ABSTRACT

National Health Mission – Implementation of Palliative Care Policy for the State - Approved – Orders – Issued.

Health and Family Welfare (EAP II-1) Department

G.O (Ms) No.262

Dated :07.06.2019
Vigari, Vaikasi-24
Thiruvalluvar Aandu 2050

Read:

From the Mission Director, National Health Mission letter Ref. No. 6482/NHM19 dated : 15.02.2019.

ORDER:

In Tamil Nadu, 7% of the population requires Palliative care services. The Palliatives care services with two pronged approaches of Institutional Community based services is being implemented in the State as mentioned below:

A. Institutional Based Services
   i. Phase I - 10 District Headquarters Hospital.
   ii. Phase II - 10 District Headquarters Hospital
   iii. Phase III - 12 District Headquarters Hospital

B. Community Based Service
   Community Based Service have been implemented in 75 Blocks in 15 Health Unit Districts till date

2. In the letter read above, the Mission Director, National Health Mission has stated that, in order to ensure further improvisation and effective implementation of Pain and Palliative Care to general public, the National Health Mission in consultation with stake holders have drafted a State Policy for Palliative Care to spell out a clear cut policy strategies for Palliative care for the Government. The draft State policy will lay down well defined goals and action plans for implementation, improvement of the palliative care services across all levels of the health system and to ensure quality of life of patients and care givers and better survival index of those suffering from life threatening illness and requiring palliatives care services. Further, he has furnished the draft Policy for State Palliative Care and requested to approve the same.

3. The Government, after careful examination, have decided to approve the State Policy for Palliative Care as annexed to this Government Order.

(BY ORDER OF THE GOVERNOR)

BEELA RAJESH
SECRETARY TO GOVERNMENT

To
The Mission Director, State Health Society, Chennai – 6.
The Director of Medical and Rural Health Services, Chennai – 6.
Copy to:
The Finance (Health-1) Department, Chennai-9.
The Health and Family Welfare (Data Cell) Department, Chennai-9.
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//Forwarded by Order//

SECTION OFFICER

ANNEXURE

(G.O(Ms)No.262, Health and Family Welfare (EAP.II-1) Department,Dated: 07.06.2019)

State Policy for Palliative Care

1. PREAMBLE:

1.1. Burden of Diseases:

In the state of Tamilnadu, progressive aging of the population, freedom from many dreaded infectious diseases and upward social and economic mobility have presently paved the way for increases in the prevalence of diseases/disorders associated with increasing life expectancies and altered lifestyles (such as cardio vascular diseases, diabetes mellitus, blindness, accidents, obesity, trauma and injuries and psycho-emotional problems).

According to 'The India State-Level Disease Burden Initiative' published by Indian Council of Medical Research Public Health Foundation of India and Institute For Health Metrics and Evaluation in 2017, Life Expectancy in Tamilnadu has increased from 61.9yrs for female and 59.4yrs for male in 1990 to 73.5 yrs for female and 68.9yrs for male in 2016. Also in 2016, DALY losses due to NCD was 65.3% and due to injuries was 14.3%. With such an impact of Non-Communicable Diseases (NCDs) and aging on health status of people Palliative care has become very relevant service and need of the hour in recent years. As per various studies conducted in different parts of the world it is observed that about 60% of the people who are dying would benefit from palliative care services in relieving their suffering. In the state of Tamilnadu with a crude death rate of about 6.4, around 30 lakh people may get benefitted with palliative care services every year provided the health system has put in all necessary components for delivery of services. Also Tamilnadu has an elderly population of about 11.2% which is higher than National average and this accounts for an additional beneficiary of around 90 lakhs people who desperately depend on the availability of palliative care services.

1.2. Concept of Palliative Care:

A World Health Organization statement[13] describes 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."

More generally, the term "palliative care" may refer to any care that alleviates symptoms, whether or not there is hope of a cure by other means. In addition to improving quality of life and helping with symptoms, palliative care can help patients understand their choices for medical

treatment. Palliative care can be helpful at any stage of illness and is best provided from the point of diagnosis. Palliative care can be provided along with curative treatment and does not depend on prognosis.

1.2.1. Principals of Palliative care:

- Affirms life and regards dying as a normal process
- Neither hastens nor postpones death
- Provides relief from pain and other distressing symptoms
- Integrates the psychological and spiritual aspects of care
- Offers a support system to help patients live as actively as possible until death
- Offers a support system to help patients' families to cope with the patient through the entire course of illness until death and also throughout the bereavement process undergone by the family.

1.2.2. Quality of Life:

'Quality of Life' is the product of the interplay among social, health, economic and environmental conditions which affect human and social development. Though Quality of life is highly subjective and multi dimensional, it is generally the degree to which an individual is healthy, comfortable, and able to participate in or enjoy life events quality of life is highly subjective.

As medical advances have helped to increase longevity, our focus has shifted from the quantity aspects to the quality of life. For a patient with debilitating disease, various factors like pain, depression, anxiety, disability, spiritual factors, social factors, economic factors etc may affect his/her Quality of Life. WHO definition also focuses on enhancement of quality of life of patients and their families through early identification, impeccable assessment and treatment of problems faced by the patients.

1.2.3. Pain Palliation:

The International Association for the Study of Pain estimates that 1 in 5 patients experience pain and that 1 in 10 patients are diagnosed with chronic pain every year. Pain is the most common

reason patients seek medical care. The World Health Organization estimates that 80% of people with severe pain do not receive adequate treatment. Most of treating professionals view pain as a symptom of disease rather than a disease in its own right. Cure for the disease is mainly focused but not the accompanying pain. Among cancer patients, 28% of patients suffer from pain at the time of diagnosis, 50 – 70% of the patients suffer from pain during anti cancer therapy and 60 – 84% of patients in advanced stage. This stresses the need for Pain Palliation throughout the course of various life threatening. Though there is knowledge to relieve much of the unnecessary suffering, palliative care is only reaching a fraction of the people who need it as necessary systems are required to be put in place.

1.2.4. Importance of Home Based Palliative Care:

Most people prefer to die at home or in a home-like environment surrounded by family and friends. Establishment of affordable, accessible and quality palliative care facilities in the community will reduce the hospitalization of patients with incurable illnesses and increases their chances of dying at home. Research has shown that patients who were treated at home in the last three months of their lives had more of their needs met than if they were in a hospital setting.

A global study shows that nearly half of family caregivers (48 percent) are caring for someone who lives in his or her own home, while an additional 35 percent are sharing a home with the loved one they are caring for. Family caregivers also get benefitted through home based palliative care as the community palliative care provider will also provide psychological support to family care giver, empower them to provide better care and create awareness on possible complications and methods to tackle the situation. Hence Home based Palliative care results in improved caregiver satisfaction and handling of bereavement.

Studies also show that Home based Palliative care is cost effective as it reduces the frequency of Hospital visit, minimizes complications for bed ridden patients and improves quality of life.

1.2.5. Cost Reduction to Government:

In a multi centric Randomized Controlled Trial, hospital patients receiving Palliative Care consultation reported greater satisfaction with their care experience and providers' communication, more advance directives completion, fewer ICU admissions on readmission, and lower total health care costs in the 6 months following hospital discharge. Interpersonal

communication has also proven effective in meeting the needs of bereaved family members whose loved ones died in the acute care hospital.

In another prospective study it was found that patients receiving standard oncologic intervention integrated with Palliative Care reported a higher QOL, less depression, fewer aggressive end-of-life care interventions, and had a significant survival advantage compared with those receiving standard oncologic care alone.

Hence for a patient diagnosed with debilitating disease, appropriate palliative care services integrated with treatment modalities can result in

- Reduced frequency of hospital visit
- Reduced duration of hospital stay
- Reduced usage of emergency services
- Reduced usage of intensive care services
- Reduced demand for high end procedures for pain management with the availability of opioid drugs

All the above said factors would result in reducing the burden to health care services and also lesser expenditure to Government on health care management.

1.3. National level developments in Palliative care

- Government of Kerala was the first state to integrate palliative care services into the Government health system. Government of Kerala declared a Palliative care policy way back in April 2008.
- Medical council of India approved palliative medicine as a medical specialty in 2010. MD course in Palliative Medicine was started at Tata Memorial Hospital in Mumbai in 2012
- The Ministry constituted an expert group on Palliative care which submitted its report 'Proposal of Strategies for Palliative Care in India' in November, 2012
- On the basis of the Report, Program note for 12th FYP was formulated in which a separate budget was sought to implement palliative care activities at district & sub-district levels under National Program for Palliative Care (NPPC).

- Certain amendments were effected in Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985 in 2014, which shall allow:
  - ✓ A single regulation for morphine & other ENDs across the country
  - ✓ A single license to hold and use ENDs
  - ✓ A single agency – the State Drugs Controller – to issue licenses and monitor it

1.4. Integration of Palliative Care into Public Health Care Systems:

"Palliative Care is a human right"

According to International Covenant for Economic, Social and Cultural Rights (ICESCR) "Access to palliative care is a human right under the right to the highest attainable standard of physical and mental health"

As early as 1990, World Health Organization had recommended that "Pain relief and palliative care programme should be incorporated into the existing healthcare systems and "to ensure that equitable support is provided for programme for palliative care at home"

In 2014, The World Health Assembly (WHA 67.19) had resolved that palliative care is "an ethical responsibility of health systems" and that integration of palliative care into public health care systems is essential for the achievement of the Sustainable Development Goal on universal health coverage. WHA 67.19 called upon WHO and Member States to improve access to palliative care as a core component of health system, with an emphasis on primary health care and community/home-based care.

As palliative care is an integral part of care for all patients, and the most beneficial approach to care for patients with advanced disease, it is important and justified that the state of Tamilnadu integrates pain relief and palliative care into our health care systems at all levels.

1.5. State of Palliative care services in Tamilnadu prior to the Implementation of National Program for Palliative care (NPPC)

- Oncology Departments in few Medical College Hospitals have Palliative Care Out-Patient Services catering only to cancer patients registered in those institutions. The

services are thus catering towards the cancer patients whilst a large number of non cancer patients still need palliative care services.

- Against this background, the National Health Mission, Tamilnadu steered intensive efforts to take the palliative care services both at institutional and community level.
- Institutional palliative care services for all patients with debilitating diseases were implemented in Tamilnadu in a phased manner under National Program for Palliative care (NPPC) supported by National Health Mission
- After getting approval in RoP 2016-17, a Government Order for implementation of palliative care in 8 District Head Quarters Hospitals and 2 Medical college Hospitals in the first Phase was issued in January 2018 and subsequently institutional based Palliative care services were started in the above said Institutions.
- In second phase, Palliative care services were implemented in another 10 District Head Quarters Hospitals in April 2018.
- Oral Morphine Tablets are made available in all District Head Quarters Hospitals
- In each district, a team of Medical Officer and Staff Nurses have been sanctioned. The team is supported by 2 multipurpose hospital workers appointed through outsourcing.
- The Medical Officers from each district were trained in pain palliation and Morphine management and Nurses in Palliative care nursing.
- Home Based Palliative Care services have been implemented in 75 blocks in 14 districts. Palliative care services are provided at patient's home by Community Palliative and Geriatric care Staff nurses @ 1 Staff nurse per block.
- There are only few Non Government Organizations providing exclusive Palliative care services especially in urban areas. There is thus a gross mismatch between the service providers and the beneficiaries who have to be reached out.
- Tamilnadu with a population of more than 8 crores, with an elderly population of about 11.2%, with around 70000 new cancer patients every year and with gross increase in the incidence of Non Communicable Diseases, current availability of palliative care services in Tamilnadu is not sufficient to cater all patients who require this essential service.

Gaps in Palliative care services in Tamilnadu prior to NPPC:

- Palliative care services catering only cancer patients.
- Palliative care services provided only in few Medical College Hospitals.

- No Government training center.
- No community based activities.
- Availability of oral morphine tablets only in few centers in urban area.

2. Palliative care Policy Framework:

2.1. Aim:

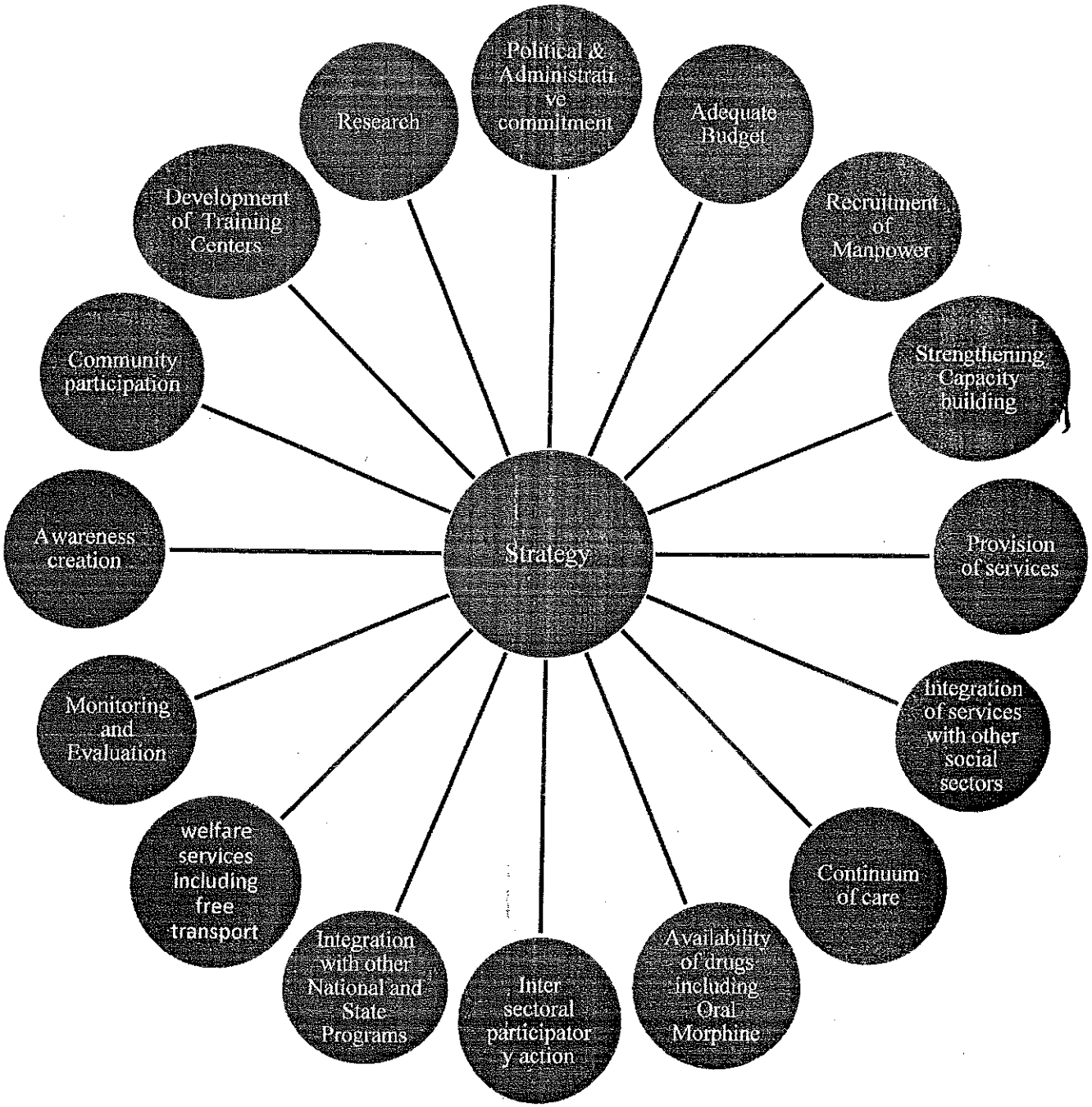
All people with a life-threatening illness residing in the state of Tamilnadu should have access to quality Palliative Care regardless of age, types of diseases, residence, or social and economic level, from the point of diagnosis until death. All patients and their families/care givers should receive timely, coordinated and holistic palliative care to address their physical, psychosocial and spiritual needs, and should be given the opportunities to participate in the planning of their care, so as to improve their quality of life.

2.2. Objectives:

1. To spell out a clear cut policy strategies for Palliative care for the Government of Tamilnadu which will lay down well defined goals and action plan for implementation and improvement of the Palliative care services across all levels of the health system and allotment of adequate resources to these priorities through the budget process.
2. To ensure improve quality of life and better survival index of those suffering from life threatening illness and requiring palliative care services.

2.3.Strategy:

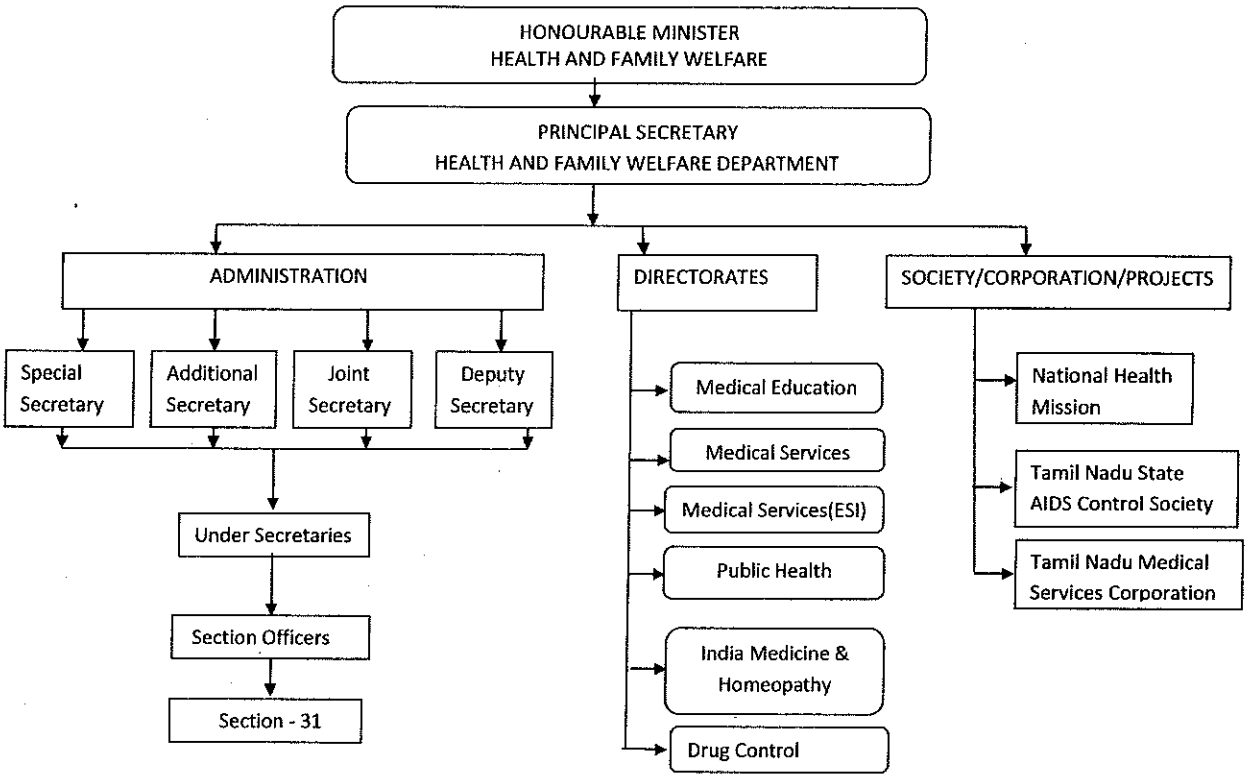
With a view to respond to the present and future needs in Palliative care, the strategy must be holistic one to evolve palliative care as a multi pronged approach with welfare support and integration with other related National programs/ sectors. The strategy may contribute to an environment for continued expansion and improvement of palliative care service delivery across the health system. The state strategy will reflect the current service environment and challenges, strengthened by an implementation plan and a monitoring and evaluation framework.


Strategy
Political & Administrative commitment
Adequate Budget
Recruitment of Manpower
Strengthening Capacity building
Provision of services
Integration of services with other social sectors
Continuum of care
Availability of drugs including Oral Morphine
Inter sectoral participatory action
Integration with other National and State Programs
welfare services including free transport
Monitoring and Evaluation
Awareness creation
Community participation
Development of Training Centers
Research

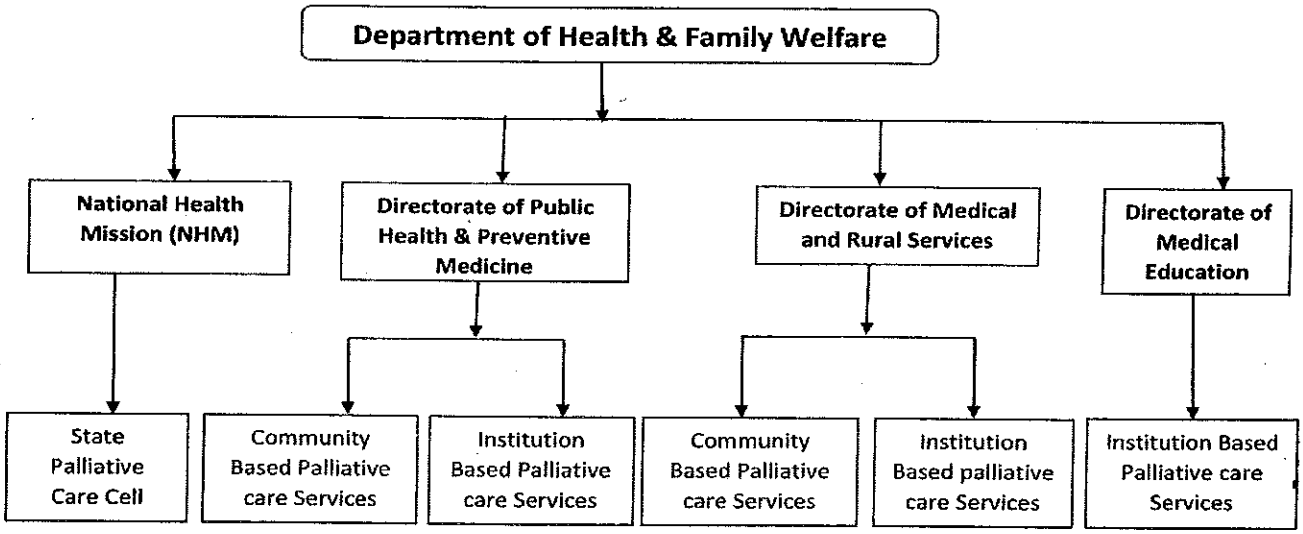
2.3.1. Administrative Framework:

The Department of Health under the Honorable Health Minister will be the principal agency in administering Palliative care services Program in Tamilnadu.

Fig no:1.Organization structure of Health Department concerned with Palliative care services



Structure of delivery of Palliative care services



2.3.2. Governance Framework:

National Health Mission of Tamilnadu and Directorates of Health namely Directorate of Public Health and Preventive Medicine, Directorate of Medical and Rural Health Services and Directorate of Medical Education are the Implementing authorities for Palliative care Services and allied activities in the state of Tamilnadu. With the approval of State Drug Controller, essential Narcotic drugs required for palliative care is procured through Tamil Nadu Medical Services Corporation.

2.3.3. Organization of Palliative care unit:

The State and District Palliative care units of National Program for Palliative care will function under National Health Mission, Tamilnadu.

1) **State Palliative Care Cell:**

Constituted by State Nodal Officer for Non communicable Diseases, State Palliative Care Coordinator and a supportive staff under State NCD Cell

Functions of State Palliative Care Cell:

i. Ensure Implementation of Palliative care program as per State Policy on Palliative care drafted in line with National and State requirements.
ii. Ensure and maintain quality in deliver of palliative care services in all districts.
iii. Plan training / capacity building activities and facilitate training of various cadres required for better functioning of Palliative care services.
iv. Liaison between Districts, the State and the Centre.
v. Prepare annual Program Implementation Plan (PIP) and financial budget for Palliative Care services in the State.
vi. Approve District plans and financial allocation for activities in district level.
vii. Facilitate evidence based drafting / revision of guidelines for implementation from time to time
viii. Ensure uninterrupted availability of essential narcotic drugs.
ix. Monitoring of Palliative care activities across the state.
x. Support District units technically and for monitoring and evaluation.
xi. Review and re-plan strategies.

2) District Palliative Care Cell:

At District level, Deputy Director of Health Services is the nodal officer for Palliative care services in the district. The District Cell with the District Program Officer for NCD and a supportive staff will co ordinate the Palliative care activities in the respective districts.

Functions of District Palliative care Cell:

i. Ensure Implementation of Palliative care programs in the district.
ii. Maintain quality in deliver of palliative care services in the district.
iii. Facilitate hand holding of various cadres in health required for better functioning of Palliative care services in the district.
iv. Liaison between the State and the District.
v. To prepare annual plan for the districts.

2.3.4. Provision of Services:

Palliative care services will be delivered as an integrated model incorporating both Home-based and Institutional based Palliative Care services.

1) **Institutional Palliative care Services:**

Aim: Provision of Institution based palliative care services to all patients in any stage of illness by trained man power which will deliver generalist palliative care to specialist palliative care. The approach to achieve the same is listed below;

- Establishment of Palliative care Out-patient and In-patient services in all Medical college Hospitals.
- Development of Government Royapettah Hospital as a Centre for Excellence for Palliative care.
- Establishment of an exclusive Department of Palliative Medicine in major Medical Colleges.
- Establishment of Department of Paediatric Palliative care at Institute of Child Health and Hospital for children, Egmore.
- Establishment of Institutional Palliative care services in all District Head Quarters Hospitals under National Program for Palliative Care.
- Oral morphine tablets will be made available in all secondary and tertiary Institutions delivering palliative care services.
- Under National Program for Palliative Care, all District Head Quarters Hospitals will have exclusive palliative care specialist/ Medical Officer and Staff nurses trained in palliative care to render palliative care services along with palliative care hospital workers.
- In all Medical College Hospitals and District Head Quarters Hospitals, Palliative care Out-patient Department will be a separate patient friendly unit with provisions such as consultation room, procedure room, observation/ day care room and proper storage space for opioids. Out-patient Department services will be available on all days except Sundays.
- In all Medical College Hospitals and District Head Quarters Hospitals, Palliative care In-patient Department may consist of separate 10 to 20 bedded wards under the supervision of Doctors and Palliative care Nurses round the clock.

- The Palliative care Medical Officer is responsible of proper handling, stocking and indenting of Oral Morphine for the Institution.
- The Institution may provide specialist Palliative care services for patients requiring higher specialty services through other departments like Department of Anaesthesia, Department of Psychiatry, Department of Radiotherapy, Department of General surgery, Department of ENT, Department of Physiotherapy etc.
- The Community Health Centres / Taluk/ Subtaluk Hospitals shall provide basic Institutional level palliative care services.

2) Home based Palliative care Services:

Home based Palliative care services will be provided by a team of Community Palliative care Staff nurse and volunteers.

- Home based Palliative care services will be implemented in all blocks of every district.
- Home visits to cater patients with chronic, life threatening and debilitating illness in their own house will be carried out by a trained Community Palliative cum Geriatric care Staff Nurses after undergoing Foundation course in Palliative Nursing.
- The Community volunteers will be encouraged to participate in the service by accompanying the Community Palliative care Staff nurse will be identified through various agencies like Self Help Groups, Local Panchayat, NGO's etc. These volunteers will undergo Sensitization course in Palliative care.
- The Community Health workers like VHN/ANM, SHN, CHN, ASHAs and Anganwadi workers will help in identification of Beneficiaries and awareness creation.
- The Block Medical Officer will be in charge of Home based Palliative care in their respective block.
- Home visits will be done on all days except Sundays.
- The Community Palliative care Staff nurse will get prescription orders from BMO when needed during home visits.

- Patients requiring Doctor attention will be seen by PHC Medical Officer/ Block Medical Officer or will be referred to nearby Government institution providing Institutional Palliative care services.
- Involvement of Local Administrative Bodies and Non GovernmentOrganisations for awareness creation, motivation of volunteers and identification of beneficiaries will be encouraged.
- Involvement of Social welfare and ICDS departments and BDOs for optimizing the services in the community.

2.3.5. Availability of Drugs required for Palliative care:

Commonly encountered symptoms in palliative medicine are fatigue, pain, nausea, constipation, diarrhoea , dyspnea, anorexia , anxiety, delirium, depression, respiratory tract secretions etc. The classes of medication most commonly used for treatment of above said symptoms in palliative care can be grouped as follows;

- Analgesics (to treat pain)
- Antiemetics (to treat and also to prevent nausea and vomiting)
- Laxatives / aperients (to prevent and treat constipation)
- Adjuvant medications (medications that work with analgesics to improve pain or symptom control)
- Steroids (that may reduce a range of symptoms related to inflammation), and
- Antidepressants (to treat depression, or sometimes pain) and other neuroleptic medications (to treat depression, anxiety, or pain delirium) and sedatives.

All the essential drugs required for palliative care services will be made available in all institutions rendering palliative care services through Tamil Nadu Medical Services Corporation for all procurements.

2.3.6. Availability of Oral Morphine:

Pain is an unpleasant sensory and emotional experience commonly faced by patients requiring palliative care. Oral Morphine is the Drug of choice for severe pain. It is the mainstay of cancer pain management. Because of its impressive versatility and effectiveness, Oral Morphine is included in the model list of essential drugs for the treatment of cancer pain by the

World Health Organization. WHO uses morphine consumption as an index of improvement in pain management. Through Tamil Nadu Medical Services Corporation Ltd Oral Morphine is procured and supplied to all Districts. Oral Morphine will be made available in all secondary and tertiary institutions providing Palliative care services. Initially an average quantity of Oral Morphine tablets would be supplied to all districts and further disbursement would be titrated Injectable Morphine will be available in all institutions with In-patient services. In line with the modified Narcotic Drugs and Psychotropic Substances Act passed by the Indian Parliament in 2014, steps will be taken to assure training of healthcare professionals from primary, secondary and tertiary levels in essential medical use of opioids, thereby enabling efficient pain relief to all patients suffering from chronic pain in the state of Tamilnadu.

2.3.7. Capacity Building:

Effective communication is the cornerstone of palliative care. Palliative care providers have to work to help patients reach an understanding of their disease and its implication. Suffering related to a chronic debilitating disease can manifest as symptoms related to physical, emotional, and/or spiritual aspects of the individual. Palliative care teams use a multidisciplinary approach to address all types of suffering. Expert use of medications to alleviate physical symptoms is only one important element in total patient care. Addressing the less focused dimensions of suffering can be challenging and involves creating a pool of trained manpower which can deliver the services with passion and empathy. Hence for effective organizing and delivering of palliative care services in a systemic manner every health staff including doctors must be equipped with adequate technical and humanitarian skills.

1) Capacity building in Government sector:

i. State of Kerala is the pioneer in the entire country in implementing Palliative care services at all levels of Health system with established Palliative care Training centers at both Government and NGO level.

   Tamilnadu has also many NGO's actively involved in Palliative care training and service delivery activities. Hence for implementation of Palliative care by the Department of Health and Family Welfare in Tamilnadu, support of training centers in Kerala and expertise available in NGO sector would be utilized in the early stages of planning and implementation.

ii. Efforts will be taken simultaneously to develop Palliative care training centers in Government sector. Department of Palliative care at Government Royapettah Hospital will be established as first training center for Palliative care in Tamilnadu. It would serve as a Centre of Excellence. More training centers to be developed in the state @ 1 center per zone.

iii. Proposed courses for Medical Officers, staff nurses, community health workers and volunteers are highlighted below;

- **Sensitization course**: One day course in basics of Palliative care for community health workers and volunteers.
- **Induction course:** Three days course in basics of Palliative care, symptom management and handling of Narcotic drugs for Medical Officers.
- **Foundation course for Doctors**: Ten days course in Palliative Medicine for Medical Officers.
- **Foundation course for Staff Nurse**: 10 days course in Palliative Nursing for Staff Nurses.
- **Certificate course in Essential Palliative Medicine**: 6 weeks course for Medical Officers and Staff Nurses
- **Fellowship** programs and **post graduate Diploma and Masters** Degree courses under the Department of Palliative Medicine attached to Medical College which will be affiliated to the Tamilnadu Dr. M.G.R. Medical University.

iv. **Incorporation of Palliative Medicine in the curriculum of undergraduate medical and paramedical courses**:

Good patient care is not only about saving lives, but also about helping patients live a quality life with comfort, dignity and peace till the last phase of their life journey which highlights the need to orient under graduate medical students on Palliative Medicine. Basic principles of Palliative care must be included in the curriculum of undergraduate Medical and Paramedical courses. This will promote the understanding and integration of palliative care across the continuum of care for all patients

v. **Development of training materials for Palliative care.**

2.3.8. Inter sector Participation:

Development of inter- sector participatory action is essential for

- Uninterrupted supply and access to essential opioids for medical use.
- Preventing nonmedical and illicit drug use.
- Ensuring continuum of Palliative care services
- Identification of Beneficiaries and for proper timely referral.

Various departments to be involved in this Inter sector participation are

i. Directorates of Health
ii. Tamil Nadu Medical Services Corporation Ltd
iii. Department of State Drug Control
iv. Department of Food Safety and Drug Administration
v. Department of Indian Medicine and Homeopathy
vi. Tamilnadu AIDS Control Society
vii. Social Welfare Department of Tamilnadu
viii. Tamil Nadu Corporation for Development of women
ix. Narcotics Intelligence Bureau in Tamilnadu Police Department at State level
x. Narcotics Control Bureau under Home Ministry at National level.
xi. Central Bureau of Narcotics under Union Minister of Finance at National level.

2.3.9. Integration with other State and National Programs:

Palliative care can play a significant role in the care of patients with any diagnosis, any time during their illness. Ideally, pain relief and palliative care are to be incorporated as priorities within the National Health plan which is the umbrella body for all health-related policies within the country. Integrated palliative care is viewed as having the potential to improve service coordination, efficiency, and quality outcomes for patients and family care givers by facilitating continuity of care.

Palliative care can be integrated with number of health programs like

- National Programme for Health Care of the Elderly
- National Tobacco Control Programme
- Revised National Tuberculosis Control Programme

- National Programme for Control And Treatment of Occupational Diseases
- Pradhan Mantri National Dialysis Programme.
- National Oral Health Programme.
- National Leprosy Eradication Programme
- National Aids Control Programme
- National Cancer Control Programme
- National Mental Health Programme
- Tamil Nadu Accident and Emergency Care Initiative
- Emergency Care and Recovery Center
- National Programme for Treatment of Rare Diseases
- National Programme for Prevention and Control of Haemoglobinopathies
- 104 Health Helpline
- 108 ambulance services

2.3.10 Services for transport of patients:

Transport services for Palliative care patients will be essential under certain situations like

- Emergency transport to higher specialty centers during a medical emergency associated with their debilitating disease.
- Non emergency transport for patients under palliative care attending medical institutions for curative treatment procedures, for pain relief medication and procedures, for palliative chemotherapy/ radiotherapy, for regular blood transfusions etc.

Emergency transport service:

Palliative care patients requiring emergency medical attention can be referred to Medical institutions utilizing 108 ambulance services which is predominantly an emergency response system, primarily designed to attend to patients of critical care, trauma and accident victims etc.

Non emergency transport service:

The option of non emergency patient transport becomes important in those situations where no other transport options can deal with patients' conditions. Most of the palliative care patients even in the absence of a medical emergency will be suffering from debilitating illness and hence require a comfortable transport system for their transit to Medical institutions together with their care givers. This non emergency transport system will provide better transit comfort for patients, reduce waiting times for transport for patients and enable rapid discharge to patient's preferred place of care thereby improving patient compliance in completion of treatment. Hence a non emergency transport service system providing ambulances equipped with comfortable stretcher and basic equipments will be developed.

2.3.11. Monitoring and Evaluation:

Systematic monitoring of palliative care service quality is instrumental to drive service improvement.

Strategies include:

- Enhancement of data collection with standardization of data captured.
- Development of measurement tools.
- Identification of key domains and development of indicators for the evaluation and monitoring of clinical outcomes and service quality
- Enhancement of IT system to support the workflow, communication and care coordination
- The development of an application for data entry and monitoring.

Monitoring and evaluation shall be used as advocacy tool for use of evidence based decision making. Monitoring shall be conducted at all levels using appropriate indicators. Reviews shall be done as per following schedule to assess program performance by comparing baselines against set target.

- **Random visit**: Done by PHC Medical Officer, BMO, Hospital Superintendent, Head of Department of Palliative Medicine or District Program Officer for NCDs.

- **Weekly review**: To be reviewed in the weekly review at PHC focusing on community based palliative care.
- **Monthly review**: To be done by Deputy Director of Health Services, Joint Director of Health Services and Dean of Medical College Hospitals
- **Quarterly review**: To be done by State Palliative Care Unit

Check points for Evaluation:

1. **Process Indicators:**
    - Number and percentage of palliative care sites established with adequate manpower.
    - Training status of available manpower
    - Drug availability
    - Availability of palliative care services to all patients
    - Assessment of involvement of Local Bodies
    - Assessment of involvement of NGOs
2. **Output Indicators:**
    - Proportion of patients seen at home
    - Percentage of patients seen as inpatients in a health facility
    - Percentage of patients taking Oral Morphine
    - Types of procedures done
    - Total no of referral to palliative care from other departments
    - Total no of referral from palliative care unit to other higher specialties
    - Impact on Quality of Life of patients

2.3.12. Research:

Research is important in any area of science, health, and medicine to help professionals find new observations, insights, understandings, and treatments. Palliative care is a relatively new field, especially in Tamilnadu and requires much implementation based researche to give us knowledge base of the field on local settings and environment thereby contributing to the goal of bringing an evidence-based approach to palliative care practice.

Palliative care provides a rich and challenging set of research questions pertaining to topics like Pain and pain relief, Other symptoms like fatigue, lymphoedema, delirium, nausea, cachexia, etc, Psychological issues, Social factors, Communication issues, Interventions-pharmacological or non-pharmacological, Staff stress and burnout, Systematic reviews and meta analysis, End of life care, Grief and bereavement, Home care, Age specific palliative care, Awareness creation, Informatics in palliative care etc.

State Palliative care Cell will support research activities and based on the study findings, regular evaluation and up gradation of the program will be carried out. Research activities may be supported through NPPC budget allocation.

2.3.13. Awareness Creation:

Surveys over the last decade have suggested that the general public have a lack of knowledge and negative perceptions towards palliative care. Even many health professions have inadequate knowledge on palliative care and the need for early start of Palliative care services.

Increased awareness of palliative care is needed in the following areas;

- to improve knowledge of concept of Palliative care
- to overcome barriers like fear, taboo etc
- to access services when required
- to empower individuals as volunteers for identification of beneficiaries and serve as community counselors for the patient and family
- to involve communities
- for health professionals to realize the objectives contained within state strategies for palliative and end-of-life care.

Methods to improve awareness:

- Mass Media campaign to facilitate awareness creation and community participation in palliative care.
- Counseling through Patient support groups involving patients and patient family members
- Community initiatives

- Celebration of Palliative care month in the month of October
- Including notes on importance of palliative care in the syllabus of related Undergraduate Courses like Social works, Psychology etc.
- Creation of a page in Government website serving as a reputable source for finding information and support regarding Palliative care services.

2.3.14. Community Participation:

Meaningful palliative care requires a combination of socio-economic, cultural, and medical solutions. Only by the active involvement of the community in addressing all these factors, the palliative care services can reach the sufferers who are badly in need of it. Local communities can be empowered to identify beneficiaries like chronically / terminally ill, regardless of disease or cause, and to support them and their families with self-sustainable community led services. Also the attitude of a community to the dying patient is more important for a good death than the purely medical approach.

Hence Local community bodies can be sensitized on the impact of palliative care for supporting the program by

- Facilitating awareness creation
- Identifying beneficiaries
- Supporting patient families
- Providing community volunteers
- Forming a network

2.4. Action Plan:

In future, with a strategic approach, people in Tamilnaduwho need palliative care will benefit amply by living a quality life and also die well with dignity. They will have confidence that at the end of their life they and their loved ones, if needed, will have access to high-quality palliative care that is consistent across all settings.

To achieve the above vision, an action plan is needed to provide a structured approach for development of each strategy mentioned before. This action plan acts as a bridge between strategies and implementation.

Short term Goal: 2 years plan

i. Strengthening of State Palliative care Cell and District Palliative care units.
ii. Up scaling of Palliative care services to all District Head Quarters Hospitals with recruitment of complete Human Resources exclusively for Palliative care.
iii. Implementation of Institutional Palliative care services in all Medical College Hospitals.
iv. Uninterrupted of supply of essential drugs for palliative care including Narcotic drugs to all District Head Quarters Hospitals and Medical college Hospitals.
v. Special budget allocation for Oral Morphine tablets.
vi. Implementation of Community Palliative care services in all blocks with Community Palliative care Staff nurse providing home based care @ 1 Community Palliative care Staff nurse per block.
vii. Development and training of Palliative care Volunteers @ 1 per village.
viii. Development of Royapettah Government general Hospital as center for Excellence and the Primary Training center for Palliative care.
ix. Development of Madurai Rajaji Medical College Hospital and Coimbatore Medical College Hospital as regional training centers for Palliative care.
x. Training Doctors @ 2 per District Head Quarters Hospitals and Medical college Hospitals and Staff Nurses @ 4 per District Head Quarters Hospitals and Medical college Hospitals.
xi. Sensitization of all Local Bodies on Palliative care.
xii. Facilitating transport of palliative care patients by developing non emergency Ambulance services.
xiii. Creation of awareness on palliative care.
xiv. Establishment of system for documentation, reporting and monitoring of palliative care services.
xv. Development of provisions for research activities.
xvi. Integration of palliative care services with other Health programs.
xvii. Development of guidelines for incorporation of Palliative care modules in Undergraduate Medical, Nursing, Para Medical and allied field courses.
xviii. Development of guidelines for establishment of Fellowship programs and post graduate Diploma and Masters Degree courses under the Department of Palliative Medicine attached to Medical Colleges.
xix. Engagement of Counselors, social workers and NGOs for providing a holistic care.

xx. Development of IT system and application to support the workflow, communication and care coordination.

xxi. Facilitating intersector co-ordination meetings.

Long term Goal: 5 years plan

i. Implementation of institutional Palliative care in all Taluk and Sub taluk Hospitals.

ii. Strengthening Community Palliative care services with additional Community Based Palliative care Staff Nurses.

iii. Development of Hospice facilities.

iv. Development of more regional training centers for Palliative care @ 1 per zone

v. Training Doctors @ 1 per each primary care institution, 2 per each Secondary care Taluk and Sub taluk Hospitals, all Doctors of all District Head Quarters Hospitals and Medical college Hospitals.

vi. Training Staff Nurses @ 1 per each primary care institution, 2 per each Secondary care Taluk and Sub taluk Hospitals, all Staff Nurses of all District Head Quarters Hospitals and Medical college Hospitals.

vii. Training/sensitizing more volunteers and Government Officials.

viii. Incorporation of Palliative care modules in Undergraduate Medical, Nursing, Para Medical and allied field courses.

ix. Complete establishment of multi sector approach and integration.

x. Establishment of Fellowship programs and post graduate Diploma and Masters Degree courses under the Department of Palliative Medicine attached to Medical Colleges.

xi. Establishment of Specialty Palliative care services in major hospitals.

Appendix – 1

Conventions on Medical usage of Narcotic Substances

UN conventions:

i. Convention on Narcotic Drugs, 1961 (amended in 1972)
ii. Convention on Psychotropic Substances, 1971
iii. Convention against illicit traffic in Narcotic Drugs and Psychotropic Substances, 1988

Indian Acts:

i. Narcotic Drugs and Psychotropic Substances Act (NDPS Act), 1985 (amended in 1989, 2001 & 2014)

Positive aspects of the amendment in NDPS Act

(Modified Narcotic Drugs and Psychotropic Substances Act, 2014)

- The previous NDPS act was extremely restrictive, aimed only at preventing abuse of these substances, but not recognizing the necessity for availability for medical use and scientific use. In the current amendment a separate category i.e. "essential narcotic drug" (amendment of section 2) has been created, which includes narcotic drugs notified by the central government for medical and scientific use. Hence usage of these drugs under Palliative care was made possible.

- Initially each state in India had different set of rules for which 4–5 licenses were needed by a hospital or pharmacy to procure, stock and dispense morphine and related pain killers. But now the amendment will enable registered agencies to procure morphine by obtaining a single license from the respective state drugs controller, instead of multiple Government agencies.

Appendix – 2

Duties and Responsibilities of Recognized Medical Institution (RMI)

Recognized Medical Institution (RMI):

Recognized Medical Institution (RMI) is a medical institution, officially recognized by the State Drug Controller for purchasing, possessing and dispensing essential narcotic drugs for medical and scientific purposes.

Responsibilities of RMIs

- Government hospitals are deemed RMIs
- The drugs shall be prescribed only by Registered Medical Practitioners (RMP).
- Every RMI shall designate one or more RMP who shall be using essential narcotic drugs. When there are more than one registered medical practitioners, one of them shall be designated as Overall officer-In-Charge.
- The RMI shall ensure that the RMP, designated as the Medical Officer in Charge has completed the certified training in medical use of ENDs as per the Rules. This officer shall be responsible for the safe use of ENDs at the institution.
- The drugs will be procured and supplied through Tamil Nadu Medical Services Corporation .
- ENDs shall be prescribed as per the rules and dispensed only to selected patients, registered with the RMI.
- END stock with the RMI shall not be transferred, loaned or sold to other institutions except with the written permission of concerned Directorates.
- All records and registers shall be maintained as indicated in the Rules, for a period of two years from the last entry. They should be made available for inspection for the Commissioner of Food & Drugs Control Administration or any other officer authorised by him in this regard.
- The expired stock of ENDs shall be destroyed in the presence of an official designated by the State Drug Controller / Commissioner of Food & Drugs Control Administration.
- The unused ENDs returned by the patients, shall be considered as receipts, provided the drugs are not damaged or otherwise unacceptable for use.

Appendix – 3

Phase wise Institutions for Implementation of Palliative care

Phase I Institutions:

S.no	Institution
1.	District Head Quarters Hospital, Cuddalore
2.	District Head Quarters Hospital, Dindigul
3.	District Head Quarters Hospital,Kovilpatti
4.	District Head Quarters Hospital, Ramanathapuram
5.	District Head Quarters Hospital ,Tiruppur
6.	District Head Quarters Hospital,Krishnagiri
7.	District Head Quarters Hospital, Thiruvallur
8.	District Head Quarters Hospital ,Namakkal
9.	Government Medical College Hospital, Thiruvarur
10.	Government Medical College Hospital, Tiruvannamalai

Phase II Institutions:

S.no	Institution
1.	District Headquarter Hospital, Kanchipuram
2.	District Headquarter Hospital, Pollachi
3.	District Headquarter Hospital, Kallakurichi
4.	District Headquarter Hospital,Walajapet
5.	District Headquarter Hospital, Kumbakonam
6.	District Headquarter Hospital, Erode
7.	District Headquarter Hospital, Manapparai
8.	District Headquarter Hospital, Mettur
9.	District Headquarter Hospitals,Tenkasi
10.	District Headquarter Hospital, Kanniyakumari

Phase III Institutions:

S.no	Institution
1.	District Head Quarters Hospital, Ariyalur
2.	District Head Quarters Hospital, Pennagaram
3.	District Head Quarters Hospital, Nagapattinam
4.	District Head Quarters Hospital, Udhagamandalam
5.	District Head Quarters Hospital, Perambalur
6.	District Head Quarters Hospital, Karaikudi
7.	District Head Quarters Hospital, Periakulam, Theni
8.	Thoracic Medicine Hospital, Thoppur,Madurai
9.	District Head Quarters Hospital, Virudhunagar
10.	Government Medical College Hospital, Karur
11.	Government Medical College Hospital, Pudukkottai
12.	Royapettah Government General Hospital, Chennai

Phase IV Institutions:

S.no	Institution
1.	Rajiv Gandhi Government General Hospital
2.	Kilpauk Medical College Hospital & Hospital
3.	Stanley Medical College Hospital
4.	Government Multi Super Speciality Hospital
5.	Coimbatore Medical College Hospital
6.	Dharmapuri Medical College Hospital
7.	Chengalpet Medical College Hospital
8.	Kanyakumari Medical College Hospital
9.	Karur Govt. Medical College Hospital
10.	Madurai Government Rajaji Hospital
11.	Pudukottai Govt. Medical College Hospital

12.	Govt. Mohan Kumaramangalam Medical College Hospital
13.	Sivagangai Medical College Hospital
14.	Thanjavur Medical College Hospital
15.	Theni Medical College Hospital
16.	Thiruvannamalai Medical College Hospital
17.	Thoothukudi Medical College Hospital
18.	Tirunelveli Medical College Hospital
19.	Thiruvarur Medical college Hospital
20.	Trichy Medical college Hospital
21.	Vellore Medical College Hospital
22.	Villupuram Govt. Medical College Hospital
23.	IRT Perundurai Medical College

Institution based palliative care will be extended to Taluk and Sub Taluk Hospitals subsequently.

Appendix – 4

Tentative List of Training Centers for Palliative care

Centre of Excellence and Primary training Centre for Palliative care:

Government General Hospital, Royapettah

Regional training centers for Palliative care:

1. Rajaji Government General Hospital, Madurai
2. Coimbatore Medical College Hospital

Zonal training centers for Palliative care:

1. Govt. Mohan Kumaramangalam Medical College Hospital, Salem
2. Trichy Medical college Hospital
3. Tirunelveli Medical College Hospital

BEELA RAJESH
SECRETARY TO GOVERNMENT

//True Copy//

10/6/19

SECTION OFFICER