

Basic Certificate in Palliative Care
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Week-11
Lecture 04: Government Schemes for Palliative Care

Let us start the session on the Government Schemes for Palliative Care. Now, this palliative care you know that it was included in the National Health Policy of 2017 by the Ministry of Health and Family Welfare, Government of India. Before going to the this session now, I am really thankful to Dr. Dinesh Kumar who prepared the power points.

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National Programs for Palliative Care



Ministry of Health & Family Welfare, Govt of India started National Program for Palliative Care (NPPC) in 2012.

There are many existing program which has Palliative Care a component. They are

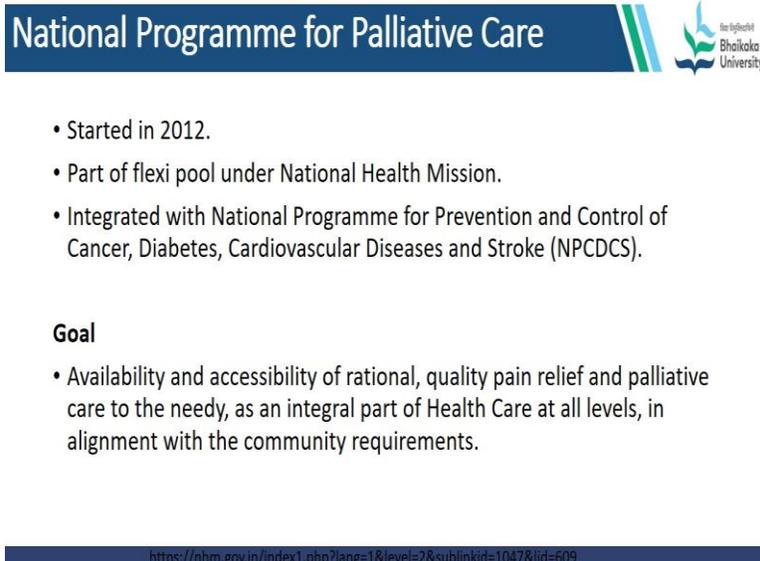
- ✓ National Program for Health Care of Elderly (Includes Palliative Care for Geriatric population)
- ✓ National Health Policy 2017
- ✓ State Palliative Care Policy includes Palliative Care by public Health sector
- ✓ National AIDS Control Program (Palliative Care for HIV/AIDS patients)
- ✓ National Tuberculosis Elimination Program (Upgraded Revised National Tuberculosis Control Program)
- ✓ Ayushman Bharat Yojana (Health & Wellness Centres at PHC/CHC. Palliative Care is one of the component)

This National Programme for Palliative Care, Ministry of Health and Family Welfare, Government of India started National Programme for Palliative Care that is NPCC in 2012. There are many existing programme which has palliative care as a component.

They are National Programme for Healthcare of Elderly that includes palliative care for geriatric population, National Health Policy 2017, State Palliative Care Policy includes

palliative care by public health sector, National AIDS Control Programme that means, you know palliative care for HIV and AIDS patients. National Tuberculosis Elimination Programme, now this programme is upgraded to revise the National Tuberculosis Control Programme. Ayushman Bharat Yojana that is Health and Wellness Centers at the Primary Health Center and Community Health Centers where the palliative care is imparted. It is the major component of all these primary health centers and community health centers.

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National Programme for Palliative Care

- Started in 2012.
- Part of flexi pool under National Health Mission.
- Integrated with National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS).

Goal

- Availability and accessibility of rational, quality pain relief and palliative care to the needy, as an integral part of Health Care at all levels, in alignment with the community requirements.

<https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=1047&id=609>

National Programme for Palliative Care, you know that we said that you know that it started in 2012 and it is a part of the flexi pool under National Health Mission integrated with the National Programme for Prevention and Control of Cancer, Diabetics, Cardiovascular Disease and Strokes that is NPCDCS. The goal of the National Programme for Palliative Care is availability and accessibility of rational, quality pain relief and palliative care to the needy, as an integral part of healthcare at all levels in alignment with community requirements.

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Objectives:



The key objectives of the programme are as following:

- Improve the capacity to provide palliative care service delivery within government health programs.
 - Refine the legal and regulatory systems, support implementation to ensure access and availability of Opioids.
 - Encourage attitudinal shifts amongst healthcare professionals [Education].
 - Promote behaviour change in the community.
 - Develop national standards for palliative care.
-
- The major strategies proposed are provision of funds for establishing state palliative care cell and palliative care services at the district hospital.
 - For further reading, please follow the link

https://dghs.gov.in/content/1351_3_NationalProgramforPalliativeCare.aspx

To say about the objectives now, the key objectives of the programme are as follows. Improve the capacity to provide palliative care service and to deliver within the government health programmes. Refine the legal and regulatory systems that means, you know support implementation to ensure and access the availability of opioids.

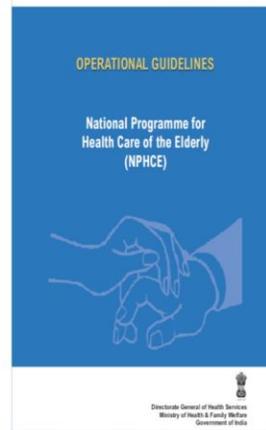
Encourage attitudinal shift among healthcare professionals that means, you know by education, by continuing medical education. Promote behaviour change in community. Develop national standards for palliative care. The major strategies proposed are provision for funds for establishing state palliative care cell and palliative care services at the district hospital level. You know you can go to the link National Programme for Palliative Care for further information.

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National Programme for Health Care of Elderly



- Provide accessible, affordable, and high-quality long-term, comprehensive and dedicated care services to an Ageing population
- Domiciliary visits by the rehabilitation worker for bed-ridden elderly and counselling to family members for care such patients.



* Palliative care is not motioned in the document

https://dghs.gov.in/content/1359_3_NationalProgrammeHealthCareElderly.aspx

National Programme for Healthcare for Elderly. Here know that provide accessible, affordable and high quality long term comprehensive and dedicated care services to an ageing population. Domiciliary visits by the rehabilitation worker for better than elderly and counselling the family members for care such patients. So, some operational guidelines are for this. National Programme for Healthcare of the Elderly that is NPSCE.

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National Health Policy: 2017



Recognizes the growing need for palliative and rehabilitative care for all geriatric illnesses & advocates the continuity of care across all levels.

Objective:

“Improve health status through concerted policy action in all sectors and expand preventive, promotive, curative, **palliative** and rehabilitative services provided through the public health sector with focus on quality”.



https://www.nhp.gov.in/nhpfiles/national_health_policy_2017.pdf

And we can say that a national health policy about 2017, it has its own its component of this palliative care. It recognize the growing need for palliative and rehabilitative care for all geriatric illness and educates the community of care across all levels. What to say about the objectives you know? Improve health status through concerted policy action in normal sectors and expand preventive, promotive, curative, palliative and rehabilitative services provided through the public health sector with focus on quality. So, it is there in the national health policy of 2017 of government of India, this ministry of health and family welfare departments.

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See look into the different you know the south sides including Kerala, Karnataka, Maharashtra have a very good care policies there in the palliative sector.

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National Health Policy



Enhanced capacity building related to Palliative care both in health services and training.

Palliative care has also been considered to be part of Right to Healthcare by the policy.



And to say about the national health policy in the palliative care and enhance the capacity building related to palliative care both in health service and training. The palliative care has also been considered to be the part of right to health care by the policy. So, here know the comprehensive primary health center, they have to prevent the disease, they should be promotive in this health sector and they have to give curative treatment to the patient and the other major component of this CSC or primary health center is palliative and rehabilitative work.

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National AIDS Control Programme

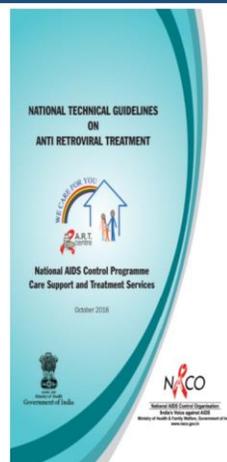


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To say about the national control of AIDS control program, you know lot of things are there now and this palliative care for adult and children with HIV, it is also included in the national AIDS control program. It is a one of the component of the national AIDS control program.

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National AIDS Control Programme

- Palliative care as an important component of the care, support and treatment in managing the HIV pandemic.
- The focus is on symptom management of patients, psychosocial, spiritual and bereavement support for both patients and families.
- Home care has been considered to be of great importance in meeting the palliative care needs of HIV positive patients and families.
- Children [both HIV positive and negative have been identified as special focus group.
- Peer counsellors, outreach workers (ORW), link worker or ASHA are expected to play important role.

The palliative care as an important component just as I said you know and the focus is on symptom management of patients, psychosocial, spiritual and bereavement support for the both patients and family because it is needed. The bereavement after the death of the patient or the so, bereavement is a very important part of the management of the palliative care. Home care has been considered to be a great importance in meeting the palliative care needs of HIV positive patients and families. Children both HIV positive and negative have been identified as special focus group. Peer counsellors, outreach workers, link worker and ASHA workers are expected to play an important role in palliative care.

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National Tuberculosis Elimination

Guidelines on programmatic management of drug resistant tuberculosis in India 2019

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME
Central TB Division, Directorate General of Health Services,
Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi

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And this national tuberculosis elimination program or the present revised national tuberculosis control program, it also has a component that is palliative care.

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National Tuberculosis Elimination

Guidelines on programmatic management of drug resistant tuberculosis in India 2019

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME
Central TB Division, Directorate General of Health Services,
Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi

6.17 Palliative care

Palliative care is a multidisciplinary approach to medical care for people with serious illnesses. It focuses on providing patients with relief from symptoms, pain, physical and mental stress of a serious illness, whatever the diagnosis. WHO defines palliative care as an approach that improves quality of life of patients and their families facing the problem associated with life-threatening illness, through prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. The goal of such therapy is to improve quality of life for both patient and family. [33]

Need of palliative care in DR TB

While high cure rates of TB are being reported by majority of the programmes across the globe, in many countries DR TB remains a life-threatening condition with high mortality and poor cure rates. There is significant suffering associated with DR TB illness and its treatment. This kind of burden adds to the possibility of TB patients not being able to adhere to treatment and resultant, the treatment failing to cure them. The life-threatening nature of DR TB and

Challenges in palliative care

Current TB treatment strategy is based on a patient-centered approach to treatment and care and international guidelines have identified practices resulting in better treatment outcomes. However, alleviation of the patient's suffering associated with disease and its management has been restricted mostly to physical aspects and not adequately too. Difficulties faced by patients and families affected by life-threatening disease span across physical, psychological, social and spiritual aspects. Neither trained health workers nor local community-based palliative care resources are usually available in the settings that are most in need. Although, clinical expertise in palliative care for patients who die in respiratory distress has developed considerably, individuals with DR TB are yet to see the benefits.

Services under palliative care for DR TB

Palliative care would be necessary for care of patients who are chronically ill, with extensive drug resistance, with extensive fibro-cavitary or disseminated bilateral lung disease, who have failed regimen for XDR TB or mixed pattern resistance and for whom a WHO recommended regimen could not be designed even with new drugs. They would be required in some patients when there are symptoms or other suffering during the treatment process. All measures to relieve the patient of suffering caused by the disease and its treatment begins at the time of diagnosis and continues, regardless of whether or not s/he is expected to be cured of or will fail the treatment.

Services under palliative care include addressing pain and symptom control (including respiratory insufficiency), nutritional support, need for medical intervention after treatment cessation (including management of psychological morbidity), ensuring appropriate place of care, preventive care, infection control and end-of-life care.

So, we can see that the palliative you know in that book a very good description about the palliative care is there in the national tuberculosis elimination program. In that in the sixth chapter, it says that you know palliative care is a multidisciplinary approach to medical care for people with serious illness. It focused on providing patients with relief

from symptoms, pain, physical and mental stress of the serious illnesses, whatever may be the diagnosis and WHO defines palliative care as an approach that improve the quality of life of the patient and their families facing the problem associated with the life threatening illnesses through prevention and the relief of suffering by means of early identification, impeccable assessment and treatment of pain and other problems and their physical and psychosocial and spiritual aspects.

The goal of such therapy is to improve quality of the life of both patient and the family, it is very important. When we treat the patient in such a condition, we have to take into consideration the family members also and to say about the need of palliative care in drug resistant tuberculosis. While high cure rates are there in tuberculosis, it is reported that majority of the program across the globe in many countries the drug resistant tuberculosis remains a life threatening condition with the high mortality and poor cure rates. There is a significant suffering associated with the drug resistant tuberculosis illness and its treatments. This kind of burden adds to the possibility of tuberculosis patients not being able to adhere the treatment and certainly the treatment failing to cure them, the life.

So, in that case also we have to give some palliative care to the patient and to the family that we have to look into the whole family who the patient where the patient belongs. And the second chapter says that you know the palliative care is a multi discipline way approach to medical care for the people with serious illness. It focus on providing patients with relief symptoms, we can say about the challenges in palliative care that we have to know. Current tuberculosis treatment strategy is based on a patient centered approach to and to care and current TB treatment strategy is based on a patient centered approach to treatment and care and international guidelines have identified practices resulting in better treatment outcomes. However, alleviation of the patient's suffering associated with the disease and its management has been restricted mostly and it is more in physical aspect and in its mental aspect.

Difficulties faced by patients and families affected by the life threatening diseases across the physical psychosocial and spiritual aspects that have to be addressed. Neither trained health workers nor local community based palliative care resources are available in the

settings that are mostly needed. Although clinical expertise in palliative care for patients who die in respiratory disease has developed considerably and individuals with drug resistant tuberculosis are yet to see the benefits.

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National Tuberculosis Elimination

Approach: Need for human resources and infrastructure

Palliative care is provided by a team of physicians, nurses and other health professionals who work together with the primary care physician and referred specialists (or for patients who don't have those, hospital or hospice staff) to provide an extra layer of support. Hence, palliative care is to be initiated by those NDR TB centers in various states. Further, NDR TB staff can counsel and train family members or caretakers of the patient, so that these services are extended as home-based palliative care to patients by family members or caretakers.

In rare circumstances, institution-based palliative care may be initiated with longer duration of admission at selected NDR TB centers developed in old TB sanatoria. Alternatively, states may identify interested NGOs or faith-based organizations with indoor facilities that could be equipped through an MoU and guided by NDR TB centers. In all such facilities, airborne infection control measures as per national AIC guidelines must be strictly implemented. Further, as soon as the patient's condition improves, s/he must be discharged with adequate counselling to the family member or caretaker for home-based palliative care and regular consultative visits to NDR TB center as and when medically required.

All health workers must receive training in palliative care to enable them extend support to family members or caretakers providing home-based palliative care and to undertake regular contact tracing and extend support to address their problems. Existing expertise from palliative care, HIV and respiratory medicine can, therefore, translate directly to TB. Delivery of palliative care from within respiratory clinical services by existing staff with additional training, with clear criteria for referral to palliative care specialists for complex patients, is to

Supportive measures in palliative care

The details on palliative care supportive measures are summarized below:

Respiratory rehabilitation: Relief from dyspnea with oxygen may be used to alleviate shortness of breath in some patients but there is no significant evidence to generalize its practice. Physiotherapy, evaluation for surgery, respiratory rehabilitation including yoga etc.,

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need to be considered in such patients. An example of pulmonary rehabilitation is placed at Annexure 11. Morphine provides significant relief from respiratory insufficiency and should be offered according to established clinical protocols available in the medical literature.

Relief from pain and other symptoms: Paracetamol or Tramadol with paracetamol gives relief from moderate pain. If possible, stronger analgesics, including morphine, should be used when appropriate to keep the patient adequately comfortable.

Infectious control measure: The patient who is taken off anti-TB treatment because of failure

You know that what we can do as a supportive measures in palliative care. The details of palliative care supportive measures are summarized below know. Respiratory rehabilitation, relief from dyspnea with oxygen may be used to alleviate shortness of breath in some patients, but there is no significant evidence to generalize its practice. Physiotherapy, evaluation for surgery, respiratory rehabilitation including yoga etcetera are to be considered. And to say about the approach of palliative care, need for human resource and infrastructure is needed. Palliative care is provided by a team of physicians, nurses and other health professionals who work together with the primary care physician and referred specialists. This is to provide an extra layer of supports.

Hence, palliative care is to be initiated by those non drug resistant TB centers in various states. Further this non drug resistant tubercular center staff can counsel and train family members and their caretakers of the patient. So, that these services are extended as home by the palliative care to patients by family members or caretakers. Old health workers must receive training in palliative care to enable them to extend support to the family

members or caretakers providing home based palliative care and to undertake regular contact tracing and extend support to address their problems. Existing of expertise from palliative care HIV and respiratory medicines can therefore, be demonstrated directly to TB centers also.

Delivery of palliative care from within respiratory clinical services by existing staff with additional training with clear criteria for referral palliative care specialist is needed.

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National Tuberculosis Elimination



- Identified the unmet palliative care needs of palliative care especially in those suffering from drug resistant tuberculosis.
- Palliative care would be offered through the nodal DR-TB centers or at the community level under guidance of nodal DR-TB center.
- Necessary services include pain relief, psychosocial support, respiratory physiotherapy, nutritional support etc.

You know this national tubercular, this also is national you know that identified the unmet palliative care needs of palliative care, identified the unmet palliative care needs of the palliative care especially in those suffering from drug resistant tuberculosis is a very important part of non drug resistant tuberculosis patients. Palliative care would be offered through the nodal drug resistant tubercular centers or at the community level under the guidance of nodal drug resistant tubercular center. Necessary service include pain relief, psychosocial support, respiratory physiotherapy and nutritional supports.

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Ayushman Bharat Yojana:



- 2018, has two components:
 - Pradhan Mantri Jan Arogya Yojana [Health Insurance Scheme]
 - Comprehensive Primary Healthcare through Health & Wellness Centers [HWC].
- Palliative Care has been included as an expanded range of services along with Healthcare of the elderly. Support to the families in Palliative care and availability of basic pain management and palliative care services through HWC. There is provision of referral services also

Now, in the Ayushman Bharati Yojana 2018 it has two components one is Pradhan Mantri Jan Arogya Yojana that is an health insurance scheme.

A comprehensive primary health through health and wellness centers it was included in the 2018 Ayushman Bharati Yojana. And it is palliative care has been included as an expanded range of services along with health care of elderly, support to families in palliative care and availability of basic pain management and palliative care services through health and wellness centers. There is provision for referral services also.

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Ayushman Bharat Yojana:



Box 2.2: Expanded Range of Services

1. Care in pregnancy and child-birth.
2. Neonatal and infant health care services.
3. Childhood and adolescent health care services.
4. Family planning, Contraceptive services and other Reproductive Health Care services.
5. Management of Communicable diseases including National Health Programmes.
6. Management of Common Communicable Diseases and Outpatient care for acute simple illnesses and minor ailments.
7. Screening, Prevention, Control and Management of Non-Communicable diseases.
8. Care for Common Ophthalmic and ENT problems.
9. Basic Oral health care.
10. Elderly and Palliative health care services.
11. Emergency Medical Services.
12. Screening and Basic management of Mental health ailments.

Now, there are different components of Ayushman Bharat Yojana. To say about that you know that expanded range of services are there. One is care and pregnancy and child both, neo natural health care services.

Now, in this palliative care we need the community supports and it is very well practiced in Kerala. In each and every district we have palliative care units. Thank you.