

Implementation of Palliative Care in the State

Government of Maharashtra
Public Health Department
GR No 2013/ No 168/ Health 3(A)
G.T. Hospital Building, 10th Floor,
New Mantralaya, Mumbai-400001
Dated 15th June 2013

Introduction:

Deviation from normal state of physical health can affect almost all the aspects of a human life like Social , Psychological ,Spiritual and Financial .With the rising trend in the longevity there is increase in number of people with chronic life limiting conditions or illnesses like Non communicable diseases like COPD, CVD, STROKE, CANCERS, Diabetes Mellitus and chronic Communicable diseases like(HIV/AIDS,MDR/XDR-TB). These patients experience pain and other symptoms and psychosocial distress, which not only decreases quality of life, but simultaneously increases the burden on the family and on the health care system.

Palliative care, a field of medicine does not seek to cure but to improve quality of life of patients with life limiting illness, can be delivered at a limiting cost both in the hospital as well as in the community through home based care and at health centres. It includes treatment of pain and of other problems like physical, psychological and spiritual.

Government Resolution:

Palliative Care Program will be implemented in phases in the State to improve the quality of life of the patients suffering with life limiting conditions and their caregivers. Following things would be done in accordance to it:

1. To provide required equipments and medicines to Government hospitals to start Palliative care units.
2. To simplify the process of licensing, storage and distribution for the easy access to effecting pain reliving drugs like Morphine.
3. To train the Doctors, Nurses, ANMs, ASHA workers and MPWs to improve the patient care. To start training cells at various places.
4. To ensure financial provision for the above mentioned activities
5. To include 'Palliative Care' in UG and PG curriculum of Medicine, Nursing, Pharmacy and Social Work
6. To utilise the media to ensure community awareness and sensitisation amongst general population Private practitioners after adequate training can be encouraged to provide home based palliative care services.
7. To provide Palliative care through Private Medical Institutes
8. To train the health professionals from AYUSH
9. To network with NGOs and CBOs.

For integration of Palliative Care:

1. Family and volunteers will be trained about the Home Care
2. Palliative Care would be included in the State and regional level hospitals.

OPD will be started at least twice a week at Government Hospitals. Nurses,ASHAs and MPWs from PHCs and Sub Centres will visit homes in the villages and identify the patients needing Palliative Care. Medical officers from Rural Hospital and PHCs will examine the patients and provide medicines and information about hygiene, nutrition etc. Nurses,ASHAs and MPWs from PHCs will help the patients and their caregivers. They will provide information i.e. to prevent Bedsoresetc. They will do the necessary things like changing the catheter , give injections etc. Counselling will be done to provide psychosocial support to the patient and the caregivers. Trained volunteers will be involved in this activity. NGOs and CBOs working for Social cause will be identified and a network will be formed of volunteers, caregivers, ASHAs and other Health care workers.

Following are the essential provisions:

1. One qualified Palliative care physician with at least 6 weeks training from authorized centres, as regular/ contractual staff within the Specialty Hospitals.
2. Specialist palliative care nurse on 1:3 ratio with number of patients with 6 weeks training as regular/ contractual staff within the Specialty Hospitals. Two counsellors appointed under the NPCDCS, would be specially trained for 6 weeks in palliative care and 6 week essentials in pain relief, long term care and palliative care for all medical and nursing professionals of Specialty Hospitals and within the cancer services of selected government medical colleges.
3. 1 trained palliative care physician and specialist nurses at 1:3 ratio to number of patients with at least 6 weeks training within the approved training centres and 1 counsellor/social worker
4. Government Medical College- 1 trained palliative care physician and 2 specialist nurses with at least 6 weeks training within the approved training centres with 1 counsellor/social worker.
5. Sub-district Hospital/Rural Hospitals, Primary health centres utilises the existing personnel deployed under NPCDCS and NPHCE programs
6. Primary Health Centre: Home care service will be offered by 1 trained doctor, 1 nurse and 1 social worker.
7. Incorporate palliative care in the responsibilities of ASHA in the selected districts. Establish a scheme for remuneration of ASHA. Link up the trained ASHA with trained volunteers in the area.

8. Formulate three day with refresher every month course for ASHA in Community Palliative Care. The existing course material for three month course in Kerala can be modified and used.
9. Link up the ASHA led community involved palliative care with existing primary health care system in the district.
10. Private practitioners after adequate training can be encouraged to provide home based palliative care services.
11. Increasing awareness among the General Practitioners by conducting CMEs in collaboration with local IMA bodies and emphasizing the need for the general practitioners to get trained in palliative care.
12. Sensitizing the health professionals from AYUSH by conducting CMEs through their professional bodies to emphasize the importance of palliative care and the need to be trained.
13. Active involvement of AYUSH professionals in the provision of palliative care services by making it mandatory for them to undergo training in basic course in palliative care for the renewal of license by the MMC.
14. Identification of the NGOs and CBOs already working in the field of palliative care.
15. Encouraging and supporting the initiatives of those existing in the palliative care field
16. Encouraging and supporting new NGOs and CBO based community initiatives related to palliative care.
17. Identification of Volunteers from the caregiver families and train them to provide home based palliative care.
18. Form a network of volunteers, caregivers, ASHAs, Palliative care Physician and Nurse as well as interlinking them to the higher referral centres

A Committee under the chairmanship of Additional Chief Secretary (Health)has been formed to implement the program in the State.

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| 1. Additional Chief Secretary (Health) | Chairman |
| 2. Secretary, Medical Education and Drugs | Vice Chairman |
| 3. Commissioner, Food and Drugs Administration | Member |
| 4. Commissioner and Program Director, NRHM | Member |
| 5. Project Director, Maharashtra State AIDS Control Society | Member |
| 6. Directorate, Health Services, Mumbai | Member |
| 7. Directorate, Medical Education &Research, Mumbai | Member |

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| 8. Head, Palliative Medicine, Tata Memorial Hospital, Mumbai | Member |
| 9. Joint Secretary, NCD Section, Health | Member |

Programs related to palliative Care would be primarily implemented through the Department of Health. A sensitisation and awareness about Palliative Care would be done within the departments of Health, Medical Education, Women and Child Welfare, Food and Drug Administration and other concerned departments.

For the successful implementation of the Palliative Care program in the State, there has to be clarity in the strategy, resources and the funding so that proper utilisation of resources and funds is ensured. The Committee will ensure to implement the strategies of the Government, Education of the staff, participation of NGOs, Proper utilisation of resources and will send the monitoring report and inform the state about the developments.

Directorate, Health Services should take action in this regard.

With the order from The Governor.

T.C. Benjamin

Additional Chief Secretary,

Maharashtra State

Copy to:

Secretary, Medical Education and Drugs
Commissioner, Food and Drugs Administration
Commissioner and Program Director, NRHM
Project Director, Maharashtra State AIDS Control Society
Directorate, Health Services, Mumbai
Directorate, Medical Education & Research, Mumbai
Head, Palliative Medicine, Tata Memorial Hospital, Mumbai
Joint Secretary, NCD Section, Health
All Deputy Directors
All District Health Officers/ District Civil Surgeons
PA to Hon Chief Minister
PA to all Ministers
PA to all Ministers for State
All departments of the Mantralaya (Secretariat)

All deputy secretaries/ Additional secretaries/ Program Officers, Public Health department