


PROJECT



Because they care

Bangalore will soon have a building to provide support and solace to the terminally ill. The facility, the first of its kind in Karnataka, is part of the Hospice movement which lays less emphasis on the clinical and concentrates on the humanitarian aspect of treatment. The Indian Cancer Society in conjunction with the Rotary Club of Indiranagar, Bangalore, started the project a few years ago. They provide home service to cancer patients and hope to expand their scope.

Anjali Prayag reports.

WHEN nine-year-old Padmini, died of cancer in her one-room hovel recently, she was truly alone. Her mother, a domestic servant was doing her daily rounds and her father, a casual construction labourer was away at the site. Her younger siblings, totally unaware of her helpless condition were playing outside the hut.

Padmini's is not an isolated case. Millions all over the country die everyday, often in great pain, abject misery and absolute loneliness, simply because hospitals have nothing to offer by way of cure and their families have no time to spare for them.

To overcome this basic failing in modern-day lifestyles, Dame Cicely Saunders of the UK pioneered the Hospice Movement. Her philosophy as:

You matter up to the last moment of your life, And we will do all we can. Not only to help you die peacefully. But also to live until you die."

Terminally-ill patients have an untold craving for human company, not merely to share their grief, as studies have shown, but to protract their experiences with normal existence. The Hospice Care treatment lays less emphasis on the clinical and concentrates on this humanitarian aspect.

The Indian Cancer Society in conjunction with the Rotary Club of Indiranagar, Bangalore, started the Bangalore Hospice Trust in November 1994. The facility, called Karunashraya, is the first of its kind in Karnataka. Initially, this care will be available only for patients suffering from cancer.

The Hospice building, expected to be completed by April 1998, is located on a five-acre plot in Whitefield, Bangalore. The Trust acquired the land at a paltry sum from the Government of Karnataka for a 99-year lease. The building construction is estimated to cost about Rs. 1.8 crores, for which donations have poured in from the corporate sector and individuals alike.

The Tata Trusts, Larsen & Toubro, Brooke Bond Lipton India Ltd., Bank of America and Castrol are among the corporate donors. "But

companies also have other resources which are equally valuable and which can be utilised in movements like these," says Mr. Kishore S. Rao, Managing Trustee of the Bangalore Hospice Trust (BHT).

Explaining his comment, he reveals that architects Chandavarkar & Thacker have offered to design and supervise the construction of the building, ad agency MAA Bozell, has designed the Trust logo and the brochure, brick manufacturer, Krishvee Bricks has agreed to give bricks, EID Parry will supply bathroom fixtures and Rotarian, Mr. Prakash Giridhar, will give furniture for the building. The punchline? All have offered their services free of charge.

The Trust has so far managed to collect about Rs. 40 lakhs, and construction work has begun in full swing. "Being an ex-corporate person, I have to realistically work out arrangements for the rest of the money for the construction and also to meet the running expenses of the Hospice," says Rao, an ex-employee of Coats Viyella.

Meanwhile, as the building takes shape, the Trust is not complacently awaiting its completion. It has already started a home-care service for terminally-ill cancer patients. The home-care teams, numbering two, each comprises a counsellor and a qualified nurse, Sister Jose Mary and Sister Vinita, the nurses along with Sister Mallika and Ms. Usha Shinde, the counsellors regularly visit patients who live in desolate and sordid surroundings.

One wonders who they turn to when they are affected by their frequent contact with anguish and suffering? Two psycho-oncologists working at NIMHANS, Bangalore, help them out regularly. These doctors play counsellors and guide them during complicated situations. Sister Mallika says, "The condition of the patients does disturb us, but it does not come in the way of our duties. At the same time, we as care-takers should not become apathetic or dispassionate towards suffering." It's a balancing act that requires a tremendous amount of mental strength and innate tranquility.

Also contributing his mite to the teams' efforts is autorickshaw driver, Shekhar, who drives them all over the city. During one visit,

the team was unable to locate the patient's house. Shekhar knew that the patient belonged to the Muslim community. After much searching, he went to a nearby mosque, spoke to the *mullah* there and managed to get the directions to the patient's residence.

So far, the team has visited 110 patients, 85 have since died. The team conducts itself strictly under the supervision of the referring doctor. The mode of treatment, whether allopathic, homoeopathic, ayurvedic or unani, is not interfered with. The team does not impinge upon the religious beliefs of the patients or their families. Though the service is provided absolutely free, donations are accepted which may in turn benefit many more poor patients.

Right now, the team operates from the TTK Blood Bank premises which is also a charitable organisation, started by TTK Ltd. Dr. Latha Jagannathan, a trustee with the BHT, who also manages the blood bank, has conducted several cancer detection camps. She says it is very difficult to motivate people to attend these camps as most of them are afraid to face reality.

In Hospice Care, palliative measures are given utmost priority. "For example, administration of oral morphine is highly recommended to all these patients who are undergoing immense pain," says Ms. Shinde. Sometimes, the doctor is not receptive to the idea. Many a time, it's the families which have reservations about this pain-alleviation treatment, because they feel morphine exposes the patients to a plethora of side effects.

Another critical contribution of the Home Care Team is the bereavement visit after the patient's death. The family is at a loss, totally ignorant of how to deal with the experience. It is at this time that the team comes to the fore and gently guides the family towards accepting their loss.

The team has to tread carefully, as some families do not like the intervention of an outsider. On the other hand, some families welcome the support that the team provides. The extent of involvement varies from family to family. But the team continues its service, relentlessly.