

1.1 INTRODUCTION

Palliative care system is an integral component of the total health care in advanced countries. It aids a patient right to live with dignity and die in peace. Palliative care is a health care specialty that is both a philosophy of care and an organized highly structured system for delivering care to person with life threatening or debilitating illness from the family. Palliative care improves health care quality in three domains, 1)the relief of physical and emotional suffering. 2)improvement and strengthening of the process of patient physician communication and decision making. 3) assurance of coordinated continuity of care across multiple health care setting hospital home and long-term care.

WHO defined, palliative care as an approach that improves the quality of life of patients and their family facing 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.

Palliative care policy Government of Kerala 2002 defined, palliative care improving quality of life by employing what is called active total care treating pain and other symptoms at the same time offering social emotional and spiritual support.

The basic aim of palliative care system;

- Offer relief from pain through constant care and support.
- Enhance the quality of life by making them as possible and extend emotional as well as psychological support.
- Relieve the patients from the fear of death and enable to admit dying as a normal phenomenon.
- Uses a team approach to address the needs of patients and their families including bereavement counselling if indicated.
- Offer a social support system to help family cope during the patient illness and in their own bereavement.

The concept of palliative care relatively new to India, having been introduced only in the mid 1980's. since then Hospice and palliative care services have developed through the efforts of committed individuals including health professionals as well as volunteer in collaboration with international organizations and individuals from other countries. In 1975 the Government of India initiated a national cancer control program. By 1984, this plan was modified to make pain relief one of the basic services to be delivered primary health care level, unfortunately this policy was not translated in to extensive service provision. The hospice and palliative care movement in India started tentatively in the mid 1980's and has slowly increased over the last two decades. The Indian association of palliative care came in to existence from Gujarat 1985.

1.2 SIGNIFICANCE OF THE STUDY

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through prevention and relief of suffering by means of early identification, assessment and treatment of pain, and other problems - physical, psychosocial, and spiritual. It is estimated that in India the total number of people who need palliative care is likely to be 5.4 million people a year. Though palliative care services have been in existence for many years, India ranks at the bottom of the Quality of Death index in overall score. However there has been steady progress in the past few years through community-owned palliative care services. One of the key objectives of the National Programmed for prevention and control of cancer, diabetes, cardiovascular diseases, and stroke is to establish and develop capacity for palliative and rehabilitative care. Community models for the provision of home- based palliative care is possible by involving community caregivers and volunteers supervised by nurses trained in palliative care. Training of medical officers and health care professionals, and sensitization of the public through awareness campaigns are vital to improve the scope and coverage of palliative care. Process of translating palliative care plan into action requires strong leadership, competent management, political support and integration across all levels of care.

1.3 STATEMENT OF THE PROBLEM

There has been an unprecedented rise in the need of palliative care services because the increase of communicable and non-communicable diseases. The need of palliative care services mostly wanted the ageing population. Due to falling fertility mortality and increasing standard of living increases the ageing population. The aged people suffer ring number of diseases. The palliative care units provide homecare, medical facilities, mental support and physical care to the patients and their family. The present day many people choose palliative care due to the efficiency in their work, behavior towards patients and to reduce unnecessary hospital admissions. It was considered as a global policy and a human right. The goal of palliative care is therefore to improve the quality of life both patients and family by responding to pain and other distressing physical symptoms, as well as to provide nursing care psychosocial support and spiritual support .In this study examine the role of palliative care in promoting health care and the service orientedness of palliative care units.

1.4 OBJECTIVES OF THE STUDY

- To find out the role of palliative care in promoting health care
- To study about satisfied with the service from palliative care workers
- To study about service providers will talk to you in a smooth manner
- To Understand the service orientiveness of palliative care units

1.5 SCOPE OF THE STUDY

The scope of this study on the role of palliative units in supporting healthcare encompasses an in-depth examination of the functions, impact, and challenges faced by palliative care units within the healthcare system. It will investigate various aspects including the services provided by palliative units, their contribution to patient care, collaboration with other healthcare professionals, integration into the broader healthcare framework, as well as the socioeconomic factors influencing their effectiveness. Additionally, the study will explore the extent to which palliative care units meet the needs of patients and families facing life-limiting illnesses, and how they contribute to improving quality of life and overall healthcare outcomes.

1.6 METHODOLOGY

The following methodology adopted for study.

- Method of data collection

The study is conducted by collecting data from both primary and secondary sources. The data is collected using two types of well-designed questionnaire prepared according to their specific objective of the study. Further, the direct personal investigation method has also been employed to collect required information for a descriptive study.

- Sources of primary data

Primary data collected through direct personal investigation. Intensive study conducted among palliative care receivers randomly by taking 50 samples. A structured questionnaire is prepared for collecting the required information from the respondent.

- Sources of secondary data

Secondary data collected for palliative care units. There are 14 palliative care units, data collected from the official records of palliative care units.

Tool of Analysis

For collecting new unknown data required for the study of any problem, one may use various devices. The data analysis process will be qualitative content analysis. For the analysis and interpretation of the data collected, various statistical tools like percentage, bar diagrams, pie charts etc. have been used.

1.7 LIMITATIONS

- Samples for this study confined to only in one Area.
- Limited time for conducting a detailed study.