



NewsLetter

Issue: December 2022 | Vol. XXVI | No. 12 | Price: 50 Paisa

EDITORIAL

EXTRASENSORY PERCEPTION-ESP

S.B. one of my colleagues was a fighter, survivor of colon cancer. In February 2022 he told me that something bad is going to happen to him at the end of this year, may be recurrent or metastatic cancer. He remained well till November when he was admitted in hospital with abdominal pain. When he left home, he told his family that he will never come back. He was investigated in hospital for his abdominal pain. Everyone assured him that it is not recurrent cancer. But next day his condition deteriorated and he was diagnosed to have necrotizing pancreatitis. He succumbed to a non cancerous but fatal condition. A day before his hospital admission, he met all HOD's, colleagues and subordinates seeking support for his family. Why did he do that? He had the premonition or the extrasensory perception. Probably he could foresee what is going to happen!

Extrasensory perception or ESP, also called sixth sense, is a claimed paranormal ability pertaining to reception of information not gained through the recognized physical senses, but sensed with the mind. The term was adopted by Duke University psychologist J.B. Rhine to denote precognition or retro cognition.

Precognition (premonition) means obtaining of information about the future that could not have been gained through normal means. Second sight is a form of extrasensory perception, whereby a person perceives information, in the form of a vision, about future events before they happen (precognition), or about things or events at remote locations (remote viewing). There is no ordinary evidence that second sight exists. Second sight and ESP are classified as pseudoscience.

The scientific community rejects ESP due to the absence of an evidence base, the lack of a theory which would explain ESP and the lack of positive experimental results; it considers ESP to be pseudoscience.

Nearly everyone has at one time or another received what seemed to have been a glimpse into the world of ESP: Dreaming of a friend from whom one has not heard for months, then receiving a letter from that person in the next morning's mail; hearing a telephone ring and being so certain of the identity of the caller that one calls him or her by name, the instant one lifts up the receiver. These incidents are so common that they receive little more than half-joking comment; nearly everyone has some degree of ESP.

I have faint memories of my childhood. My grandfather was a hemiplegic (stroke) for more than 10 years. One day he told my mother not to go to school as he was not feeling well. But my mom insisted that she has to go to school for atleast 2 hours. My grand pa himself slept on the floor and told my father to light a Dia (Candle) and said "good bye". He had precognition about the forthcoming event. These are not uncommon. Phenomena surrounding the subjects of dying and death are intriguing. Although premonition of death (POD) is recognized phenomenon, specific case reports on older patients expressing POD shortly before its occurrence are not uncommon. Several theories of premonition have been proposed. The chance-coincidence hypothesis refers to the fact that highly unlikely events do happen occasionally by mere chance but these apparently amazing

associations are not substantiated when analyzed by statistical method. The death wish or psychobolice concept is another theory of premonition, but a patient who had a POD might not necessarily wish for death. Premonitions have been regarded as an evolutionary development that might provide functional forewarnings of disasters. Carers should take a patients's POD seriously. Opportunities should be offered tactfully to such persons to explore and resolve any social, psychological, and spiritual concerns.

It is interesting to note that many PSI activities are experienced while the person is either asleep or in the sleeplike states of trance or hypnosis. This may indicate that each individual, in his or her subconscious, has the faculties necessary to focus on the consciously unperceived world of ESP.

Extrasensory perception – ESP or Premonition, although part of Pseudoscience does exist. ESP is when you can perceive things that are not immediately available in space or time, when you can perceive something on the other side of the world, or in different room, or something that hasn't happened yet.



Dr. A. K. Dewan
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DEVELOPMENT OF INPATIENT AND OUTPATIENT PALLIATIVE CARE SERVICES AT RGCIRC, NITI BAGH, SOUTH DELHI – AN EXCITING AND ENRICHING EXPERIENCE

Palliative Care in simple words means specialized medical care for patients suffering from life limiting illness. Our journey of establishing this field at Rajiv Gandhi Cancer Institute and Research Centre, Niti Bagh started in 2017 with a thought to help those in need and a mission to make people understand regarding this emerging branch of medicine. It was started with certain goals in mind:

1) To spread awareness amongst patients and their family members on how integration of early palliative care into standard oncology practice can help providing increased quality of life with good functional capacity.

2) Acknowledging that all terminal illness exhibit the iceberg phenomenon. Palliative medicine not only promises to take care of the physical pain (referring to the tip of the iceberg) but also involves healing the pain deep within the heart – the psychological/emotional/spiritual burden (part of iceberg below the surface). With each visit, the Palliative Care team helps build a rapport with the families alongside psychological counselling which eases the unsaid load.

3) For a Medical branch, which deals mainly with life limiting diseases like cancer, a good EOLC (end-of-life-care) or hospice care program is essential. The patients and their carers must be informed about the anticipated events in their disease trajectory and must be educated regarding the concept of “good death”.

4) Goals of care and answers to difficult questions especially in patients nearing death or not able to carry out self-care in an empathetic manner was also deemed necessary for being a Specialized Palliative Care personnel.

Dame Cicely Saunders, the founder of Palliative Care movement once said:
“You matter because you are, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die”

A phased approach was planned and followed for a new beginning of the era of Pain and Palliative Care department at RGCIRC, Niti Bagh.

Phase I (Year 1st) - After completing the Fellowship in Pain Medicine, a concept of minimally invasive pain and spine intervention (MIPSI) for treating chronic pain (cancer pain, joint pain, back/neck pain, disc pain, etc.) was notified to the general public in the form of “Pain awareness camps” and round table meetings (RTMs)

Phase II (Year 2nd) - An integrated “Pain and Palliative Care” approach which should be done as early as possible in the disease course of cancer patients, was told to people involved in taking care of chronic pain patients. It was high time when we incorporated IPD for Palliative Care of bedridden patients not able to do activities of daily living and it was successfully introduced. This was highlighted in the Indian Society for The Study of Pain - ISSP Delhi Chapter meet organized by Dept of Pain and Palliative Medicine, RGCIRC, Niti Bagh.

Phase III (Year 3rd) - Our honorable Prime Minister has a vision of “Digital India” which is the future. We also dedicated this year to make and gather awareness information regarding pain management and palliative care on different social media/digital platforms like facebook, instagram, youtube,

etc. This year the information of early palliative care was taken to another level – from Delhi to National level, so a conference “PAINCON” was successfully conducted with a theme “Comprehensive approach to total pain”. Faculties and delegates from different states of India as well as other allied oncology Specialties were a part of this National level Conference.

Phase IV (Year 4th) - Whenever the work goes big, there should be a team which is to be built well in time to tackle this burden. HIGH QUALITY palliative care concept was launched by way of RIGHT EDUCATION. Team building is also an integral part of Palliative Care and is a continuous ongoing process. People joined in our thought process to provide quality services at world class level and we started twice weekly teachings for the same.

Phase V (Year 5th) - Pain and Palliative Care is not just EOLC (end-of-life-care), it is actually a fragment of Palliative Care. It is a well-established fact that we have two spectrums of life – one is birth and on the other end is death. So, this year was dedicated to doing lectures at different platforms all over India so that the mind-set of the youngsters which usually feel that Palliative Care means EOLC, could be changed. It was explained through educating the masses that Palliative Care can do wonders for the chronic disease patients and the leading question which came out everywhere “HOW” was clarified and answered.

We feel proud today that the Department of Pain and Palliative Medicine at RGCIRC, South Delhi gives holistic services and treats pain with a concept of “Total pain”. Services offered have a broad range now which includes basic pain management via WHO step ladder approach, basic as well as advanced pain interventions under local anesthesia, epidural/intrathecal pump implantations, percutaneous vertebroplasty, supportive care, hospice care, respite care, management of refractory/difficult cancer pain scenarios, psychological handling of anger/anxiety/depression and EOLC for terminally ill nearing death. The palliation of symptom burden by us has a broad spectrum now starting from onco-palliative care services for cancer patients to non-onco palliative services for patients suffering from Alzheimer's, Parkinson's, refractory arthritis, geriatric population, neurological diseases, etc.

Martin Buber once said *“All the journeys have secret destinations of which the traveler is unaware”*

This is a new journey which has begun with two deliberations in mind:

- *“We cannot change the destiny of each and every patient, but it's a fact, we will definitely benefit some by Palliative Care”* and
- *“There's always hope in Pain and Palliative Care”*

Dr. Sunny Malik

Consultant In Charge

Dept of Oncoanaesthesia, Pain and Palliative Medicine

Rajiv Gandhi Cancer Institute and Research Centre

Niti Bagh, South Delhi

CME – IMA KASHIPUR



RGCIRC organized a CME in association with IMA Kashipur on Saturday, 29th October 2022 at Hotel Ananya Regency, Ram Nagar Road, Kashipur, UK. Dr. Manish Sharma, Consultant – Medical Oncology, RGCIRC, Niti Bagh delivered a lecture on **Cancer Awareness-A Physician's Perspective** and Dr. Payal Malhotra, Consultant – Pediatric Oncology, RGCIRC, Rohini spoke on **Childhood Cancers-Breaking Myths & Barriers**

63RD ANNUAL CONFERENCE – MEDICON 2022

RGCIRC participated in 63rd Annual Conference (MEDICON 2022) of Delhi Medical Association (DMA) on Sunday, 18th December 2022 at Hotel The Ashok, Chanakyapuri, New Delhi. Dr. Vineet Talwar, Director – Medical Oncology delivered a lecture on **Your Environment & Cancer**, Dr. Mudit Agarwal, Sr. Consultant – Head & Neck Surgical Oncology spoke on **Role of Robotic Surgery in Thyroid Cancer Management**. Dr. Jaskaran Singh Sethi, Sr. Consultant & Chief of GI, HPB & Pediatric Radiation Oncology Services spoke on **Recent Advancements of Radiation in GI Cancer**.



15TH CHEMOPORT TRAINING PROGRAMME

Department of Surgical Oncology, RGCIRC successfully organized the 15th training course in Chemoport Insertion on 19th December – 20th December 2022 at Indraprastha Hall, RGCIRC, Rohini, Delhi. This 2 days course was held for doctors from various oncology centres who desired to learn this technique. It entailed interactive session by the faculty of RGCIRC as well as hands on training in the operating rooms. The topics covered were Chemoport Insertion, Hickman's Catheter Insertion, Pediatric Port, Arm Port, Peritoneal Port Insertion and snaring of fractured Port catheter. The course was highly gratifying and we received an excellent feedback.



7TH ACADEMIC LECTURE SERIES OF RGCIRC

RGCIRC organized a lecture on Wednesday, 21st December 2022 at Indraprastha Hall, RGCIRC, Rohini, Delhi. Dr. Girish Tyagi, Registrar cum Secretary, Delhi Medical Council delivered a lecture on **How to Minimize and Handle Litigations**. The speaker highlighted the importance of good communication with patient, proper documentation procedures, maintenance of safe medical records and ways to safe guard against medico legal negligence. The lecture was attended by more than 150 staff members of RGCIRC including Directors, Sr. Consultants, Consultants, Attending Consultants, Resident Doctors, Staff Nurses and other staff members.



Date of Printing: 25th December 2022

Date of Publishing: 30th December 2022

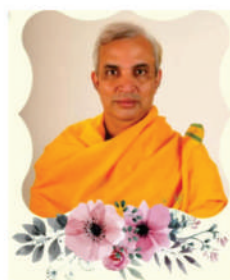
Posted at: Ashok Vihar, Head Post Office, Delhi - 110052

Register with Registrar of Newspaper Under No.68797/1998

Postal Department Registration No. DL(N)/004/2021-23

Licensed to Post without Prepayment Under No.: "U"(DN)-162/2022-23

CONDOLENCE MESSAGE



Late Sh. Sanjay Bhardwaj
(12th May 1970 to 16th November 2022)

Sorrow fills our hearts during this sad moment, a sorrow that is deep and personal. Sanjay has silently closed the door of life and departed from us.

Sh. Sanjay Bhardwaj, our dear Public Relation and Protocol Officer left for heavenly abode on 16-11-2022. Popularity known as Panditji, Guruji, Sanjayji and so many honors. He was born on 12-05-1970 and joined RGCRC family on 29/07/1996. During his job, he acquired Diploma in public relation (2004) and Masters in healthcare and Hospital administration (2014). He was promoted as Head Public relation in October 2010. His warmth, humor, compassion and profound joy in living - that so marked his life with his family and friends - was just as clearly on display in Sanjay's professional life as a family member of RGCRC-RC. We have lost a truly "great soul". Sanjay was inspiring. He oftenly talked of spirituality, ethics and professionalism. Guruji was a man who gave much to his work, to ensure that the Department which he headed, runs efficiently. In 25 years of his service, he was nothing but exceptional. He with his dedication and efforts, had set new records for others to follow and achieve.

He will always stay fresh and lively in our memories but he will be missed each day. It was Sanjay's helping nature and affection that helped us bond so strong. He had always been there for us, not just like a friend but like a family and therefore, his absence will be very difficult for all of us to absorb. We wish that Almighty is always there to bless his family, to give strength to family to recover from the deepest sorrow.

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Printed and Published by Mr. Pramod Maheshwari on behalf of Indraprastha Cancer Society and Research Centre and printed at R. R. Enterprises, 18 - A, Old Gobind Pura Ext., Street No. 2, Parwana Road, Delhi - 110051, Tel: +91- 8447494107, Published from Rajiv Gandhi Cancer Institute and Research Centre, D - 18, Sector - 5, Rohini, Delhi - 110085

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