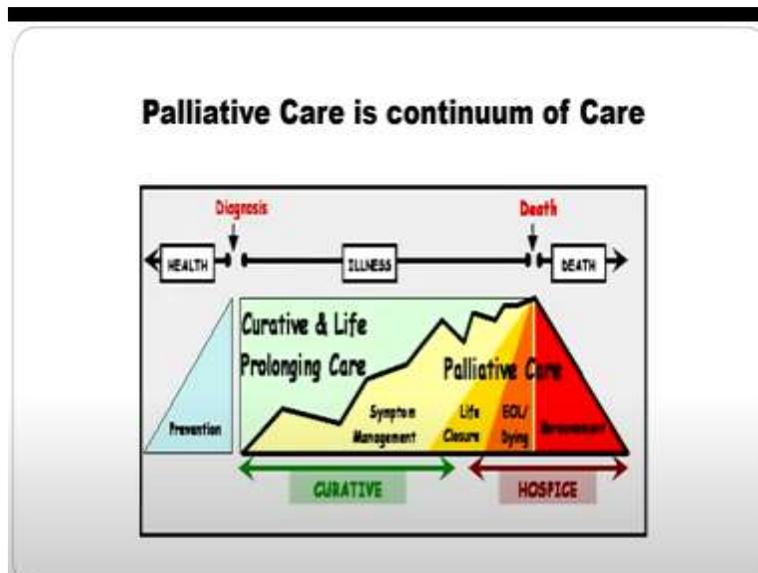


Certificate in Integrative Palliative Care – 3
Dr. Geeta Joshi
Dr. Piyush Gupta
Dr. Col. Yashavant Joshi
International Institute of Distance Learning
Indian Institute of Technology, Kanpur

Week-01
Lecture 02: Introductory Dialogue

Hello friends, Namaskar. So, this is basically the introduction of week number 1 of our course Certificate in Integrative Palliative Care. And in this introduction, we will just tell you what we are going to do in this particular week and it is very important because here we are going to talk only about palliative care and integrative palliative care and nothing else. And thereafter we will start different modalities of complementary medicines in next weeks that is from week number 2 to week number 12.

(Refer Slide Time: 01:05)



So, just refreshing your knowledge about palliative care. Palliative care is a continuum of care which is given to a patient who is suffering from life limiting illness.

Palliative care should be started right at the diagnosis of the disease and it continuously the care is given till the death of the patient and even beyond the death by giving bereavement support to the family. So palliative care is a wide range covered

continuously in a patient who is suffering from not only patient, patient and family who are suffering from life limiting illness like cancer, HIV, AIDS and many organ failure diseases.

(Refer Slide Time: 01:57)



In this week basically we will be covering the following topics. Our first lecture will be regarding basics of palliative care.

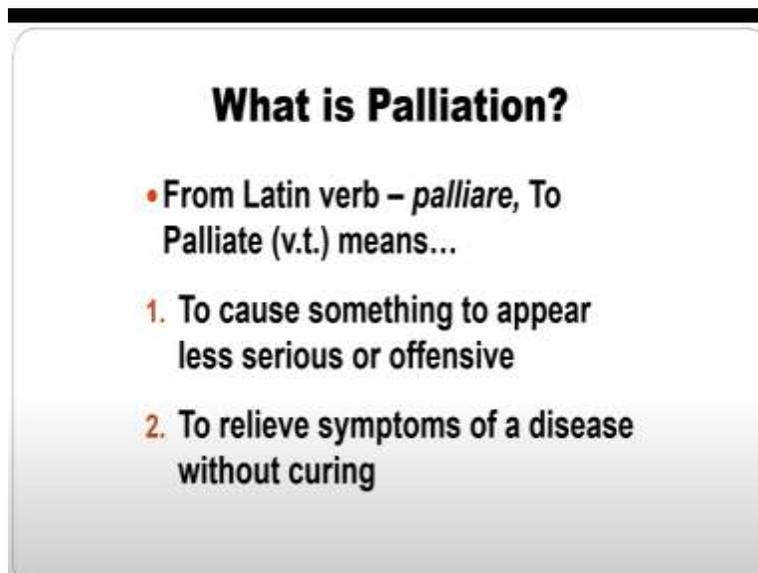
Then thereafter integrative palliative care and complementary medicine. Then we will talk about important features of palliative care. That is community participation in palliative care and then two parts of communication skills in palliative care. Part one and part two.

(Refer Slide Time: 02:34)



Coming to basics of palliative care.

(Refer Slide Time: 02:37)



What is palliation? Palliation is a Latin word. It means to cause something to appear less serious or offensive. Means by covering something so nicely that it becomes less offensive, it becomes good to look at. But as far as disease person is concerned, it is to relieve symptoms of a disease without curing it. So at one stage, you are not able to cure the disease, but you can relieve the patient's pain, symptoms, and other suffering, and try to improve quality of life of the patient. That is palliation.

(Refer Slide Time: 03:24)

What is Palliative Care?

"Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment, and treatment of pain and other problems – physical, psychosocial and spiritual."

What is palliative care? This is WHO definition. Yeah, this is the WHO definition. It is an approach that improves the quality of life of patients and their families facing the problems associated with life threatening illness. Through the prevention and relief of suffering by means of early identification and impeccable assessment of treatment of pain and others problems that is physical, psychological and spiritual. So, in short I can say it is basically a holistic approach.

(Refer Slide Time: 04:06)

TOTAL PAIN

CICELY SAUNDERS

- Physical
- Social
- Psychological
- Spiritual



Yeah, and that is what Dame Cicely Saunders described. She described any pain in palliative care patient, it is a total pain. And that pain has got a physical component, a

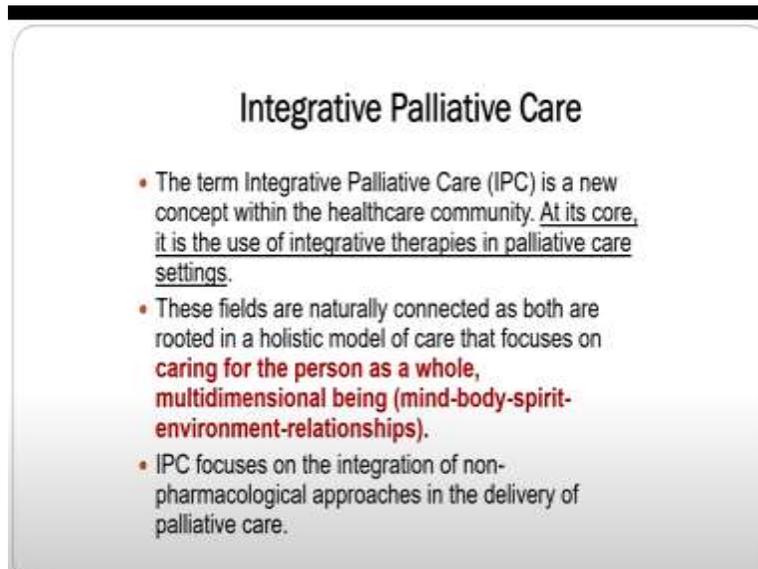
social suffering, a psychological component and spiritual distress. So palliative care also is a holistic care where you are treating patient as whole.

(Refer Slide Time: 04:37)



Then Integrative Palliative Care.

(Refer Slide Time: 04:40)

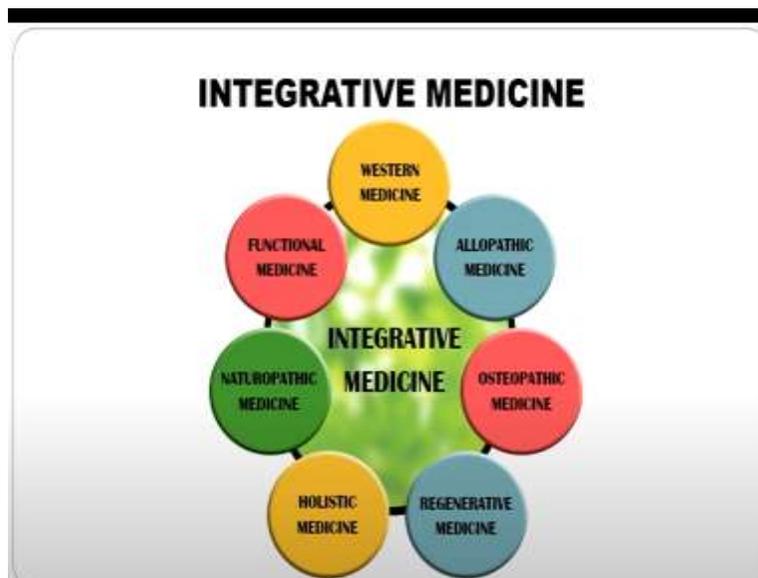


In fact, this is the title of our certificate course, Certificate in Integrative Palliative Care. What does it mean? The term Integrative Palliative Care is a new concept within the

healthcare community. At its core, it is the use of integrative therapies in palliative care settings. I repeat, use of integrative therapies in palliative settings.

These fields are naturally connected as both are rooted in a holistic model of care that focuses on caring for the person as a whole, multi-dimensional being, mind, body, spirit, environment and relationship. Integrative palliative care focuses on the integration of non-pharmacological approaches in the delivery of palliative care. Yeah, palliative care not only believes in giving medicine but also to care the patient by non-pharmacological approaches also and that is one of the component of integrative palliative medicine.

(Refer Slide Time: 05:50)



Integrative medicine can have various components like Western medicine, allopathic medicine, osteopathic medicine, regenerative medicine, holistic medicine, naturopathy, and functional medicine.

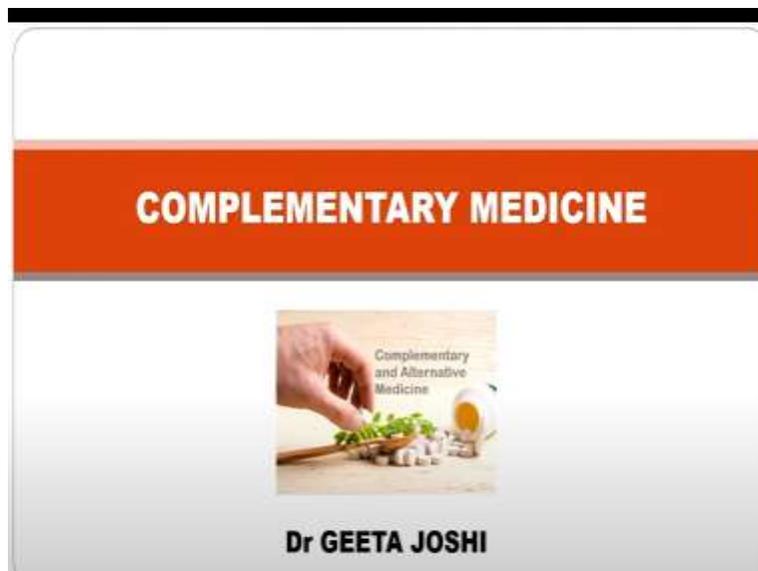
(Refer Slide Time: 06:07)



Integrative therapies can be defined in an integrative medical center, again as we said earlier, it can have meditation, yoga, tai chi, music therapy and many other cognitive behavior therapy.

You want to add something? Yeah, basically integrative medicine center will have three main parts, physical part, social part and psycho-spiritual part. Under three parts, various modalities of integrative therapies will be covered. That is good.

(Refer Slide Time: 06:50)



Complementary medicine. Let us see next slide.

(Refer Slide Time: 06:58)



What is complementary medicine?

- Complementary medicine is a term used to describe types of treatments you may receive along with traditional Western medicine.
- Examples of complementary medicine include massage, meditation, biofeedback, tai chi, reiki, music therapy, guided imagery and dietary supplements.

I want to tell you few things. Conventional medicines, conventional means what we are generally having and that is allopathy. Second comes alternative medicine we find out an alternative to the conventional medicines that is we stop making use of allopathy and go somewhere else like homeopathy in india basically there are two alternative medicines one is Homeopathy and secondly Ayurveda. Then comes complementary, it adds to what you had been doing earlier. Understand this particular concept, conventional means it is basically allopathy medicine which is prevalent all over the world.

Alternative, you leave conventional, accept something else and complementary you add to what you are already doing. It complements to conventional medicines. Now, complementary medicine is a term used to describe types of treatments you may receive along with traditional. Traditional western medicine is nothing but allopathy. Examples of complementary medicine include massage, meditation, biofeedback, Tai Chi, reiki, music therapy, guided imagery and dietary supplements, etc.

(Refer Slide Time: 08:37)



So, complementary medicine goes hand in hand with whatever treatment you are taking. So, it will add to the quality of life of the patient. So, here is again a picture of complementary medicine and various alternative medicine we talked about. Yeah, one more thing. You must have come across this particular word CAM.

CAM means complementary and alternative medicines. complementary and alternative medicine. In alternative medicine basically we have Ayurveda and Homeopathy that I have written on the top. So that whole thing is called CAM. But in this course Certificate in Integrative Palliative Care, we are going to discuss only complementary and not Ayurveda and Homeopathy.

So basically we will be dealing only with complementary medicine. Thanks for that clarification.

(Refer Slide Time: 09:27)



In this week we are also going to learn community participation, which is a very important part of palliative care because this patient is suffering from a long time disease and he lives in community. When he is suffering from such disease for 5-7 months or even 5-7 years then of course community has to gear up to support this patient and that is where the community participation comes.

(Refer Slide Time: 09:59)



Dear friends, I want to tell you two basic very very salient features of palliative care, which you will not find in any other medical stream of the world, any other medical stream.

And those features are firstly community participation. Community comes up, they have the volunteers, they establish community based palliative care. Manned and financed by the community all around. That is the community-based palliative care. Community's importance has been taken out.

Community is being empowered, number one. Number two, we lay lots of emphasis on communication, communication with the patients, communication with the family members, because communication is being taken as one of the therapeutic treatment. Am I right? Yes. Yeah. Yeah. Good communication is need of a palliative care services.

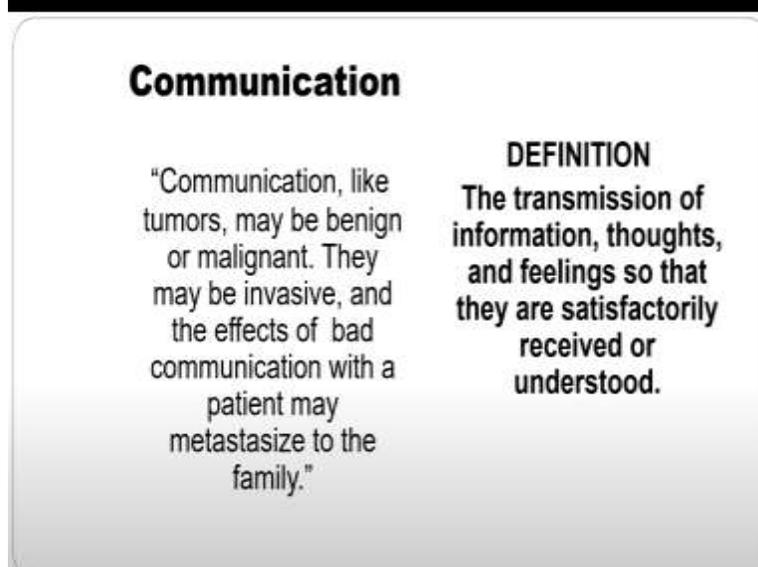
(Refer Slide Time: 10:60)



Why do we go for community approach? Will you tell them please? There is a need of continuous care as I said earlier and attention for the rest of their life. And there is also need of regular social, psychological and spiritual support to this patient in addition to medical and nursing care. Community approach, here the community people are readily accessible and available as close to the home as possible. And the community approach enhances the integrated care for all diseases in all stages of the disease.

Enough social capital is available to build up a safety net in the community around this patient, and that is why community approach is necessary.

(Refer Slide Time: 12:15)



Now, we come to the second most important feature of palliative care, which we will not find anywhere in any medical stream, that is called communications. Communication skills are divided into two parts. In part one, We will deal about communication in general and then we will talk about the importance of empathy. Now, what is communication? Communication like tumors, this is the medical definition I am giving you.

Communication like tumors may be benign or malignant, may be benign or malignant. They may be invasive and the effects of bad communication with a patient may metastasize to the family. Normally, also we always say good language, bad language. Good language has got lot of effect on the people who are listening to it. Bad, yes, immediately if you abuse somebody, you will just say that he his or her mood goes off you know nobody likes bad language nobody likes bad temper anger or other things and therefore it is said communication can be benign means good communication you cheer up somebody with your communication and another angle is communication can be bad malignant that it produces depression unhappiness in somebody's mind.

In another word, we can say the transmission of information, thoughts and feelings so that they are satisfactorily received or understood. This is important Dr. Geeta Joshi why? Because after all lot of information will go between patient, families, doctors, nurses, And therefore, all those information must go out quickly, briefly, concisely and precisely. And it should be same doctor, nurse and the whole team should same, talk on the same point with the patient and caregiver.

(Refer Slide Time: 14:19)

Goals of Communication

- To reduce uncertainty
- To enhance relationships
- To give the patient and family a direction in which to move
- Personal satisfaction

So, goal of goals of communication is? To reduce uncertainty in patients.

Many of the time, patient and relative doesn't know what is going on with them, and they are very much anxious and afraid to go to a hospital or a doctor. So good communication will reduce the uncertainty, it will enhance the relationship between the doctor and caregivers and to give the patient and family a direction in which to move. It will help the patient and family to take decision and it will give lots of satisfaction on the part of healthcare team as well as for the patient and family.

(Refer Slide Time: 15:05)

Understanding the Words!

Compassion	1. Apathy: Lack of interest, without feelings
Empathy	2. Pity: Feelings of sorrow caused by the sufferings of others
Sympathy	3. Sympathy means you can <u>understand</u> what the person is feeling.
Pity	4. Empathy means that you feel what a person is feeling.
Apathy	5. Compassion is the willingness to relieve the suffering of another.

Now this is the second part I just said. We will dwell on this few words apathy, pity, sympathy, empathy and compassion.

In short apathy means no interest you are neglecting somebody. Now medical team including doctor and nurses they should not show any apathy to the patient. They cannot neglect because it is their moral duty. It is a feeling of sorrow caused by the suffering of others.

It is general. It is never towards a particular person. Sympathy that is what is important. It means you understand the feelings of another person. You just understand, but a step higher than sympathy is empathy. You understand also as well as you feel the same pain in your heart.

Therefore in palliative care, no not even in palliative care, everywhere even social circles also we should be always empathetic to the people all around. We must understand them as well as sometimes when they are in agony, they are in depression, we must feel what they are feeling themselves you know. And last comes the highest term called compassion. Compassion in Sanskrit we call it Karuna that is that is what generally God shows compassion on all the humanity, you know, in spite of our blunders and mistakes and other things. In compassion, another factor is there, empathy plus you take some measures like most of the medical institutions, educational institutions, they have been built as a matter of compassion for the welfare of the societies.

(Refer Slide Time: 17:00)



Another, the last lecture in this week 1 is on communication skill in palliative care part 2. In this, Colonel Joshi, Yashwant Joshi has described many good tools about the communication. You can describe them.

(Refer Slide Time: 17:17)



Yeah, this part 2 of our communication is basically relates to the methodology. What tools do we have and the use of those tools will give us some sort of mastery over the communication and particularly communication in medical profession.

So we call it six point tool kit. Like a tool kit is always there with your vehicles.

Whenever something happens, some puncture takes place or some small errors in the machine or here or there and if you know little bit, you can just take out the tool kit and repair it and go ahead. Similarly, here also six point tool kits are there. If you make use of it, your communication will be very good.

Comfort, there is a setting when you speak. Comfort means first of all. Comfort basically it is a setting, whenever you take the interview or whenever you have a dialogue with the patient, how they sit and carry out their direct dialogue that is provision of chairs, privacy, no distractions and all those things. Language, it should be that language which patient can understand. Question style, it should be always open and not closed style. Active listening, doctor is supposed to listen to the patient, let him say anything.

Because if patient says everything about his problems, then a proper case history can be created and you come to right type of diagnosis. Reflecting, thinking over and then you have to summarize the whole interview, what is the diagnosis, how the medical plan, treatment, all those things need to be explained. So this is the basic toolkit which all health care professionals should have before starting a communication with the patient and caregiver and this is the class protocol again generally the same thing it is basically the replica of the toolkit only but we are given an acronym class protocol.

(Refer Slide Time: 19:54)

The CLASS Protocol

As stated earlier, communication in palliative care is important from the moment that the patient first meets a palliative care professional until the last moment of life. Most significant conversations in palliative care comprise two major elements: **one in which medical information is transmitted to the patient (bearing the news), and the other in which the dialogue centers on the patient's feelings and emotions and in which the dialogue itself is a therapeutic action (therapeutic or supportive dialogue)**. In practice, most conversations are a mixture of the two, although commonly there is more medical information transmitted in the earlier conversations shortly after starting palliative care, and there is usually a greater need for therapeutic dialogue in the later stages.

Protocol means a particular design of methodology has been given to you, so that you do not miss out. Now, what is the class? It is there in the next slide.

So, it is not there. Class means C means context, the setting L means listening capabilities, active listening. A means acknowledge. Acknowledge means you acknowledge the feeling, the thought process of the patient.

Do not laugh it away. S means strategy. What sort of medical plan you are formulating, so that the patient problems can be reduced and last S is summary the everything in total in brief. So, everybody knows what is to be done next. So, at the end of each interview or meeting with a patient and caregiver you have to summarize the things so next when you plan the next interview you you know that what things were discussed and what needs to be discussed in this present interview. I think this is all about the first week, week one, where we are going to teach them basics of palliative care, basics of communication, basics of community participation and about integrative medicine and about complementary medicine. One last request to our students and viewers, like you are listening to us in the first week.

We wish and we expect that you will listen to us in the 12th week also. That means you will complete this particular course, certificate course in Integrative Palliative Care. Our aim is not to make you doctors. Sorry, we do not want to make you doctors or anything, but we are telling you, we are going to talk to you, we will speak to you, we will show you some simple therapies which can be tried by all of you. You learn something more, you see it here or there, and then thereafter, total preventive medicine, you will be able to master it.

You may not have to go to any doctor at all. That is what I wish. Thank you. Thank you, friends. Thank you.