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Harnessing Community Medicine for Holistic Palliative Care in India

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The World Health Organization (WHO) defines palliative care as an approach that enhances the quality of life for patients and their families facing life-threatening illnesses by alleviating pain and other physical, psychosocial, and spiritual suffering. It focuses on early identification and comprehensive management of symptoms to prevent or relieve distress and improve well-being, whether the underlying illness is cancer, chronic organ failure, or other conditions.[1]

The diverse scope of palliative care also includes geriatric and pediatric populations, given the unique challenges both the extreme age groups face. Geriatric palliative care addresses the complex needs of older adults, many of whom experience multiple chronic illnesses, frailty, and cognitive impairments, such as dementia. It emphasizes quality of life, pain management, and advanced care planning to align care with the patient's preferences as they near the end of life.[2,3] On the other hand, pediatric palliative care offers specialized support for children with conditions such as genetic disorders, congenital anomalies, or pediatric cancers, ensuring not only symptom control but also emotional and psychological support for both the child and the family.[4]

Thus, palliative care is recommended as part of integrated health systems, delivered across home, community, and hospital settings, ensuring access at all levels of care, including primary health care.[5]

In India, alleviating the suffering of patients with life-limiting illnesses via palliative care faces unique challenges due to the country's diverse population, limited health care access, and sociocultural dynamics. Despite its significance, India has only 0.3 trained palliative care physicians per million population.[6] Additionally, access to essential medications like morphine remains limited even in tertiary care centers.[7] Here comes the role of community medicine, which plays a pivotal role in bridging the gap between specialized care and the health care needs of individuals at the grassroots level, including rural areas. This is in alignment with India's Ayushman Bharat initiative, which promotes patient-centered care, helping meet the needs of both the elderly and children with life-limiting conditions at the community level. This commentary explores the potential and contributions of community medicine to the palliative care landscape in India.

Community Medicine and Decentralized Palliative Care

India's health care infrastructure, especially in rural areas, often struggles to meet the needs of patients with chronic illnesses and those requiring end-of-life care. Community medicine, with its focus on preventive and promotive care, can extend its role to include palliative services by utilizing community health workers (CHWs) such as Accredited Social Health Activists (ASHAs) and auxiliary nurse midwives (ANMs).[8] These frontline workers, embedded within communities, have the advantage of regular contact with families and can help identify patients in need of palliative care early.

However, as emphasized by experts, expecting CHWs to independently identify and manage palliative care needs without adequate training and support can lead to suboptimal care. The nuances of palliative care, particularly for complex or terminal cases, often require specialist involvement,[9] yet the homecare and supportive care can be managed by effectively trained CHWs.

Decentralizing palliative care services through primary health care systems supported by community medicine

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specialists can reduce the burden on tertiary centers. This should follow a "hub-and-spoke" model, where tertiary palliative care centers provide guidance, training, and support to primary and secondary care providers for difficult cases.[10] This model aligns with the government's Ayushman Bharat initiative, which emphasizes comprehensive care at Health and Wellness Centres (HWCs), including palliative care.[11]

Capacity Building and Training

Community medicine departments in medical colleges are well positioned to contribute to palliative care through training programs for health care professionals and CHWs. Specialist-led training modules focusing on symptom management, communication, and psychosocial support should be introduced at all levels. In addition, increasing the number of MD seats in palliative medicine and integrating basic palliative care training into other residency programs are crucial to address the lack of trained manpower.[12]

Integrating palliative care principles into the medical curriculum ensures that future physicians understand the importance of addressing patients' physical, emotional, and social needs. Furthermore, CHWs can be trained in symptom management, communication, and psychosocial support to effectively deliver care in resource-limited settings.[13]

Role in Public Health Awareness and Advocacy

Community medicine practitioners are also essential in public health advocacy and awareness campaigns. Cultural stigmas and a lack of awareness about palliative care remain significant barriers in India. Community outreach programs can promote awareness about pain management, home-based care, and the importance of dignity in end-of-life care. These efforts can foster acceptance and demand for palliative services at the community level.[14]

Home-Based Palliative Care and Continuity of Care

In India, the significant number of terminally ill patients prefer to die at home, primarily due to the emotional and familial support available in a home setting. This reflects a broader trend where many people express a desire to avoid institutional care at the end of life, instead favoring the comfort of home.[15,16]

Anticipatory care plans, developed collaboratively between patients, families, and health care teams, are crucial in facilitating such preferences. Regular follow-up by palliative care teams and CHWs can ensure symptom management and provide emotional support to caregivers.[17]

Challenges remain, such as access to home-based palliative care and the need for trained health care professionals to support patients at home. These barriers lead to a higher number of patients spending their final days in hospitals instead of at home. Collaboration between palliative physicians and community medicine professionals can bridge these gaps by fostering community-based palliative care models.[18]

Challenges and Future Directions

While community medicine holds promise, several challenges must be addressed to enhance its contribution to palliative care. These include the need for policy frameworks, sustainable funding, integration of palliative care into national health programs, and overcoming the shortage of trained personnel. A pilot project, incorporating inputs from CHWs and specialists, could demonstrate the feasibility and impact of this collaboration.[19] Such a project could provide a roadmap for scaling up community-based palliative care services across India.

Conclusion

Community medicine, with its emphasis on public health, preventive care, and community engagement, can play a transformative role in expanding access to palliative care in India. By leveraging the existing health care infrastructure, building capacity, and fostering community-based care, community medicine can help meet the growing demand for palliative care. This collaboration, supported by strong government involvement and evidence-based strategies, will ensure that patients with life-limiting illnesses receive compassionate, dignified care, even in the most underserved regions of the country.[20]

Authors' Contributions

Both authors contributed to the conceived and designed the study and contributed to the definition of intellectual content, literature search, manuscript preparation, manuscript editing, and manuscript review.

Patient Consent

Patient consent is not required.

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Conflict of Interest

None declared.

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References

1 World Health Organization. Palliative Care. Accessed October 15, 2024 at: https://www.who.int/news-room/fact-sheets/detail/palliative-care
2 World Health Organization. Palliative care for older people: better practices. Copenhagen: WHO Regional Office for Europe; 2011. Accessed October 15, 2024, at: https://www.who.int/europe/publications/i/item/9789289002240
3 Tanawade P, Anap Y, Pawar R, et al. Quality of life of primary caregivers attending a rural cancer centre in western Maharashtra: a cross-sectional study. Indian J Med Paediatr Oncol 2021; 42(3):372–7
4 Together for Short Lives. Pediatric palliative care framework Bristol: Together for Short Lives; Accessed October 15, 2024 at: https://www.togetherforshortlives.org.uk/resource/standards-framework-childrens-palliative-care
5 World Health Organization. Integrating Palliative Care and Symptom Relief into Primary Health Care: A WHO Guide for Planners, Implementers and Managers. 2018. Accessed October 15, 2024 at: https://www.who.int/publications/i/item/9789241514477
6 Kumar S, Numpeli M. Community-based palliative care in Kerala: an innovative model. Indian J Palliat Care 2020;26(01):101–106
7 Ministry of Health and Family Welfare, Government of India. Operational Guidelines for Health and Wellness Centres under Ayushman Bharat. New Delhi: Ministry of Health and Family Welfare; 2018
8 Rajagopal MR, Joad AS, Muckaden MA, et al. The need to integrate palliative care into primary healthcare in India. J Pain Symptom Manage 2016;52(05):784–790
9 Khosla D, Patel FD, Sharma SC. Palliative care in India: current progress and future needs. Indian J Palliat Care 2012;18(03): 149–154
10 Kulkarni SS, Patil CR, Anap YS, Tanawade PK, Watve PJ, Pawar AS. Quality of life of primary caregivers attending a rural cancer centre in Western Maharashtra: a cross-sectional study. Indian J Med Paediatr Oncol 2021;42(03):270–275
11 Driller B, Talseth-Palmer B, Hole T, et al. Cancer patients spend more time at home and more often die at home with advance care planning conversations in primary health care: a retrospective observational cohort study. BMC Palliat Care 2022;21(01): 61
12 Nair M, Tripathy JP. Home-based palliative care for chronic illnesses in India: scope and challenges. Indian J Public Health 2019; 63(01):45–49
13 Lee K, McLaughlin D, Kaza S. Integrating palliative care into community-based health systems: a framework. J Palliat Med 2023;26(02):152–157
14 Saxena S, Pandit D. Barriers to palliative care in rural India: the role of community health workers. Palliative Care J. 2020;15(03): 217–220
15 Ghosh R, Sharma K, Gupta K, et al. End-of-life care preferences in India: a community-based study. Indian J Palliat Care 2019;25 (04):488–493
16 Gupta H, Shah A, Patel A. The importance of home-based palliative care in India. J Palliat Med 2018;21(06):801–805
17 Kumar S, Krishnan R, Parchuri M. Advance care planning in Indian families: understanding the challenges and facilitators. Indian J Med Ethics 2021;8(04):220–225
18 Mallick D, Singh R, Gupta M. Evaluating community health worker-based palliative care models in India. BMC Palliat Care 2022;21(01):82–87
19 Bansal A, Gupta R, Jain D. Community medicine and palliative care integration: a pilot study. Indian J Palliat Care 2023;29(01):15–20
20 Sharma P, Agarwal A, Kumar A. Enhancing palliative care access in underserved regions of India: a collaborative model. Health Policy Plan 2023;38(07):865–871

