

# Policy Brief

## Executive summary

Improvement and Enhancement of Palliative care in West Bengal, India

## Full report

Included

- Problem statement
- Description of the Palliative care and solution
- Variable options to address the problem
- Strategies for the implementation

## Key messages

- Palliative Care is imperative and highly needed in West-Bengal
- Proper equipment should be present in Palliative care nursing homes/ hospitals
- Enhanced knowledge and awareness of Palliative Care Policy in this particular field is necessary
- Improvement of Palliative Care Policy.

## **POLICY BRIEF**

What does the policy brief address?

The well-being of the older persons in West Bengal.

Why it is prepared?

To address the recurring problems faced by the aged people and to deliberate on the various health policies and related programs with the available data and information.

What is its evidence? None of this is evidence. Better put this paragraph up the top to answer the first question

It helps to analyze the issue faced by the older persons across the state. Also its primary focus is to eradicate the problems viz. sickness, careless approach and ill-treatment faced by the men

## Partners

### Knowledge Partner



### International Collaboration and Alliances





## Description of the problem

### 1-Introduction and framing Problem

Palliative care in India face a lot of problems, It has been observed that 40 million people worldwide affected by life threatening illness could benefit from palliative care (WHO Fact sheet <http://www.who.int/news-room/fact-sheets/detail/palliative-care> Only 1% of the population in India currently benefits from palliative care. The number in west Bengal is estimated at ???

See: [Indian J Palliat Care](#). 2012 Sep-Dec; 18(3): 149–154. Palliative Care in India: Current Progress and Future Needs [Divya Khosla](#), [Firuza D Patel](#), and [Suresh C Sharma](#)

See [The current status of palliative care in India | Cancer Control](#)

[www.cancercontrol.info/cc2015/the-current-status-of-palliative-care-in-india/](http://www.cancercontrol.info/cc2015/the-current-status-of-palliative-care-in-india/) by M Rajagopal

There is an acute shortage of palliative care physicians, nurses, pharmacists, and attendants in India. Yet access to palliative care is now regarded as a human right. (Wright et. El). The few palliative care workers who do provide services undergo tremendous physical and emotional exhaustion, caused by caring for the severely ill. The Carer and the Care-Giver, including family, friends and health professionals are at a high risk for burnout, psychological distress and compassion fatigue. The impact of these factors on personal and professional well-being is undoubtedly heavy. Self-Care enables better caring for the patients in a sustainable way with greater empathy and effectiveness. Strategies to improve self-care of the Care-Giver, leading to better quality of life of both the patient and the Care-Giver.

This policy brief contributes to the evidence base on policy development for scaling up palliative care services across India, particularly among population groups with 'special needs', such as the poor, those dwell in rural areas, old people with life-limiting diseases, the elderly in their seventies, along with the mentally or physically challenged old section of the society.

---

## **2 - Background of Palliative Care in India and its current position**

The term palliative care defines the care and the support that is given to the terminally ill people and family. Speaking of the status of Palliative Care in India especially West-Bengal, Kolkata, visualize a different genre. It serves the old people who also need support both mentally and physically. In West-Bengal, most of the people irrespective of the required knowledge of Geriatric Care help old people and folks who are suffering from terminal illness. Currently, India ranks 130 among 188 countries in human development index which considers life expectancy and per capita income and its position in the latest study on quality of death index among 80 countries is 67<sup>th</sup> (Nandani Vallath (2017)).

In a document Stated by Sanghamitra Bora. India has seen improvement in the recent years in palliative care scenario. It includes the creation of a National Program for Palliative Care (NPPC) by the government of India in 2012. In the year 2014, India saw the landmark judgement by the Indian Parliament, which amended India's infamous Narcotic Drugs and Psychotropic Substances Act, thus overcoming many of the legal barriers to opioid control. Nevertheless recommendations have been made in recent years for implementation of National Policy, opioid availability, education and capacity building. There have been tiny but significant developments in individual states in this regard. Recent findings of local research describes the present status of palliative care in the eastern states of West-Bengal. Palliative Care (PC) focuses on improving the quality of life of patients and families who face life-threatening illness, providing pain and symptom relief, spiritual and psychosocial support from diagnosis to end of life care and bereavement. (Sanghamitra Bora,2014).

So the need of palliative care has become an inevitable part of West-Bengal. For an organization, to respond to the unmet needs of the elderly in the context of rapidly changing urban social landscape, it is imperative to understand and learn from the elderly themselves which doesn't come always in easy manner.

---

## **2 - Root Cause and need of palliative care**

A drive down to the Kolkata's interiors, many places including the urban as well as rural areas it showcases problem faced by old people. In the last few decades it is witnessed that the senior citizens are accompanied mostly by the nurses and helps other than the family member because of job, relocation for betterment of future and other necessary contributing factors for convivial lifestyle.

The pattern of diseases which are life-threatening is changing and more people are living with serious chronic diseases. Despite evidence of dramatically increased need for supportive and palliative care, this area has been highly neglected in the terms of policy (Davies E.(2004)).

It is observed that the causes faced by the introduction of Palliative Care in West- Bengal, They draw a clear picture which define the suffering of the people from the life-ending disease and added to that the failed condition of the palliative care due to lack of knowledge, man-power and needed equipment required to spread the awareness. (Aditya Manna, LK.Khanra and SK. Sarkar September 2013).

It is a sad plight that neither the doctors nor the nurse who work in the palliative genre have a requisite degree in this particular field. And due to which it is clearly reflected in clinical care of old people, infrastructural facilities and approaches along with addressing the problems of the Geriatric Patients.

### **Connection. Comfort and Care Options at home**

Palliative care provides a cohesive team of doctors, nurses, and others who are dedicated to relieving the physical, psycho-social, and spiritual symptoms of their patients, while providing informative care options. It is a return to in-home bedside care doctors of the past used in their practices. Deeper connections are made with a return to this traditional care, making way for compassionate and clear communication between the healthcare provider, patients and their families. When there is fear about the unknown of the future, having a trustful connection is fundamental to the well-being of the patient.

### **Treatment of physical symptoms and Person-centered Care improve quality of life??**

This is the future of advanced illness healthcare. A palliative health plan customized to the emotional, mental, spiritual and physical care of the patient will improve quality of life while saving time and money. Its goal is to ensure terminally ill patients are comfortable and cared for by relieving the stress and burdens associated with disease and sickness.

In the context of the international demographic changes, most countries face the challenge of resetting their healthcare systems to care for an ageing population living longer with increased co-morbidities. We live longer but with extended ill health. Nations have focused on improving early life care for babies and children, provided care for the middle-aged or fit elderly with acute reversible conditions, but struggle with the required reframing of care for people with life-limiting conditions where survival is not the key goal. With demographic challenges now reaching tipping point, we now need to radically re- focus on care for people in the last chapter or final years of their lives (Keri Thomas 2017)).

## Popular Schemes and Policy: Human right and gender issues

### National Policy on Older Person

In India, the National Policy on Older Persons (NPOP) was announced in January 1999 to reaffirm the commitment to ensure the well-being of the older persons. The Policy envisages the State support to ensure financial and food security, health care, shelter and other needs of older persons, equitable share in development, protection against abuse and exploitation, and availability of services to improve the quality of their lives.

Under patriarchal systems, hierarchies and property rights are discriminatory. Also burdened with household chores for a longer span of time compared to older men, older women don't have time for leisure or recreational activity. Women experience proportionately higher rates of chronic illness and disability in later life than men. Women suffer greater non-communicable diseases and experience lower social and mental health status, especially if they are single and/or widowed. Over 50% of women over age 80 are widows.

The objectives of the NPOP Policy is:-

- To encourage individuals to make provision for their own as well as their spouse's old age
- To encourage and support families to take good care of their older family members
- To provide care and protection to the vulnerable elderly people; to provide adequate healthcare facility to the elderly;
- To create awareness regarding elderly persons to help them lead productive and independent lives.

It seeks to assure older persons that their lives are national concerns and they will not live unprotected, ignored and marginalized life. It aims to strengthen their legitimate place in society and help older people to live the last phase of their life with purpose, dignity and peace. The Policy also recognizes the role of the NGO sector in providing user friendly affordable services to complement the endeavors of the State in this direction.

---

### Indira Gandhi National Old Age Pension Scheme

The Indira Gandhi National Old Age Pension Scheme (IGNOAPS) is a non-contributory old age pension scheme that covers Indians who are 60 years and above and live below the poverty line. All individuals above the age of 60 who live below the poverty line are eligible to apply for IGNOAPS. All IGNOAPS beneficiaries aged 60–79 receive a

monthly pension of Rs.300 (Rs.200 by central government and Rs.100 by state government). Those 80 years and above receive a monthly pension amount of Rs.750.

Its objectives:-

- Old age pension scheme would cover all senior citizens living below the poverty line irrespective of their living area, caste, sex and creed.
- Rate of monthly pension would be raised to a certain amount per month per person and revised at intervals to prevent its deflation due to higher cost of purchasing.
- The “oldest old” would be covered under Indira Gandhi National Old Age Pension Scheme (IGNOAPS).
- They would be provided additional pension in case of disability, loss of adult children and concomitant responsibility for grandchildren and women. This would be reviewed every five years.

---

### Central Sector Scheme of Integrated Program for Older Persons

Speaking of the legal coverage that falls under this particular scheme it states that financial assistance will be provided up to 90% of the project cost is provided to Government and NGOs, Panchayat, Institutions / local bodies. This whole initiative is applied to address the problems and the betterment of the Old and Elderly people for their betterment.

---

### Drawbacks of this schemes (Aim for the study)

In print media it gives a wide knowledge about India and it states about the sole aim to provide a good healthy life at the advanced ending year of every individual. Objective of this study is to identify the main difficulties in achieving the above aim in a rural village setting in India. Advanced cancer patients in need of palliative care in various villages in rural India were selected for this study. Their symptoms and managements in that rural surroundings were evaluated by an NGO (under the guidance of doctors) working in that area. An attempt was made to identify the main obstacles in getting proper palliative care in a rural setting. Pain, fatigue are the main symptoms effecting these patients. In most of the patients, pain and other symptoms control were grossly inadequate due to lack of properly trained manpower in rural India. However regular homecare visits by a group of social workers were of immense help in the last few months of their life. There is a wide gap of trained manpower in the rural areas of India. Dedicated groups from rural area itself need encouragement and proper training, so that difficult

symptoms can be managed locally along with necessary social and psychological support to these patients.

Also according to a popular print daily, the fact is evident that the lack of supply or better to say the distribution of health workers to implement the options generally doesn't meet up the expectations. As a matter of fact training centers, taking shifts at works, recruiting proper health attendant also doesn't sound promising (A Manna; MAS Clinic & Hospital, Tamluk, West Bengal).

- Initiatives from the Government are not as active as it should have in the Palliative Care Area.
- Lack of knowledge in this particular field has drastically failed to address the real solution to the problems.
- Financial stability
- Few Geriatricians are present in the area therefore it fails to succeed.
- Due to the absence of the subject in medical colleges it is also a contributing factor for failure to address the solution.
- Lack of education and experience is the major cause to summon the cause to old people and their problems.
- In spite of its presence in the constitution, it has drastically failed when it comes in the field implementation
- Most of the work pattern are outdated and doesn't follow the immediate rule to the solution.
- Lack of the initiatives taken by NGOs after indulging into the project they are handed over as most of the Peers are less equipped in Geriatric Area.
- ***Most of the dwellers in West-Bengal are unaware of the fact that palliative care and old age policy along with schemes does exist.***
- Draw Back in Pension is rigid in nature. Its needs a bit more flexibility with respect to the pre-mature withdrawal.
- Annuity rates after maturity is not fixed: There is no floor rate; so, you cannot be sure of the returns until maturity
- Another frustrating reason is that the discovering of annual payout offered by the retirement policy is not enough to take care of your post retirement expenses. This problem is real and unavoidable
- Traditional and safe investment options may not be adequate to negate the effects of inflation. The pension policy holder may have no option but to adopt a high risk high return approach to ensure the payout is adequate at the age of their retirement.

### Policy options

Excellent health care system needs to be in place to ensure effective implementation of the health rights to marginalized people. Right to health cannot be perceived unless the basic health

infrastructure like doctor-patient ratio, patient-bed ratio, nurses-patient ratio, and many related issues are near or above threshold levels. Furthermore it has to be uniformly spread-out across the geographical frontiers of West-Bengal, India.

Around 60% of the patients diagnosed with significant pain, and a bit below the half is experiencing excruciating, unbearable pain. With only a handful of outpatient palliative care clinics in Kolkata, few patients are able to access essential pain medication and palliative care services. The approximate population of 14 million, out of which 22% of people live below the poverty line (BPL) in Kolkata. A large proportion do not have the means to access even basic health care. With only a minuscule of outpatient palliative care clinics, even fewer are able to access essential pain medication and palliative care services.

#### **Recommendations:**

- Set up a separate Bureau for Older Persons in Ministry of Social Justice and Empowerment
- Set up Directorates of Older Persons in the States
- Yearly Public Review of Implementation of policy.
- Establish Autonomous National Association of Older Persons.
- Encourage the participation of local self-Government
  
- There are numerous options depending on one's retirement age and retirement plans. One can pay a huge lump sum amount of Rs. 5 lacs and start receiving the annuity payments immediately. Or, one can go in for a Deferred Annuity plan thereby allowing the corpus to earn more interest before the payout begins.

---

### **Strategies of implementation**

- Preparation of Plan of Action
- Introduce the study of Geriatrics in the medical colleges.
- Significant allocation of resources is required in the form of funding, time, intellect, and motivation to carry out clinical research, and understandably, clinical investigators, institutions.
- Focus on the aspects relating to the identification of pensioners, perceptions of the pensioners about the disbursement and management of funds and on the new initiative in the management of the old age pension scheme
- Easy access to the rules and norms since the health is a major factor when it comes to Palliative care.

- Presence of Medical Ambulance and other care system that caters any problem instantly which revolve around any residential campus, or old age home.
- Equipped machineries and technology that addresses the problem and catalyze good health condition for old and Palliative care dwellers.
- The pension policy can be tweaked to receive lump sum payouts in the event of critical illnesses or disabilities due to accidents. The policy can be used to bolster one's long term health care related cover as well.
- It is suggested that regular check-up and taking the help of Geriatricians, Preventive Care as it would help in nipping the problem in the bud.

---

### Feasibility with the Enablers and barriers

The term feasibility is synonym to adjective that is near to "Pilot" and furthermore reasonable. Focusing on the ability and the work of the Palliative care in West Bengal Kolkata, it is not in a very bad shape, compared with the other rural Eastern zone. The implementation of the Old age pension scheme, Indira Gandhi scheme, National policy are boon for the old people. Each scheme focuses on the pension along with the betterment of the elderly couples and singles. According to a report in most the areas around 80% of the women in the society are old and widow. Even there is a place in the coastal area of Bay of Bengal called Sundarban (the land of Royal Bengal tiger) where an entire village exists of widow deprived off, minimal health check-up. The government has taken the initiatives to address the issues faced by the rural dwellers. Apart from that it has provided pension irrespective of class and gender but also a hike every month. It also ensures that no old people should live unprotected, without treatment and careless in whichever realms they dwell. The purpose of the feasibility study was to determine the need for a dedicated hospice service, to assess the feasibility of a hospice facility in Metro areas, to examine potential hospice models that meet quality and safety standards and which could be sustainably delivered.

Speaking of the Barriers, in most of the cases the Political Parties indulge themselves in the Palliatives care due to which the sufferers face a huge loss. Though many Schemes, and policies are present in the Government books but its implementation is sorely missing. All major efforts, laws, schemes, policies goes in vain especially when it comes to the actual implementation. The feasibility study examined unmet and future demand for a hospice care facility to service many rural areas. The capacity of these services to meet the community fail to catch up majorly because of lack of proper knowledge, awareness and poor resource optimization in West-Bengal.

## Conclusion

Palliative care in West-Bengal, India is growing. Though the pace is a very slow but the initiatives taken up by the government is commendable. The policies and schemes like IGNOAPS (Indira Gandhi National Old-age, Pension Schemes), NPOP (National Policy on Older Person) are catalyzing the health condition in major proportion. It also caters to the need and provides solutions to the problems faced by the people who are in 70 and above.

The palliative care is also working as a boon in our society. The popularity of Geriatricians and the need of Palliative Care is increasing day by day.

## Bibliography

- Miller Henry;  
[http://shodhganga.inflibnet.ac.in/bitstream/10603/4427/9/09\\_chapter%202.pdf](http://shodhganga.inflibnet.ac.in/bitstream/10603/4427/9/09_chapter%202.pdf)
- Et. El Wright-  
[http://shodhganga.inflibnet.ac.in/bitstream/10603/4427/9/09\\_chapter%202.pdf](http://shodhganga.inflibnet.ac.in/bitstream/10603/4427/9/09_chapter%202.pdf)
- E. davis

[http://www.euro.who.int/\\_data/assets/pdf\\_file/0006/74688/E83747.pdf](http://www.euro.who.int/_data/assets/pdf_file/0006/74688/E83747.pdf)

- Thomas Keri  
(India Journal of Palliative care)The Gold Standards Framework Centre, End of Life Care,

<http://www.jpalliativecare.com/article.asp?issn=0973-1075;year=2017;volume=23;issue=2;spage=121;epage=179;aulast>

- Vallath Nandani  
Palliative Care and Non-communicable Diseases: Scope for Palliative Care through Non-Communicable Disease Program in India.  
<http://www.jpalliativecare.com/article.asp?issn=0973-1075;year=2017;volume=23;issue=2;spage=121;epage=179;aulast>
- Bora Sanghamitra  
Recent Palliative Care Development in India – Eastern India: Integration of Palliative Care into the Healthcare system- East Zone Report.

<http://www.jpalliativecare.com/article.asp?issn=0973-1075;year=2017;volume=23;issue=2;spage=121;epage=179;aulast>

- PMC

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4939056/>

- Sage Journal  
<http://journals.sagepub.com/doi/abs/10.1177/0269216316665314?journalCode=pmja>
- Journal of palliative care – year 2015  
<https://www.tandfonline.com/doi/full/10.3109/15360288.2015.1101642>
- Journal of Palliative Care & Medicine November 2017  
<https://www.omicsonline.org/open-access/the-benefits-of-palliative-care-interventions-for-patients-with-heart-failure--a-literature-review-2165-7386-1000324-96232.html>
- A Manna; MAS Clinic & Hospital, Tamluk, West Bengal, India Journal Of Pain
- Mathew anju-  
Palliative Care: Self Care of the Carer-“ Indian Journal Of Palliative Care 2017  
<http://www.jpalliativecare.com/article.asp?issn=0973-1075;year=2017;volume=23;issue=2;spage=121;epage=179;aulast=>