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Invited Article

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Palliative care needs of geriatric population in India

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Palliative care in India is often restricted to incurable cancers and often it is misinterpreted as end of life care. Palliative care improves quality of life with reference to geriatric population who suffer from incurable diseases, but the palliative care approach is rarely practiced. Geriatric population suffer from incurable diseases such as dementia, stroke, end stage Parkinson's disease, refractory cardiac failure, end stage renal failure, end stage Chronic Obstructive Pulmonary Disease (COPD) on home oxygen therapy or Non-invasive ventilation, vertebral fractures, hip fracture with poor outcomes, fragility and poor functional status. Many of them may die in distress in the hospitals after repeated admissions. Physicians and nurses are poorly trained in delivering palliative care to this population.

Palliative care addresses physical, social, psychological and spiritual issues and also encourages communication and addresses caregiver issues.

Physical symptoms often poorly addressed in geriatric population

1. **Pain:** Several studies have shown that pain is never addressed in this population. Very often chronic pain is never recognized as important. Morphine is rarely used in India in geriatric population.
2. **Dyspnoea:** Recurrent aspirations, refractory cardiac failure, end stage COPD, uncontrolled chronic asthma are usual causes of dyspnoea in older population. Many of them may not afford home oxygen or Non-Invasive ventilation. However, low dose sedation is rarely used for fear of respiratory failure. Small dose of Clonazepam (as low as 0.125 mg) can relieve dyspnoea and improve quality of life.
3. **Pressure ulcers:** There is very poor training provided to caregivers in handling bed ridden elderly and several of the elderly in India suffer from pressure

ulcers. Training the caregivers in managing pressure ulcers in the permanently bed ridden will improve quality of life of the elderly.

4. **Poor mobility:** Physical exercise relieves pain and is known to help any kind of immobility. However, home physiotherapists are very expensive because of shortage of their availability. There is need to train caregivers in giving physiotherapy.
5. **Dementia:** There is very little training given to the relatives and caregivers in handling these elders and there is severe distress for both the elderly and their caregivers.
6. **Social needs:** Although culturally India has the system of visitors visiting the elderly, the same is disappearing in metros. This will lead to social isolation of the elderly. There is no practice of taking the elderly in wheel chair out in India mostly because of poor roads or poor disability friendly environment.
7. **Psychological distress:** Elderly are often depressed, have the fear of death or disability and suffer from isolation. They have very poor communication with their children or grandchildren and even doctors do not communicate the long term prognosis of the disease with them. Decisions are taken by children without consulting the elderly.
8. **Spiritual issues:** Elderly have several existential issues. They have serious questions such as: Why me? How long do I have to suffer? What wrong have I done?
9. **Advanced directive:** India still does not have advanced directive, where the elderly can decide whether they want to go through certain invasive or expensive treatment for incurable diseases or not.

We still hear about scenarios where elderly are locked and chained inside their own houses. It is high time we train the relatives, medical and paramedical staff in caregiving that improves quality of life i.e., Palliative care.

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