

From palaces to hospices: India tour inspires

Marie Rogers travels to India to witness its palliative care system first hand.

IMAGINE enduring terminal cancer without the pain relief of oral morphine. This is still the lot of many Indians with cancer, due to the fear of the Indian government that easy access to morphine will lead to widespread addiction.

Some states, mainly in the south, have access to oral morphine, but bureaucratic hurdles make prescribing the drug extremely difficult.

Our recent Palliative Care Tour of South India, organised by Jon Baines Tours in London, represented a major learning experience for all of us. The tour covered the states of Kerala, Karnataka and Tamil Nadu.

We commenced the journey in Kochi (Cochin), where we met our leader, Gilly Burn, a truly inspirational and knowledgeable nurse. Gilly was instrumental, in collaboration with Indian colleagues, in setting up the first hospital-based palliative care team in India, which is now a WHO Demonstration Project, and also, in 1990, Cancer Relief India.

The tour was not all work, however, as while in Kochi we spent one beautiful evening cruising at sunset, admiring the wonderful Chinese fishing nets and marvelling at the local boats arriving back laden with sardines.

Kerala has India's highest literacy rate and a life expectancy rate of 71 for men and 73 for women (compared with 60 years in the northern state of Bihar). There is a free health service but patients pay for their medications.

One highlight of the tour, in a tourist sense, came on our second day when, after visiting the port of Kochi and seeing the original burial place of explorer Vasco da Gama, we boarded a houseboat to sail over the beautiful, tranquil backwaters of Kerala. The boat itself was an intricate work of art, with exquisite woven matting walls and ceiling. The peace, the bird life and the unhurried tempo of the people living and working along the shores is an image I will keep forever.

At the Thrissur (Trichur) Palliative Care Ward and at the Pain and Palliative Care Unit at Calicut Medical College, not only were the staff inspirational, but the dedication of the many volunteers was appreciated as the main instrument through which domiciliary pain relief was administered.

A visit to an elephant sanctuary, where 60 elephants were cared for and decorated for tem-

ple celebrations, was a light contrast to our hospital visits.

We were very privileged to accompany a nurse and a volunteer on seven home visits, where the patients' conditions varied from those with end-stage cancer (approximately 80% of patients do not present until their disease is terminal), to a four-year-old boy with brain damage sustained when a coconut fell on him when he was 12 months old, and a patient with post-polio syndrome; all were treated or reassured and at least monthly contact was maintained.

In Bangalore, a visit to the extremely busy Kidwai Memorial Cancer Hospital brought home to us the magnitude of India's problem. A separate foundation had built a large hostel in the hospital grounds, where patients awaiting treatment or tests could be accommodated in three huge dormitories of 50 beds each. People could stay in the hostel and receive meals, completely free of charge, for about 10 days; the alternative was a mat on the streets.

We visited the world-renowned Christian Medical Centre at Vellore, a whole town in itself. The very advanced treatment and surgery in the private wing of the hospital, to which wealthy Indians travel long distances, goes to help finance the considerable public medical treatment at Vellore.

In Chennai (Madras), a visit to the Jeevodaya Hospice, administered by the Franciscan Clarist Catholic nuns, was a sobering occasion, as several of the patients were so young.

One 26-year-old man had a fungating cancer of the jaw, the consequence of chewing tobacco from a very early age.

As chewing tobacco is thought to assuage hunger, it is often the refuge of the very poor. It is ironic that head and neck cancer – which is the most common form of cancer in India (India has the highest incidence of oral cancer in the world) – could possibly increase even further, as the anti-smoking laws that were enacted some years

ago – and which seem to be very effective – may increase the chewing of tobacco.

The tour was nicely balanced and very well organised. As well as the instructive, and at times humbling, visits to hospitals, hospices and patients' homes, it also included a wonderful drive over the Western Ghats; the close sighting of a herd of wild elephants; the vision of the Maharaja's fabulous

palace at Mysore, illuminated by tens of thousands of lights; a walk around a colourful spice market; and a wonderful afternoon trip on the water at Ranganathittu Bird Sanctuary, on the Cauvery River.

A memorable stay at Mahabalipuram, on the Coromandel Coast, which in the sixth century became the capital of the Pallava kings (responsible for the spectacular stone carvings still seen

today) was a wonderful end to the tour, even though it was here that thousands were swept away in the tsunami at the end of 2004. ↻

For more information

Jon Baines Tours offers specialist cultural and medical study tours. Contact: www.jonbainestours.co.uk



Houseboat, Kerala Backwaters. Inset: Spice and flower market, Mysore.

Photos by Marie Rogers