



Dear Friend:

January 2008

Justice delayed is pain. Indian Association of Palliative Care's petition for fair and just supply of morphine to needy people (and for Governmental policy on palliative care) is still awaiting consideration in the apex court. We have no doubt justice will come but it takes time, every moment screaming with pain. In between comes some problem at the Government Opium and Alkaoid factories - two government outfits that are the only ones authorized to produce opium in the country. For the last few months, they could not supply morphine to manufacturers of various morphine formulations. Life, to many, seemed agony, with an uncertain end. Luckily, Mr P V Subba Rao, a kind and perceptive joint secretary in the Union Government's Department of Revenue, and his colleagues have been very helpful. Thankfully, there seems to be no problem at the moment.

More bad news

More bad news comes from the other hemisphere. The pharmaceutical giant, Merck, had developed a vaccine on which the world had pinned a lot of hope. It was to work against AIDS in a supreme celebration of scientific success. The vaccine has failed.

It was made from a weakened form of the common cold virus. This was used as a medium to deliver three synthetically produced genes from the AIDS virus known as gag, pol and nef. The current testing was planned on 3000 uninfected volunteers, each of them getting three doses over a period of six months. The trial has been at the time of an interim which clearly showed lack of efficacy. Of 741 volunteers who received at least one dose of the vaccine, 24 had been infected after about 13 months. In comparison, 21 of 762 in the control group got infected. And there was no reduction in amount of HIV in the vaccinated group.

This is disappointing. But failure, as they say, can be a stepping stone to success.

Some good news

We got this note the other day.

I am grateful to your organization for the care and affection bestowed on... till she breathed her last on 6th May 2007. I am enclosing a cheque for Rs. 5000/- as a small contribution towards your efforts in alleviating the pain and distress encountered by cancer patients.

As an amount, it may be unremarkable but it is as big in intent as big could be. The goodness of it is that the person who died was not the donor's relative. She had lived with the donor as a housemaid for several years. When she fell ill, there was, so to say, a willing reversal of roles. The maid got all care she needed. When home management became impossible, we helped them shift her to Karunya Vishranti Bhawan, Kattela where Sister Elizabeth and her team were waiting to lavish love and care on their new inmate. We visited her regularly till her end. There was one more regular visitor: her employer.

One of our home visit team members remarked, tongue in his cheek, after the week's trip: "Usually people give up whatever becomes useless. Here we have someone who visits her ailing maid in her last days." That was what made those last days glow with love and kindness and gratitude. And, now comes this note of donation.

Honours

Pain and Palliative Care Society, Kozhikode, has been doing commendable work. It was selected for the "Person of the Year" award for 2007 by a Malayalam television channel, India Vision.

The award is usually given to an individual but this year the jury headed by the distinguished writer, M T Vasudevan Nair, chose an institution, PPCS, for the honour. Dr Suresh Kumar, director, PPCS, received the award at a function in Thiruvananthapuram.

BBC on palliative care

BBC Radio World Service broadcast a short report on palliative care in India on Tuesday the 29th of January 2008. Please follow the link and scroll down to Tuesday's programme:

http://www.bbc.co.uk/worldservice/outlook/2008/01/080108_trailpage08_outlook.shtml

The report was prepared by Ms Kathleen McCaul who spent a few days with us in Trivandrum studying our work and the palliative care scene in the country. This report will give added visibility to India's palliative care needs. Thank you Kathleen; it was good to have you with us.

Kochi Conference

Preparations are in full swing for the annual conference of the Indian Association of Palliative Care (IAPC) at Gokulam Park Inn Convention Center, Kochi. The Consortium of Palliative Care Units of Ernakulam District hosts the conference under the leadership of Drs Hyder Ali, Dr Radhakrishna Menon and Rev Fr Abraham Varghese. Dr Biju Raghavan is the organizing secretary. Dr M M Sunil Kumar coordinates the scientific committee. Dr Mhoira Leng of "Cairdeas International" represents the overseas participants in the organizing committee. The conference will start on February 8 and end on 10. The theme is "Quality and Coverage".

On 7 February 2008, there will be an educational program for beginners. The program will use EPEC-India (Education in Palliative and End-of-life Care) curriculum, developed jointly by Pallium India and the EPEC program of Northwestern University, Chicago. The program has been organized particularly with the support of Dr Linda Emanuel, Dr Vivek Khemka and Dr Suresh Reddy. This will be held in Rajagiri College of Social Sciences, Kochi.

For registration and accommodation, visit www.palliumindia.org and follow the link to Kochipallcon.

Refresher Course

Pallium India is organizing a refresher course in palliative care for doctors and nurses who have had their basic education in palliative care. Hotel Horizon, Trivandrum, 15-17 February 2008.

Among those on the faculty are: Dr David Brumley (Australia), Ms Liese Groot (Newzealand), Ms Raelee Jensen (Newzealand), Dr Jeremy Johnson and team (UK), Dr Lalitha Kanny (Malaysia), Dr Mhoira Leng (UK), Dr Sue Marsdon (Newzealand), Dr Suresh Reddy (USA,), Dr Odette Spruyt (Australia) and Dr Robert Twycross (UK).

The course will be mainly in the form of interactive discussions with short didactic sessions. They will cover the following areas: Defining palliative care, Difficult areas in symptom control, Collusion and interacting with family, Difficult areas in psycho-spiritual support, Children and palliative care, Palliative care and the elderly, Social support and rehabilitation, Advancing palliative care in India.

Those interested may contact:

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Alpha Anniversary

Alpha Pain Clinic at Edamuttam in Thrissur district is celebrating its third anniversary. Alpha anniversary is a great event in so far as Alpha Pain clinic is a major provider of palliative care in the country. To mark the anniversary, an international seminar is planned. The focus will be innovation and formulation of palliative care policies and practices.

Scientific data obtained from a survey of 1000 patients/families who have received Palliative Care service from Alpha Pain Clinic will be released in the seminar. The survey and further studies were conducted by Dr. T.N.Sugathan, Director, Center for Survey Research and Management Services, Kochi, using trained volunteers, supervisors and nurses associated with Alpha.

Back Pain

Nothing in this world is permanent other than, of course, back pain. Which is why we invite your attention to what may be called a back pain encyclical. The College of Physicians (ACP) and the American Pain Society (APS) have thought it necessary to issue a

comprehensive joint clinical practice guideline for the diagnosis and treatment of low back pain.

The guidelines were published in the October 2 issue of the *Annals of Internal Medicine*. There are recommendations on how to categorize patients, when to perform imaging studies, educational information for patients, self-care, when to prescribe medications and what types, and nonpharmacologic therapy. An important caveat is that clinicians should not routinely order imaging and other diagnostic tests.

Sometimes self-help relieves pain, sometimes not. The last recommendation is about what to do when self-help options do not really help. It says:

“When self-care options do not result in improvement, clinicians should consider adding nonpharmacologic modalities shown to be of benefit. For acute low back pain, the only modality in this category is spinal manipulation. For chronic or subacute low back pain, modalities shown to be of benefit are intensive interdisciplinary rehabilitation, exercise therapy, acupuncture, massage therapy, spinal manipulation, yoga, cognitive-behavioral therapy, or progressive relaxation (weak recommendation; moderate-quality evidence).”

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