Jaipur, Rajasthan, June 2015

Site:

Bhagwan Mahaveer Cancer Hospital & Research Centre

- Established in the year 1997 as a cancer speciality hospital offering cancer prevention, treatment, education and research centre.
- 200-bedded hospital with leading-edge infrastructure housing several wards, laboratories, utility services and specialities.
- The hospital aims to serve patients not only within Rajasthan but also from neighbouring states where top-notch cancer care facilities and treatments are not available.

Year of Visit **2015**
Participants from Australian Palliative Link International • Anil Tandon
Participants from Bhagwan Mahaveer Cancer Hospital & Research Centre • Dr Anjum Joad
Objectives of the visit: • Education activities (to assist with the delivery of the annual Jaipur Course in Palliative Medicine (JCPM), a six week structured program organised in conjunction with Pallium India and the Indo American Cancer Association.)
Potential threats to achieving objectives:
Summary: • A brief six-day visit during which the majority of time was spent conducting education with only limited opportunities to observe the day-to-day clinical provision of palliative care. • Areas of presentation delivered were on:

    - Communication skills
    - Not for CPR discussions
    - Prognostication
    - Pain management
- Other topics covered:
    - Introduction to Palliative Care
    - Principles of symptom assessment and the Edmonton Symptom Assessment Scale
    - Pain pathophysiology
    - Communication
    - Oral care and mucositis
    - Tramadol and codeine
    - Pain history and assessment
    - Dyspnoea
    - WHO ladder and how to use morphine
    - Palliation in head and neck cancer
    - Bone metastases
    - Taking a spiritual history
    - Palliation in cervical cancer
    - Palliative radiotherapy and superior vena cava obstruction
    - Malignant cord compression
    - Prognostication
    - Non-steroidal anti-inflammatory drugs
    - Constipation
- The Final schedule was received only on Friday 19 June, including the request to present on the topics of brain metastases and anxiety / depression.
- The Jaipur Course in Palliative Medicine (JCPM) was attended by four doctors and three nurses

- Dr Anil noticed that there was reliance more on the patient's family rather than the nursing staff to administer medications
- The below are the reflections from the Jodhpur visit
  - No need for presentation on palliative care in non-malignant disease
  - More focus on pain management and case scenarios
  - Debate about the legality of withdrawing ventilation
  - Attendance from the press and subsequent reporting

Positive observations

- The below were identified as strengths of the existing BMCHRC palliative care service:
  - The dedication and expertise displayed to provide the best possible palliative care. This was confirmed by the respect afforded to Dr Anjum by her colleagues both within BMCHRC but more widely by the palliative care community in India and internationally.
  - Dr Anjum's willingness to organise and coordinate both the annual JCPM and the current round of workshops being planned for the other major centres in Rajasthan.
  - The very high quality of the documentation in the medical records.
  - The allocation of the large and well-located room where the Palliative Care Outpatient Department is based.
  - The stability of the junior medical officers, Drs Apeksha Modi and Shikha Jain, both of whom have been working in palliative care for over two years.
  - The presence of two other anaesthetists who are willing to provide palliative care input for inpatients.
  - The close working relationship with Dr Ajay Bapna, Head of Department in Medical Oncology, and his understanding of the limits of medical interventions in patients with advanced cancer.

Recommendations

- The below mentioned were identified as recommendations for improvement after further consideration by Dr Anjum and her team.
  - The sustainability of the JCPM in its current format.
  - Its appropriateness to enrol nurses into the course when they do not have functional knowledge of English
  - If whether the course is viable to run on an annual basis if there are just three or four doctors enrolled.

- Have a stricter structure to the day with protected teaching time separate from patients in addition to quarantined bedside teaching opportunities.
- Ensure that sufficient notice is provided to external faculty, if they are invited to participate / teach so that they can adequately prepare themselves.

- BMCHRC to consider granting Dr Anjum, professional development leave or community service leave to undertake this vital work of developing palliative care all over Rajasthan, thereby sending strong signals that her efforts to develop palliative care elsewhere in Rajasthan is appreciated and that BMCHRC is a national leader in the field.
- Reconsider providing palliative care input into the Medical Intensive Care Unit as it would be invaluable to limit the number of expected deaths in the Unit.
- To have a conscious recognition of and reflection on the tension between Anaesthetics and Palliative Care, as Dr Anjum Joad is the Head of Department plus working as a clinician in both Anaesthetics and Palliative Care; given that the two fields of medicine involve very different cognitive processes and goals of care despite the common focus on pain management.
- The executive at BMCHRC must give serious consideration towards providing an attractive salary to senior palliative care clinicians in line with consultants from other specialities.
- The efficiency of the clinic could be improved by considering the best arrangement of the desks and beds in the layout of the large and well located PC OPD. In addition, Madan, the OPD orderly can help in maintaining strict control over who enters the OPD thereby making it much easier for the doctors to focus on the patient at hand while also improving the privacy for patients.
- Design and develop a leaflet with inclusion of the names of medical and nursing staff. This would be a small gesture to portraying Palliative Care as the human face of BMCHRC.
- Although there were limited opportunities to observe the management of inpatients, there were occasional instances of quite conservative use of intravenous morphine in patients with significant pain and distress. In addition, the junior doctors did not seem to be either aware of or comfortable with the use of intravenous midazolam for the management of terminal dyspnoea and terminal delirium.
- Care should be taken to take a careful medication history at each outpatient review and written instructions should be provided for the patient or family to refer to at home. This is done keeping in mind the dangers of polypharmacy.

- BMCHRC Executive should consider employing a Consultant Psychiatrist given the high incidence of anxiety and depression in cancer patients. Discussions with Dr Anjum and various Medical Oncologists highlighted that there is inadequate attention paid to the psychological care of the patients.