

APLI, Project Hamrahi, visit to Ambala Cantt and Rotary Hospital, February 2018.

We write to congratulate Sneh Sparsh on its ongoing work in supporting patients with palliative care needs in and around Ambala Cantt.

We thought we would start by commenting on our programme this year. Our visit to Ambala this year has been our fourth visit to India and, from our point of view, has been the most informative in providing us with insights into the problems facing palliative care in India, particularly outside of main centres where resources are most lacking. During our week we accompanied Dr Kanav at six outpatient clinics at Rotary Hospital where we saw over sixty patients with a wide variety of questions to be answered. We are particularly grateful to Dr Kanav for making the OPD clinics possible for us. Our community involvement was somewhat less this year, as you tried to reduce our workload compared to last year (2017). However, we were able to make two well attended presentations at Miri Piri hospital firstly to medical staff and then to paramedical staff. Jane, on her own, visited SD Vidya school where she presented to teaching staff and finally spent an afternoon with the home care team.



Picture 1. Jane and David with Dr Kanav with patient and family, in OPD, Rotary Hospital, Ambala, Haryana, India. Feb 2018

Attending clinics at Rotary Hospital was most revealing in showing us some of the major difficulties facing services providing health care in general and palliative care in particular in India. These include manpower resources, access to medications, particularly morphine, and cultural and financial factors. Much of this is beyond the reach of Sneh Sparsh at present although its commitment to providing home care services free of cost and gifts of monthly rations is especially noteworthy. Matters relating to cultural attitudes to disease modifying treatment and dying, by both public and medical staff, are long term problems. These are probably also beyond the scope of Sneh Sparsh currently. The ever present difficulties of financial burdens of pursuing treatment which will be of little benefit to the patient, remain a concern. Ongoing promotion of palliative care and the palliative approach to treatment is, however, one relatively low cost approach which Sneh Sparsh continues to pursue actively with good results.



Picture 2. Community care, Jane MacKintosh, Ambala, Haryana, Feb 2018.

As we know you are aware, as you try to expand your service, manpower is one of your main difficulties particularly access to a suitably trained doctor. Such a person would be able to provide further support to the home care team, in addition to that provided by Dr Kanav who has other duties to attend to. A suitably trained doctor would also be available to run OPD clinics on a regular basis. He or she would satisfy government regulations for prescribing morphine and be able to ensure its availability as required for pain relief. The appointment of a medical oncologist has been a major achievement by the Hospital and opens the possibility of collaboration between cancer services and palliative care within the hospital to assist with care of appropriate inpatients. While some of the long term goals relating to cultural and social matters may be slow to attain, the ability to attend to problems of symptom control is immediately achievable with the appointment of a doctor. Good symptom control is one of the main goals of a palliative care service and, indeed may be its most important.



Picture 3. Media advocacy for palliative care development, Ambala, Haryana, Feb 2018.

As a service expands and develops it needs to consider how to document patient care and assessment to help the sharing of information between different disciplines within the team. Contact with already established palliative care services is one source of such documentation. The model established by CanSupport may be able to provide these resources.

With your permission we would like to suggest some goals that Sneh Sparsh might consider working towards over the next year:

1. Appointment of a suitably trained doctor to provide palliative care services in Rotary Hospital and support the home care team.
2. Provision of the capacity to prescribe morphine and make it available to appropriate patients.
3. Establish palliative care outpatient clinics.
4. Establish a collaboration with oncology services to facilitate symptom control and discussions of treatment limitation.
5. Improve documentation of the clinical care of patients seen by the home care team.
6. Investigate paper based tools/forms for the purpose of patient assessment.

Once again we have been impressed by the enthusiasm and commitment of the Sneh Sparsh team and look forward to continuing our association.

Dr David MacKintosh and Sr Jane MacKintosh

12 March, 2018.