ISSA Newsletter
Official Monthly Newsletter of Indian Society of Anaesthesiologists
(Delhi Branch)

“Covid-19: Meeting the Challenge”

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Our Corporate Members

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![Viggo Medical Devices Logo](image2.png)
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Dear esteemed members,

Hope everyone is in pink of health, It has never been more important to appreciate the efforts of doctors who are continuously fighting like warriors to save the lives of increasingly infected patients with Corona virus.

Due to the high death toll in this pandemic, doctors had to face the ire of frenzy mob at so many hospitals. At various platforms I appealed to the citizens of our country that doctors are not only their friends in need but also saviors of their lives, they truly are the greatest heroes of not just the present but of all times like soldiers on the front, so they should refrain themselves from indulging in violence against doctors.

This year is very special as doctors particularly Anaesthesiologists have proved themselves to be very versatile of all during covid pandemic, they were the front liners in saving the lives of many patients admitted in ICU.

The corona virus pandemic placed the healthcare systems under extreme pressure, the number of infected patients requiring hospital admission was overwhelming; the number of patients requiring ICU admission far exceeded the number of ICU beds and care providers, actually It was harrowing experience for all of us, we were not only fighting with this dreadful disease but also had to face the scarcity of various facilities like hospital beds, oxygen supply, nursing staff and doctors. The situation was so bad that even doctors were not able to get the beds in their own hospitals.

Since, anaesthesiologists are experienced in airway management, intubations in COVID-19 patients are performed by them, putting them at risk of viral transmission. COVID-19 pandemic management has showcased the versatile skills of anaesthesiologists as emergency physicians, team managers, efficient planners and group leaders. In the care of COVID-19 patients, anaesthesiologists have been vulnerable to both infection and mental health problems. They have experienced depression by the situation, fear of contagion, and fear of spreading the virus to their family and others. The heavy workload and discomfort of wearing PPE for long durations worsened their agony but their passion to save the lives never stopped throughout the period. Role of anaesthesiologists has been recognised by everyone in the community like never before during this pandemic.

Our specialty has caught the public eye including the appearance of an anaesthesiologist on the cover of an April 2020 issue of Time magazine.

“Self-preservation is supreme law”
It basically implies taking care of one's own self so as to provide appropriate care to the patients with strict adherence to infection prevention and control. In this regard clear communication with regular and accurate updates, position statements, SOPs, management strategies during a pandemic and importance of covid appropriate behavior were published by the ISA National in order to improve quality of care and to address their sense of uncertainty and fear.

ISA Delhi branch organized time to time online discussions on various topics including airway management, infection control, operation theatre modifications and medical care of Covid patients.

We cannot be sure that our healthcare system will not be overwhelmed in the near future so it is essential to sensitize the fraternity to the challenges faced during a pandemic so that their existing knowledge and skills can be utilized to full potential in such a disaster management. The existing number of anaesthesiologists and critical care physicians might not be sufficient in case there is a massive surge in the number of critical COVID-19 cases. Hence, it is essential that we emergently train doctors from non-anaesthesiology background in ventilator management and critical care.

Battling COVID-19 has been a “once-in-a-lifetime” event for all of us, many of the doctors and thousands of healthcare workers have been infected, we have lost many of our colleagues in this battle against the Covid 19, we pray almighty to bless those noble souls and give strength to thebereaved family members to bear the irreparable loss.

Congratulations to the team of Dr Nikki Sabharwal, Dr G. Usha, Dr Umesh Deshmukh, Dr Anuvijayant Goel and Dr Parul Mullick who has done wonderful work throughout the year. Their enormous energy, enthusiasm and balanced approach was the key to success.

ISA Delhi is a dynamic society, every year we invite nominations for various posts of office bearers who can lead the society in big way, it’s my proud privilege to announce that this year team LHMC will be the torchbearer of ISA Delhi. I congratulate the entire team and wish them all the success; I am sure their endeavor would take ISA Delhi to further heights.

Jai Hind
Long live ISA
Long Live ISA Delhi.

Dr Rajiv Gupta
Governing Council Member ISA National
Dear Friends

Greetings to one and all!

I am happy to be writing this message for the July 2021 ISA Delhi e-newsletter, the eleventh one since we took over. We have so far organized 13 clinical meetings, 9 CMEs, 2 Doctors Day special CMEs and a grand World Anaesthesia Day cultural program, with the help of the members of ISA Delhi branch and the support provided by a few members of the industry. I thank you all for your efforts in rising up to the challenge of conducting these programmes on the virtual platform, despite the very difficult times we have been going through since the beginning of 2020.

At the outset, I wish to congratulate team Lady Hardinge Medical College & associated hospitals for being elected unopposed as the new office bearers of ISA Delhi branch wef 16-10-2021. We have Dr Maitree Pandey, Director professor & HOD as the President elect, Dr Ranju Singh Director professor as the Vice President elect and Dr Nishant Kumar professor as the editor elect. My sincere wishes for a very successful tenure, full of great academic and social events to team LHMC. I am sure they will take ISA Delhi to even greater heights!

My heartfelt thanks to Dr Rajiv Gupta, observer, Dr Anil Jain Chief Election officer and Dr Umesh Deshmukh hon’ble secretary for conducting the Delhi ISA elections smoothly.

Soon after completion of the election process, Dr Umesh Deshmukh, hon’ble secretary ISA Delhi, put in his resignation papers citing some health and personal issues. Dr Rajiv and I were unable to convince Dr Umesh to reconsider his decision, as being a very diligent and dutiful person, he felt he would not be able to do justice towards this very important post due to his present circumstances. I had to accept Dr Umesh’s resignation with a heavy heart and thanked him for his invaluable services, contributions and innovative ideas towards the progress of our Delhi branch. He has however agreed to be on the advisory board.
We had two EC members as contenders for the post of secretary namely Dr GS Popli and Dr Rakesh Garg. In order to maintain the unity and integrity of our association, without any scope for creating ill will, both the contenders offered to withdraw in the others favor, while wholeheartedly committing themselves to serve our society. I thank them both for this magnanimous gesture. After due deliberations, the Executive Committee of ISA Delhi branch elected Dr Rakesh Garg as the hon'ble secretary ISA Delhi, for the remaining tenure i.e. till 16<sup>th</sup> October 2023. I take this opportunity to extend my heartiest congratulations to Dr Rakesh, wish him a scintillating term and hope to work with him on a war footing, covid permitting, for the next couple of months left of our tenure. I also look forward to Dr Popli’s active participation and contributions towards building our society.

An important need of the hour is to make every anaesthesiologist of Delhi, a Life or Associate member of our esteemed society. Time is short before we hand over to the next team. I earnestly request our G.C members and Executive committee members along with support of their respective heads of the departments, to ensure membership of each and every doctor of their department.

Every team of office bearer, must by tradition, hold an annual conference for their city and state. We are planning to have a hybrid conference for Delhi on 16<sup>th</sup> & 17<sup>th</sup> October, provided we can get booking of a suitable venue for these dates. We are hoping that the deadly covid virus does not raise its ugly head again and we can meet physically for our annual academic extravaganza. We solicit your suggestions for the scientific program in particular and will keep you updated on the progress.

The future is still uncertain viz-a-viz the third wave of the covid 19 pandemic. So please continue to maintain Covid appropriate behaviour and stay safe.

Best wishes to one and all
Long Live Isa
Long Live ISA Delhi
Jai Hind!
Dr. Nikki Sabharwal
President ISA Delhi branch (2020-2021)
Dear Members

This month too we had an excellent academic feast with two wonderful webinars on “Oxygen therapy and mechanical ventilation in Covid 19” organized by the Indian Society of Anaesthesiologists (Delhi Branch) on the occasion of Doctor’s Day on the first of July and another webinar on ‘Non-Invasive Ventilation in COVID-19 Management’ organized by the ResMed India in association with the Indian Society of Anaesthesiologists (Delhi Branch) on the 17th July 2021.

Both the webinars were well attended and highly appreciated. I congratulate the speakers and organizers for the amazing presentations.

Best Wishes
Long Live ISA!

Dr G Usha
MESSAGE FROM SECRETARY

Dear Friends,

It’s always a hard task to say farewell to friends. This is my last message as the Secretary of ISA Delhi. It has been a short but beautiful stint. To have been given this opportunity to make a meaningful contribution to the ISA is an honour in itself and working and interacting with stalwarts like Dr Nikki Sabharwal, Dr Rajiv Gupta and Dr G. Usha has made it doubly so.

I have resigned due to certain personal circumstances. I will however, continue to contribute in all meaningful ways to the cause of Anaesthesiologists, through the ISA.

Dr Rakesh Garg will be our new secretary for the remaining portion of my tenure. He is very competent and hardworking. I congratulate the ISA Delhi on making this excellent choice. I wish Dr Rakesh Garg all the best for his tenure and sincerely request all of you to put all your support behind him.

I wish all of you a beautiful and healthy future.

Long Live ISA!

Thanking you
Dr Umesh K. Deshmukh
Hony. Secretary
ISA Delhi
Dear Members,

This is the penultimate issue of our newsletter.

Worldwide, there has been an exponential increase in the number of Robot-assisted surgical procedures that are being performed. Dr Manpreet Kaur in a review article on “Anaesthesia for Robotic Surgery” has provided an insight into the unique challenges faced by the anaesthesiologist and has highlighted the specific concerns for commonly performed Robot-assisted surgeries.

Palliative care deals with improving the quality of life of patients and their families facing the problems associated with life-threatening illness. “Palliative Care: Planning and Goals” is an interesting article contributed by Dr Madhu Dayal. I am sure our readers will find it useful.

“Its Magic” is a nicely written article by Dr Saveena Raheja in our experiences section. In the Ethics in covid times section, Dr Arun K Mehra has contributed a well written article “Conclusion: Preparing for the Future”.

I hope the art gallery, word game and poetry section of our newsletter will bring you joy as always.

Enjoy Reading! Keep Safe!

Long Live ISA!
Dr Parul Mullick
Editor, ISA Delhi
A webinar on ‘Non-Invasive Ventilation in COVID-19 Management’ was organized by the ResMed India in association with the Indian Society of Anaesthesiologists (Delhi Branch) on the 17th July 2021.

The program began with welcome address by Dr Nikki Sabharwal, President ISA Delhi branch. This was followed by a presentation by Dr Ranajit Chatterjee on NIV Basics. Dr Rakesh Garg spoke on NIV in covid management (Part 1) and Dr Vijay Hadda spoke on NIV in covid management (Part 2). The presentations led to an interesting discussion. The entire program was moderated by the ResMed Academy.

It was a very interactive session on the basics of NIV and case-based discussion focussed around COVID 19 management that was very well attended and appreciated by all.
The Indian Society of Anaesthesiologists, Delhi Branch organized an orientation webinar on “Oxygen therapy and mechanical ventilation in Covid 19” on the occasion of Doctor’s Day.

The program began with the ISA flag hoisting. Dr Parul Mullick invited Dr Nikki Sabharwal, President, ISA Delhi branch to give her welcome address. Dr Rajiv Gupta GC Member ISA National spoke a few words. This was followed by the addresses of the dignitaries from ISA National, Dr SJS Bajwa, GC Member, ISA National; Dr Virendra Sharma, Treasurer, ISA National; Dr Naveen Malhotra, Honorary Secretary, ISA National; Dr Venkatagiri KM President Elect, ISA National; Dr Suresh Kumar Bhargava, Vice President, ISA National and Dr Muralidhar Joshi, President, ISA National.

We were fortunate to have Dr SV Arya, Medical Superintendent VMMC and Safdarjung hospital, as our guest of honor to encourage us.

It was our proud privilege that the Director General Health Services, Dr Sunil Kumar our Chief Guest was with us and gave an inspiring speech.

After the addresses by the dignitaries Dr Parul Mullick invited Dr Harish Sachdeva and Dr Saurav Mitra to conduct and moderate the scientific program.

The scientific program comprised of very interesting talks by Dr Vimi Rewari on Oxygen Therapy – Covid, Dr Rakesh Garg on Basics of Airway Management, Dr Anjan Trikha on Ventilatory Strategies in Covid, Dr Abhijit Kumar on Supportive therapy in ICU, Dr Santvana Kohli on Monitoring of Covid patient, Dr Ranajit Chatterjee on Weaning from Mechanical Ventilation, Dr Parul Mullick on CPR in Covid Patients and Dr Deepak Govil on Overview of ECMO.

This was followed by a very interesting question and answers session.

The program ended with the vote of thanks proposed by Dr Parul Mullick, Editor ISA Delhi branch.
There is an evolving shift in technology from open surgeries to minimally invasive surgeries with the changes in both surgical and anaesthetic concerns. Robotic surgery has expanded the horizons across virtually every branch of surgical practice which includes urology, gynaecology, cardiac, thoracic, paediatric, otolaryngology, general, gastrointestinal surgery and orthopaedic surgery.

It offers the advantages of reduced pain, quicker recovery, shorter hospital stay, smaller incision, less scarring, better cosmesis and improved patient satisfaction. It allows the surgeon to control their instruments from a distance and offers high precision in difficult to reach areas. Hence, the introduction of robotic surgery systems allows surgeons to use their traditional open surgery skills for robotic operations. Though less invasive it has associated technical difficulties like 3-dimensional view with 2-dimensional image, limited access, extremes of patient positioning, prolonged surgical duration, prolonged insufflation of carbon dioxide etc.
Robotic systems:

Robotic instruments are not autonomous or replace surgeons but enhance the precision of surgery. There are two types of robots: passive whereby they are guided at all times by a surgeon, or active, whereby the robot would actively move the tool upon the surgeon's command. The two robotic systems commonly used are the Zeus Surgical system (Computer Motion) and the da Vinci surgical system (Intuitive Surgical). (1)
Components of da Vinci robotic system in operating

Da Vinci surgical system makes the robotic surgery much precise and comfortable for surgeons, requires less staffing and surgery is performed without any direct contact between the surgeon and the patient such that the operating surgeon is positioned away from the operating table at a computer console. Different Components of da Vinci System have been depicted in above figure. It has four main components: a surgical cart with 4 arms, a patient's cart, a monitor cart, and a surgeon's control console. (2) The benefits of the robotic system to the surgeon includes three-dimensional viewing of the structures, depth perception, higher magnification and dexterity, 7 Degree of freedom movements, elimination of hand tremor, ergonomically easier for the console surgeon, improved training of the patient side assistant and additional double console system for training.

Anaesthetic Considerations:
The anaesthesiologist is faced with unique challenges due to the encroachment of the anaesthetic workspace by a large bulky robotic system providing limited access to airway, monitoring, intravascular lines and difficult resuscitation if needed. The patient needs to be guarded against accidental contact by motions of the robotic arms on the surgeon's cart. Steep abnormal positions and prolonged carbon dioxide (CO2) insufflation add to the challenge. Any pre-existing nerve injury should be documented preoperatively. A large-bore cannula with extension lines is taken before the beginning of the surgical procedure owing to the difficulty in its access later. Preoperatively, Benzodiazepine and H2 blockers should be administered a night prior and on the day of surgery. Carbohydrate drink according to enhanced recovery after surgery (ERAS) protocol can be given as oral pre-loads.(2)
Operating room (OR) Table positioning, Monitoring and Access:

For upper abdominal and thoracic surgeries, OR table is rotated 180° away from the anaesthesiologist and robot positioned at the patient's head end. For mediastinal procedures, the table is rotated 90° away making anaesthesiologists access even more difficult. (2)

Standard monitoring which includes pulse, non-invasive blood pressure, oxygen saturation, capnography and core temperature monitoring is done. Additional monitoring required beyond the basic monitors depends upon the type of surgery and the patient profile which includes arterial blood pressure monitoring (anticipated prolonged surgery, repeated blood gas analysis), neuromuscular monitoring (for thymoma resection). Both bladder and gastric decompression can aid in surgical visibility in robotic surgery just like laparoscopic surgery. Prolonged pneumoperitoneum with dry, cold gases necessitates all the measures to reduce intraoperative hypothermia which include warm intravenous fluid, use of bair hugger, hot humidified gases and low flow anaesthesia. Protection of the pressure vulnerable areas (elbows, axilla, back, and shoulders) and eye protection is a must to prevent injuries. Sequential compression stockings should be applied to the calves to reduce the chances of deep venous thrombosis.

A standard induction with endotracheal intubation is performed. Continuous muscle relaxation is a must to avoid coughing and straining, besides any movement while the robot is docked can result in damage to the internal organs and vasculature. Tracheal tube position should be checked multiple times during the surgery. Hence, vigilant capnography and airway pressures monitoring aid in the early detection of endotracheal tube displacements. It should be ensured that the patients' face is always visible due to the risk of reflux of gastric contents during surgery. Anaesthesia is maintained with a mixture O2:N2 O (50:50) or O2: Air together with fluorinated inhalational agents to maintain a minimum alveolar concentration (MAC) of 1.0–1.4. Dexamethasone is administered to prevent airway oedema. Neuromuscular blockade is reversed after the robot's arms have been removed from the patient. There have been reports of delayed awakening secondary to cerebral oedema after prolonged Trendelenburg position. The presence of periorbital oedema at the end of the surgery should prompt the anaesthesiologist to regard the likelihood of laryngeal oedema which can complicate as stridor in the postoperative period.

The OR team should be proficient to rapidly dock the robot in case of emergency as the position of the robot interferes with the effective cardiopulmonary resuscitation and airway manipulations. Readiness for management of haemorrhage and haemodynamic instability is a must as once the robot is docked, it is difficult to access the lines which are not well secured.
**Pneumoperitoneum:** The physiological effects of pneumoperitoneum are similar to those seen in laparoscopic surgeries except that it is for a prolonged duration. During CO2 insufflation, severe bradycardia and asystole have been reported just like laparoscopic surgery.(3) Normocarbia should be targeted throughout the intraoperative course. One should be vigilant about gas-related complications like subcutaneous emphysema, pneumothorax, pneumomediastinum. Increased peak and plateau airway pressures with decreased lung compliance may result in ventilation-perfusion mismatch which may be benefited by adding positive end-expiratory pressure (PEEP).

**Pain Management:** Multimodal analgesia including intravenous agents like acetaminophen and nonsteroidal anti-inflammatory drugs (if there are no contraindications) should be administered. If an epidural is inserted, it is prudent not to use it intraoperatively in a steep Trendelenburg position due to the risk of high block and increased cardiovascular instability.

**Fluid Management:**
Prolonged duration of surgery in abnormal positions with excessive fluid administration can result in facial, laryngeal and pharyngeal oedema complicating the extubation. Hence, it is advised to restrict pre and intraoperative fluids to < 2 L of crystalloid.(4) Intra-operative haematocrit values can aid in fluid management in prolonged surgeries. However, during vesicourethral anastomosis, excessive urine output can obscure the surgical field and impair fluid judgement.

**Communication:** Communication between all members of the theatre team is a must as the operating surgeon sits behind a console, away from the site of operation. There are audio speakers through which operating surgeon's voice is transmitted to the video tower.

**Specific concerns for commonly performed surgeries:**

**Robot-assisted pelvic surgeries like radical prostatectomy/cystectomy/hysterectomy**

Patients are usually elderly and have associated cardiovascular and pulmonary comorbidities. Prolonged steep Trendelenburg position can result in exaggerated physiological derangement. The Trendelenburg position combined with pneumoperitoneum adversely affects the respiratory mechanics (\( \downarrow \) FRC, \( \downarrow \) lung compliance). Steep positioning necessitates inquiring about the history of glaucoma or central nervous system pathology due to the likelihood of raised intraocular pressure and cerebral blood volume. The patient is positioned in lithotomy with steep Trendelenburg of 30 –45° with arms tucked by the side for a long duration. Cushioned stirrups must be used in lithotomy. The patient needs to be restrained to prevent sliding off the OR table during the intraoperative period. The surgical approach is usually transperitoneal (wide operating area) but some surgeons prefer the extraperitoneal/retroperitoneal approach to avoid a peritoneal breach. Anaesthesiologists should be aware that the retroperitoneal approach increases the absorption of CO2.
Ventilatory management includes a tidal volume of 6-8 ml/kg and a positive end-expiratory pressure of 4-7 cmH2O for the prevention of atelectasis, and target maximal airway pressure below 35 cmH2O. (5) Intraoperative fluid restriction is done to reduce facial oedema and reduce urine flooding the operative field before urethral anastomosis. Compartment syndrome can occur in calves after prolonged lithotomy; hence calf tightness and tenderness should be routinely checked postoperatively. (6)

**Transoral robotic surgery (TORS)**

It is done for some benign tumours and selected malignant tumours of the head and neck. It involves nasal preparation for nasotracheal tube placement (preferably north-facing RAE tube laser endotracheal tube for laser ablation or a wire-reinforced or PVC endotracheal tube) to allow access to the oral cavity. Since the robotic system is located at the head end, the anaesthesia machine is located at the patient’s foot end and since the airway is situated away from the anaesthesiologist, it makes it unapproachable intraoperatively. (1)

If the laser is used intraoperatively, additional measures for laser surgery like the use of laser tube, low FiO2, use of moist towels, covering and taping eyes with moistened gauze can be practised. Since the patient’s robotic side cart is very near the head end, the patient’s eyes are protected with safety goggles and teeth are protected with a dental guard. (7) Anaesthesiologist may need to use sympatholytics like short-acting beta-blockers or fentanyl boluses during sympathetic responses due to proximity to the airway. Valsalva manoeuvre at the end of surgery helps in controlling haemostasis during surgery by enhancing the venous return. If airway oedema is suspected, an armoured or RAE tube or laser tube is exchanged with PVC tube at the end of the surgery.

**Paediatric surgery**

Paediatric surgeries like pyeloplasty, PDA closure, and nephrectomy, Kasai portoenterostomy, choledochal cyst excision etc are performed robotically. The small size of children, limited working space and thin abdominal wall necessitates careful positioning of the ports during the introduction and port manipulation to avoid inadvertent injuries to the surrounding organs. Use of precordial stethoscope in paediatric patients before docking of the robot can be of great use intraoperatively.
Robotic Thoracic Surgery:

Thoracic surgeries performed robotically are lung resections, lobectomies, oesophageal surgeries, mediastinal tumours, thymectomies, diaphragmatic tumours and plication. The patient is positioned in a lateral decubitus position and one-lung ventilation may be utilised in most cases. Besides the anaesthetic considerations for thoracotomy (open or laparoscopic-assisted), anaesthesiologists are faced with problems associated with prolonged lateral decubitus position and one-lung ventilation, technical difficulties with monitoring (Transoesophageal echocardiography (TEE), neuromuscular monitoring) once the robot is docked. It is prudent to check for one-lung ventilation before robot docking. CO2 insufflation is used for improving surgical exposure which itself carries the risks like venous air embolism, decreased venous return, cardiovascular collapse. Anaesthesiologist should be vigilant that Insufflation should be done slowly starting after the chest is open and at the rate of 1 L/min and secondly, there are risks of arrhythmias and cardiovascular instability during handling of major vascular structures.(8)If there are high intrathoracic pressure, (when the pressure is more than 5 mm Hg), hypotension can occur. For this reason, a patient's blood pressure should always be checked immediately after the initiation of insufflation. Ventilation strategies are similar to any other thoracic surgery.

Robotic cardiac surgery:

Anaesthetic concerns for robotic cardiac procedures are need of prolonged one-lung ventilation, cardiopulmonary bypass (CPB) and the requirement for placement and confirmation of special catheters under TEE despite limited workspace and difficult de-airing of the heart. Transcutaneous defibrillation pads are applied prophylactically due to difficult access later. Iatrogenic pneumothorax for surgery may interfere with the delivery of the defibrillation due to increased transthoracic electrical impedance.

Limitations of robotic surgery: Though robots are the latest modern innovations they too have their unique limitations. They need a large operating room for accommodating huge instruments, provide limited space for anaesthesia workspace, limit the provision to reach the patient's vascular access and monitors. Robots need a high initial cost of installation and are not fail-safe as they lack tactile feedback, can malfunction in the middle of the surgery and robotic arms can collide with assistants, their arms and the patient causing damage.(2)
**Conclusion:** Robot-assisted surgical procedures have expanded their domains to multiple surgical specialities. Though they have increased the precision they are not failsafe and pose unique challenges to the anaesthesiologist. Close vigilance and monitoring together with good communication between the entire team can aid in the successful management of different robotic surgeries.

**References:**

Palliative Care is a continuum of care from diagnosis onwards of any terminal or life-long debilitating disease. The patients who need this care, wish to maintain their role and activities that define themselves as them within the limitation of their illness. For this there needs to be co-ordination of care, planning as well as advanced directives from these patients which should be put in place when the patients are competent to take these decisions. Communicating about wishes can be difficult for both the patient and their families because of suffering, fear and confusion. The palliative care physicians can help put all this together for the patients by helping them in identifying, clarifying and then prioritising their goals to guide contemplation of treatment choices. In this way they can help to provide individualized care.
This is called **The Goals of Care**, which are\(^1,2\)

- To be cured, if possible
- Avoidance of premature death & live longer
- Maintenance of social roles/improvement of function/quality of life/independence
- Symptom control & relief of suffering, to remain comfortable
- Maintenance of control
- Decision on location to live or die/A good death
- Provide support for families and loved ones by preparing one's financial, legal or administrative affairs before dying

The patients generally choose functional and practical goals. These goals can be used to act as guidelines to help in decision making during the disease course and during end-of-life care as they help the patients in aligning their treatment choices with their values and medical conditions. This goal setting, however can become challenging with fear of loss of hope, when the patients are sensitized and explained about their goals being unrealistic or unachievable. Health care professionals help the patients become secure by guiding them to focus on clear clinical goals. By supporting the patients, while they mourn for their loss of unattainable goals, the palliative physicians aid in the process that helps the patient to uphold hope which is not false. It also helps the care professionals observe the patient as a whole.\(^3\)

To achieve a good death, in which the physical and emotional pain are minimised, the palliative physicians help the patients with advanced care planning (ACP). This can help improve communications and bring better satisfaction during decision making at end of life. This is usually done with advanced directives which protect patient autonomy and reduce health care resources.\(^4\)

**Advanced directives** are written documents that allow an individual to express his or her wishes regarding the extent of health care intervention he or she consents to in the event of losing the capacity to express these wishes. **Living Will and Medical Power of Attorney** are two common tools of advanced directives. In a living will, one defines what medical treatment one wants for oneself and includes things like CPR, mechanical ventilation, medications, feeding tubes, artificial nutrition, dialysis and iv fluids. While in medical power of attorney, one appoints a person who would take decisions for medical care if one cannot make such decisions.\(^5\)
In India, advanced directives can only be executed in writing in a prescribed format with signature of two independent witnesses. It is then submitted to a registry in the office of the Jurisdictional Judicial Magistrate of First Class. From there it is submitted to the district judge. To implement end of life care decision, it then has to be passed by

a) Medical board of the hospital
b) District collector

This implies that a very lengthy procedure needs to be followed for a decision that needs to be made within hours or days in the ICU setups. Efforts are being made to make this law to our right to autonomy and privacy work in a simpler manner for its practical implementation.
Need for Palliative Care (PC) in India

India with a 1.2 billion population has a huge burden of suffering from life limiting diseases. Less than 1% of its population has access to pain relief and palliative care.\textsuperscript{6} It is estimated that in India around 1 million people are diagnosed with cancer every year with over 80% of cancer presenting at stage III & IV when treatment is less effective and palliative care becomes absolutely essential.\textsuperscript{6} There is also a sizable number of patients with HIV/AIDS. Non-communicable diseases (NCD) including injuries account for 62% of disease burden as on 2004 and contribute to half (50%) of all mortality in India.\textsuperscript{8} According to WHO, people above 65 years in our country will increase to 227 million by 2050 constituting 20% of the total population. It is estimated that in India the total number of people who need PC is likely to be 5.4 million people a year.\textsuperscript{6}

There is lack of palliative care facilities in India. The coverage of PC services is extremely patchy, services being concentrated in large cities and regional cancer centres with exception of Kerala, where the services are more widespread. There is problem of inadequate pain relief owing to the poor availability of morphine, lack of skills among professionals to prescribe morphine, fear of side effects and a fear of addiction of morphine among professionals, patients and their family. The death-index in India is poor. The economist intelligence unit has given India 67 ranking in EOLC across the world among 80 countries in 2015. There is very little awareness about palliative and end-of life care which is often complicated by the perception that Hospice care is associated with giving up.

If per capita consumption of opioids is taken as a criterion for access to palliative care, then there is a plateau for many years now. Despite a lot of progress in PC in India in almost 30 years, even today it reaches only about 1% of the people in India due to many barriers to PC development.\textsuperscript{7} These included until recently, lack of clear policy establishing PC, lack of educational programs to teach PC and lack of essential medications to deliver PC. All these barriers are being overcome slowly yet surely. A public health approach that emphasizes policy, education, medication availability, and implementation is being implemented to foster the development of PC services.
Growth of Palliative Care in India:

Palliative care was born in India as the Shanti Avedna Sadan in Mumbai, a hospice, in 1986, with a branch in Delhi & Goa in next five years.

Pain and Palliative Care Society (PPCS) in Calicut in 1993 and Indian Association of Palliative Care in 1994 were also established. In the 1990s, several new palliative care initiatives like the Guwahati Pain and Palliative Care Society in Assam, the Jivodaya Hospice in Chennai, Cansupport in Delhi, the Lakshmi Palliative Care Trust in Chennai and the Karunasraya Hospice in Bangalore were started. Some regional cancer centres in Trivandrum, Bangalore and Delhi included pain management programmes and palliative care in their services. Though every year a few centres were added, the growth was limited considering the enormity of Indian population.

In 2013, government health ministry officials along with palliative care activists created a palliative care strategy, the National Program in Palliative Care (NPPC). Pallium India, with its resources, tried to implement the framework for NPPC, spelling out strategies, action items, and timelines. Though the operational analysis did not materialize, the document continues to be available for guidance in implementation of NPPC.

Milestones Achieved

Designation of the Institute of Palliative Medicine (IPM) at Calicut, in 2010 and Pallium India’s Trivandrum Institute of Palliative Sciences (TIPS) in 2012, as a WHO collaborating centre for training and policy on access to pain relief were two significant events contributing to further progress.

1. The six-week course in 'Essentials of palliative care' for doctors and nurses was started by PPCS and has been replicated in 33 institutes in the country at present. One year fellowship programme was also started by several institutes. In 2012, Medical Council of India accepted palliative medicine as a medicine speciality and announced a (2 seat per year) MD course in the subject at the Tata Memorial Hospital, Mumbai. Subsequently IRCH, New Delhi and recently GCRI, Ahmadabad has started the course.

2. NDPS Act has been amended by the Parliament in February 2014 which enables Registered Medical Institutes (RMI) to procure morphine by obtaining a single license for the state drug controller rather than five.

3. In 2012, National Programme in Palliative Care (NNPC), twelfth 5-year plan, with special provision made PC an essential part of cancer therapy with dedicated 4 beds, at the district hospital. Doctors, nurses and health workers to be trained in basics of palliative care.
4. In 2005, Indian society of critical care medicine, initiated decision on EOLC (end-of-life care) in advanced critically ill patients, by highlighting on limiting life-prolonging interventions and providing PC towards end of life, in intensive care units. and the consensus ethical position statement on guidelines for end of life and palliative care in Indian intensive care was published in 2012. Recently in March 2019, KMC, Manipal published a document on "guidelines on limitation of life sustaining treatment" named as BLUE MAPLE in an attempt to improve quality of care of the dying with an ethical framework and through a professional and family/patient concuss process where the patient and his family understand and evaluate the choice of medical treatment offered, methodised action plan for limitation of life sustaining treatment and end of life care.

5. A 5-judge constitution bench in 2018, upheld the legal validity of Advanced Directives and the Right to Forego artificial life support to patients in the incompetent state.9

The Way Forward…

Each state needs to develop its own policy that suits its needs and its social and cultural background. Community models for the provision of home-based PC by familiarising the family with PC services, opportunity to discuss goals of care among patient, physician & family, starting communication on death earlier in cancer treatment course would help create effective palliative caregivers. This might prove to be the most realistic approach for meaningful coverage, especially in rural areas.

1. Introduction of palliative medicine into the curriculum of undergraduate education of doctors and nurses is recommended as an efficient way to broaden the base of PC coverage at the national level.

2. Research in PC is very much essential to deliver good palliative care. Many of the developments like megestrol for cancer cachexia, bisphosphonates for pain in bone metastasis, opioids for palliation of breathlessness in terminal illness have come from research in palliative care.

3. Though the right to Advance Directives & Right to Forego artificial life support in patients in the incompetent state has great potential, the procedure prescribed is complex, daunting and very cumbersome at present. With some realistic modification and foresight for development in fields of science, medicine, technology and the knowledge of existing law in the globe, this law of autonomy and privacy, may become a possibility at bedside for compassionate care giving in the future.9
Future scope for PC in the country lies in the provision of facilities and medicines, sustainability of services, support from the community, government, media and team building for palliative care. Recent declaration by the WHA (World Health Assembly) asking all member states to integrate PC with routine health care comes as a major tool in advocacy and hopefully will boost the current efforts. As the Astana Declaration said in 2018, health care ‘for all’ has to be healthcare “with all”.

Opportunities for health professionals in PC

With the rising incidence of cancer in India, the number of exclusive cancer hospital is increasing. Many corporate hospitals across the Indian metros are also providing dedicated oncology blocks. Tata Trust is also to commission seven comprehensive cancer centres in various states in India. Palliative Medicine in cancer care is thus being introduced in many of these centres while there is a consistent effort to help the patients suffering from non-communicable diseases with palliative care given by the palliative physicians in corporate hospitals.

There are also research opportunities being provided by ICMR and Indian Cancer Research Consortium in palliative medicine.

In winding up it can be said that, with Palliative Care one can assist to match and fulfil the aspirations of an individual by present experience giving an overall subjective satisfaction with life and provide the individual, good quality of life. We can thus honour and cherish every person, even though they may be suffering immensely due to their illness. Giving them respect and the right to die with dignity when life is ebbing out highlighting a Japanese writer’s words ‘Death is not opposite of life, but part of it.’-Haruki Murakami

“Everyone wants to be the sun to lighten up everyone’s life but why not be the moon, to brighten in the darkest hour”

--Judy Krogh
References:


3. Bhatia R, Reid CM, Gibbins J. Goal setting for patients with palliative care needs. GM, (02),2014


10. Saraf A. Living Will- A Partial Way. Legal service India: E journal
In the previous months we have discussed various aspects of Bioethics and Medical Ethics, with emphasis on the impact that the Covid pandemic has had on the healthcare system and on healthcare providers and healthcare workers worldwide.

The most obvious and most noticeable thing we see in this hour of crisis is that, to handle such a catastrophic situation, we need a globally coordinated effort, in terms of preventive and precautionary measures, and also in terms of how to tackle such a situation should it again arise. No person, community, race or nation can deal with it alone. Without solidarity for all people in all parts of the world, we stand nowhere. No person can live in isolation, no nation can live in isolation. All are vulnerable. We are collectively as strong or as weak as the weakest. The pandemic has been a very stark and brutal reminder about this reality. In case we had forgotten this, it’s time to wake up.

In view of this undeniable reality, it is worthwhile to re-emphasize two articles from the Universal Declaration of Bioethics and Human Rights (2005):

Article 16: Protecting Future Generations
Article 17: Protection of the Environment, the Biosphere and Biodiversity
These two articles are reminders that our responsibility does not end with ourselves, or with our times. To prevent such a catastrophe from happening again, and to be prepared for it if it DOES happen again, are things we owe to posterity. Today we see that we ourselves are safe only if the planet is safe for all life. We have to co-exist with other life forms, with whom we share this planet, our home. We cannot grab everything for ourselves. To do so while neglecting other life forms will only invite disaster. Indeed, all life on earth is mutually dependent for its very survival and its continuation. What thus applies today about our responsibility to all present life is also valid for the future.

The same holds true for the environment. If we degrade it beyond repair, nature will find a way to restore balance. That may not be to our own advantage, though.

And we can fulfill our responsibility to the future only if we remember that we are living in a system that has evolved across eons through natural selection, and to assume we are masters is a big mistake. We have to follow the course of things set by nature. And that course involves mutual cooperation, mutual assistance and mutual respect.

Perhaps this is the most important, most crucial and most vital lesson about ethics that this pandemic has taught us. We cannot afford to forget it.

Arun K Mehra is a Senior Consultant at Bhagwati Hospital. Besides Anaesthesiology, he has also done an MBA in Healthcare Administration from the Faculty of Management Studies (FMS) Delhi University, a Diploma in Creative Writing from the Indira Gandhi National Open University (IGNOU), and Certificate in Bio-Ethics and Human Rights from UNESCO. His special interest is the sociology of medicine. He also has vast experience as a writer, blogger, and editor.
I am a doctor; work is good for me. I love my profession but it can be intense, tiring and sometimes exhausting physically and emotionally.

A blazing hot humid day with a hint of moisture in the air, at 8.30 in the morning, I am driving to work. The traffic light is red and I dread that I will get scores of adults and children asking for alms tapping at the window with a ring, making a noise which irritates my very insides, so I increase the volume of the radio. It’s an everyday affair, same people, same dialogues in the same sing song tone. I try to plan my day in my thoughts but the ranting continues and I cannot ignore it so I look out. God has his ways and we are but his puppets. All of us are born on the same earth but with different blessings. I sit in the comfort of my air-conditioned car while ignoring the grief of poverty and the blazing heat pouring down on fellow humans.

I was not like this a few years back but one incident when one of them hurled obnoxious abuses at me, and threw a stone at my window, because what I gave him was not up to his expectations. I have always since been torn in a turmoil whether to give or not to give. Many confusing thoughts about this matter spin around my head and dance into chaos.

Acceptance of fate or whatever we call as “kismat” in our country is something I have come to discern as a great answer to many unfortunate occurrences.
I shake myself out of my morbid reverie and look out of the window. A small child, maybe 5-6 years old is sitting on the middle footpath amidst all cars buzzing around him and having a sandwich out of a box probably given to him by some good samaritan.

He was lost to the world and enjoying each morsel immensely. The sight was so intriguing that I kept looking, probably staring at him. They say that if you keep staring at someone that person somehow gets to know and a kind of communication happens. The little boy looked up directly into my eyes and after a split second picked up his box and held it towards me and in the sweetest voice asked me “khaoge”? I was overwhelmed and tears welled up in my eyes and in a cracked voice with a lump in my throat replied “aap Khao”.

The light turns green and I move on and submerge myself in the daily routine but not for a second that happy, smiling face left my side.

I seem to have lost myself in the walks of life and needed to find a small dose of magic which I found in those eyes. I started looking forward to meeting my little friend every day on that traffic light and hoping it would be red so that I get time to talk to him. I learnt a lot about his family. His parents were in the village and he was staying here with his grandmother and many other cousins who all stayed together under the flyover and played all day. He had no worry on this earth and had no idea that he was begging because his thoughts were so pure. He said that in his village people were not good and did not give other people food or money but in the ‘Shehar’ people were generous and gave money and even food. Magic exists you know. It is there in the toothless beaming smile of a baby, in the dance of the peacock, in the smell of the wet earth after the first shower. It’s for us to look for that magic in life for life without magic is meaningless. It’s just an existence.
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Dr Girish V,
PG Student, 3rd Year, VMMC & Safdarjung Hospital
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Dr Renuka Choudhary,
PG Student 1st Year,
VMMC & Safdarjung Hospital
Dr Alka Chandra,
Head of Department Anaesthesia
& Critical Care,
Hindurao Hospital and NDMC
medical college
An ode to Anaesthetists

General, regional, monitored, local
juggling an array of needle(s).
A custodian of life and breath,
meet our dear Anaesthetist, safeguarding our health.

A sigh of relief, a sharp intake
Titrating nor-ad, a piece of cake.
They are bound to keep you safe.
Concerned, behind the calm, composed veil.

Acute emergencies, "here we are"
Working relentlessly, hour by hour.
Painless procedures, lamentless labour.
Meet the behind-the-scenes soldier.

Late night rendezvous,
multiple protocols to follow through,
Airway, Breathing, circulation
they provide the coordination with complete determination.

It’s time to hail and salute
the rather underappreciated heroes of the crew!
Guess the word: Physics in Anaesthesia

1. TEMLBAR
2. ACANOD
3. RVTINEU
4. NTADLO
5. LENIRBULO
6. RPODLPE
7. ACLPLAE
8. RCSELAH
9. CKFI
10. LEOYB

Answers

1) LAMBERT; 2) COANDA; 3) VENTURI; 4) DALTON; 5) BERNOULLI; 6) DOPPLER; 7) LAPLACE; 8) CHARLES; 9) FICK; 10) BOYLE

(By Dr Ira Balakrishnan, Assistant Professor, VMMC & Safdarjung Hospital)
WORD GAME

Guess the word!

1) _M B _ L U_

2) C_A N_S I_

3) A _R_ A_

4) _I _L_ S I_

5) G _ L _T _N

6) _N_ O T E L _N

7) _B _ U R T O_

8) N _ T G _ U_

9) _I S _ O S T _

10) K _ T M I _E

(By Dr Ira Balakrishnan, Assistant Professor, VMMC & Safdarjung Hospital)
“Congratulations!”

Dr Heena Chhanwal¹, Professor & Head, Department of Gujarat Cancer Society Medical College Hospital and Research Centre, Ahmedabad, Gujarat  
Dr Abhijit Kumar², Senior Resident, Department of Anaesthesiology and Intensive Care, VMMC and Safdarjung hospital, Delhi  
Dr Amit Kohli³, Associate Professor, Maulana Azad Medical College, Delhi

Essentials of COVID-19 for Anaesthesiologists, is a comprehensive textbook for trainees and specialists working in COVID ICU, edited by Dr Heena Chhanwal, Dr Abhijit Kumar & Dr Amit Kohli. It is available on Amazon and at all book stores.
Congratulations! Dr Nishkarsh Gupta and Dr Anju Gupta for the release of textbook of Clinical Anesthesia (Barash), the first South Asian Edition.

Dr Nishkarsh Gupta
Addl Professor, Dr BRAIRCH, AIIMS, New Delhi

Dr Anju Gupta
Asst Professor, AIIMS New Delhi

This book not only provides information for anaesthesiologists to make optimal clinical decisions but also addresses the challenges encountered by students of South Asian countries due to variation in diseases, their patterns, and the availability of resources.
Dr Mrs. Vijay Langar was born on 3.1.1945. She passed away after contracting a sudden illness on 1.6.2021.

She was a graduate of Gwalior Medical College. She had done her DA from MAMC, Delhi and MD from CMC Ludhiana. After completing her fellowship from Shri Chitrarirunal Medical College Thiruvananthapuram in Cardiac Anaesthesia, she joined Moolchand Hospital in 1981 and headed the department for an unbelievable span of 40 years.

She is widely known in the field of Anaesthesia for having mentored more than 100 DNB students and guiding innumerable budding anaesthesiologists who are now placed in best positions all over the country.

She has truly been the inspiration for many people in the medical fraternity with her selfless acts of kindness and resides in the hearts and memories of many.

May God bestow peace on her.
Dr Keshav Prasad Chansoriya was a legend of Anaesthesiology. He was Born on 5th of June 1932. He graduated from Nagpur Medical College and did D.A. from Mumbai in 1955. He joined M.P. Health Services (Victoria Hospital Jabalpur) in 1956. In 1966 did M.S. (Anaesth.) from Darbhanga Medical College and became HOD of Anaesthesia, at Medical College Jabalpur. He organised the National I.S.A. conference at Jabalpur in 1970. He was the key factor in the formation of MP State Branch of ISA and organised the 1st State conference at Jabalpur on 22nd April 1973.

He was the member of Governing Council (National) followed by President, ISA for the year 1982.

He was instrumental in starting Late Dr. T.N.Jha memorial best P.G.paper competition in 1986. He clubbed himself with It in year 2000 and it became Late Dr.T.N.Jha memorial and Dr. K.P.Chansoriya travel grant for PGs. He retired as Dean.Medical college Jabalpur on the 30th of June 1992.

He was regular in attending National conferences. Last he attended was Jaipur in 2015. Many of his students have retired as Professors and Dean.

Dr Chansoriya left for heavenly abode in the early hours of 10th July 2021. He is survived by his wife Mrs Kanti Chansoriya an astute homemaker, his daughters Dr Mala Tiwari, Dr Madhu Swamy and son Mr Manoj Chansoriya.
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