant pain issues, so we were able to encourage the use of the pain scale and revisiting patients after half an hour to assess effectiveness of treatment. Again, we were trying to empower the nurses to raise these issues with the Dr Geeta or Dr Danesh and seek permission to give further pain relief within a shorter time frame, not waiting two to four hours if the pain was unresolved.

For the first two days, Dr Geeta was present for rounds accompanied by Dr Danesh, who volunteers his time in the mornings for rounds. Morning rounds on the other days were conducted by Dr Danesh, with Dr Saima also given permission to conduct rounds as part of our education and mentoring plan. This approach worked well and some rounds took two hours. Carers were encouraged to ask questions and some families felt more empowered to make the decision to continue care at home.

Sometimes the best plan is to adapt your day to the opportunities that arise. On Tuesday 28 January, we had the opportunity to meet with Dr Preeti Sangho at her clinic at the Cancer Unit within the Civil Hospital. We were amazed and overwhelmed by her workload, with a waiting room full of patients, sometimes up to 200 per day. It was wonderful to see some resident doctors taking a particular interest in palliative care under the guidance of Dr Sangho. We accompanied one of the clinic nurses on a home visit. The patient was stable following treatment for a fungating neck wound. The family had been very well educating regarding the management of the wound and medications at home.

Then following day was spent back at the hospice. A productive and satisfying day creating the space for discussion with some families around death and dying. Families develop support networks with other families in similar situations. A lot of questions, answers, discussion, planning, tears, understanding and gratitude.

We were fortunate to meet with Dr Jay Panchal. Dr Jay initially trained as an anaesthetist and developed a particular interest in palliative medicine. He has completed further study in palliative care through Cardiff University, Wales and currently practices in the private hospital sector. He invited us to observe a trigeminal nerve block procedure, at a private hospital, on a patient with a head and neck cancer. It was interesting to hear the reasoning for choosing a block as a treatment option before offering opioids. It all comes down to financial gain for the private sector. The block is far more favourable financially for the hospital.

Our final day was spent with Nurse Rosie doing assessments, with particular focus on pain. We showered her with praise for the natural ability she has with palliative care. We will continue to connect with Rosie, providing mentorship from a distance. As a new graduate nurse, she has a lot of potential.

On reflection, this visit left us with mixed emotions. We noted a particular shift in staff dynamics this visit. Whilst polite and grateful for our visit, there was a change in the level of connection between nursing staff, patients and families. We can only hope that leading by example may have some impact.

Overall, our visit further developed the importance of empowering the nursing staff to work collaboratively with Dr Geeta to gain the best outcomes for the patients in the hospice. This was achieved by demonstrating the benefits of assessment tools and the value of good communication between patients, their families and health care professionals.