

## **My experience of the Indian Association conference 2019 in Kerala**

The International Conference of Indian Association held on 9-10/02/2019 in Kerala has been a great success with theme 'Voices in Palliative Care: Ensuring Quality; Creating Solutions'' focusing on Humanitarian issues'. The speakers were Dr. Mhoira Leng Humanitarian issues-Gaza, Opia Vicky Humanitarian issues-Uganda, Dr. Farzana Khan-Humanitarian issues – Bangladesh, Dr. Athul Joseph Manuel-Humanitarian Issues-Kerala.

The annual conference, which took place in AELIS Hills Alua that attracted delegates from across India as well as the rest of the world. This was a great learning opportunity for me, I got to hear from prominent national and international speakers like Dr. Athul Joseph Manuel, Dr. Lukes discussing the future and challenges of palliative care in India as well as globally.

The Conference venue was conducive to the better understanding among the participants. Your Association played an indispensable factor in ensuring palliative care for all in need, Taking part in fieldwork and learning about the scene of community palliative care proved an immensely rewarding experience both professionally and personally.

While in the field, I learned that palliative care program that exist in the country, 90% are available in the small state of Kerala, which account for nearly 3% of the country's population. This is a clear demand-supply mismatch in the provision of palliative care services in the county.

I also learned that, Kerala is characterized by a large number of home base care services, which relies on the strength of the family support and the enthusiasm of the volunteers. One notable challenge is policy over nurse's prescription of drugs, which to me may pose challenges on patient's quality of life.

Most palliative and hospice care are in large cities and regional cancer centers. Meaning the Rural centers are challenged in accessing palliative care due to poverty, lack of insurance and transportation. Much as lack of health care facilities and coordination of health care services limit palliative care provision, am pleased that patients get quality services as regards to the number of chemotherapy both curative and palliative. 'I can very well recall in one of homes where a woman had 12 cycles of free chemotherapy which is not the case in Uganda' and at St George hospital, we were told that the government had good involvement in health supplies besides palliative care is done alongside other specialty.

Palliative care for the mental ill being provided at Snch Bhawan a missionary base organization inspired me to integrate palliative care for the mentally ill into the already existing PC in Adjumani Hospital.

Thanks to Dr. Cheetra and team, while there, the greatest number of patients admitted were female, (10 F / 2 M) only to learn that mother-in-laws are the primary controller of their son's resources causing depression to majority of women in India.

We later visited the political center, which provide palliative care services to the vulnerable community , here, each patients is attached to a volunteer, who frequently assess patient's on phone for continuum of care.

My sincere Gratitude to Dr. Cheetra, Dr. Mhoira, and Dr Athol Joseph, Dr Michael and Liz, Dr Luka's and all those who's hosted us while in India (Kerala).

Let's stay in touch, and hopefully, our increasing cooperation, partnership, friendship and network will contribute in improving quality of life for patients and family with palliative needs across the globe.

I believe that the conference was a great success!

Thanks to Cairdeas international for financing my travel and stay in India.

In lovely memories of Kerala the land of beautiful sceneries, covered with water and coco-nut

Thanks

Opia Vicky

Palliative care Nurse Specialist



