Basic Certificate in Palliative Care
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Week-10
Lecture 01: Introductory Dialogue

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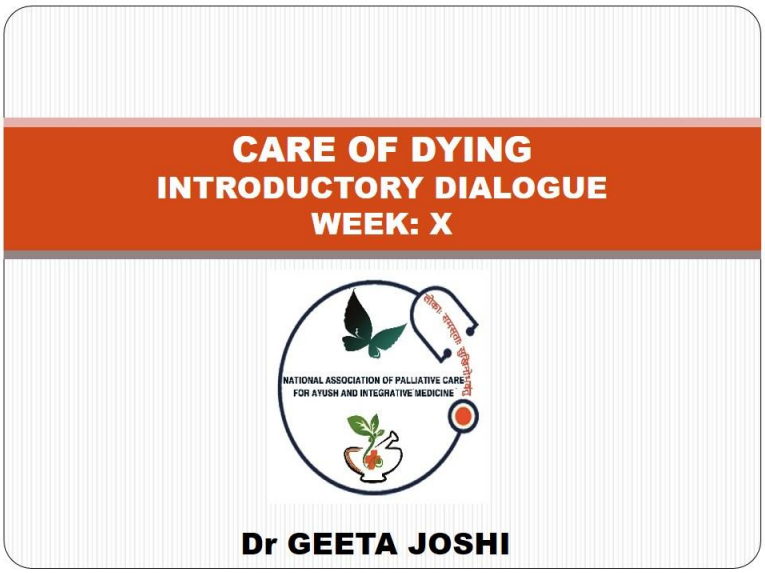

Week number 10, lecture number 1. Good morning everyone. Hello friends. So we are advanced to week number 10. In the first week I said journey is very short. It's a journey of just 24 weeks correction 12 weeks. And almost we have come to the week number 10. I hope you must all have enjoyed this journey of learning about palliative care. Now here we are talking about dying and death, the week pertains to care of dying.

And I just remember not exactly a shayari (Hindi word meaning poetry) but something you can say patang si hai zindagi (Hindi phrase meaning Life is like a kite). Here we are comparing life with a kite. What's the life of a kite when it goes into the sky and anybody can come, any competitor can cut the thread and kite goes off.

Similarly here also we are not immortal. We are mortal. We have to die sometimes but what is important is that we are human beings. We remain in a society. So for rest of us who surround the patient like children, grandchildren and others, friends and relatives, they are supposed to look after the patient.

We should be able to try to heal him. We may not be able to cure the disease as such but they should remain with him and therefore this thing is there patang si hai zindagi kaha tak jayegi, patang ho aur umuru ek dhin cut hejayege (Hindi phrase meaning Life is like a kite; how far will it go? A kite and a lifespan—both will be cut off one day). But now let us end here. Don't worry about it. So Yashwanti you are a multifaceted personality, being a shayari (Hindi word meaning poet), social worker and a palliative care physician as well.

So in this week number 10 we are going to talk about dying. Nobody talks about death or dying and particularly in medical profession as well. But when you are in palliative care you will be seeing dying patient often, very often because we give them good death, natural death and death with dignity. So here you will be facing patients who are dying. So it is our moral duty and our duty to find out which are the patients who are dying.

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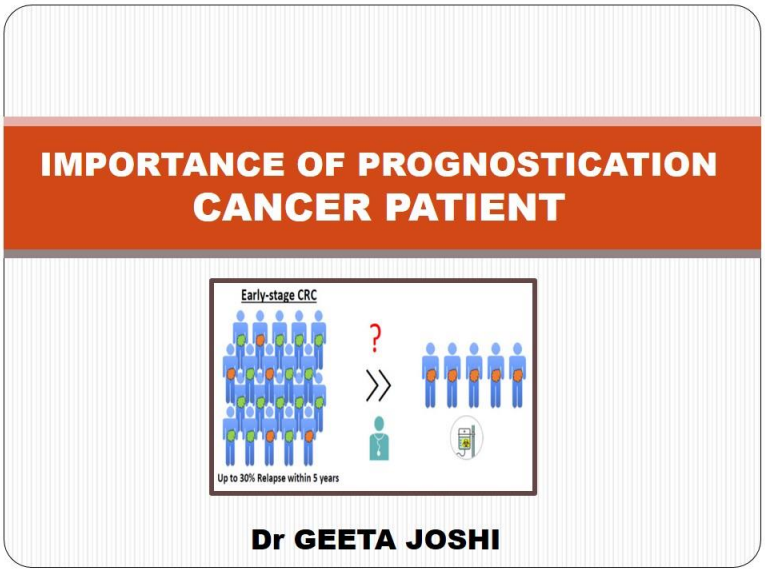

So the first lecture is on importance of prognostication in cancer patients. This lecture is a very elaborated lecture given by myself Dr. Geeta Joshi. But where the prognosis of a disease, prognosis of the condition of the patient is very important. Many a times patient and relatives are anxious to know what is going to happen to them.

Not only death or life expectancy but other things also like he will tolerate the chemotherapy, which other treatment will be good for him and all such prognosis related questions comes up. And one has to be prepared how to face that question, how to tell the truth and how to help patient make decisions about their treatment part of the disease. So this is very interesting and very nice subject we will be talking about.

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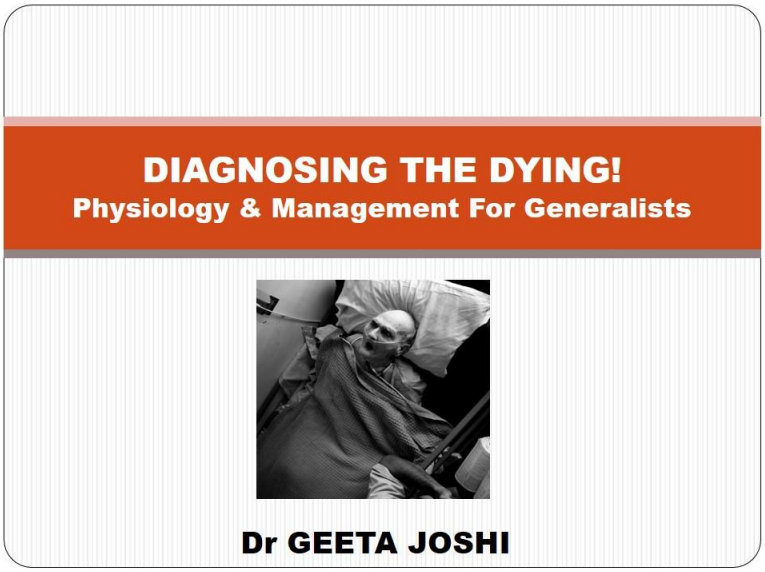

The next topic is diagnosing the dying physiology and management for generalist. So when patient is dying in terminal phase, maybe few days to few hours, there will be many body changes you will see.

And this body changes depends on which organ is first affected or he is dying because of problem of which organ in the body that will be reflected into the sign and symptoms on the patient. So it is as a clinician, as a nurse or even as a social worker, you should be able to identify these dying signs and symptoms of a dying person and prepare your team as well as relative to face the death. This is also very good subject to discuss about and increase your knowledge on this subject.

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Another lecture is facing the death how to help given by Dr. Piyush Gupta, one of the faculty of this course. And he is the secretary of cancer aid society India located at Lucknow only and they are doing superb jobs in cancer awareness and cancer detection.

So facing death, how to help? How to help the patients, relative, family members to face the death? How to prepare them for the death? And what else has been described in this lecture? Basically, its just saying that death needs to be discussed. You know, unlike what happens, we take it that as if we are not going to die, but we must accept the fact that everybody is going to die. Death will come us to some time. So it is very important to discuss about the death and just see various things.

Like I have forgotten that the name of that nurse who has written the book, Regrets of Life. She had interviewed so many dying patients and she asked, you know, what is your regret now when you are about to die? So she had collected and collected those regrets of all those patients and just said, these are the normal regrets. And one of the regrets was that they could not enjoy the life the way they wanted. This is what is happening to us. Many of them said that I wish I would have done this more.

More time with the family and friends. It was the biggest regret everybody had. Here also, basically, if somebody is dying and as per our culture, if Yamaraja is sending somebody to take away, I mean, so nothing can be done about it. But before that and

during that time, we can heal them. Even our presence over there is quite enough, you know, smiling face.

That is how so many other points he has given out. Very nice lecture he has prepared.

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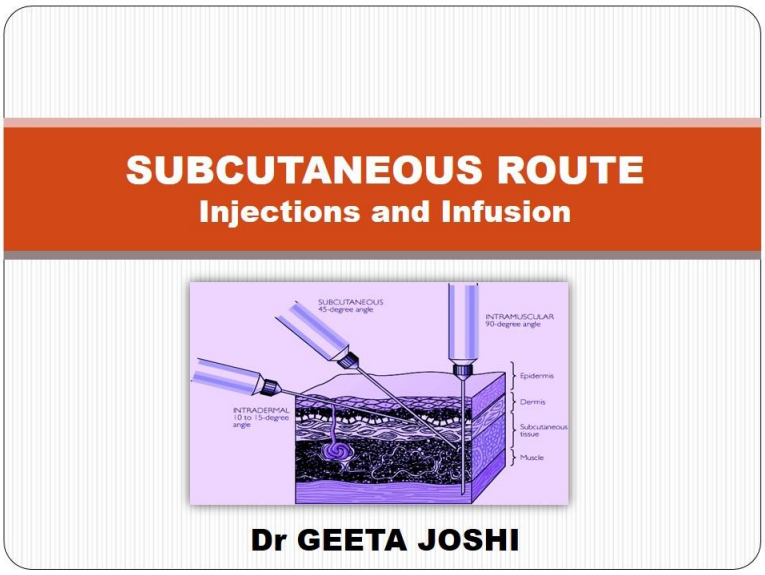

Another is subcutaneous rejection and infusion. Route is not very popular among the medical professionals, but it is must to learn if you are practicing palliative care. And this can be managed even not only by doctors, but even nurses and volunteers and even care giver can manage this route at home.

And this particular route is used in terminal phase of the disease or when patient is in advanced stage or when patient is dying. And also circumstances, a small cannula is inserted below the skin through which you can give drug, you can give IV fluids and you can improve the pain and symptoms of the patient and make them comfortable. So very important route to study. You will really enjoy learning a new technology technique of subcutaneous route injection.

I see Dr. Geeta Joshi, what I think the generally injections are being given three types of injections. One is in the veins, another in the muscles. And this is where how do you call it IV or something? Intravenous that is IV, intramuscular that is IM and this is

subcutaneous below the dermis and epidermis. These are the two layers of the skin. And so below the layer of the dermis is the subcutaneous and it is above the muscular layer.

So basically three IV into the veins, IM that is in the muscles and subcutaneous route. It is between two dermis, two layers of the skin. Am I right? There are so many higher routes also. We want to remain there. These are in practice which we have talked about.

So you will enjoy learning this week 10 syllabus and do your best. Theme of this? Yeah. Yeah. You see this week pertains to basically about death and dying and talking about it. And we also know that in palliative care, we say our aim is to add days into life and not days into life.

We don't want to extend the life by putting and giving high-tech medical treatment, ICU and what is that? What do you have it? You know, ventilator and all those things, you know. So that is not the thing. But one thing we want to give with social support, family support that patient during the time of death remains healed is happy. And therefore we just say the theme of this week is death with dignity.

Thank you. Thank you, friends.