

Certificate in Integrative Palliative Care – 3
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Lecture 85: Panel Discussion (Death & Dying)

Hi, greetings from National Association of Palliative Care for Ayush and Integrative Medicine. I am Dr. Piyush Gupta, Secretary of NAPCAIM, Secretary and Principal Executive Officer of Cancer Aid Society. And today we have a panel of experts who will be discussing about how to prepare for death in case of terminally ill patients because they are in a deep spiritual distress. So I would request the panelists to kindly introduce themselves. We start with Dr. Abhijit Dam. Namaskar. My name is Dr. Abhijit Dam and I am the president of the National Association of Palliative Care for Ayush and Integrative Medicine.

And I have recently also founded a national body called the International Dead Doula Association of India, which is a culturally appropriate dead doula association. So we basically provide vigil for people who are at the end of life and even help them in crossing over. And in addition to this, my interest lies in spirituality and religiosity as well. Thank you. Thank you, Dr. Abhijit, Dr. Pragya. Hello, everybody. I am Dr. Pragya Dangwal.

By profession, I am a psychologist. I am also a faculty with Amity University, Uttar Pradesh, also the assistant vice president, UP chapter of NAPCAIM, and a research member with the ethical research cell of Cancer Aid Society. I've been working for the past 25 years as a psychologist and dealing with a varied age group of patients. And recently, my work focusing on palliative care and working with all these wonderful clinicians who are here and trying to make a difference and bringing about better well-being for patient and all those related with patients. Thank you, Dr.

Pragya and Mr. Rakesh, yes, sir. I am Rakesh Jaswal. I am the founder of Cosmic Consciousness Foundation. This foundation is for healing and we are working on five bodies and I am also a secretary of Uttarakhand chapter of NAPCAIM.

And now we'll start with the questions which are often asked by the patients when they are terminally ill and on the death bed. So recently we had a patient, Pushpa, who was

terminally ill breast cancer patient. And she had her husband who was also having limited mobility and virtually no caregiver was there. So she had a lot of questions in mind. So I would like the expert panelists to answer to her questions.

So first question I would like to ask Dr. Abhijit. She wanted to know what help can I get for symptoms such as pain, breathlessness, anxiety, confusion, agitation, and often it is noisy breathing. Thank you, Dr. Piyush. And the basic stance of palliative medicine is to provide relief for all these symptoms at the end of life. And that is the whole motto of good palliative care. Most of the symptoms which you have just described, which the patient just described, can be controlled to a varying extent. But what we need to understand is that what the others perceive of the symptoms and what the patient perceives of their symptoms would be two different things. Like for example, if the patient is complaining of difficulty in breathing, she might be breathing normally, but still in spite of appearing to be breathing normally, she might be having distress.

So that is a perceived distress on part of the patient. So that is what we need to address rather than the perspective of the family members or other relatives who feel that the patient is having pain or distress, although the patient herself is not having any distress. So based on these distinctions, keeping these main distinctions in mind, we need to address various symptoms and all these symptoms which you have said can be addressed very easily at varying levels of success depending on the patient and the patient's expectation and the patient's understanding of the disease process. So these are other factors and whether the patient has associated spiritual distress or not because if these factors like spiritual distress or a religious pain is not addressed, then treating the physical symptoms becomes very difficult per se. So basically what I'm trying to tell you is that it is a holistic approach of symptom control.

So we just can't treat the physical part of pain without addressing the other aspects of suffering. So we need to address suffering as a whole. But yes, we can definitely, palliative medicine is definitely geared up to provide relief from the symptoms and that is definitely possible. So basically we have come to a new term that is spirituality by Dr. Abhijit. So Rakesh ji, how to distinguish between the religion and spirituality because we know what religion is but what is spirituality? Actually we are talking in context of dying patient. So in religious practice we know that how we can improve our quality of life and for quality of life we use two types of intelligence one is intellectual intelligence and second is emotional intelligence. When we found some difficulties to survive with emotional intelligence and intellectual intelligence, then we move up upper level, spiritual intelligence. Spiritual intelligence means goal of life. And if we aware how we can improve our quality of life and how we can achieve our goal of life. Then we can say

the use, improve our quality of life is purpose of religion and purpose of spirituality is achieved to goal of life.

Thank you, Mr. Rakesh. Dr. Abhijit, would you like to add something? Yeah, spirituality is anything which gives you a sense of meaning and purpose in life. Like, say, I love my dog. So the presence of my dog gives me a sense of belonging and a sense of lovingness.

So that could be my spirituality. Spirituality doesn't have to be that I should pray to a particular God. I may be an atheist, but I am definitely spiritual. Spiritual is our inbuilt software with which we are born.

That is spirituality. Whereas religion is imposed on us after we are born. We are not born with any religion or name. But we are definitely born with a sense of spirituality which is sort of inbuilt. It can be expressed in different forms like compassion and empathy and so on and so forth. So, whereas religion is a sort of man-made imposition, whereas spirituality is something which is inbuilt in us.

It is our inbuilt software. It is within us. Thank you, Dr. Abhijit. And Dr. Pragyana, would you like to add anything? And apart from that now, he has talked about a dog which I love, basically. So the patient has a question in mind that can I choose who stays with me as I am near the end of my life? That's a very important question from the perspective of the patient. You see, this is a very turbulent time for the patient as well as the caregivers. And at time, they are both at a loss because maybe the disease or the disorder has come suddenly to them and they do not have understanding of it. Or even when they have an understanding of it, they are clueless as to how to proceed further in life.

At that time, to have somebody along with them who can give them that kind of a comfort, the security, the love is very important. Somebody who's able to understand their agony and pain that they are going through. So many of us don't. At times it is seen that people get angry at the patient because the patient is throwing tantrums or the patient is very agitated. But we need to understand that that is also part of the problem that they are facing.

And to help that feeling of solace within themselves, which will help them recover and also come to terms with their own situation at this time. Yes, definitely they need to have somebody who is comforting and will be able to help them. But the conflict here is, yes, somebody who can emotionally be helpful and somebody who can help them out with

whatever their physical needs are. So a compromise on that part has to be looked from the point of view of the patients and the caregiver both.

Thank you, Dr. Pragya. And next question, Dr. Abhijit. So patient often has that, can I refuse or ask for a particular treatment? Why have I been offered a particular type of treatment and how long will it take to work? Okay. For this particular patient, we need to understand that she's already in end-of-life care, which basically means that she just has a few weeks or the maximum a month or a couple of months to live. This is what we take for granted out here.

However, having said so, The right of a patient to choose what treatment is given to the patient is something which we call autonomy. So which is a basic foundation of medical ethics. So autonomy is the patient's own wish that I want this therapy, I do not want an injection, I will only have a tablet. So that is the patient's wish. You cannot impose, you cannot put your wish because it is the patient's body.

It is the patient who is suffering and we basically have no business to impose ourselves because we don't understand. So it is my body, it is my suffering, so I get to decide. Nobody else can decide for me. But the rider out here is that the patient has to be competent mentally. So mental competence is of great importance out here.

If the patient is delirious or under the influence of various drugs or sedatives or is demented or mentally incompetent in any other manner, then the decision of the surrogate decision maker should be taken for granted. Thank you Dr. Abhijit and Mr. Rakesh. Now, patient often has a question in mind, why is this happening to me? Yes, when patient feel some trouble in life, then he feels some depression and that time she can think how he can it is any my problem any my karmas any he relating more type of in dilemma but he should see his present situation and this problem is not he should feel that that is this is the cause of any bad karma or anything it is a problem, it is a disease and he should deal this disease in positive manner and in present mindset.

Definitely that's the first question which comes to mind. So even if something happens to me and especially something bad happens to me, the question always is there, why me? So it is a natural question. There would be anger. There would be guilt. There would be sadness, it could lead to depression also.

But then acceptance is something one needs to work on, which can be done with the help of others, with the help of counselors. Because in such cases, unless and until you don't

have the acceptance and the reality has not set in, even you won't respond well to the treatment that is there being given to you. So definitely this question will come. And as the clinical team, as part of counselors, as part of being family members, we need to help the patient realize that it is not their fault or fault of anything else, but something which is there. And we need to get ahead in life, whatever life that we have, we need to get ahead with that and possibly have a life which is still meaningful for us and is happy for us in whatever time that we have left with us.

I guess that is it. So, Dr. Dam, patients often have questions regarding side effects for their treatment. So, can you guide on that? Well, in this, we are currently focusing on this particular scenario. Now, this lady is already at the end of life. So here, side effects, minor or long term side effects really would not matter. What would matter at this particular stage is whether she is getting adequate symptoms or not.

So that should be our aim rather than a potential thinking of long-term side effects, which is basically baseless out here. So at this particular stage, I would not be thinking very much about side effects. I would be focusing more on symptom control and adequacy of symptom control, but yes, the potential of drug interactions because she would be on multiple drugs at this particular point of time and so say for example I would say I'm giving her morphine as well and if she is also on pregabalin at bedtime for neuropathic pain then I should be aware that the effect of morphine could be potentiated by the addition of pregabalin. So, those sort of things, so drug-drug interactions would be more of an issue or de-escalating the dose of drug. Suppose she goes into renal failure, then I have to cut down on the dose of morphine also.

So, these things should be more of a concern rather than thinking in terms of side effects of drugs. So, Mr. Rakesh, So often such terminally ill patients, they say that, is it punishment of my past sins? So how do you want to explain that? Just before I said that, that type of patient feels this type of negative thinking. Because he is feeling some weak and in weakness actually not feeling physically weak, he is mentally and emotionally also feel weak, that type he realize also what was the cause so I suffering this type of problem.

So sometimes back of the mind, he can think. But what is my suggestion? He should think about in present situation and how he can improve his present situation physically, mentally and emotionally and as well as spiritually also. So he will feel some more comfort in his life and his health. To my knowledge basically when any such patient says that is it a part of my earlier sins. So one thing which is certain now if you meet an accident if you are driving very fast if you jump from any flow and you are hurt so that is the part of your action.

But getting any disease, it is not within our hand. So certainly it is not a part of our past deeds. So Dr. Abhijit or Dr. Pragyan, would you like to add anything to this? Actually, this particular interpretation can be very tricky. Because if you go into the details of Vedanta, that again classifies karma into three types your Prarabdha karma, Agami karma, and Sanchita karma.

So it's a very complicated business out there. So I mean, if we delve very deep into those things, then things get more complicated. What is more important is to realize that the patient now is having certain existential suffering. So, and the patient is trying to make a meaning out of the suffering. So we need to help the patient to arrive in the meaning-making process of suffering.

See, all of us suffer. There is nobody who has not suffered. But our suffering requires validation. So if we tell this lady that, look, you're suffering, but you're taking it so well. I mean, how many people could actually bear such pain with such bravery? You're doing a beautiful job of it.

And you're a role model. So these type of encouraging things would you know, sort of, fortify her own resolve to overcome the suffering. Suffering is that, but then we need to overcome the suffering and make a meaning out of our suffering. So that meaning-making aspect is very important.

Thank you, Dr. Abhijit. And Dr. Pragyan, so this, I just want to know from you, how children can be involved in patient's care? Like we began with people having supporting people around us, people who are comforting, that is where children also come. Children are full of energy and children do not see beyond the present. So that comes as a blessing for the patient also, because they are not looking at the patient or waiting for their end of life. They are there interacting at present. And if that interaction is there, and especially with family members and small children in the family members, they always have a positive effect on the patient.

So that way, when we have a good relationship, a healthy relationship, One really looks forward to it. At times, they also see their purpose and sense and the accomplishment that they have gone through their children and grandchildren. So with their interaction also, we can always have small children also coming in and being part of of that facilitative environment which is supporting the patient and taking them away from thoughts negative thoughts and focusing in them at the present so children definitely bring them

closer to the present of what is happening and when they see happy faces obviously it reflects on them also so whether it is a moment of happiness, till the time they are there and definitely they must should be there as part of their therapeutic interventions. Thank you.

And Rakesh sir, now patient always want to know what comes next. Actually, what I told you later also, He should be present. He should follow some present activities. How his mindset should be in present stage. And he can chant some mantra also. And Gayatri Mantra also is very helpful for the develop creativity within.

So to remove the negativity, He can follow some this Vedic mantra, Gayatri mantra and Mahamrityunjaya mantra also he can chant and he will feel more energetic and more practical and more present in scenarios. So basically what I understand from you is that one has to get engaged into religious things so as to decrease the spiritual distress, probably. Dr. Abhijit, would you like to add anything? Religion, if the patient is religious, then definitely religion can help to make a sense of meaning out of the suffering. And if the patient had been religious in the past, then religion can often give explanations as to why the suffering is happening and how the suffering can be resolved also.

Like what would happen to me after death. So various religions have various answers for that. Like in Hinduism, there is the concept of rebirth and there is a concept of how you should give up your body, especially in Buddhism. What exactly and what are the techniques to be followed so that you can give up your prana and how the prana would exit from the body through which aperture it would exit. So if you just see, if you reflect back on the, you know, reclining posture of Gautama Buddha, the reclining Buddha, so the way he was reclining was for a specific reason. Because if you die in that posture, according to religion, it is said that your prana would exit from the Sahasrara chakra, so that your future you know future journey of the spirit would be very would have a good gati (hindi word meaning spiritual progression) so that is the importance and nowadays if you now come to modern day quantum physics.

Now, if you see quantum physics, that also relates with the fact that our bodies only die. Our consciousness is still there. So this is such a huge hope-giving statement.

So basically we never die. Our consciousness is always there. And such are hope-giving strategies by religion and now even by quantum physics, which would help in alleviation of suffering. So, these things need to be, you know, worked upon, looked into and explained.

Okay. And my next question to Dr. Pragyana. How to deal with a demanding healthcare team which pressurizes to follow its decision, whereas I am not liking those decisions? Like Dr. Dam also said in the beginning, the patient does have certain rights and they need to follow that and ruling out any kind of cognitive disorganization. And still, if the patient feels that they need to do something, I guess that respect is to be given. The healthcare and the family need to be more patient with them and maybe learn to deal and tackle with such situations with great patience. So, if even if the immediate resolution is not there, yes you approach that, approach that after a certain time and with such kind of patients even if that is not there then I guess it is the right and of the patient and it is the respect that is given to the patient in such a terminally ill and such end-of-life patients that we must respect their views and values that is the dignity that they carry with them we need to give them the dignity of their right decision making and the dignity that yes you are loved no matter what and you are not being forced upon even when you are not in a position where you can do anything.

Still, your thoughts, your feelings are being taken into consideration. And I guess that is very important for every patient to feel that peace, to feel that solace and that love, which is often lacking because everybody is exhausted at this time. So, next question Mr. Jaswal. The patient says that I have regrets and should I confess? So, what do you suggest? Yes, it is a very good technique. Feel some regrets in his mind so he can realize and he can forgive some person and he can ask for forgiveness too and it is a very good spiritual practice to remove the negative all type of negative psychological energy from the patient.

So, this practice is a very good practice and I suggest all the aspirants also, whenever you start any spiritual practice and chant mantra then first you practice love forgiveness, love gratitude then you start this practice then you you will get the more result because we know that the every higher energy comes higher potential to lower energy. If we feel some lower thoughts, our energy will go down. If we feel some higher thoughts, higher feelings, so we will get some more energy from the higher. So this is the nature, energy comes, current flows, higher potency to lower potency. So in this time, it is a critical time, but this time is to prefer to connect the higher thought and emotions.

And this conference is very helpful for this purpose. Basically, we had a patient who was on the deathbed and now he wanted to confess to his wife that he was having an extra marital affair. What do you suggest? Yeah, I mean, if that particular thought is holding the patient back. Because see, the criteria of a good death, what is a good death? So there could be so many criteria, like your criteria of a good death and my criteria of good death could differ. So, but if this particular thought is holding me back or is laying very heavy

on my soul, then I need to talk it out and I need to let go. Holding back is something which is not very good because once you share your sorrow, your sorrow goes down.

So confessing these things on the deathbed is a way of forgiving your own self also. So, I would personally feel that, yeah, this would actually help the person die a good death. So, Dr. Pragya, again, I would like to continue this question. Now, if you are there with the patient and the patient says this. Now, my question is, when he is dying and if this is conveyed to the wife, so her entire life would be devastated.

So as a psychologist, what would you say? So he is making this confession to you. So would you like to carry it on to the wife or would you like to absorb yourself and you will say that fine, I will tell this to her. The counselor or the psychologist doesn't come in between. But yes, guilt does eat you. And that's the saying, which is actually true. And the fact that the patient is wanting to confess or let out of the guilt is also very important.

But yes, there are ways of doing that. And like we say if it can be done in such a way that it does not further bring harm to anybody else then that is what should be promoted. So as a therapist, as a psychologist I may tell the clients to use a certain way of expressing this thought or guilt or confession to the significant other. So there are ways in which it can be dealt with, which is taking care of the part where the client wants to let out of something and to the receiver also who is able to take in that and is in a position to forgive without maybe actually knowing the exact detail or then working out on that also. So there are ways which can be, when the client is in consult with the counselor, I'm definitely sure that they will come up out a way in which both the things can be dealt with because that is also important.

Thank you. I think breaking an egg depends on how you break it. If you break it gently, you can make a nice omelet.

Definitely. Or you can just shatter the egg. Thank you. So, Dr. Abhijit, so now this patient on medication was feeling very sleepy. So what do you suggest? Well, sleepiness could result from medications. But at the end of life, gradually a patient, when the different organ systems are gradually shutting down, organs are shutting down, the basal metabolic rate is gradually coming down, blood pressures are coming down.

So the patient tends to feel very weak and sleepy also. So that's a very gentle way of dying. And If it is due to drugs and the patient actually wants to be more alert and conscious, then I would definitely look into it. But otherwise, feeling sleepy and gently

dying very smoothly is a very sought after thing I would say. So Dr. Pragya, next question is for you.

Is there someone I can talk to about my fears and anxieties? Definitely. As an expert, you have got counselors who are there. You have got counselors who specialize in such counseling where you can give. If you look at it religiously also, we had religious priests, pastors who are there to whom we can talk to, elders in the family we can talk to and ease ourself. So all these people are there people whom you can confide in people whom you trust and people whom you know would not take that information in the wrong end so definitely you have got your psychologist would be there to help you out.

Thank you. Now the patient wants to know that do i need to prepare for death. Yes, it is very, very important thing that always we are practicing Atma Bodha and Tattva Bodha. Atma Bodha means what is our purpose of the life and what we have done. So if we think this time, these feelings, what is our purpose of life, what we have done and how we can be prepared to die in a good manner, then it is very important, he should contact and he should gather his family and he share some we can say some good or bad stories from his life then he will feel some light and all family will be gathered there, then he will feel some inner strength also. I saw some example, if some person in a dying stage and when he start this type of sharing feelings and techniques he come back also and his life result may be give some miracles also. So it is very, very important that he should share everything, good or bad thing, with her good ones and family, friends, and then he feel better.

Thank you. And Dr. Abhijit, would you like to add anything? Yeah, this is about bringing a closure. So before, like if you yourself think about your own death, this is something none of us want to actually think about, but this is very important because death is the most important event in our life. After birth, death is the only event which comes with a guarantee.

And this is the most important event of our life. So death requires investment. It requires planning. We invest in so many different things which will never come with a definite return. But if you invest in your death, it will definitely come with a 100% return. Because you can make your death, well-planned death, can be so comfortable, it can bring about a sense of completeness. So that becomes so very important. And, you know, just if you think that just before dying, I will chant the name of God or something and I will attain liberation or moksha, that doesn't happen.

Chanting the name of God or being religious is a way of life which trains you to adopt a certain way of life so that you lead that way of life so that you are ready to face your closure in a proper manner. So it doesn't just come at the very end. It is an ongoing, continual process. So that is something which we all need to strive for.

And that is a part of good death, planning for a good death. So this is the essence of all religions. To be good, to do good, so that you have a good ending also. Very true. In fact, there are many cultures in which preparing for your death is there. And if you look at a Vedic life, this is what we did. The ashram system that was being followed was also preparing yourself to give away your worldly life and prepare for your spiritual growth and then ultimately your death.

So yes, there are some positive activities which can be done for death even today, and many do follow that also. Like, you know, preparing for your funeral or your last rites, which way you would want it, planning how you would want to die, or what are the things that need to be taken care. This is also stages in preparation, so you are at least putting that thought, yes, yes, I am going to die and this is how I need to die. And definitely when you have things planned out and the way you want, you will accept that more easily.

And your end, everybody knows what it is. You also know it and it eases out the entire process. In many of the cultures, death is celebrated also. So why not do that? That is, it tells us that, yes, I have lived a very fulfilling life. I have lived a long life. And now I put an end to this part of life and maybe start my journey for the next.

So definitely planning for death and planning for a positive death and having that attitude matters a lot. And we all must engage in this. Thank you. So the next question comes that what will happen to my family? Yes, that is also there. That is the question which is there because if I am close to my family, if I have been very troubled about certain things and if I have not planned, this question would deeply, deeply impact my well-being and my treatment plans also. But at the end of the day, again, with the support of clinicians and counselors, one needs to come to terms with that.

Life is in our hands in the time we breathe. Once the prana leaves us, then we do not have control over anything and that is where we need to prepare others when I said before this prepare our death a part of that is also preparing a family for my death and so when that is done yes you will find many households which are doing that and that way everything is far more healthy I must say and has a lesser negative impact. So, my family

will definitely prosper because I have bought them till here. And they are competent enough to do that.

Now, untimely death, nobody can turn on. But yes, when we know the death is near the end, then we must plan. In some cases, we saw that some persons listening Gita, Bhagavad Gita and listening some chanting, om chanting that also works different type of mantra it also good thing you can practice. So what we need to also understand is the nature of attachment, yes. Attachment is the root cause of sorrow so and the cause of attachment stems from the mind. And that's why in the Shastras, if you see in various Upanishads also it is written, like in the Maitreya Upanishad it is written, Man eva mānuṣyāṇām kāraṇam bandha-mokṣayoḥ, That is the mind and the mind alone which is the cause of bondage and liberation also.

Yes. So it is your mindset, what you attribute to your mind, whether this is mine or this is mine, but it is like, you know, I can let go of it also. So attachment. So Dr. Abhijit, now the patient has in mind, will having fluids to a tube or drip help me at the end of my life? Well, again, those have certain pros and cons. Whether now the patient really wants an IV infusion in place, and IV infusions are not only costly, there is a potential of infection, fluid overload, it can even hasten your death actually.

And it can act as a barrier to good communication. Now suppose I have an IV drip. I am actively dying. I know I am dying. But I have an IV drip. And my wife comes to me and she wants to hug me for one last time before I die. Now with the IV drip, how can she hug me? Because she will think that if I try to hold my husband like this, maybe the IV drip will be disconnected.

So this IV drip now will act as a barrier also. So we need to be aware of the pros and cons of everything. And when the patient questions is asking such things, then we need to explain it to them very gently that this will probably create more of a problem for you than of a hell and counsel them. But of course, the decision, the final decision will be of the patient.

If the patient insists that I need this, then the principle of autonomy takes over. Thank you. So then the next question Dr. Pragyān. So what will happen if I become cruel to make my own decisions? For example, I am in coma. Now what do you suggest? Legally, there are certain rights which are passed on. And then when I am not in that state to make decisions, it is the family which comes first or whoever is given the authority.

So they take care of that. And then that is also, as a psychologist, I would say that is a reality that one has to face. And if we are too worried and anxious about it, then it is not going to help. A person obviously who has a very strong sense of control and is a very independent person will have more difficulty coming to understanding it's such a decision also that I can't take a decision. But then these are the ways which life has to go on and when others are there to take care of you, they take that decision when there is nobody then we say god is there to take care of us. Nicely said. So you want to emphasize on living this to be executed by the patient so so that they demarcate that who's the person who is going to take the decisions when he is not able to take that.

Yes, for a person who is there in his sound mind, in his or her sound mind, is aware enough or educated enough in the sense that they know, yes, a living will definitely make things easier for them and others also. So the final question to all the panelists, what will happen as death approaches? Yes, it is very, very important questions because it is true everybody if our birth is true, our death is also true. So these type of examples can guide us also said how to prepare our self also to improve our lifestyle or our power and how we can involve in service and upasana, sadhana and good habits because karma is also affected and Karma Phal Siddhant we know that it is also true and we can do anything But we are considered also to receive that type of result also after karma. Thank you. Could you like to add? Now dying in a medical manner most of the patients as the organs gradually shut down, patients become gradually more and more drowsy and they lose connection from the external world gradually and medically speaking they go into a state of coma gradually they lose their consciousness.

But actually it is not so. They appear to be sleeping or they appear to be conscious, but their faculties, like especially the faculty of hearing, that persists for a very long time, almost till the point of death. So this is how most of the patients gradually, you know, slip into a state of sleepiness and unconsciousness and gradually die. But there can be exceptions. There can be exceptions where you would suddenly have a heart attack or you would have massive hemorrhage and die from a bleeding tumor or you could have respiratory distress, ongoing respiratory distress resulting in hypoxic brain injury and die.

So dying would be, can follow many paths. But what is of essence is that suffering should not be there. So with good palliative care, we can definitely take care of the suffering by various drug therapies and by various suggestive means and so on and so forth. Although those suggestive means and all will not probably work in a hypoxic brain. So maybe drug therapy out here will help to quieten down most of the symptoms and the patient can gradually slip down very gently.

Thank you. Dr. Pagyan, so what do you suggest the patient to get rid of this fear of death? To start with, fear of death is very natural and it will crop up. Unless and until you have a very stable mind, you have reached that level of personal and spiritual growth where you are welcoming death.

Apart from that, it will be troublesome for me. It always would be. But yes, a healthy life would lead to a healthy death. So we all need to prepare ourselves for a healthy life. So we have a healthy death. And once death is there, then there is nothing beyond.

Like Dr. Jaiswal said that, yes, till the time you are here, you have to live that life. And once you reach your end, you have to let go. That is what Dr. Abhijeet also agreed to. So we need to, whether it is spirituality, whether it is religious faith, whether it is your own conscience, we need to ultimately come to terms with it and let go at some point we have to let go.

We do it with we are in our sensibilities otherwise it just slips out of our hand as we slip into a coma. So, basically one thing which Dr. Abhijeet has very clearly told us that although the patient may appear to be unconscious, but his hearing ability is really very active. So, point to note is no negative talks and let's say the patient was fond of music, fond of any religious maybe discourse pertaining to his religions. So such things can be continued until the patient dies. So that's great. And students, since after this particular panel discussion, one thing which is very important to you is that you should be interacting with the patients and at least asking some of the questions which I am going to read to you.

So that it will help you in planning and helping as a core member of palliative care team. So the questions which you need to ask the patient is, is there anyone that you don't want around? Then there may be another question, are there any particular music, prayers or things to have around you that you find to be comforting? Next question is, Are there any types of treatment or care that you don't want to have in the final days of life? Another question, do you want to make a living will which we already discussed? So that if you are in coma, so someone can take the decisions. Do you have any issues you would like to sort out with the family or friends before you die? Because that will help you in let go, otherwise you are catching hold of the things as Mr. Rakesh specified. Are there any messages you would like to record or write to leave behind for your loved ones when you die? Because these will be the last memories for them. So do you have any religious or cultural practices you would like to be carried out before and after you die? And finally, have you made a will or updated your existing will? Because you are unsure what is

going to come next. Thank you. Have a great day. And thank you for hearing all the panelists. Thank you.