

AWARENESS PROGRAMME ON

PRINCIPLE AND LEGAL ASPECTS IN PALLIATIVE CARE

SEPTEMBER 20, 2022

Organized by

LEGAL AID SOCIETY, CAMPUS LAW CENTRE , FACULTY OF LAW , UNIVERSITY OF DELHI



In collaboration with

DEPARTMENT OF PALLIATIVE MEDICINE , SIR GANGA RAM HOSPITAL , NEW DELHI



FINAL REPORT



LEGAL AID SOCIETY



Campus Law Centre

In collaboration with the Department of
Palliative Medicine

PRINCIPLE & LEGAL ASPECTS IN PALLIATIVE CARE

Sir Ganga Ram Hospital, New Delhi

20th September, 2022 at 4:00 PM

Speakers



Dr. Jayashree Sood



Dr. Bimla Sharma



Dr. Puneet Rathore



Ms. Sunita Sharma



Patron-In-Chief
Prof. (Dr.) Alka Chawla
Professor-In-Charge
Campus Law Centre, University
of Delhi



Dr. Anita Yadav
Faculty Convener,
Legal Aid Society
Campus Law Centre,
University of Delhi



Tushar Jain,
Volunteer

Faculty Coordinators :

Dr. Narendra Kumar Bishnoi, Mr. Vijoy V. Panicker, Ms. Sneha Yadav, Dr. Atma Yadav, Mr. Ezekial Jarain

Platform : Google Meet



For any query : legalaidsociety@clc.du.ac.in



ABOUT SIR GANGA RAM HOSPITAL, NEW DELHI

Sir Ganga Ram Hospital , New Delhi is multi-specialty state-of-the-art Hospital in India. It provides comprehensive Healthcare India services, and has acquired the status of a premier medical institution. It is the only hospital in the private sector that has maintained nearly 100% bed occupancy due to its reputation of providing the highest level of medical services to patients from Delhi and neighboring states.

The hospital was founded initially in 1921 at Lahore by Sir Ganga Ram (1851-1927), a civil engineer and leading philanthropist of his times. After the partition in 1947, the present hospital was established in New Delhi on a plot of land approximately 11 acres. The foundation was laid in April 1951 by the then Prime Minister of India Shri Jawahar Lal Nehru and inaugurated by him on 13 April 1954.

Sir Ganga Ram Hospital in India continues to maintain its charitable character in accordance with to the wishes of its founder. Funds generated from the hospital services are partially utilized for providing free health care to the poor and needy patients. All development activities of the hospital are financed from internal resources, with no financial assistance provided by the government or other external agencies.

ABOUT CAMPUS LAW CENTRE

Campus Law Centre is one of the most prestigious law institutes which has produced great legal luminaries, Hon'ble Judges of Supreme Court & High Courts, prominent advocates, political leaders, legislators, bureaucrats & trail blazers in all walks of life. It is one of the oldest and the most postgraduates from all disciplines, CLC attracts illustrious and bright-minded students each year. Since its inception in 1924, Campus Law Centre has been a leader in producing legal luminaries, Supreme Court and High Court judges, leading advocates, political leaders, policy makers and trend-setters in all walks of life. CLC has maintained its reputation of producing excellent lawyers, academicians, and judges and has added a galaxy of outstanding alumni who have made stellar contributions in the field of law, civil administration, and academics. At Campus Law Centre, through various initiatives and collaborations with like-minded organizations and institutions, various research projects in areas of contemporary importance that have a wide ranging effect on valuable rights of various sections of the society are undertaken with the objective of making CLC a leading light in the field of scholarly legal research. Campus Law Centre strives to instil in its students the spirit of academic enquiry, critical thinking, and crucial research skills. Qualitative teaching, moot-court competitions, campus placements, pro bono legal-aid services, regular discussions, and illustrious alumni are some of the features which have established CLC as a Centre of Excellence. CLC is a deep-rooted legal institution having a glorious past and a bright future

SPEAKERS

•PROF. (DR.) ALKA CHAWLA

Professor-in-charge , Campus Law Centre , University of Delhi

•DR. ANITA YADAV

Faculty convener , Legal Aid Society, Campus Law Centre

•DR. JAYASHREE SOOD

Chairperson , Institute of Anesthesiology, Pain and Perioperative Medicine

Topic: Meaning and elements of Palliative Care

•DR. PUNEET RATHORE

Senior Resident , Sir Ganga Ram Hospital, New Delhi.

Topic: End of Life Care (Meaning and Concept)

•DR. BIMLA SHARMA

Vice- chairperson , Institute of Anesthesiology ,Pain and Perioperative Medicine

Topic: Dilemma in decision making at the end of life care

•MS. SUNITA SHARMA

Nursing Officer (Palliative Care Coordinator), in Sir Ganga Ram Hospital, New Delhi

Topic: Home care of Palliative patients

•MR. TUSHAR JAIN

Volunteer

Topic: Role of volunteer in Palliative Care

ABOUT THE AWARENESS PROGRAMME

Awareness programme on 'Principle and Legal Aspects in Palliative care' had been an interactive affair that witnessed the presence of eminent speakers from medical and legal fraternity and a vigilant audience. The session was also joined by the Professor-in-charge of Campus Law Centre, Prof. (Dr.) Alka Chawla and Faculty convener, Legal Aid Society Dr. Anita Yadav.

The speakers gave insightful knowledge about Palliative care and Medicine, its significance and need in present time. They talked about end of life care of critically ill patients, they also explained different types of care that can be delivered to the persons in need. They touched upon euthanasia and its legal implication. The presenters not only covered the theoretical learnings of Palliative care but also discussed the legal framework of it.

The attentive audience beheld the presentation keenly. They raised their queries to which the speakers replied satisfactorily.



The Session opened with introductory ceremony wherein faculty convener of the society Dr. Anita Yadav extended her welcome greeting and introduced herself to the speakers, teachers and student participants in attendance. She went on to speak about the awareness programme on the topic "Principle and Legal Aspects in Palliative Care", which was organized by Legal Aid Society, Campus Law Centre, University of Delhi in collaboration with Department of Palliative medicine, Sir Ganga Ram Hospital, New Delhi.

INAUGURAL CEREMONY

Dr. Anita Yadav then introduced the Patron-in-Chief of the programme , Prof. (Dr.) Alka Chawla , Professor-in-charge , Campus Law Centre.

Prof. (Dr.) Alka Chawla delivered her welcome address and expressed her overwhelmed views to be able to host a webinar on one of the emerging fields of medical sciences, i.e., Palliative Care and its legal institution. In ma'am's words- *"We, at Campus Law Centre, University of Delhi are overwhelmed to be able to host a webinar on one of the emerging fields of medical sciences, i.e., Palliative Care and its legal aspects. To tell about our Campus Law Centre, Faculty of Law, University of Delhi, it is a premier law institute which has produced great legal luminaries, Hon'ble Judges of Supreme Court & High Courts, prominent advocates, political leaders, legislators, bureaucrats & trail blazers in all walks of life. So, we are very proud to be a part of this prestigious institution. One of the main things that we can see today is Campus Law Centre is engaged in various initiatives & collaborations with like-minded organizations & institutes that play a pivotal role in achieving the ultimate goal of holistic & quality legal education making it a leading authority in the domain of versatile legal research & pedagogy. Today we've all gathered on this platform to discuss on the "Principle & Legal Aspects in Palliative Care". Palliative Care is a special plan of care that is meant to relieve pain, provide comfort & dignity & improve the quality of life of the person you're caring for. This special care plan is put in place when a person has been diagnosed with a serious or life limiting or terminal illness. Palliative care is all about improving the wellness which according to me should not only include physical wellness, it should also include emotional, spiritual & social wellness of the patient. The problem is whenever there is any good initiative, it is always associated with some risks of malpractices. I do not know whether it is peculiar to a developing country like us or is it also the case in developed nations that only the learned doctors will be able to tell us. Therefore, I feel in a country like us it is very important to have enabling laws, regulatory mechanisms & professional medical guidelines. In the words of Roger Bone- "Dying can be a peaceful event or a great agony when it is inappropriately sustained by life support".*



Palliative care also at times is referred to as a supportive care and it includes end of life care which involves the withholding or withdrawal of life-sustaining treatment. We all know as law students that euthanasia and physician-assisted suicide are not legal in India. In fact this became the talk of the town by a case of an Indian nurse by the name- Aruna Shanbaug case, decided by the Supreme Court in 2011, wherein an Indian nurse spent 42 long years in a vegetative state after one sexual assault on her, which recognized the possibility of legitimately withholding or withdrawing life sustaining treatment commonly called- passive euthanasia. I am reminded of one of the rape cases where the Supreme Court of India reduced the sentence of the rapist saying that it is only a one-time offence done by him. But Aruna Shanbaug's case is one which tells us that even one such assault can lead to a vegetative state for a woman. One assault is sufficient to take the life of a woman. When this case came, I remember how emotionally affected we were by the laws regarding euthanasia and the comparisons which were made across countries to find out whether it is morally, physically, legally, ethically allowed or not.

Again, in Common Cause v. Union of India, 2018, the Supreme Court reaffirmed this position and also held that the right to die with dignity was part of the right to life under the Constitution. Further, the Supreme Court also gave legal recognition to Advance Directives which allows patients to express their wishes for a time when they lack the capacity to make decisions. However, these processes must take place according to the guidelines of the court which have proven to be impossible to implement in the right direction.

I am sure by the very conclusion of this webinar we shall be truly enriched with the nuances of this medical practice and its legal obligations; i.e., how Palliative Care can be regulated by law and what are the legal aspects associated with this emerging medical practice? And how legally sanctioned palliative care can bring about life-changing results in the lives of terminally ill patients & their families?

It is not only the patients who are important, their families are equally important because that leaves a mark on them for their lives to live. So, a holistic attitude towards both the patient and families has to be taken.”

Prof. (Dr.) Alka Chawla then handed over the floor to Dr. Yadav. Who then introduced our first speaker **Dr. Jayashree Sood** who is the Chairperson of the Department of Palliative Care Clinic, Sir Ganga Ram Hospital.

Dr. Jayashree Sood began her session by thanking Prof.(Dr.) Alka Chawla and Dr.Anita Yadav for organizing the session , she then extended her warm greetings to the audience, her session was about **Meaning and elements of Palliative Care**. According to Dr. Sood , Palliative Care is not only dealing with cancer patients, but also people suffering from life limiting diseases. People suffering from all sorts of chronic diseases that limits their life like- advanced cancer, refractory respiratory or cardiac failure, liver and kidney failure, neurodegenerative disorders and patients with chronic conditions such as advanced HIV, critically ill and bed-ridden patients, all these comes under the palliative care practices. In 2009 WHO defined Palliative care as an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

That means the palliative care does not start at the end of the management of the patient, it should start at the same time when the physicians are being consulted for the cure of their life limiting diseases. "Palliative" is derived from the Latin word Pallium which means a cloak or a garment worn by the Greeks. In this case, it means taking care of the patients in all aspects. To cloak over, to protect and lessen the intensity of the harm caused by the disease. She then went on to share some factual data that is India, there is an estimation that 34 million people need palliative care, but only less than 1% have access to it. Almost 1 million new cases of cancer are diagnosed each year in India, thereby we can imagine the whole load of people who actually require palliative care to be given to them.

She further discussed the elements of palliative care, it's a paradigm that has so many things included-

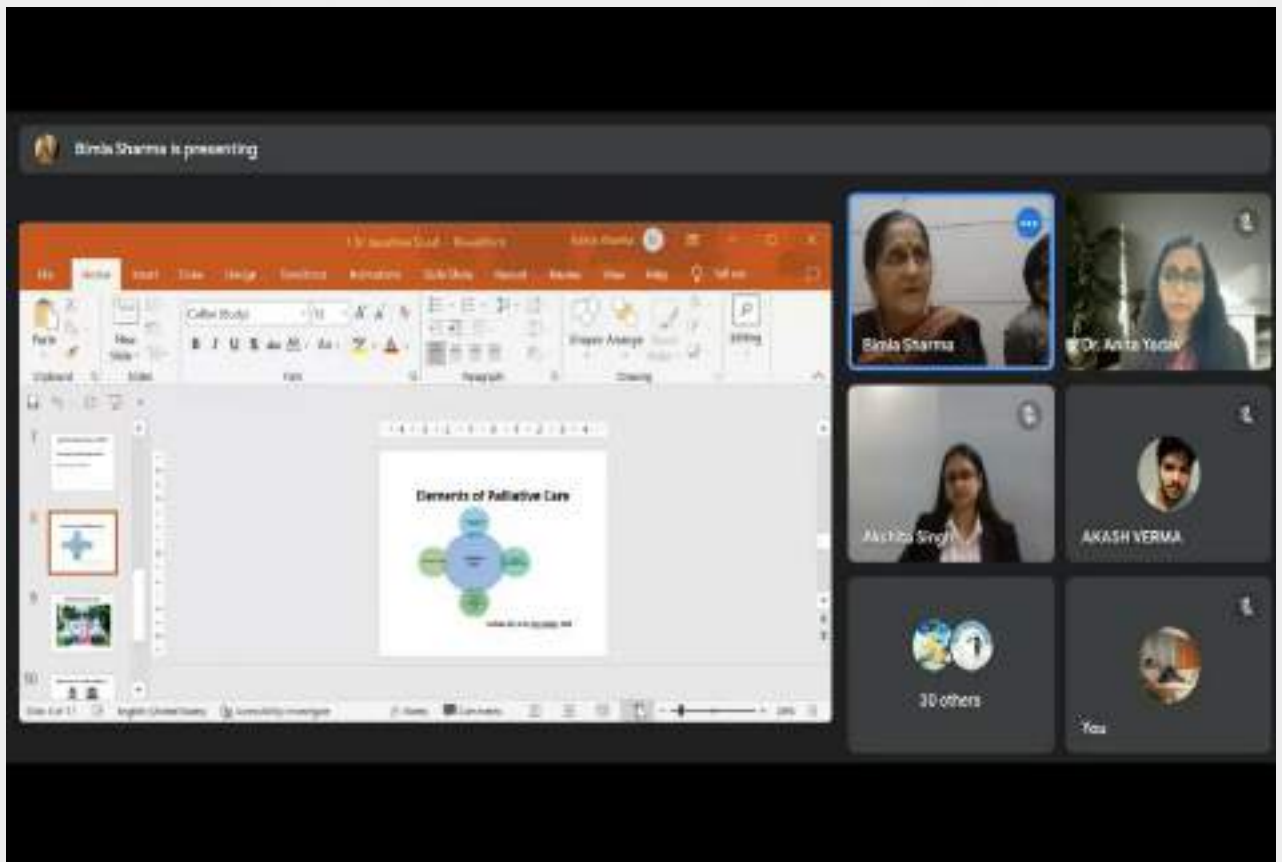
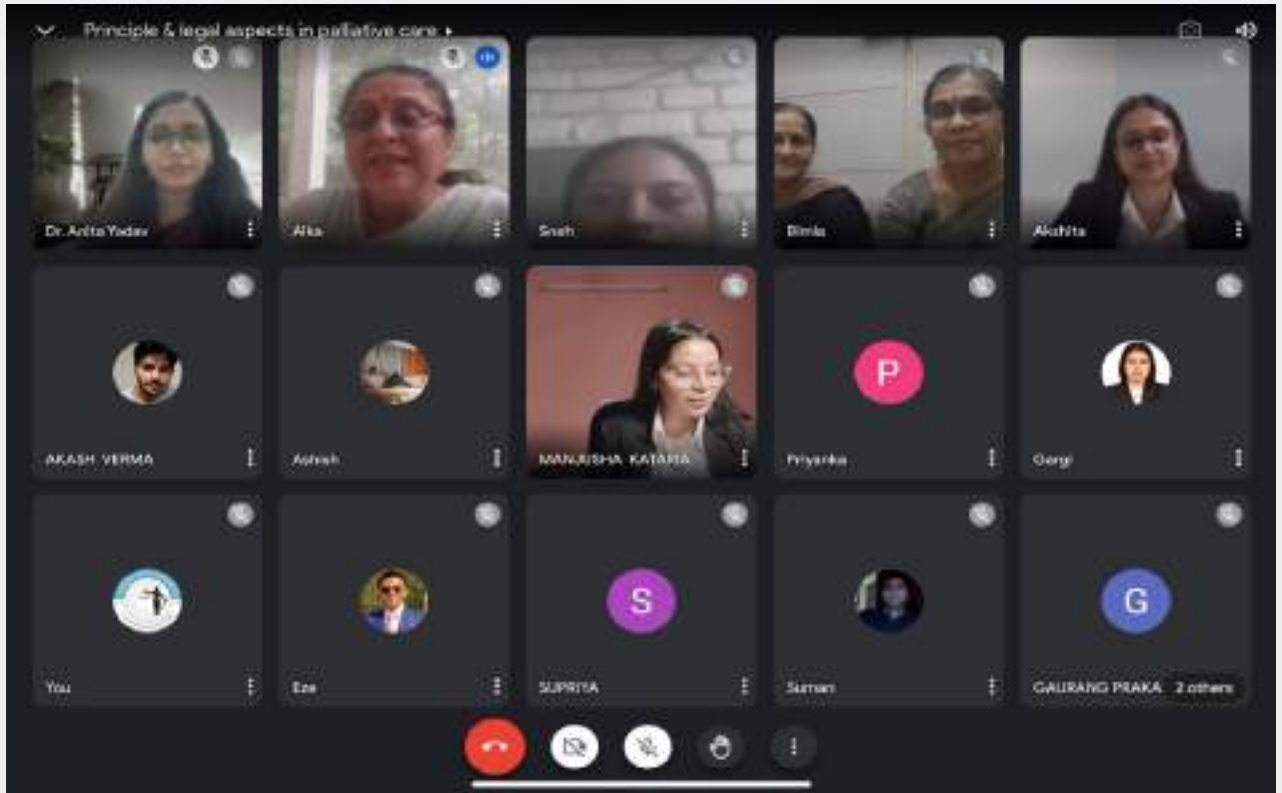
- You must have advanced care planning;
- Must have symptom relief;
- Have a care giver support & bereavement care; ☑Spiritual & existential care.

Dr. Jayashree gave a little brief about the department of palliative care at Sir Ganga Ram Hospital, it started in 2007 with a multi-disciplinary team of interested people to provide to palliative care services including psychologists, physicians, nurses and most importantly our students who are always there to put together such initiative. their department has been working in collaboration with Asia Pacific palliative care network. Today, the team at the Palliative Care Clinic at Sir Ganga Ram

Hospital, New Delhi comprises of physicians from-

- Pain Relief Clinic
- Medicine
- Surgery
- Surgical Oncology
- Pediatrics
- Nurses trained in end-of-life care
- Psychologist
- Physiotherapist

The Palliative Care Clinic at the Hospital provides a multidisciplinary clinical consultation in palliative medicine to all patients with chronic or life-limiting condition in need of counseling".



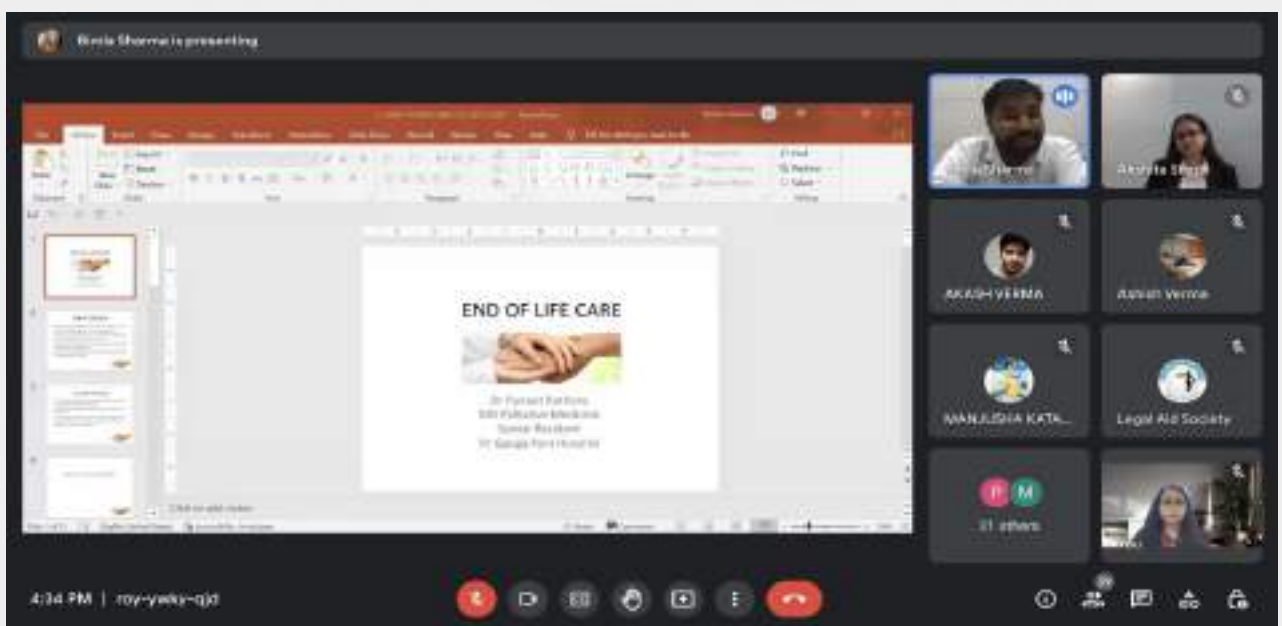
Dr. Yadav then introduced the next speaker of the session **Dr. Puneet Rathore** , senior resident doctor , Sir Ganga Ram Hospital, New Delhi.

• Dr. Rathore's discussion was about 'what basically End of life care is and how palliative care can help in this regard.' According to him end of life care is based on patients' needs and aims basically to improve quality of life and in managing symptoms and providing comfort and assistance which includes health with emotions and mental health , spiritual and social needs apart from the physical needs. He discussed about the advent of better medicines and advanced investigation , new chemotherapeutic , radiotherapeutic treatments and modern technology had increased the life span and it has reached nearly around the median of 70 years and in India it has become nearly about 65 to 70 years . But this increased life span leads to more complex disease such as Hypertension , Cancer and Diabetes etc. . He went to speak that most of the critically ill patients wish to die at home peacefully , surrounded by near and dear ones . He remarked that this scenario is not the reality and majority of patients land up in ICU with no family members around .He shared his teacher's view and quoted that ' one day everyone would die in agony' . Dr. Puneet further mentioned that all of us deserve a dignified death that is free from avoidable distress and sufferings , which is reasonably consistent with clinical., cultural and ethical standards, he then listed the principles of good death:

- To know when death is coming so as to be empowered enough.
- To understand the expectations.
- To be able to return control and to have choice and over when death occurs
- To have access to any spiritual and emotional support if required.
- To be able to assure any Advance directive planning before hand.

He suggested that it is important for hospitals ; to determine the best interest for the patients , to determine the pre existing description of acceptable quality of life was , to ensure whether patient had signed any will or what type of death he wanted . To review the benefits and risk of each reasonable interventions .

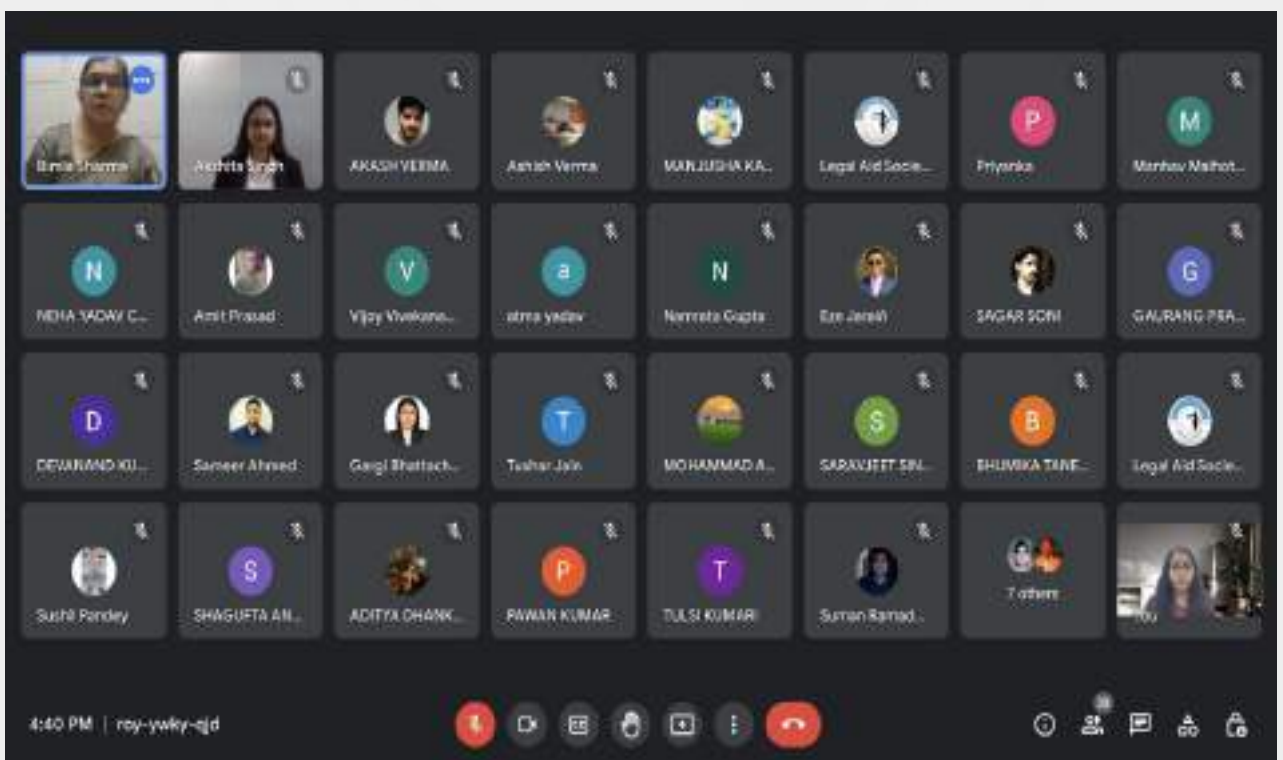
He closed his speech after giving a brief review about how it has become a dilemma for doctors to make decisions specially at the end of terminal life care.



Faculty convener Dr. Anita Yadav then introduced the next speaker of the session **Dr. Bimla Sharma**, who is the founding member, Trustee & Fellow of The Indian College of Anesthesiologists and is currently a Senior Consultant and Vice-Chairperson in Institute of Anesthesiology, Pain and Perioperative Medicine, Sir Ganga Ram Hospital, New Delhi.

Dr. Sharma opened her lecture by extending warm greeting to the audience in attendance. She thanked Prof.(Dr.) Alka Chawla and Dr. Anita Yadav for organizing this online awareness programme. She also acknowledged Dr. Jayashree Sood for her endeavoring and supportive nature without whom this session would not have been organized.

She dealt with the discussion on **DILEMMA IN DECISION MAKING AT THE END OF LIFE CARE**. She defined Palliative care as a new brand and a new specialty of recent origin which is 30 years old in India. According to her **END OF LIFE CARE** is a multidisciplinary approach that provide whole person care to individual with advance progressing disease. She mentioned the contribution of Dr. Dame Cicely Saunders in the field of Palliative care, as a social worker, a nurse who later became a doctor, who founded the first modern Hospice in 1967. In previous time where a minimum medical facility was available and critically ill patients were sent back to home, during this phase Dr. Saunders looked after the dying patients who were suffering from cancer and gave those patients a new life. According to her advancement in medical technology have changed the norm of natural death as intensive care support can be provided to the critically ill patient. Medical techniques like artificial nutrition and respiratory support can prolong the life of people by providing secondary support. She shared with audience a factual data about quality of life index 2021 in which India has secured 89th position out of 151 countries.

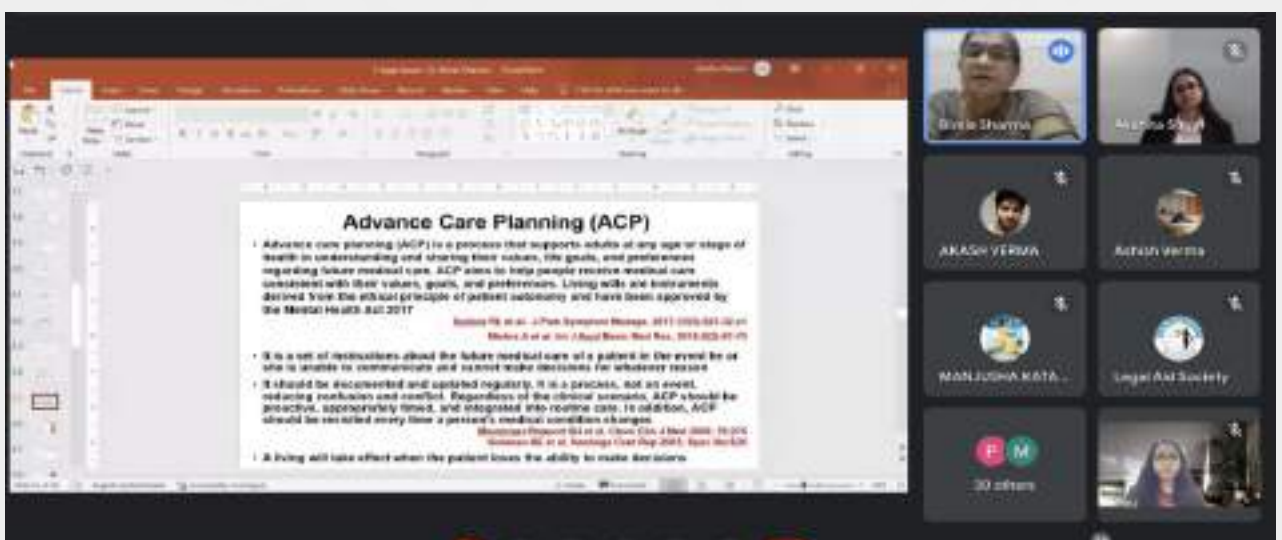
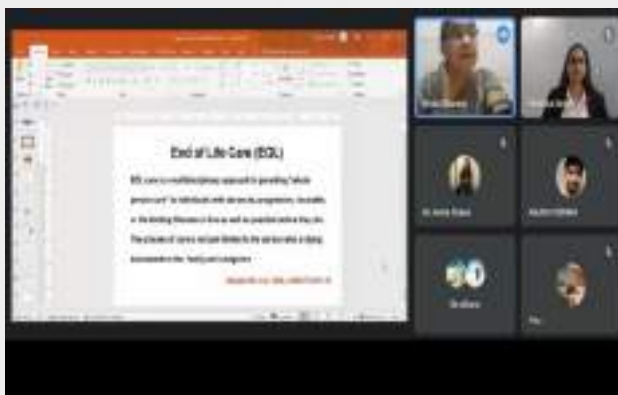


Dr. Bimla Sharma mentioned about one Lancet Commission on the Value of Death that was published on January 31, 2022. She discussed the points of the mentioned commission and told that the unbalanced and contradictory picture of death and dying as the basis for it. She further listed the proposal of the commission that were:

- Greater community involvement
- Health and social care services
- Increased bereavement support.

She then moved on to the legal framework and aspects involved wherein she pointed out various legal issues and concept regarding **Right to Life , Euthanasia and suicide** . Speaker then remarked that most physicians used to adopt defensive medicine because of fear of litigation. She moved her discussion to Medical Futility Inappropriateness of Medical Care which was referred by her as an intervention that was unlikely to produce any significant benefit for the patient.

Dr. then discussed about Euthanasia and referred to the definition given by The House of Lords Select Committee on Medical Ethics according to whom Euthanasia is a deliberate intervention undertaken with the express intention of ending a life, to relieve intractable sufferings.



Birna Sharma is presenting

The Right to Life

- The right to life is a primary natural right of the human being
- This fundamental right guaranteed under article 21 of the Indian Constitution states that no person shall be deprived of his life or personal liberty
Badrinarayan S. Meev PE, Justice / Civil Court Sec. 2002/3 100-11
- The right obligates the state to ensure good quality of life for its people; nevertheless
- Earlier whether the right to die comes under the right to life or not was a question of debate

Grid of video thumbnails for participants in the meeting, including Birna Sharma, Akshita Sengupta, Anshul Jaiswal, AKASH VERMA, Ashish Verma, MANJUSHA KATA..., 30 others, and Tia.

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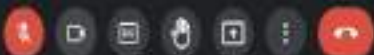
Birna Sharma is presenting

The Right to Die

- This issue of the right to die was discussed for the first time in Delhi High Court in State vs. Sanjay Kumar Bhatia case in 1995
State vs Bhatia 1995 vol 10, 281-21
- A young boy had committed suicide out of frustration and was charged under section 309 (attempt to commit suicide) of IPC
Indian Penal Code: section 309, 300
- The court discussed the system's inadequacy, and it was said that the continuation of section 309 was anachronistic & unworthy of a humane society
- In 2018, the Supreme Court held that Article 21 of the Constitution guarantees a person's right to die with dignity
Article 21, Indian Constitution

Grid of video thumbnails for participants in the meeting, including Birna Sharma, Akshita Sengupta, Anshul Jaiswal, AKASH VERMA, Ashish Verma, MANJUSHA KATA..., 30 others, and Tia.

4:57 PM | roy-ywky-qjd



She divided Euthanasia into two categories :

1. Voluntary euthanasia : is said to occur if a competent patient makes an informed request for a life terminating event.
2. Involuntary euthanasia : if a patient does not give informed and specific consent for such treatment. It is the occurrence of involuntary euthanasia which form one of the main arguments against legalization.

She concluded that euthanasia can be Active or Passive and mentioned that :

- In Active euthanasia , a person (generally a physician), administers a medication such as a sedative and neuromuscular relaxant to intentionally end a patient's life at the mentally competent patient's explicit request.
- Passive euthanasia occurs when a patient suffers from an incurable disease and decides not to apply life prolonging treatments, such as artificial nutrition and hydration.

Dr. Sharma further differentiated between voluntary , involuntary and non voluntary euthanasia and told the audience that non voluntary euthanasia is called LAWER (Life Ending Acts Without Explicit Request) in Netherlands. She also remarked that when an individual makes an approach to Ending of Life Care (EOL) many legal issues may arise , including Medical decisions , Financial and Estate Planning decisions and Care of dependents and suggested that planning in advance of all these issues would be helpful. She went on to discuss about a very basic right that is envisaged under article 21 of The Constitution of India which is “**RIGHT TO LIFE**” (this very right have a direct yet conflicting nexus with euthanasia). She discussed about the state's duty to ensure the exercise of this primary right she then mentioned an important case of Delhi High Court **State V. Sanjay Kumar Bhatia , [1986 (10) DRJ 31]** to discuss whether Right to Life includes Right to Die and legality of suicides . She also discussed the legality of euthanasia in India. She mentioned 196th report of Law Commission of India in which it was recommended that a law to protect terminally ill patients who refused medical treatment and artificial nutrition and hydration from sec 309 IPC and also to protect Doctors who managed terminally ill patients or make decisions for incompetent patients , from punishment under section 306 IPC.

Dr. Sharma cited **ARUNA SHANBAUG** case . She discussed facts of this case briefly in which Aruna Shanbaug , a nurse was sexually assaulted and went into permanently vegetative state till her death. Supreme Court of India in this landmark case first time discussed about Euthanasia or mercy killing at length and allowed passive euthanasia on certain conditions subject to the approval of High Court following a recommendation by a committee of three doctors and also held that court is the ***Parens Patriae*** (parent of the nation) and has the power to decide what is best for the patient and also extended the powers of the High Court under article 226. She also cited another landmark case of 2018 **Common cause V. Union of India** wherein court allowed withholding the life support system and medical treatment of the patient without hope of recovery and also recognized the need for creating a living will.

She put another discussion forth about **Advance Care Planning (ACP)** which she defined as a process that supports adults at any age or at stage of health in understanding and sharing their values , life goals and preferences regarding their future medical care.

Dr. Sharma concluded her lecture discussing Living Will , Laws in India and shared some important updates regarding its current legal status, she mentioned that the use of Advance Directive has been validated in India.

Binia Sharma is presenting

Nonvoluntary Euthanasia

- Nonvoluntary euthanasia is when a person is not competent to make a decision and gives consent for ending life
- Here, a surrogate or proxy decides to end life in the person's best interests.
- In the Netherlands, it is called **LAWER** (Life ending acts without explicit request)

34 others

ASHISH KUMAR CLC

Dr. Anita Yadav

Binia Sharma

Aishita Singh

You

Binia Sharma is presenting

Legal Status of Euthanasia in India?

- In India, euthanasia is a crime
- Section 305 of the Indian Penal Code (IPC) deals with the attempt to commit suicide
- Section 306 of the IPC deals with abetment of suicide – both actions are punishable
- Only those who are brain dead can be taken off life support with the help of family members

33 others

Dr. Anita Yadav

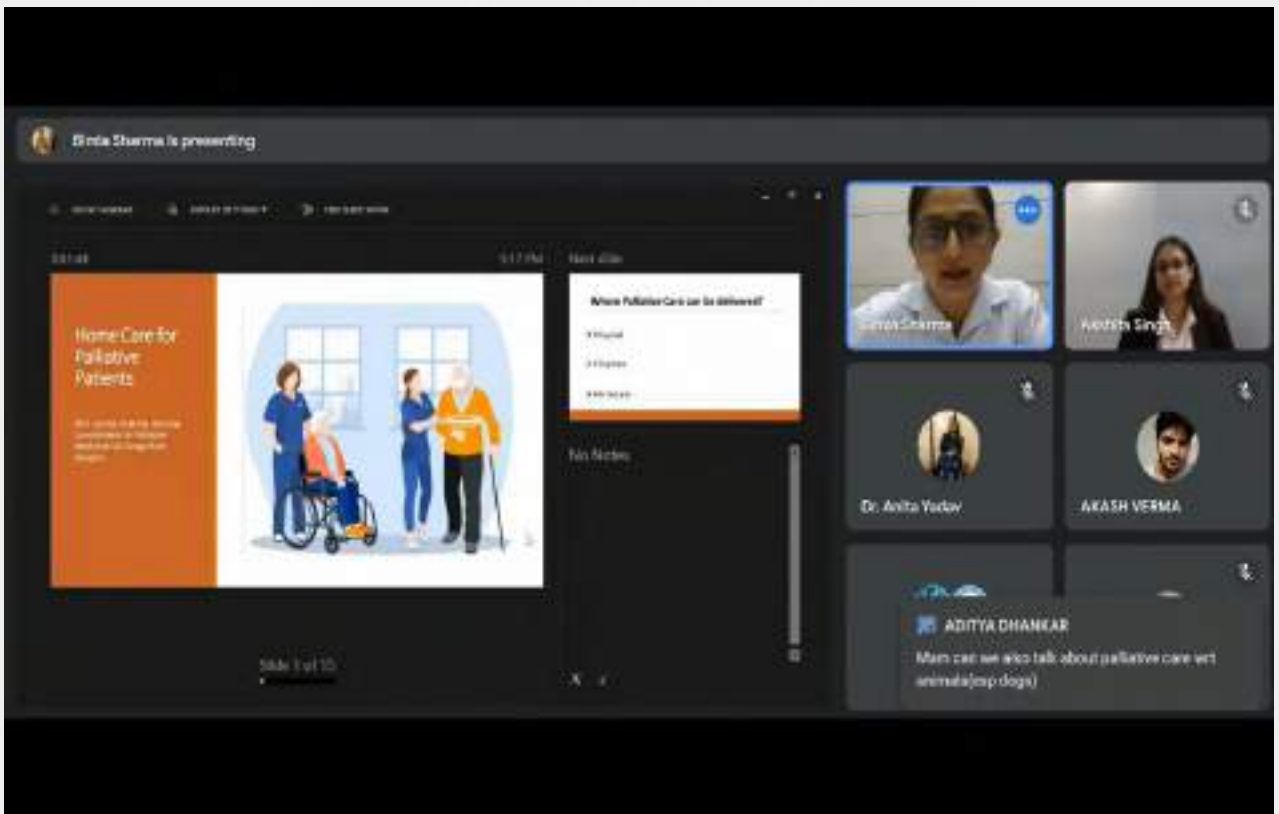
AKASH VERMA

Binia Sharma

Aishita Singh

You

Dr. Yadav then introduced the next speaker of the session Ms.. Sunita Sharma, Nursing Officer (Palliative Care Coordinator), Sir Ganga Ram Hospital, New Delhi.



Ms. Sunita Sharma's discussion was about **Home care of Palliative patients** .She told the audience that palliative care can be given at:

- Hospital
- Hospices
- Homecare

She went on to speak about how home palliative care for a patient to be done. She also discussed about Home Care, she defined it as healthcare or supportive care provided by a professional caregiver in the patient's home, where he/she is living. **Homecare is also known as domiciliary care, social care or in-home** .She also listed importance of home care , According to her :

- A person's home provides a heightened level of comfort and sense of security.
- It promotes, restore and maintain a maximum level of comfort, function and health including care towards dignified death
- Homecare services are extensive and varied from patient to patient depending on the needs.
- Some patients may need supportive care/ wound care/ symptom management/ EOL care etc.

Now, if we see the elements of palliative care, it's a paradigm that has so many things included-

- You must have advanced care planning;
- Must have symptom relief;
- Have a care giver support & bereavement care; ☑Spiritual & existential care.

To give a little brief about the department of palliative care at Sir Ganga Ram Hospital, it started in 2007 with a multi-disciplinary team of interested people to provide to palliative care services including psychologists, physicians, nurses and most importantly our students who are always there to put together such initiative. Our department is working in collaboration with Asia Pacific palliative care network. Today, the team at the Palliative Care Clinic at Sir Ganga Ram

Hospital, New Delhi comprises of physicians from-

- Pain Relief Clinic
- Medicine
- Surgery
- Surgical Oncology
- Pediatrics
- Nurses trained in end-of-life care
- Psychologist
- Physiotherapist

The Palliative Care Clinic at the Hospital provides a multidisciplinary clinical consultation in palliative medicine to all patients with chronic or life-limiting condition in need of counseling”.

The screenshot shows a Zoom meeting interface. At the top, it says "Binita Sharma is presenting". The main content area displays a presentation slide with the following text:

Nursing Care

Meeting needs of each patient & differentiate care needs, and we meet holistic care plan for each patient.

- Vital monitoring
- Pain management
- Skin care
- Oral care
- Nutrition
- Standard Charting, & needs, POC levels, Referral level
- Band and cast care and other legal/ethical matters
- Wound care (Barkamand) & Dressing
- Administration of drugs
- Subcutaneous/Intravenous
- Supportive medicines
- End of life care

Below the slide, it says "No Notes". To the right, there is a grid of participants:

- Top row: Binita Sharma (presenting), Anshika Singh
- Second row: Dr. Anita Yadav, AKASH VERMA
- Third row: 29 others, You

The bottom of the screen shows "Slide 7 of 15".

Ms.. Sunita then discussed about HOSPICE, she stated that Hospice is a type of healthcare that focus on the palliation of a terminally ill patient's pain, symptoms and attending to their emotional and spiritual needs at END OF LIFE it prioritizes comfort and quality of life pain and sufferings

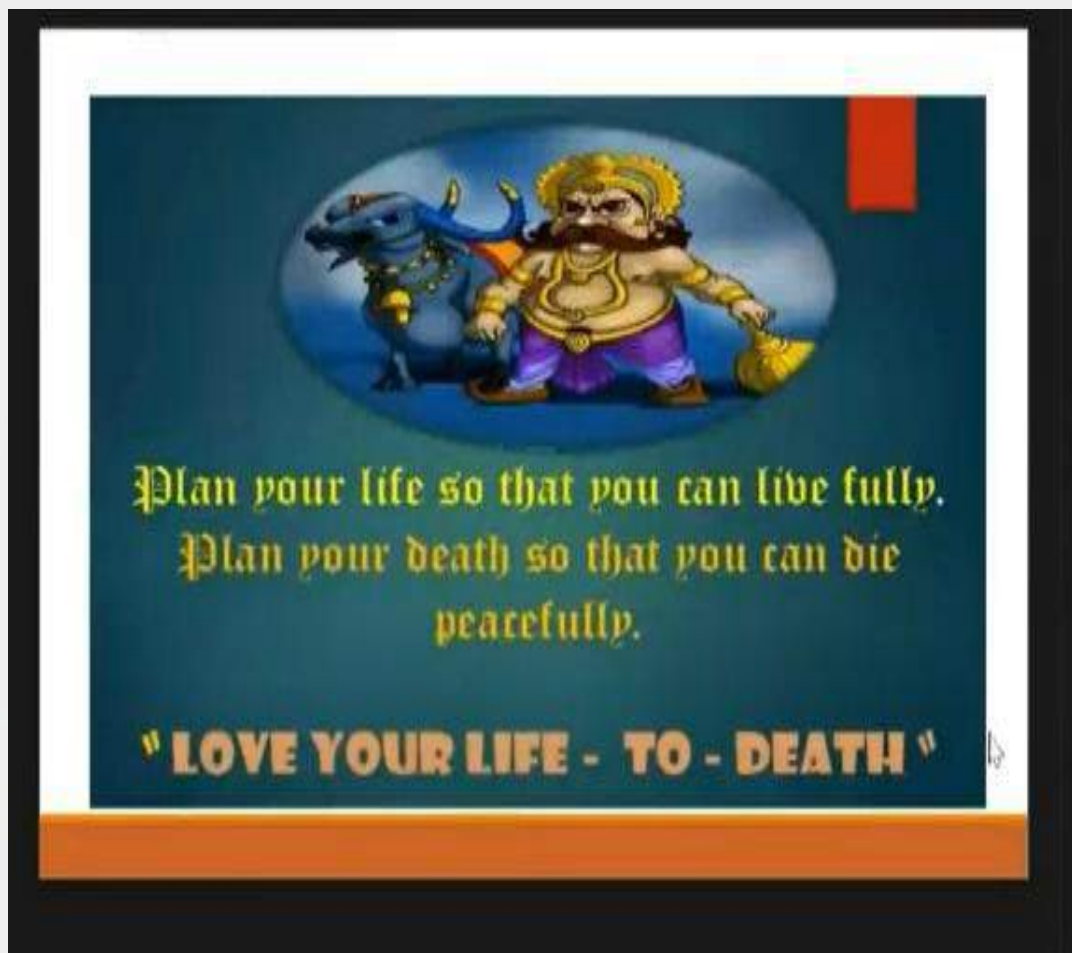
She then listed some of the following hospice Care:

1. Shanti Avedna Asharam in Delhi
2. Ganga Prem Hospice in Rishikesh
3. Bhakti Vedanta Hospice in Vrindavan

She concluded her lecture discussing about **Nursing Care** and told that nursing needs of each patient is different from one another, and we must make a care plan for each patient.

- Vital Monitoring
- Pain Management
- Skin Care
- Oral Care
- Nutrition Oral feeds, food, Pets, les tube fred.

The image is a screenshot of a Zoom meeting interface. At the top, it says "Binita Sharma is presenting". The main content area shows a presentation slide with the title "Nursing Care" and a list of bullet points: "Nursing needs of each patient is different from one another, and we must make a care plan for each patient.", "Vital monitoring", "Pain management", "Skin care", "Oral care", "Nutrition (Oral feeds, food, NG feeds, tube feeds)", "Basal and contact wound dressings (tube enteral)", "Wound care (bedsores) & skin care", "Administration of drugs", "Autonomy of breathing", "Stage administration", and "End of life care". To the right of the slide is a "Next slide" button and a "No Notes" indicator. On the right side of the screen, there is a grid of video thumbnails for participants: Binita Sharma, Anshika Singh, Dr. Anita Yadav, AKASH VERMA, 19 others, and You.



Bhina Sharma is presenting

08:04 5:12 PM Full slide

BEST TREATMENT AVAILABLE
100% RELIEF
HUMANITY - THE WONDER DRUG

The power of testing does not lie in just prescribing drug.
What it essentially requires is caring for the patient!

16/11/25

thank you

No Notes

Dr. Bhina Sharma

Aashika Singh

Dr. Anita Yadav

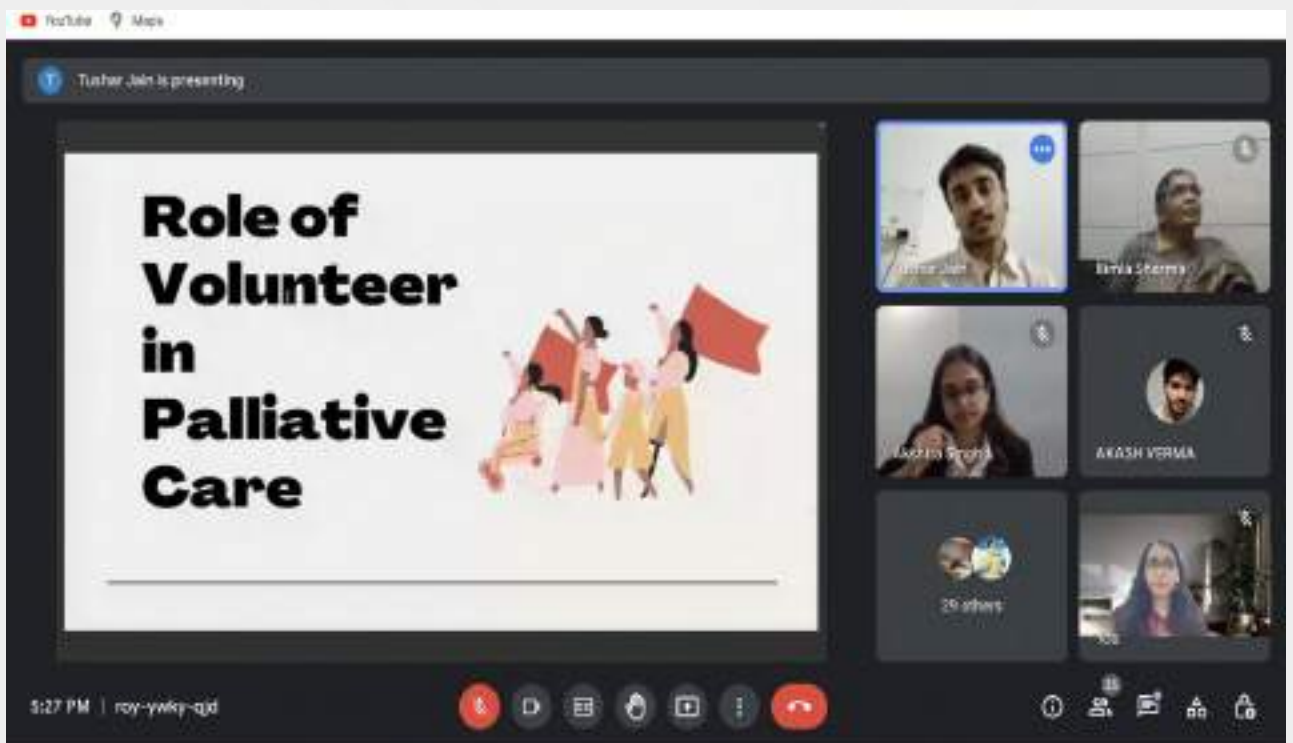
AKASH VERMA

20 others

You
Chat with everyone

Dr. Anita Yadav then introduced the next speaker of the session Mr. Tushar Jain ,volunteer , Sir Ganga Ram Hospital.

Mr. Tushar Jain's discussion was **about role of volunteers in palliative care..** According to him the volunteerism in palliative care is time freely given by individuals with no expectations of financial gain within some form of organized structure other than the already existing social relations or family styles with a selective approach that is the intention of improving the quality of life of adults and children with terminal illness and those close to them (family and others) .

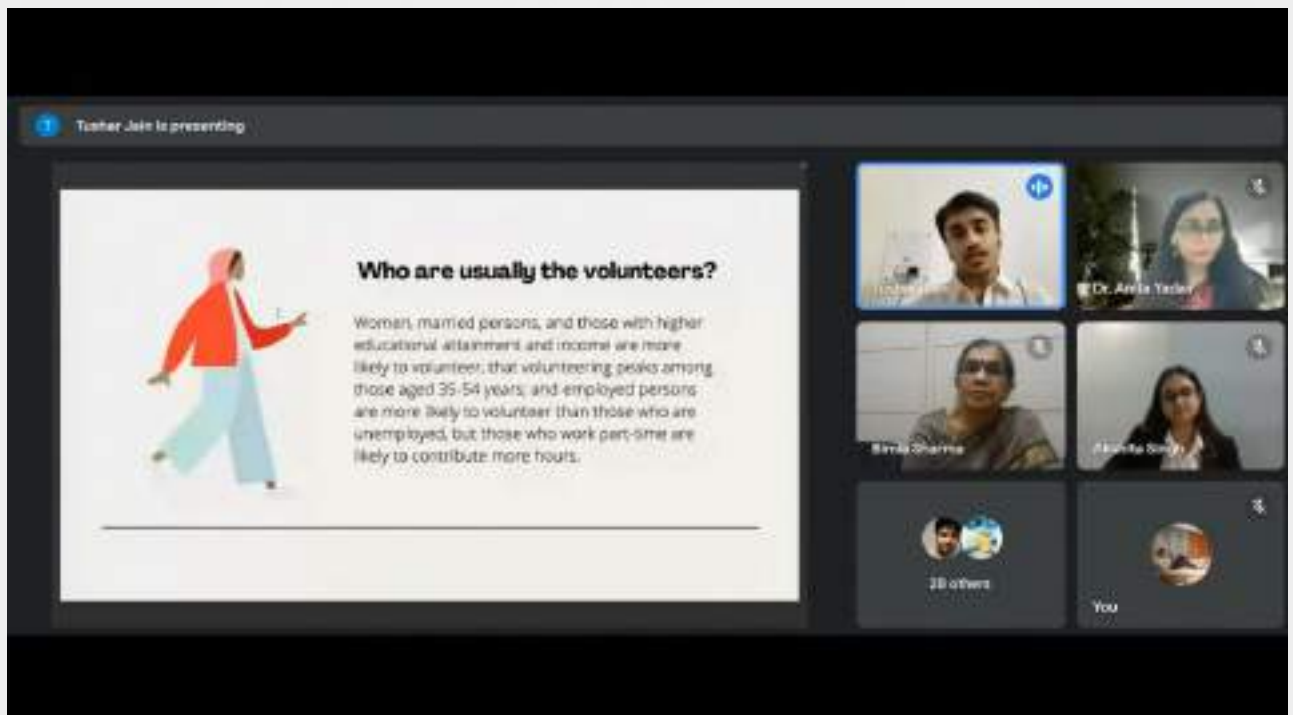


Mr. Jain highlighted who are usually the volunteers

1. women
2. married person
3. those having higher educational attainment and more income to volunteer
4. Aged between 35-45 years .

He further told the audience that what actually motivates volunteers to work in the field of palliative care

1. fulfilling nature of work
2. experience of cancer in the family
3. aligned belief and value with the nature of the work Which makes them more sensitive , Understanding , opportunity to develop new contacts, engaging in meaningful living



He also talked about first PC experiment with community support in Kerala was initiated in 1993 by non-governmental organization the unit had an outpatient clinic and home care services the community participation was limited to the involvement of a few volunteers in nursing and associated coverage within the institution and to the donation of money . The adequacies of this program led to the development of neighborhood network in palliative care (NNPC) In which volunteers from the local community were trained to identify problems of the chronically ill In their areas and to intervene effectively with active support from a network of trained professionals.

- Bowel and bladder carstoma bags/foley catheter.
- Wound care/drain care.
- Admiration of drugs.
- Suction tracheostomy.
- Oxygen administration End of life care

Lastly he handed over the floor to Dr. Anita Yadav who then invited the participants to ask questions , some of the students raised their queries which were the following:

➤ Question 1 (asked by Aditya Dhankar)

Can we also talk about palliative care with respect to animals especially Dogs?

Dr. Bimla Sharma answered in affirmation and also shared her personal experience with dogs .

➤ Question 2 (asked by Priyanka)

Can a person who is not a cancer patient get palliative care ?

Dr. Bimla Sharma answered that even non cancerous patients can also get palliative care , such as heart patients , diabetic patients etc..

➤ Question 3 (asked by Manjusha kataria)

Are there any side effects of palliative care and what can I expect in future?

Dr. Bimla Sharma answered that there is no side effect of palliative care as such since it provides for symptom relief and also psycho-social help.

➤ Question 4 (asked by Gargi Bhattacharya)

In certain cultures , discussions about the end of life care are considered taboo. Is there a cultural exemption from this requirement?

Dr. Bimla Sharma answered that there is no cultural exemption but yes in some parts there is still a practice of not talking about deaths as people gets anxious.

The session was ended with a Vote of Thanks tendered by Dr. Anita Yadav to Dr. Jayshree Sood, Dr. Bimla Sharma, Dr. Puneet Rathore, Ms.. Sunita Sharma for this enlightening session and also sparing time from their busy schedule to grace the audience with their presence. She also extended her thankful greeting to Professor In - Charge, Prof (Dr.) Alka Chawla Ma'am for her invaluable support and guidance. Next, she then thanked all the faculty members of the legal aid society Dr. Narender K. Bishnoi, Ms.. Sneha Yadav, Mr.. Vijoy Panicker, Ms.. Atma Yadav, for always being so supportive and kind. Lastly she extended her her heartfelt congratulations to the dedicated executive

student body consisting of Vinayak Goyal , Shahbaz , Sagar , Akash, Akshita, Ashish, Gargi, Manav, Manjusha, Mohd Moin, Priyanka, Sanskar, Sarthak, Saurabh, and Shashank who had worked tirelessly to make this event a successful one. With this she concluded her Vote of thanks.

SESSION END