

Shri Madanmohan Ramanlal GCRI Luminary Oration Award - 2023

Dr Geeta Joshi
MBBS, DA, MD, PGDHHM

Chief Executive Officer, Community Oncology Centre & Hospice
The Gujarat Cancer Society, Ahmedabad
Former Dy Director, Prof & Head, Department of Palliative Medicine,
The Gujarat Cancer & Research Institute, Ahmedabad
Email: dr.geetajoshi@gmail.com



Anesthesia to Palliative Medicine: A Walk Down the Memory Lane

Abstract:

Anesthesiologists are also good pain physicians as they are well versed in handling Opioids and are skilled to perform nerve blocks for treatment of acute and chronic pain. Relieving pain and symptoms of patients suffering from life limiting illnesses is the focus of Palliative Care Physician. Of course, each specialty has its own charm and décor! My journey from anesthesiologist, being expert in CPR & saving lives of patients to helping patients of terminal illnesses, achieving dignified death is narrated in this Luminary Oration. It is also aimed to highlight efforts of all who were instrumental in establishing “Department of Palliative Medicine” with post-graduation in the subject, at Gujarat Cancer & Research Institute, the first of its kind in any Government set up in India! The talk will also throw light on present and future of this specialty in the state of Gujarat.

History of Palliative Care in Gujarat

Gujarat Cancer Society and Gujarat Cancer Research Institute are pioneers in palliative care in Gujarat. Pain clinic at GCRI since its inception, 2nd Hospice of India at Community Oncology Centre, Vasna, Ahmedabad in 1988 are few milestones in the history of Palliative Care in Gujarat. Pain and palliative care services at Guru Govindsinh Hospital, Jamnagar established by Dr P Kumar, Head, Anesthesia and Dr Agarwal, Head Radiotherapy needs a mention in history of palliative care in Gujarat.

Palliative Care OPD at GCRI

A dedicated Palliative Care OPD was started at GCRI in Oct 2010 with the support of JivDaya Foundation, Ohio, USA. Dr P M Shah, Director, GCRI, selected me for this project and gave me responsibility to develop this specialty. I took up many task, initially, as follow.

- Training of Staff
- Awareness in GCRI, in Civil Hospital Campus and amongst Cancer centres in Gujarat
- Documentation and Record Keeping
- Forming SOPs of Palliative Care Services
- Networking with other departments and Cancer Institutes in Gujarat
- Starting various courses in Palliative Care
- Started research in Palliative Care
- Strengthening Home Care Services
- Strengthening Hospice Services

My appointment as Deputy Director, GCRI in Nov 2012 gave me opportunity to spread the word about Palliative Medicine in the Department of Health & Family Welfare, GoG. First time 10 new posts (faculty & paramedical) were sanctioned by GoG to start Post graduation in Palliative Medicine.

I and my team also took up the task of establishing Palliative Care services at state level by addressing key issues as follows.

- Creating awareness about Palliative Care
- Training in Pain Management & Palliative Care
- Policy on Palliative Care Services across State of Gujarat
- Morphine Availability

Department of Palliative Medicine, GCRI worked with Department of Health & Family welfare in all these areas.

- Awareness of Palliative Care amongst Medical & Para medical professional as well as public was taken up through participation in clinical meeting, organizing workshops, distribution of pamphlets, celebration of World Hospice & Palliative Care Day, campaign through social media and print media etc.
- Number of training programs for doctors, nurses, para medical personnel were taken up with the

help of Indo American Cancer Association, Pallium India & Indian Association of Palliative Care. Many aspirant Palliative Care Physicians were trained and they started Palliative Care services in their own healthcare setup. About 10 Palliative Care services were established at various cancer centers across Gujarat between 2012 to 2017.

- Department of Palliative Medicine, GCRI became nodal institution for implementation National Program for Palliative Care (NPPC), which was announced by GOI in 2012. Medical officers & staff nurses from PHCs & CHCs were trained to implement NPPC in their districts. Following this 18 districts had NPPC implemented between 2017 to 2020 with dedicated team for this program.
- Department of Palliative Medicine, GCRI also took up initiative to implement Narcotic Drugs & Psychotropic Substance, NDPS act 2015 in Gujarat. A meeting with Health Commissioner on 11 Apr 2017, rolled out the road map for this task. Drafting of SOP for Recognized Medical Institution (RMI) & Registered Medical Practitioner (RMP) was first step towards it. The book was published by Department H&FW, GoG, which serves as guideline for getting RMI status. This has eased out the process of procuring morphine by institutions & practicing doctors. Training of inspectors of Food & Drug Control Authority (FDCA), now the licensing authority for RMI & RMP, was taken up for executing the SOPs. Now Gujarat is one of the 18 states which has NDPS Act 2015 implemented, which has enhanced morphine procurement.
- Department of Palliative Medicine got recognition for starting MD in Palliative Medicine in Apr 2018. It is the first Department in government set up to have such opportunity.

Future of Palliative Care in Gujarat

- ✓ Implementation of NPPC Program in all districts of Gujarat State. This will make the services available at the doorstep of patients.
- ✓ More number of trained professionals in Palliative Medicine will be rolled out to provide specialist Palliative Care at various levels of Healthcare.
- ✓ Morphine will be available at District level. So patients need not travel long distances to procure Morphine to relieve his/her pain.
- ✓ Robust Health & Wellness centres, with trained doctors & paramedical staff will be able to provide basic Palliative Care to all patients suffering from chronic illnesses.
- ✓ Palliative Care Services should be mandatory, for Cancer & Non-Cancer patients, in all Medical Colleges. This will cover more number of patients.
- ✓ Disease specific Specialized Palliative Care will be provided at higher centres.

I wish, in future, no patient should travel to other district to get Morphine. Their mangled wounds gets treated at Health & Wellness Centres. All medical professionals should be able to provide a dignified natural death instead of a death following medical failure!

Following retirement in 2017, my second innings started as Chief Executive Officer at Community Oncology Centre, Vasna, Ahmedabad, where I continue to carry forward the unfinished task of developing Palliative Care across the state of Gujarat. I am thankful to GCS & GCRI for this opportunity.