



Dear Friend:

April 2008

**Palliative Policy:** Rev Jeremiah Wright's famous comment on governments—"governments lie!"—is not quite right always. Sometimes governments say, and do, right things. One convincing proof we can cite is a policy recently announced by the government of the south Indian state of Kerala. It is a policy for palliative care.

This tiny state has a remarkable tradition of public health care, winning a mention even from Nobel laureate Amartya Sen. Yet it took a while for the government to recognize the urgency of palliative care. That it has done so now is gratifying. Pallium India which did its bit role to draw the attention of the powers-that-be to this realm feels rewarded.

The policy document is a charter for development of palliative care in the state over the next few years. It involves training of professionals and volunteers, reorienting health education syllabus, building up infrastructure and, above all, creating an awareness of the need for and scope of palliative care. The government's plan is, and rightly so, "to establish palliative care as part of basic health care." Palliative care, as service or study, is not something quite apart from normal health care.

**Touching Words:** We learnt again the other day something we had always known: a good word or a touch can make a life of difference to those in pain. The occasion was an educational initiative of students of Karakkaonam and Kolencheri medical colleges at two different venues last month. It was fun talking to them—about their hopes, fears and frustrations.

We put to them a simple question: What was their most intense experience when they visited a hospital, not as a professional student but as a patient or a patient's relative or friend? Not one of them mentioned a miraculous cure or a memorable accomplishment. What remained as a sediment of experience was the memory of something undone or wrongly done, a rude glance or a ribald word where a show of kindness was ever overdue. There were rare occasions when a touch seemed to bring back a life of hope, a word a world of light.

One student told us the story of her skin problem. No one seemed to care. That made the problem worse. The cure seemed to come when one dermatologist stopped by a little longer to ask her what it was all about, touch her skin, stroke her hair and assure her that she would soon be alright. And alright she was, perhaps more because of that assurance than any curative drugs. That gesture of generosity is indeed etched in her memory but enveloped by grim sloth and unconcern.

Another story was not about any elaborate diagnostic or curative processes that ensued as a matter of course when the narrator's father was ushered into a hospital. The patient was frail and unsteady. As he got up from the stool, he tripped and nearly fell. A hand of god came and held him up, averting a bad fall and fracture. The sleeves on the hand got wrinkled and the pen from the pocket fell down followed by the stethoscope. The owner of the hand, our narrator told us, was a doctor, and in him they saw god. In their eyes, what made him god was not so much his silent work as a doctor as his active aid in a moment of the patient's need.

**Agony in England:** Unconcern or emotional involvement? This is a point Ramesh Menon from UK took up in a recent message. He was responding to our earlier story of a doctor having had to look on helplessly when his father died of cancer in an intensive care unit. This is how Ramesh articulated his approach to unconcern or detachment:

“We were taught insensitivity by some of our teachers in medical school and how it was important in fostering that all important virtue--clinical detachment. How to make insightful, witty comments relating to a patient's condition on ward rounds? How to do operations with a little local anaesthesia and a sharp word? Learned professors of surgery who would walk past a patient with a gangrenous leg because he hadn't paid up! How it was all right to practice cannulation or catheterization without adequate supervision 'till we got it right!' The list goes on. Here in the UK, things are not much different though on another level...”

Ramesh goes on to voice his pain: “I have been struggling with a hospital to set up an acute pain service for children. A robust service exists for adults. There is approved funding for surgery in children but not for an Acute Pain Nurse. The hospital does not see it as a priority and does not think it will improve 'throughput'! My own colleagues see a paediatric epidural service as a waste of resources. Chronic pain in children is even less supported. That same insensitivity is masked by politeness, government targets, and the desire to attract charity money. If there is change in India—it is hugely relieving that this is happening—who am I to make patronizing statements? I am not part of that change...”

**Pain Poetry:** A different note is struck by Prof Jacek Luczak from Poland in his response to our last letter. In it we had made a reference to the little inmates of the Majdanek concentration camp who were doodling pictures

of butterflies a day before they were led to the gas chamber. Prof Luczak has asked us to spread the inspiring story of Joanna Drazba who produced great poetry of pain, in her very bid to recover from pain, when she was 24, and braving terminal illness. Her poems have been translated into English and Hungarian under the title “Under the screen of the eyelids.”

We can no more than reproduce a few lines to give you a flavour of Joanna’s arrestingly simple diction, and her effort to turn poetry into an instrument of relief.

*You have become a tree  
You love leaves  
You sing crying  
You are looking for yourself  
Hurts!!!*

**Take a Look:** If you have not yet taken a look at the brilliant website of the International Association of Hospice and Palliative Care, you may be late. In its present form, it may not remain there too long. So go to that site <http://www.hospicecare.com/phpQ/fillsurvey.php?sid=24> and suggest how you would want it redesigned. IAHPC is right now conducting a survey on visitors’ views on its site.

**Sharjah Session:** Pallium India was invited to talk about pain management in a Continuing Medical Education (CME) program organized by the Association of Kerala Medical Graduates (AKMG) of United Arab Emirates at Sharjah early this month. We found the Association strong and vibrant, not satisfied with what is routine, seeking something better. Both from scientific and organizational points of view, the meeting was of high calibre.

The session had brought up the interesting idea that pain management should not be a stand-alone affair and that all principles of palliative care are applicable to anyone in chronic pain or even in acute illness. Several people expressed interest in pursuing this idea and following it up with more pain and palliative care education.

Next day, after the inaugural sessions, a new team took over, with Dr V S Viswanathan as President of AKMG, Emirates. We wish them two fruitful years ahead.

**Kanzius Contraption:** A simple machine that can kill cancer cells with no side effects is in the making. Its inventor is an equally simple man, John Kanzius of Pennsylvania, no decorated scientist who roams around any high-tech laboratory but a radio technician. Besides working on the model of a cancer machine, there is one more things that keeps Kanzius busy: battling with his own cancer.

To make his complex story simple, Kanzius found that it was possible to heat gold nanoparticles with radio waves. Thrust those nanoparticles in a tumour and heat them up. Malignant cells are burnt. Normal ones remain normal. It is as simple as that.

This is no science fantasy. Some cancer doctors are already trying it out. Among them is Dr Steven Curley, a liver cancer surgeon, who finds out in laboratories the University of Pittsburgh and the M D Anderson Cancer Research Center how good this Kanzius contraption can be.

Reassuringly, but with no hyperbole, Dr Curley said in a television interview: "Right now it is a little science fiction. We're not quite to the real time yet, but it's got a lot of promise."

That promise is what keeps the human world ticking. We are getting used to inordinately grandiose promises. One is that an artificial human heart can be manufactured in a factory, and, possibly, sold in a supermarket. So also other vital human organs. What about the brain? We do not know, yet.

This breath-taking scenario had not formed when, fifty years ago, a Malayalam poet, Edassery Govindan Nair, addressed an eerie question to his dear river over which a bridge was being built. He was very much a champion of the bridge but he asked the river whether "it would turn into a desolate drain when man, who is used to crying and laughing and making merry, becomes machine." He was envisioning the advent of the mechanized man.

Editor