



Jeevodaya Hospice

1/86, Kamaraj Road, Mathur, Manali P.O., Chennai - 600 068.
Tel. : 2555 5565 / 2555 9671 Email : jeevodaya@vsnl.com
Website : www.jeevodaya.org

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Sr. Hermas F.C.C., Chairman

Dr. R. Nanjunda Rao, President

Editorial

"When God takes to the edge of a cliff, trust in Him, for He will either catch you as you fall off, or teach you to fly."

Indeed if we only place our trust implicitly in God, we will be free of fear and worry. Peace of mind is the most precious thing in this world. No amount of money can buy it. But the poorest and the richest, the humblest and the most powerful, the one walking under the shadow of the greatest danger and the one beset by hundred tiny problems can all live peacefully if they place their complete trust in God.

At Jeevodaya we bear witness daily to the courage and triumph of patients who having made their peace with God, meet all vicissitudes of their illness with a cheerful mind and spirit. Their strength gives us strength.

A foundation course in palliative care for doctors and nurses were held from 10th to 19th September 2004 and thus Jeevodaya has been graded as a Training Center for Palliative care in her Decennial Year.

– Sr. Lalitha Teresa F.C.C
Editor

Congratulations!

Jeevodaya conducted a Foundation Course in palliative Therapy for ten days at Govt. Royapettah Hospital. The Inauguration and the Valedictory were at Jeevodaya Hospice. Dr. Shantha, Executive Chairman of Cancer Institute, Adyar inaugurated the function and congratulated Jeevodaya Team for their excellent work.

I had the opportunity to listen to the lectures on nine days. An excellent Feast for the brain – continuing medical education should be there for a doctor till he dies. All credit to the course coordinator and the Medical Director of Jeevodaya, Dr. Manjula Krishnaswamy in selecting the faculty. Dr. Ponni, Sr. Lalitha Teresa and Jeevodaya team gave the full support. There is a lot to learn and I hope we should organize courses like this every year. Short-term courses may also be conducted for the benefit of the nurses. Once again I congratulate the team for the successful conduct of the program.

– Dr. Nanjunda Rao
President, Jeevodaya

Keynote address for the inauguration of the Foundation Course in Palliative Care

– Dr. Shantha V.
Executive Chairperson
Cancer Institute, Adyar

I am extremely happy to participate in this important meeting - the foundation course in palliative care, organizes by Jeevodaya, the first Hospice for cancer patients in South India. Founded in 1990, it has been rendering yeomen service for cancer patients.



Dame Cicely Foundation actively recommended the movement to take care of patients with advanced disease the concept of Hospice Care, in the 1950s, although few centers existed earlier. The concept gained momentum very rapidly in the more affluent countries but has been slow in India for various reasons.

I deeply appreciate the invitation to address the gathering of the doctors, nurses, and others interested and committed to continuing care of cancer patients.

Cancer as you are all aware is a major health problem and a growing one the world over. The estimated annual new cancers are over 800,000 in India and by 2015 it will be 900,000. One out of 8 women and one out of 9 men develop cancer as per the data from the MMTR.

We have certainly come a long a long way in the last 50 years, from an era of total fatality to an era of cancer prevention, long-term survival, cure, and rehabilitation.



But despite all the advances in cancer care, a significant proportion – almost 50-60% succumb to the disease for various reasons. In developing countries like India, more than 70% of cancers come for the treatment only in the advanced stage. Advanced cancers and progressive disease present devastating physical and psychological problems. At this stage not only the patient but the family too needs support. One of the major advances in cancer care is the recognition and appreciation of palliative care medicine as a separate specialty.

Palliative care, I prefer to refer to it as **Continuing Supportive Care**, encompasses not just relief of pain or other physical symptoms but physiological, spiritual, and socio economic support.

The goal / objective of palliative care is achievement of the best quality of life of the patient and their families. Although I am not a palliative care physician, I have been committed to oncology care for over 50 years. Based on these long years of experience and association with cancer patients, it is my perception that the success of any palliative care programme rests on 3 major factors , apart from the knowledge about advances in symptomatic care.

1. The first and foremost is communication skill and an empathy exuded by the physician. This is generally lacking with a large % of physicians. So, often I have heard patients say “ I seem to forget pain and all the problems I wanted to discuss with you as soon as I see you.”



2. Physicians should focus on symptom relief. No patient should suffer from agonizing pain. Doctors and families must be educated to say that pain is treatable and suffering should be relieved at any cost. The mindset that cancer pain cannot be relieved must be dispelled.

Contrary to common belief, cancer pain is not an inevitable part of cancer. Little is being done for pain relief because of inadequacy of medical education in cancer pain therapy. There is an unfounded fear of addiction both in doctors and in families who tend to under prescribe and under dose pain relieving drugs.

3. Another important factor is compassion, patience and time to spare to listen to the patient. The art of listening needs to be cultivated. A doctor who is burdened with a large volume of patients and pays a breezy visit to a patient can have a negative impact. Even if, you are in a hurry, do not show your time constraint.

Palliative care programme have to focus on appropriate assessment and management of physical and psychosocial distress in patients and their families. The nature of work demands a high level of expertise. Quite often physicians are not adequately prepared for the task. It would be therefore necessary to introduce academic palliative care programmes , at the university level itself or by major cancer centers (similar to community health programmes)

Palliative care encompasses pain, cachaxia, nutritional support, fatigue, dyspnoe, delirium and communication skills.

In planning palliative care training or palliative care centers for cancer patients the issues that need consideration are

1. Palliative care (continuing support care) is not routine medical care. It has to be viewed as a “mission” and needs committed and dedicated staff including doctors, nurses, counseling staff etc.
2. Supportive care in the widest sense will include inpatient care, day care, home care and counseling.
3. Palliative care center has to be a research center also for undertaking studies on various aspects of advanced disease , pain relief etc. to improve existing methods of care and treatment.



4. Social problems and affordability of institutional care needs discussion, especially in the context of a developing environment, the large volume of rural patients and lack of medical insurance in India.
5. Public and medical education to create awareness that pain is treatable and can be prevented in a large percentage of cases or at least mitigated.
6. How can the palliative care centers and therapeutic centers work together to improve patient support care? How should the two activities be co-ordinated? Can a palliative cancer center be part of a therapeutic facility?
7. Palliative care centers need not be confined to cancer care only. It can be extended to many other chronic illnesses as well.

The oft quoted saying “ To cure sometimes, to relieve often and to care/ comfort always” needs to be seen in practice.

Tobacco Related Cancers.

Cancer that are related to the use of tobacco in some form are classified into a separate category called ‘Tobacco Related Cancers (TRC)’. They are cancers of the mouth, throat and related areas (Oropharynx, Hypopharynx, Larynx), Lung, Oesophagus (food pipe), Pancreas and urinary bladder. During 1984-98, TRCs constituted 45% and 17% among the total male and female cancers respectively.

Oral (Mouth) Cancer

Oral cancer affects a large number of persons in India. Though it is a very prevalent type of cancer which can turn deadly, if detected early it can be cured completely. It is also a preventable cancer as one of the most important causes is use of tobacco products in any form like chewing, smoking, snuff etc. Chewing of tobacco causes oral cancer.

In Chennai, Oral or mouth cancer ranked within the top five cancers during 1984-98 among both sexes. In 2002, oral cancer ranks first in males (16.1%) and third in females (8.7%). Oral cancer is one the easily preventable type of cancer as it is almost always related to tobacco usage.

Why is Chewable Tobacco so deadly? Spit tobacco also called as Chewable Tobacco is a type of tobacco product that is placed inside the mouth (referred to as a “wad”). This gives the user a continuous high from the nicotine.

Many people think using spit tobacco is safer than smoking. However, just because there is no smoke does not mean it is safe. A person who uses eight to 10 dips or chews a day receives the same amount of nicotine as a heavy smoker who smokes 30 to 40 cigarettes a day.

Spit tobacco is made from a mixture of tobacco, nicotine, sweeteners, abrasives, salts and chemicals. It contains over 3,000 chemicals including about 28 known carcinogens.

Like smoking tobacco, spit tobacco affects the cardiovascular system and may be associated with heart disease, stroke and high blood pressure. Some of the health consequences of using spit tobacco include cancer of the mouth (including the lip, tongue, cheek and floor and roof of the mouth) and throat.

How will you identify cancer if it occurs in mouth? Check the inside soft tissues of mouth daily in front of a mirror. See for these signs and symptoms that could indicate cancer.

1. Any change in the normal colour of mouth tissues to red or white.
2. Any ulcer in mouth which does not heal for more than 3 weeks
3. Any growth in mouth, painless or painful.
4. Burning sensation on taking hot or spicy foods.
5. Bleeding ulcer.
6. Lymph nodes.
7. Difficulty to open mouth.
8. Foul smelling mouth.
9. Difficulty to swallow.
10. Not able to move tongue.
11. Sudden loosening or moving of teeth.

If you find these or any other abnormal changes in mouth see your dentist. Cancer is curable if detected early. Your dentist can detect oral cancers.

Quit smoking and use of tobacco in all forms. Assistance in quitting smoking is done at Adyar Cancer Institute, Chennai. Yahoo groups: QuitSmokingIndia. More information can be had from the website www.badbreathcliniq.com or email to indiandentist2000@yahoo.co.in.

Think again, Quit Tobacco in all forms. Let's eradicate tobacco-related cancers.

Dr. Shaju Jacob, MDS, Periodontist,
Cell 9841114522.

www.badbreathcliniq.com, www.dentistrian.com

FOUNDATION COURSE IN PALLIATIVE CARE

Jeevodaya is happy and proud to announce that the first foundation course in Palliative Care conducted from the 10th to 19th of September, 2004, was a huge success. The course was attended by 15 doctors, 12 nurses and 2 social workers. Apart from the city of Chennai there were participants from Trichy, Salem, Vellore and Nellore [A.P.].

The Course started on the 10th Sept. with a simple function presided over by Dr. Nanjunda Rao, President, Jeevodaya, Dr. Thirunarayanan, Superintendent, Govt. Royapettah Hospital and Dr. Rajaraman, Professor of Surgical Oncology, Govt. Royapettah Hospital. Jeevodaya is very grateful to both Dr. Thirunarayanan and Dr. Rajaraman for their help and support and above all for permitting us to conduct the course in the Oncology Department of Govt. Royapettah Hospital.

The formal inauguration was held on the 11th of Sept. at Jeevodaya Hospice in the Dr. Snehalatha Memorial Hall. Dr. Nanjunda Rao, President Jeevodaya in his Presidential address explained how the activities of Jeevodaya were expanded to include teaching and training programmes for multiprofessional teams which would go a long way in spreading the message of Palliative Care. Dr. V. Shantha, Chairman, Cancer Institute, Adyar delivered the keynote address in which she stressed the importance of Palliative Care to maintain the continuum of care received by the Cancer patient till the very end.

The 10 day course was well received by the participants who showed great interest and were very interactive. All the faculty members without exception were very appreciative of their motivation and commitment.

Jeevodaya was very fortunate to have as faculty members, eminent persons and veterans in the field

of Palliative Care - Drs. Saraswathi, Ramamani and Linge Gowda from the Kidwai Institute of Oncology, Bangalore, Dr. Rajagopal from AIMS, Cochin,

Dr. Suresh Kumar from Calicut, Dr. Reena George and Mr. Hamilton from CMC, Vellore.

Srs. Vimala and Casilda, former nursing superintendents of Jeevodaya from Kerala. They were ably supported by the local faculty – Dr. Manjula Krishnaswamy, Medical Director, Jeevodaya and Course Co-ordinator, the medical officers of Jeevodaya- Dr. Ponni, Dr. Pacifica Simon, Dr. Bhoopal, Dr. Shanthi and Dr. Sucharita. The arrangements were overseen to perfection by Sr. Lalitha Teresa and her team of staff and volunteers [Mrs. Viji Ravi needs special mention] from Jeevodaya.

Jeevodaya would like to place on record its sincere appreciation and gratitude to all the above mentioned persons and the many others[especially our sponsors] who were responsible for the great success of the programme. The response and the positive feedback that we have received from both the participants and the faculty have given us the necessary confidence to make this an annual event. We are aware that this is only a beginning and we have a long way to go Nevertheless we are thankful to the Almighty for the first step!

– Dr. Manjula Krishnaswamy
Course Coordinator



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Editor Sr. Lalitha Teresa, 1/86, Kamaraj Road, Mathur, Manali P.O., Chennai - 600 068.

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