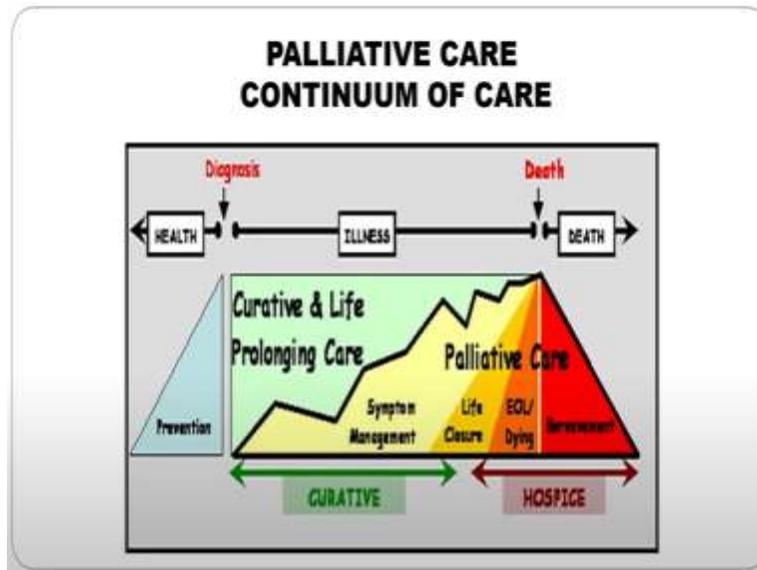


Certificate in Integrative Palliative Care – 3
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Week-01
Lecture 06: Community Participation in PC

Hello friends, Namaste. So now we come to community participation. Basically community based palliative care.

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This is the only stream of medicine, that is a palliative medicine, palliative care, where without the support of community we cannot have good results. This is the only stream of medicine where we do require lots of community support. Let me tell you firstly, of course, certain things have been already told to you by Dr.Geeta Joshi in our first lecture, what is palliative care. But again, just to remind you, what is the continuum of care?

Initially, this is the diagnosis. Before that, you are in a healthy state. You don't have to go to any doctor at all.

You are fine, perfectly okay. But what is required in this healthy state is preventive actions. You have to keep taking preventive actions so that you don't fall sick. Most of us

have already seen what happened during COVID time in 2019. How many precautions we had taken.

But lots of people lost their lives, you know. Prevention is better than cure. Then if something happens and you fall sick, some diagnosis is there, you have fallen sick. Then illness starts, sickness starts. Now when you are sick, what is your most important purpose is to take curative actions, doctor.

Doctor will try his level best to cure you, will give you lots of medicine, these that lots of advice and if it happens you get cured, you again go back to the healthy state. If it does not, if your sickness does not go away, then there is a prolonged sickness and you require a prolonged care. prolonged care for years together and that is where symptom management will start. We will keep on taking medicines. If that sickness is not curable, then the palliative care will start.

Life is about to get close, end of life treatments you are about to die so this is how from purity you go to end of life treatment. Then of course, one dies, one has to die and the bereavement and other things before death you might go to hospice also. So this is all about palliative care. Palliative care comes into effect the moment diagnosis has taken place, it remains with you till death and even after death it remains with the family.

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TOTAL PAIN

CICELY SAUNDERS

- **Physical**
- **Social**
- **Psychological**
- **Spiritual**

A black and white portrait of an elderly woman with short, light-colored hair, wearing glasses and a dark jacket. She is smiling slightly and looking towards the camera.

Now, in palliative care we talk about total pain, physical, social, psychological, spiritual many other things you know and we try and address all these pains because we believe in holistic medicine This is the image of Dr. Cicely Saunders. She was the founder, exactly not founder, but she's the one who started this movement of palliative care. And that is how, after one century, it became one of the important medical streams.

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What is Palliative Care?

1. **Low Tech but High Touch (Care)!**: Doesn't extend days into Life but increases LIFE into days.
2. You will not be Cured but you will die Healed!: Improves "**Quality of Life**"!
3. **Death with Dignity!**: You will not die Cured but die Healed! Grief & Bereavement Services

There are lots of definitions of palliative care, but to me, what is palliative care in simple terms? Low tech, but high touch. We do not make use of important gadgets, but we look after the person, look after the patient, high touch.

Our aim is, we don't want to extend days into life, but we want to increase life into the days. Whatever days a patient is going to live, we want to make that time memorable for him, that quality of life. We always tell the patient, you may not be cured, but you will die healed your psychological tension, worries will try and address them. You will die a happy man, happy man in fact that should be the intention of everyone one must die happily and you will die with dignity. So this is all what we want in palliative care.

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Palliative care when it starts, this is the first, it can be hospital based inpatient or outpatient. It can be home based and that is where the community participation comes into effect and then it can be in the hospice also.

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Five parts will take. Firstly, we'll take about community-based palliative care, in part two role of volunteers, home care, caregivers, and finally, the neighborhood network, which is generally operational in Kerala. In almost all the districts, the community, they take charge of the palliative care patients.

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What is community-based palliative care? Here, the volunteer collects money, one rupee donation, That is how the donation comes in from the community for the palliative care activities.

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What is community-based palliative care? Palliative care services which are run with community participation. That is called community-based palliative care. Of course, doctors and paramilitary staff and all, everybody is there. But community participation is there. People, neighbours, families, volunteers, they take full part in all these activities.

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COMMUNITY

- A group of interacting organisms sharing an environment and common characteristics.
- Common intent, belief, resources, preferences, needs, risks, etc...
- Common identity of the people and degree of cohesiveness.

Firstly, let's see what is a community? A group of interacting organism, sharing an environment and common characteristics. That is called community. They have got common characteristics. They have got common intent, belief, resources, preferences, need, risk, etc.

Because they are staying generally in the same location. So their habits, their behavior, that is all known to everybody. They've got common identity. And therefore, the community people, it's a cohesive group.

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Community Participation

- The involvement of people in a community to solve their own problems.
- Very broad concept
- Simple feedback, major involvement in all the phases and areas of the program.
- Needs Assessment, Planning, Implementation, Resource mobilization, Daily management and Evaluation
- Every member of Community can not contribute equally
- Attempt to actively involve as many key groups and individuals as possible.

It acts together. The involvement of people to solve their own problems, very broad concept, simple feedback, need assessment, planning, implementation, every member of community cannot contribute equally. So these are some of the points you have to look into. When you think about community participation, every member may not contribute, you know, you have to just see, depends what sort of contribution can come and you have to accept it gladly.

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COMMUNITY PARTICIPATION

- People who can spare at least two hours per week to care for the sick in their locality are enrolled to undergo Volunteers Training Programme. On successful completion of this training, these volunteers are encouraged to form groups of 10-15 and identify the problems of such people who require palliative care intervention. These groups are to be supported by doctors and nurses in the local pc centers.
- They make regular home visits to follow up the patients seen by the palliative care team, identify and address their psycho-social and financial problems, organize programmes to create awareness in the community and to raise funds for palliative care activities including rehabilitation projects. They function as an effective link between the community and the palliative care providers.

People who can pay at least two hours per week to care for the sick in their locality are enrolled to undergo volunteers training program. You have to spare some time, you have to devote some time, minimum two hours per week.

So, in those two hours you go to a particular patient and look after the patient the way it is to be looked after. You may need some volunteers training program where you will be taught something about palliative care. Then thereafter these volunteers, they are encouraged to make a group of volunteers, 10-15 people together. And then thereafter they are being given a responsibility of a particular area, let us say in India we have got group of villages, then a then a district. So, all these groups are being given some geographical locations this is what you have to look after.

Once this is done after proper training and proper properly organizing group work they start making regular home visits.

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Why Community Approach?

- Need of continuous care and attention for the rest of their lives
- Need of regular social, psychological and spiritual support in addition to the medical and nursing care
- Readily accessible and available being as close to home as possible
- Integrated care - all diseases, all stages
- Enough social capital available to build a 'safety net' in the community around these patients
- Saves precious health care resources for acute care
- Better outcomes

Why do we need community approach? Why? Why are we going to community? I mean, why can't you depend upon normal government hospitals and private hospitals? Because certain time a patient requires continuous care, particularly end-of-life care, you know, you can't put the patient in a hospital also, maybe because of economical reasons or maybe the hospital is not nearby. Maybe the patient doesn't want to get admitted in the hospital. There can be many reasons. But it is certain that during end of life a patient requires a continuous care and 24 by 7 attention is required.

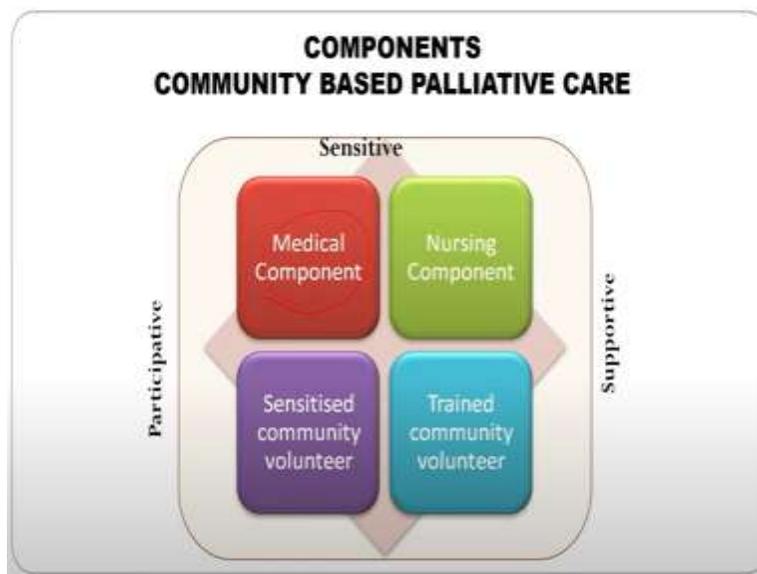
It works out very costly and therefore community can look after their own patients. They can give enough attention till the patient expires. They need regular social, psychological

and spiritual support. Community support is readily available because after all when we talk about community, what is community? Just this neighborhood, your relations and they are generally staying nearby only, maybe few kilometers away. They can take the scooters or motorcycle and immediately they can rush to you know.

So community approach, it provides enough safety need because you are with your own people, the same social group is there. And the important thing, last point is, if a patient is being looked after at home by the community, naturally the health care resources can be spared for other acute cases. Therefore, we need community approach. Better outcomes, because of lot of moral support. At least to me, if somebody ask where, if you fall sick, I don't want to fall sick, but at all if I fall sick, where will I like to stay? Then I'll say I like to stay with my community.

I like to stay at home, not in the hospital. I like, I'll not like to die in the hospital. I like to die at my home. That is a situation.

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What is community-based palliative care? What are the components? We have got medical component, most important.

We have got a nursing component. We require nurses, trained nurses. We require trained community volunteers. They have been trained up to certain extent. Some sort of nursing role, some sort of psychological support role, certain things have been taught to them, trained. And certain community volunteers, they have not been trained.

They participate, they have been sensitized. Yes, this is how it is to be given. So, all these components when come together, it becomes community-based palliative care.

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Benefits to the patient, total care, affordable care, easy accessibility. Affordable means not much of expenditure.

The total care, it involves total care. We spoke about total pain. Here it is a total care each issue of pain has been addressed to benefits to the patient as well as family to the community also. Social, capital improving skills process of empowerment and they become community becomes more confident. When you look after your own patients you become more confident.

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SMALL SCALE DONATIONS...

ONE RUPEE PER DAY
Started in Nilambur.
A method for
increasing participation.
Now a major source of
income for many of the
clinics

A photograph showing a person's hand dropping a coin into a blue donation box with a green lid. The box is mounted on a red stand.

Where do you get expenses from? So, basically it is the donation coming from the people.

You have to make certain efforts. Like one rupee per day, this was started in Nilambur, one of the city in Kerala and it was a great success. So, small scale donations, various volunteers will go, people will donate and that is how the expenses are being made.

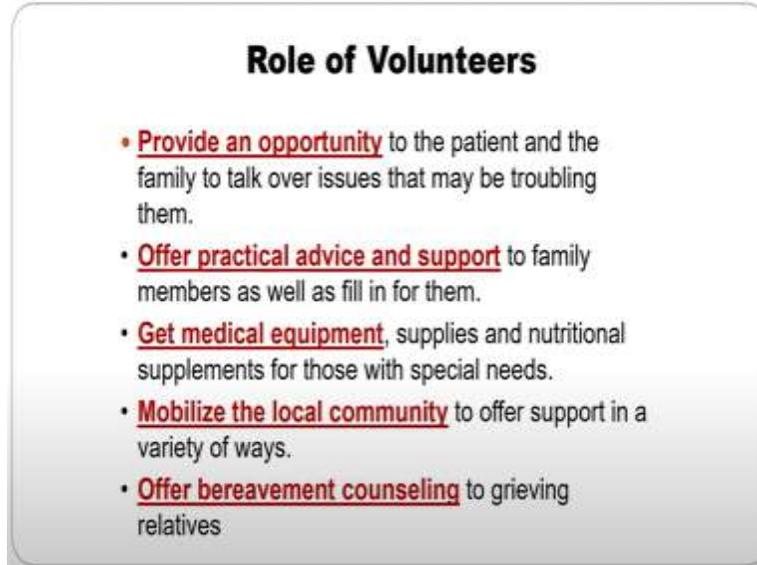
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PART: II
ROLE OF VOLUNTEERS

A photograph of a diverse group of people of various ages and ethnicities standing together and holding a banner that reads 'VOLUNTEER'.

Role of volunteers. Without volunteers, we cannot become successful in community-based palliative care.

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Role of Volunteers

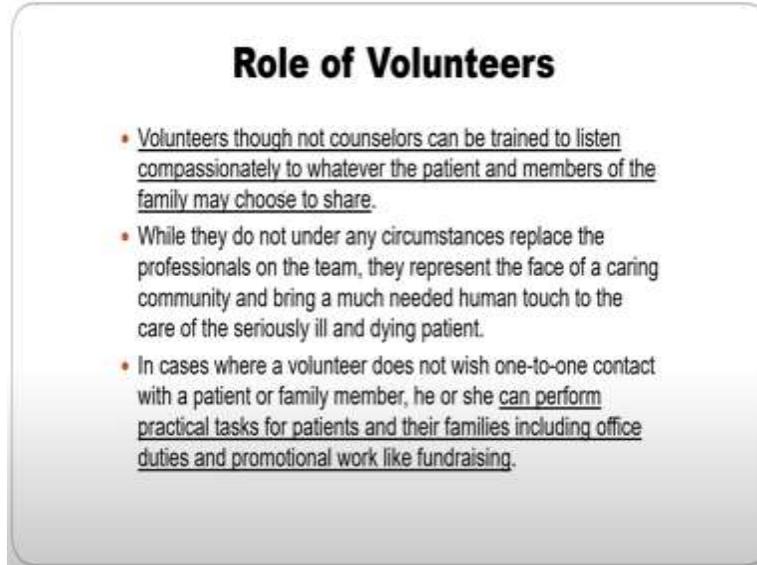
- **Provide an opportunity** to the patient and the family to talk over issues that may be troubling them.
- **Offer practical advice and support** to family members as well as fill in for them.
- **Get medical equipment**, supplies and nutritional supplements for those with special needs.
- **Mobilize the local community** to offer support in a variety of ways.
- **Offer bereavement counseling** to grieving relatives

What is the role of volunteer? It provides an opportunity to the patient and the family to talk over issues that may be troubling them.

Volunteer is generally coming from where? From the same location. They speak the same language. They are on the same wavelength, same frequency. So the patient and the family can speak to them very freely. What is troubling them? Volunteer can offer practical advice, support, can get medical equipment, mobilize the local community if some additional requirements are there, then they can go to other leaders of the community.

Can fetch those equipments, other things. And if the patient dies, then offers bereavement counselling to the leftover people, members of the family. So these are basically the role of volunteers.

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Role of Volunteers

- Volunteers though not counselors can be trained to listen compassionately to whatever the patient and members of the family may choose to share.
- While they do not under any circumstances replace the professionals on the team, they represent the face of a caring community and bring a much needed human touch to the care of the seriously ill and dying patient.
- In cases where a volunteer does not wish one-to-one contact with a patient or family member, he or she can perform practical tasks for patients and their families including office duties and promotional work like fundraising.

Though volunteers, they are not counsellors, but certain duties they have to be trained in. Like they should listen compassionately. Compassion, sympathy, empathy they must have that sense or purpose of empathy you know active listening once you listen to the patient or the members of the family whatever they want to share half of the trouble will be over half of the trouble because they wanted to talk it out psychologically because this is my problem you know it's troubling me It's our normal experience also that whenever something happens and when we talk it out, we feel relieved.

That tension is gone, you know. So active listening by volunteers, it does help a lot to the patient as well as family members. They can perform practical tasks for the patient. A patient is maybe bedridden, at least volunteer can go here or there, run around, do the things for the patient.

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Role of Community Volunteers

- Emotional Support
- Basic Nursing
- Follow up of Professional Home Care
- Linking up with the Professional Team
- Spiritual Support

They can provide emotional support, basic nursing training if the volunteer has taken proper basic nursing training that some of the things what a nurse can do can be done by the volunteer also. Follow up of professional home care, linking up with the professional team.

When it is required they can just call a doctor who is responsible for that particular place, because this is happening you know the situation is worsening. And then doctor will come and they can provide spiritual support.

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COMMUNITY VOLUNTEERS

Organizational And Administrative Services:

- Regular awareness program in the community
- Training the family members to look after the patient
- Training volunteers in the community
- Administrative management of the unit
- Fund raising

Organizational administrative services, they can do regular awareness program, training the family members to look after the patient. This is very important. A volunteer, if trained properly, can train the family members also that how to train their sick member, you know.

So, because volunteers may not be able to stay 24 by 7, so some of the family members can take over the responsibility. You can train volunteers in the community, administrative management and fundraising. You can go around the society, you can collect small, small donations from the people.

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Third part, home care.

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What is Home Care?

- Home care is an option allowing older adults the choice to age at home with a specified level of care they need for **safety, comfort and independence**.
- Simply described, home care means help with activities of daily living and household tasks. It includes **meaningful companionship** for older adults. **In-home care is the oldest form of healthcare**. Today, **home care serves as a comprehensive alternative to institutional living**.
- Home care is commonly presented as a service to assist aging seniors, it's a valuable resource when a person at any age has an injury, accident or surgery or is suffering from a chronic illness.

RECEIVING CARE AT HOME!

What is home care? That is when a patient is there in hospital, it is called hospital care.

When treatment is being done at home, the family is looking after, so that whole thing is called home care. It is an option, health home care is an option allowing older adults the choice to age at home. They do not want to go to the hospital, they say okay fine I will remain at the home only, do my medication here, call the doctor here in the home. Let him check let him prescribe medicines and then you look after it has got three most important home care has got three most important benefits. Safety is there, why safety because he is with the family only earlier I said 10 minutes back that i like to die at my home i don't want to die in a hospital.

Because I feel very, very safe, secured in my home with my children, with my family members. Comfort, the comfort what you can get in your home, you cannot get anywhere. Nobody wants to live in a hotel or a palace forever. You may enjoy for a couple of days, few days, but then again, finally after a week or two weeks, you come back to your own home. It may be a jhopadee (Hindi word meaning hut) also, may be a hut, but you come back to your home.

You may go to a foreign country. Lots of people go to a foreign country just for visiting, for touring and other things. How many days? One week, two weeks, even a month. But then finally you come back to home. That is where you get comfort.

That additional feeling that yes, this is my home. And thirdly, independence because

human beings, they want to remain independent. They don't like dependence on anybody else. You can do anything in your home, but outside you can't do it, you know. So, these three factors make home care very, very attractive for people like me, for the sick people, for the old people.

Safety, comfort and independence. At home you get meaningful companionship. Home care is the oldest form of health care. This you must understand. In India, basically we are looking after our own parents.

We call them grandfather, grandmother, dada, dadi. We don't push them away. Go out.

No. That is not our teaching. That's not our tradition. Whatever it is, how much sick they may be, but we like to put them in our home. Our grandparents and any other sick person, we put them at home and look them after. It's the oldest form of health care. Hospitals, they were not available everywhere.

Now also hospitals are not available everywhere. Most of the treatment is being done at home.

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OBJECTIVE of HOME CARE

The aim is to address "**Total Pain**" of patients and their Care Givers and improve the quality of life of the patients and their relatives.



The objective of home care is what? The aim is to address total pain. Total pain is psychological, physical, mental, spiritual. Whatever problems are there, you have with all these aspects of your body system.

All these aspects are being addressed at home.

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What is Home Care?
1. Bed-ridden Patients

End of life Palliative Care patients are mostly **bed ridden** and cannot come to an OPD of a hospital. Such patients will need to be cared for at a hospice or their homes. **Since most of our patients prefer to be cared at homes, the need for Home Care is there.**

Home care, very beneficial for bedridden patient. End of life palliative care patients are mostly bedridden. You can't get up. You cannot get up, you cannot go out on your own, you can't go to the OPD, outpatient department of hospital. So, what will you do? You will remain at your home, will be bedridden.

And therefore, since most of our patients prefer to be cared at home, the need for home care is there.

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What is Home Care?
2. Quality of Life

Home care can be the key to achieving the highest quality of life possible. It can enable safety, security, and increased independence; it can ease management of an ongoing medical condition; it can help avoid unnecessary hospitalization; it can aid with recovery after an illness, injury, or hospital stay; all through care given in the comfort and familiarity of home. **Home care can include:**

- Help with daily activities such as dressing and bathing
- Assistance with safely managing tasks around the house
- Companionship
- Therapy and rehabilitative services
- Short- or long-term nursing care for an illness, disease, or disability including tracheotomy and ventilator care

The care you need in the place you love!

Quality of life is good because you are being treated at home.

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What is Home Care?
3. Professional Support Services

- Home care includes any professional support services that allow a person to live safely in their home.
- In-home care services can help someone who
 - is aging and needs assistance to live independently;
 - is managing chronic health issues;
 - is recovering from a medical setback;
 - or has special needs or a disability.
- Professional caregivers such as nurses, aides, and therapists provide short-term or long-term care in the home, depending on a person's needs.



Professional support services, yes, you can get professional support services also. In home care services, you can help someone who is aging and need assistance to live independently, managing chronic health issues. We have got professional caregivers, nurses, such as nurses, aides and therapists, they can come to your home and can look after the ailing patients.

So professional support is also available in the home care in addition to what caregivers have been providing.

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HOW IS CARE PROVIDED?

- Personal care and companionship does not need to be prescribed by a doctor.
- Care provided on an ongoing basis on a schedule that meets a client's needs, up to 24 hours a day, 7 days a week, including possible live-in care.

An illustration of a male doctor with a stethoscope around his neck, holding a clipboard with a checkmark. To his right is a clock face with a '24/7' badge next to it, indicating 24-hour service.

How is care provided? You will wonder how can a person be given proper health care? Listen now, in home care what you get is a personal care. And what you get is the companionship. And no doctor will prescribe such a thing that you need a personal care.

But both these things are being available. They are available because of home care. Your family members, they give you proper company and they look after you. They take your personal care. If somebody is not there, you can hire a professional caregiver.

And he can work for you 24 by 7. That is also available nowadays in various cities.

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Types of Home Care

Not all home care providers offer all the different types of home care services. Care is customized to your individual needs; by contacting a provider to discuss your needs can help determine what care is best for you. While the multiple types of home care may serve different needs, they share a common goal: **to enable happier, more independent living for the people receiving care, and to provide support and peace of mind for their families.**

1. Home Care by Care Givers
2. Home Care by Medical Services

Types of home care. Two types are there.

Home care by caregivers. Now, caregivers can be anybody. In our society, particularly, who gives the care? Elderly people, grandparents or anybody who is sick in the family. The members of the family, you know. So members of the family, they become caregivers. If some members are not available because of various reasons, then we can hire a caregiver.

Now caregivers training. There are some people who have already taken caregivers training and they are available. They are available 24 by 7. So home care by caregivers and home care by medical services. Nowadays also that has been tied up by lots of hospitals that they, doctors, nurses, they come to you and they see the people who are staying at home.

Home care services, the hospice, there are so many hospice. Dr. Geetha Ben's lecture you must have seen, she is running a hospice in Ahmedabad. They have got home care service. So whenever a patient requires a professional visit, she sends the vehicle with her doctor or nurse or anything as per the requirement. Home care by medical services.

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Now we come to an important issue called caregivers. Who is your caregiver? This I want you to understand. My dear friends, I want you to understand the whole course as such and particularly the first week. Where do you stand in palliative care? You do not have to be a doctor, you do not have to be a nurse at all. But still if you understand what we are going to discuss in the first week, you will see that at least you can become a caregiver.

And lots of things can happen then at your place. If somebody falls sick, you become a caregiver. It's not a label that if you know how to look after how to treat a family member when someone falls sick that is called caregiver. So, understand this part part four is very very important for everyone who is attending this certificate course.

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CAREGIVING!
How it Starts?
In fact, it starts from our childhood!

Your parents have aged now; no one to care for at home! You start dropping by their house and start doing her laundry, or taking your dad to a doctor's appointment. You find yourself that your energy goes to caring for your loved one. Thus, **Caregiving has become your new routine!** You do grocery shopping and refilling prescriptions: gradually, you are doing more and more. At some point, you realize you have made a commitment to take care of parents!

THUS, CAREGIVING CREEPS UP ON YOU!

How the caregiving starts it starts from our childhood from childhood itself. Our mothers, our fathers and so many relatives, brothers, sisters, they have been taking our care.

We know that we have been brought up by these people only. And whenever we are sick, they have been taking our care. So we know giving care is very, very important in a family. When you become young, grown up, and when your parents, they start aging, you know that they are aged, they have grown old, and you are supposed to take their care. And slowly, when you start taking the care of your ailing parents or ailing members of the family, it just becomes your routine.

Because caregiving is a matter of routine. It is not that, you know, you want to care today, you want to give food today, you want to give medication today and tomorrow will not give. No, it is a regular process. And then slowly and slowly when you start looking after your elders, whenever they fall sick for a length of time, then you become a really caregiver. Firstly, in your heart, you just say, it is my duty to look after them. It is your duty to look after your ailing parents, your brother or sister, whoever is there.

And then you become a caregiver. If you are interested, then you can learn something about caregiver. You can do a caregiver's course also. You can learn.

There is no course or training is required. There is no formal training is required. To become a good caregiver, something should be there in your heart that, yes, I want to look after the ailing people and particularly my own family members. That's the most important thing and then find out some time to do it.

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CAREGIVING!

How it Starts?

- Maybe you suddenly realize that dad's memory lapses have become dangerous.
- Sometimes, caregiving is triggered by a major health event, such as a stroke, heart attack, or accident.
- Life as you know it stops, and all.. career, and you adjust to a new normal.



How it starts? Firstly, you don't, you don't have time, but when like this particular girl, she used to say I don't have time this or that, but then when she started looking after her grandfather, she adjusted the whole timing and it became no, no, no, no.

Till the time you are alive, I will just look after you. It starts and it just goes forever.

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WHO IS CARE GIVER?

- A **Caregiver, Carer or Support Worker** is a paid or unpaid member of a person's social network who helps them with activities of daily living.
- Since they have no specific professional training, they are often described as **informal caregivers.**
- Caregivers most commonly assist with impairments related to old age, disability, a disease, or a mental disorder.



Who is caregiver? I told you already, everybody is a caregiver. A caregiver, carer or support worker, paid unpaid member of a person social network who helps them with activities of daily life. If you are hired somebody you are paying to him, but if you are giving services to your own family members you are not being paid no nothing is required we are called informal caregivers.

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WHY CARE GIVER NEEDED?

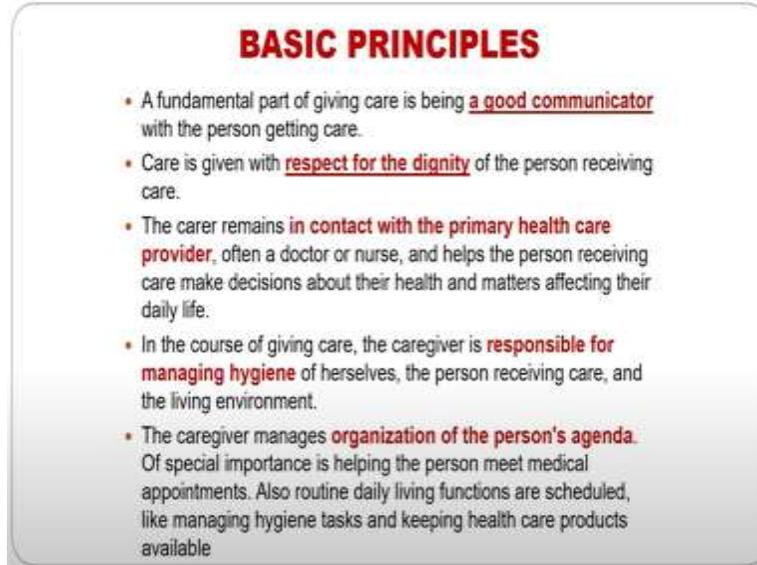
- With an aging population in all our societies, the role of caregiver has been increasingly recognized as an important one, both functionally and economically.
- Many organizations that provide support for persons with disabilities have developed various forms of support for care givers as well.

A person may need care due to loss of health, loss of memory, the onset of illness, an incident (or risk) of falling, anxiety or depression, grief, or a disabling condition.

Why caregiver needed loss of health? Loss of memory, you can't remember, so initially somebody will be there, you don't know which room is there, where is your t-shirt, where is your pant, I mean so many things you don't understand, don't remember.

So if caregiver is there, he or she can assist you. She can assist during the time of anxiety, depression, grief. So this is where she becomes a support 24 by 7.

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BASIC PRINCIPLES

- A fundamental part of giving care is being **a good communicator** with the person getting care.
- Care is given with **respect for the dignity** of the person receiving care.
- The carer remains **in contact with the primary health care provider**, often a doctor or nurse, and helps the person receiving care make decisions about their health and matters affecting their daily life.
- In the course of giving care, the caregiver is **responsible for managing hygiene** of herself, the person receiving care, and the living environment.
- The caregiver manages **organization of the person's agenda**. Of special importance is helping the person meet medical appointments. Also routine daily living functions are scheduled, like managing hygiene tasks and keeping health care products available

What are the important principles, basic principles? Caregiver should be a good communicator, so that can speak, interact with the patients properly. Respect for the dignity of the elders or of the patient. At the same time, the caregiver has to remain in contact with the primary health care provider, the doctor also, because the caregiver can't look after medically.

Normal duties a caregiver can perform. But something real serious has happened, then she or he has to perform. He has to inform the health care provider. She can organize person's agenda, everything. When you are working as a caregiver, paid or unpaid, you have to organize everything for the patient.

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Qualities of Care Giver

Being a caregiver is an incredibly rewarding experience that can offer many amazing benefits. From the sense of satisfaction, you get from helping someone in need to the strengthened bond you form with the person you're caring for, there are plenty of reasons to be proud of being a caregiver. Here are just a few of the reasons why caregivers are amazing people:

1. Constantly Giving of Themselves: **Empathy**
2. Great Communicators
3. Have a Positive Outlook
4. Flexible
5. **Have a Lot of Patience**
6. **They are Resourceful**
7. **Caregivers are Strong**
8. **Compassionate**

Qualities of a caregiver, Empathy. Without empathy, you cannot become a caregiver. Communication, positive outlook, you have to always think that yes, this patient who is in my charge will survive, will not die. I will do everything possible to help him come out of this sickness. Flexible, have a lot of patience, the resourceful. Caregivers are strong also because if you are weak, then you can't look after a patient and compassionate.

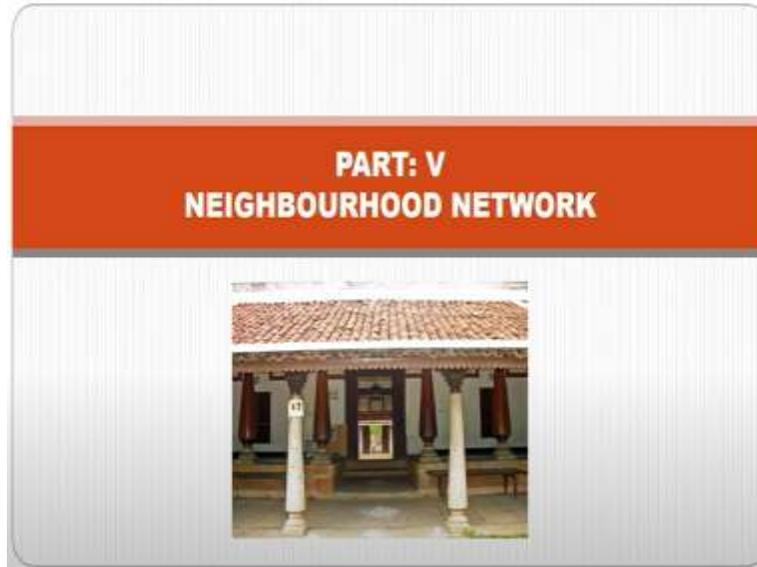
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MOTHER **The Best Example of Caregiving!**



I given this I wherever i go i always say who is the best gear giver in the world the mother the way mother brings up her children from zero age to 10, 11 years of age you know nobody else can do this task in the world.

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Last part neighborhood network. Neighborhood, the word itself tells you the neighbors, they get together, they create a network and look after their own patients in the area.

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NEIGHBORHOOD NETWORK

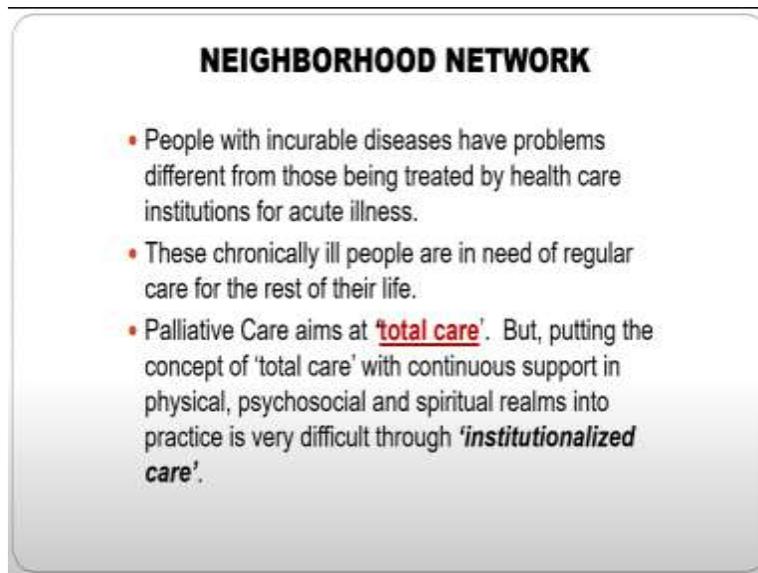
- **NN in Palliative Care** is an attempt to develop a sustainable 'community led' service capable of offering comprehensive Long Term Care and Palliative Care to the needy in the developing world.
- In this programme, volunteers from the local community are trained to identify problems of the chronically ill in their area and to intervene effectively, with active support from a network of trained professionals.
- Essentially, **NNPC aims at empowering local communities to look after the chronically ill and dying patients in the community.**

It's an attempt to develop sustainable community-led, community looking after, offering comprehensive long-term care and palliative care to the needy in developing world. Palliative care mostly it is a long term care because sometimes you know certain diseases like cancer is there or other things are there. A patient is going to survive for 3 years, 4 years, 5 years, long term care.

So that is where if the care is being assisted by neighborhood. Network the people coming together and it becomes an affordable service program. NNPC that is neighborhood network palliative care aims at empowering local communities to look after chronically ill and dying patients. Who will be requiring long-term care, chronically ill, and the patients who are about to die, you know, end-of-life care.

So, these people can be looked after by the communities.

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NEIGHBORHOOD NETWORK

- People with incurable diseases have problems different from those being treated by health care institutions for acute illness.
- These chronically ill people are in need of regular care for the rest of their life.
- Palliative Care aims at **'total care'**. But, putting the concept of 'total care' with continuous support in physical, psychosocial and spiritual realms into practice is very difficult through **'institutionalized care'**.

Communities, they provide total care.

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NEIGHBORHOOD NETWORK

- Issues associated with chronic/incurable illness are basically social problems with a medical component.
- These need to be handled by the society.
- For this to happen, the community should be in charge of the programme rather than a few volunteers among them taking pre-determined slots in the palliative care units/home care programmes run by health care professionals.

Issues associated with chronic incurable diseases, illnesses are basically social problems with the medical component. So, neighborhood network provides social component and medical people, they provide medical component. This can be handled by society.

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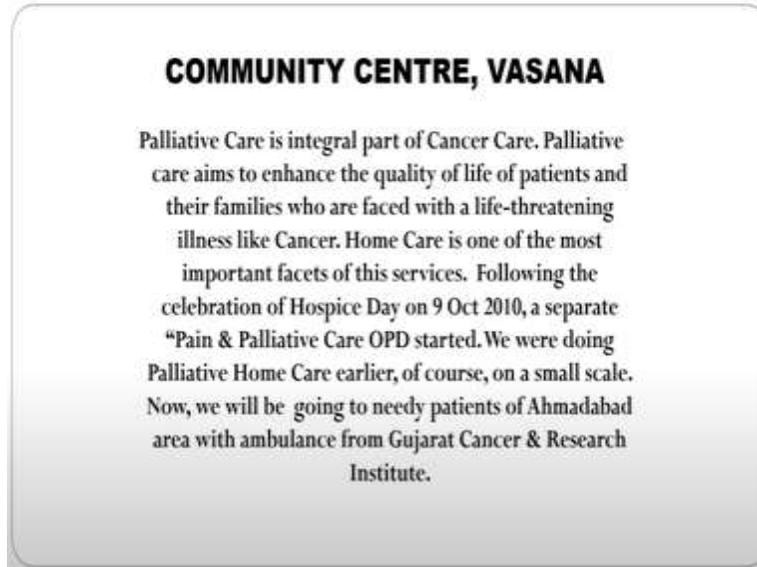
Neighbourhood Network: Kerala

- ▶ A project initiated in 2001 as an attempt to provide community led care to the patients and their families who are in need of long-term care and palliative care

Kerala that is where the experiment started, it became successful and almost in every district of the Kerala there are so many neighborhood network, political centers have come up.

I have visited many of them in the district of Thrissur, they are working successfully. This particular project was initiated in 2001, now almost 25 years have started.

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And it become world famous people come over there they see they made lots of research papers also and now it is known as kerala model of neighborhood network it just became a patent word kerala model community coming together and looking after their own patient this is the community center Vasana which is there in Ahmedabad it provides home care services also.

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Dr. Geeta Joshi, she is the chief executive officer over there. She took the lectures here. She will be taking lots of lectures along with me in this particular course.

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So, I was telling you about home care services. The doctor, the nurses, whenever required, they visit the home of patients there in the city of Vadodara and they provide proper palliative care services.

Thank you. Once again, I am telling you. You must continue with this program and learn something more about it. You be a good caregiver. If you become a caregiver, you are looking after others and if you learn all sort of complementary therapies, then you can look after yourself also. Thank you. Thanks.