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EDITORIAL

ARE WE SPIRITUAL?

What is spirituality? We look at spirituality interms of our relationship with the God, Goddess or Gods. If we ignore the existence of any form of deity, spirituality may appear as the essence or feeling resulting from actions we take in our lives.

Some people consider spirituality as paranormal experience while for others it is synonymous with faith and religion. Many people aspire to live a spiritual life. They don't call themselves spiritual but their actions express basic traits of spirituality. How can we define spirituality? His Holiness Dalai Lama has defined it as " Spirituality is concerned with those qualities of human spirit such as love, compassion, patience, tolerance, forgiveness, contentment, a sense of responsibility, a sense of harmony - which brings happiness to both self and others. Generally, patience, tolerance, forgiveness, love and compassion are desirable traits. Can we come close to spirituality? Prayers and meditation often bring us closer to understanding the values incorporated in spirituality. They can result in spiritual growth and development. Research indicates the impact of spiritual beliefs on the healing process. Prayers and meditation affect our body, mind and soul. We may continue to lead healthy and fruitful lives without spirituality; but life improves when we embrace some form of it. Infact, by including some form of spiritual practices into our lives, we may actually increase our ability to be healthier, live longer and decrease the debilitating problems resulting from stress & depression. This means that we should all adopt a spiritual growth plan and seek the answer to "What is spirituality".

Spirituality is important for the well being of people who have cancer enabling them to better cope with the disease. Spirituality helps patients and families find deeper meaning and experience a sense of personal growth during cancer treatment while living with cancer, and as a cancer survivor.

Spirituality is the relationship people have with a power beyond themselves that helps them feel connected and enrich their lives. It is different from religion. Religion is a specific sets of beliefs or practices usually connected to an organized group. Some people find spirituality by practicing their religious beliefs, while others find it outside an organized religion. Many cancer patients would describe themselves as spiritual, but not necessarily religious, such patients seek spirituality and a connection to a super power. Studies show spirituality also can have a direct impact on quality of life by contributing to our physical health. Benefits of spirituality are 1) decreased anxiety, depression and anger 2) decreased feeling of loneliness 3) Decreased drug abuse 4) lowered B P 5) better pain and nausea control.

End of life decisions have huge spiritual component. Sometimes spiritual distress can make it harder for patients to cope with cancer and its treatment. It could have negative effect on ones attitude and progress.

Each patient has unique spiritual needs based on cultural and religious traditions and upbringing. Spiritual practices that may help you cope with cancer and its treatment include praying, meditation, reading holy books, listening to classical or spiritual music, yoga etc. Moreover it is important to keep our mind free from negative thoughts and have positive thoughts which is possible by a) having faith in God b) Calm acceptance of death c) Detachment from loved ones d) feeling positive about the way we lived our life e) feeling loving, kindness and compassion for others. And the best time to cultivate spiritual practices is now; since we have no way of knowing when death will happen.

Be spiritual, being religious is an option!!

Dr. A. K. Dewan
Medical Director

ETHICAL ISSUES IN END OF LIFE CARE

In this modern era of technologically advanced and 'corporatized' medicare more patients with advanced disease are surviving for longer periods in hospitals and ICUs.

Be it terminal cancer or organ failure, affluent societies all over the world, and increasingly in India are getting familiar with the complex interplay of issues connected with 'End of Life Care' (EOLC) where individual beliefs and wants and societal circumstances impinge on the rights of the dying person. While multi-organ support does prolong life, the quality of life deteriorates while using up precious medical resources.

Brain death certification for potential organ harvesting has also gained pre-eminence in today's healthcare practice. The concept of brain death is often difficult for families to come to terms with when dealing with a tragic loss. Their loved one who has suffered from an injury to the brain is in ICU. Everything possible is done to support the patient including maintaining blood pressure and heart rate with medications, respiratory support with a ventilator, and constant monitoring. Often, for the patient with a non-traumatic brain injury like a stroke, there is no outward sign that their loved one has suffered a devastating and non-survivable injury to the brain. The patient looks to be asleep, is warm to touch and appears to breath, albeit with the help of a machine. It is under these circumstances that families are asked to understand that their loved one has died. It is also under the same scenario that organ donation is presented as an option in order to give life to others.

The modern life has made man a victim of 'choices'- from birth till death he or she is exposed to a bewildering array of choices in every aspect of daily life be it education, career, nutrition or any other aspect of living. Of course there is a prerequisite to this conditioning- a degree of affluence, awareness and education. On the flip side such a person becomes so involved in daily living and choosing that he misses the 'woods for the trees'- the larger looming issues of dying, life after death and the ultimate meaning of life.

When a loved one is dying the decision to withhold or to administer increasingly complex (and traumatic and dehumanizing) life support or organ support -is driven by this right to chose. There is also an element of denial in addition to an inability to overcome the fear of losing a loved one to death. This fear of death is still the most prevalent unresolved psychological pressure facing mankind and only a miniscule percentage of people who are religious or spiritual may be obtaining some guidance and solace. Noted psychiatrist Elisabeth Ku¨bler-Ross (1926–2004), influenced the medical practices undertaken at the end of life, as well as the attitudes of physicians, nurses, clergy, and others who cared for the dying.

Medical Ethics, as applied to EOLC raises the question of fulfilling the wishes of the dying person even if he or she is unable to communicate and it devolves around providing a 'good' painless death as opposed to the lingering painful traumatic alternative looming ahead.

This article only briefly touches upon the most important features of this issue and begs for a consensus to be arrived between the society and medical profession so that a balance can be achieved between aggressive medical care and comfort and pain relief by acknowledging the point of irreversibility and the tough 'choice' to be made by caregivers and loved ones to do what is right and in the patient's best interests. In a survey what mattered most to the patient's attendants and which significantly influenced their decision to allow organ donation included trust and confidence in the doctors providing the care and timely and effective communication about exact status of the patient.

Dr. Malvinder Singh Sahi
Head – Pain Management & Sr. Consultant – Critical Care

LATE EFFECTS OF CANCER TREATMENT AND IMPORTANCE OF REGULAR FOLLOW UP

Late effects are side effects of cancer treatment that become apparent after the treatment has ended. Cancer survivors might experience late effects of cancer treatment years later. **Long-term effects** of cancer therapy are medical problems that persist for months or years after treatment ends. As more people are living longer after cancer treatment, more is becoming known about the late and long-term side effects of cancer treatment. These effects of cancer treatment can come from any of the three main types of cancer treatment: chemotherapy, radiation and surgery.

Late side effects in childhood cancer survivors will vary depending on the age and gender of the child, type of cancer, site of cancer and type of treatment. Depending on these factors late effects may affect any organ like growth, heart , lungs, kidney, gonads, neurocognition etc. Regular follow up is therefore essential to detect and control these issues early. Some examples of these check-ups are listed below.

After therapy evaluation depending on disease and exposures:

- Yearly thyroid examinations for people who had radiation therapy to the head, neck, or throat
- Lung function tests for people who received bleomycin (Blenoxane) or a stem cell transplant. These show how much air your lungs can hold and how quickly air moves in and out of your lungs.
- Regular electrocardiograms (EKGs and ECHO (heart ultrasound) for people who received radiation therapy to the chest and/or who received high doses of a class of drugs called anthracyclines, which includes doxorubicin (Adriamycin), or other chemotherapy known to affect heart functioning
- Regular mammography starting at an early age for women who had radiation therapy to the chest while they were young
- Periodic imaging tests, such as x-rays or computed tomography [CT] scans, and/or blood tests to watch for a second cancer

It is a good idea for each patient to keep a **treatment summary** so that the possible late / long term effects may be anticipated and appropriate screening plan advised. The **treatment summary** should include:

Patient's name and birth date; (2) Date of cancer diagnosis and date of any recurrence; (3) Type of cancer, including details such as tissue or cell type and stage or grade; (4) Place of treatment; (5) Name and phone number of the primary oncologist; (6) The dates that treatments started and ended; (7) Specific drugs used for chemotherapy and the total dosage (if applicable); (8) Radiation treatment area and dose (if applicable); (9) Other treatment information, such as whether the patient had a stem cell/bone marrow transplant and the type, and any transfusions; (10) Treatment-related problems.

Table: Tips on how to lower the risk of late effects after cancer treatment

- Do not smoke or chew tobacco, and avoid second hand smoke.
- Protect your skin from too much sun exposure.
- Limit alcohol consumption.
- Do not use illegal drugs.
- Eat a healthy diet low in fat and high in fiber.
- Exercise regularly.
- Get recommended vaccinations
- Get regular check –ups as advised by the Oncologist

Reference: ASCO Cancer Treatment and Survivorship Care Plans

After undergoing cancer treatment, survivors may be reluctant to continue to receive follow-up care because they fear finding additional medical problems. *However not everyone experiences these side effects, some may experience none at all.* However, it may help to know that serious late effects are rare and there are ways to lower their risk.

Dr. Gauri Kapoor M.D., Ph.D.
Director – Pediatric Hematology Oncology

FIESTA 2015 (26-12-2015) : Nutrition & Childhood Cancer Therapy

Cancer in children is often curable with proper treatment. When children undergo treatment for cancer, their little bodies need a balanced diet and good nutrition to support them through treatment. However, these children face many problems – some may lose weight, some feel tired and lose appetite. Others will feel nauseous or face difficulty in chewing & swallowing due to a sore mouth or swelling. In such a scenario, providing good nutritious food becomes a challenge for parents and care givers.

In order to empower parents with knowledge of balanced diet and emphasize the importance of good nutrition, as well as make nutrition interesting for children with cancer, the Department of Pediatric Oncology & Haematology (RGCIRC) hosted FIESTA 2015 on Saturday, 26th December 2015. The event saw India's Junior Masterchef Sarthak prepare special recipes for that provide good nutrition to neutropenic children. On the occasion, RGCIRC released "Magic Recipes" a book on smart nutrition for children with cancer. Over 350 children and parents were present, and mothers enthusiastically participated in the "My Magic" Recipe Contest held specially for parents.

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ULTRA SOUND GUIDED PICC LINE INSERTION TRAINING AT RGCIRC

Peripherally Inserted Central Venous Catheters (PICC) are an integral part of hematology and oncology practice. There are various techniques of PICC insertion. First being the conventional technique or landmark method in which the most prominent vein usually in anticubital fossa is palpated and canulated with a wide bore needle/ sheath and then the catheter is inserted through the sheath. The other method is ultrasound guided method using micro-introducer needle. This is a new technique in which the vein, usually basilic vein, in arm, above elbow, is identified under ultrasound and a fine needle of 21 gauge is inserted into vein under direct ultrasound image. After successful puncture of vein, a guide wire is passed through the needle and then the sheath over the guide wire and finally the catheter through the sheath. This is a novel technique with almost 100% success rate and with minimal injury to skin, subcutaneous tissue and vascular wall.

The most important aspect of PICC line care is having a dedicated team of doctors and nurses who are trained in PICC insertion, care and maintenance to avoid post insertion complications and infections.

We at Rajiv Gandhi Cancer Institute and Research Centre have been using this novel technique of PICC line placement. We have a dedicated team of doctors and nurses who take care of PICC insertion, care and maintenance/ dressing and record keeping. This way we have 100% success rate of PICC insertion and a very good outcome in terms of very low catheter related problems.

We are a training centre for PICC insertions and already have conducted several sessions of PICC insertion training for doctors and nurses. Usual course frequency is once every 3 months and the duration of course is 2 weeks. Salient features of the training program are professionally prepared lectures by a faculty actively involved in PICC care and teaching too. The faculty includes doctors from department of hematology & microbiology, Chief of Nursing, as well as our PICC line trained qualified nurses.

First Ultra sound guided PICC insertion training was conducted in September 2014. Till now we have conducted 6 training sessions for 21 candidates including doctors and nurses from different parts of India and also neighboring countries.

Our training program includes teaching modules, hands-on practice of PICC insertion, trouble shooting, care and maintainace as well as record keeping and infection control measures .At end we certify the candidates after formal test.

Faculty of PICC training:-

Dr Dinesh Bhurani, DM, Head of Unit, Hemato-Oncolog
Ms Kathleen Glenda Jacobs, Head, Department of Nursing
Dr Narendra Agrawal, DM, Consultant, Hemato-Oncology
Dr Rayaz Ahmed, DM, Consultant, Hemato-Oncology
Dr Sandeep Jain, MD, Consultant, Pediatric Hemato-oncology
Dr Neelam Sachdeva, MD, Consultant, Microbiology and Infection Control
Ms Lynette, Tutor, Department of Nursing
Ms Robina Massey, PICC line Nurse
Mr. Jose, PICC line Nurse
Ms Babita Devi, PICC line Nurse

Architect's Impression of RGCIRC (post expansion)

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