



## A VISIT TO CACHAR CANCER HOSPITAL, SILCHAR, ASSAM

The wonderful thing about travel, the thing that excites most of us, is the way it takes you out of yourself and allows the discovery of new things. In anticipation we dream of sights or doing things like tasting new food (with some exceptions!) but in the end the things we remember most are the connections we make with others. Returning travelers talk about the sights they have seen, but it is the human encounters, the unexpected kindnesses of the people we have met that live in our memories.

Travel also shifts our perspectives, and we love it for that too. Maybe because we are that little more anxious and enlivened, we are more alert to the things around us, and more open to new ideas. We come home changed, and the least engaged traveller will at least say that there is no place like home. She has seen a different world, and her own is forever altered.

Traveling can also disappoint. It can be mundane, or more frightening than we hoped for. I suspect there are many people who choose not to travel because they are fearful: of the aeroplane, the uncertainty, the "other" generally. Like life at other times, travel can sometimes feel bereft of real meaning. Without purpose in travel, it would probably be better to suffer the ennui at home.

I want to offer you a way to immunise yourself against meaningless travel. Imagine a situation in which you were at once in a quite other place, everything around you new, all the stimulation you wished for, and yet well supported and doing something you know to be useful. Even the food is exciting and yet safe! All the while you are being cared for wonderfully well, meeting local people, forming meaningful relationships, and experiencing a short cut to the culture. You may even be invited to speak on the local TV station. This is not a dream. This is an experience I've had many times over the last few years. Here's what happened to me and two of my friends on a visit to Assam earlier this year.

Together with my new friends Oliver Haisken and Sarah Corfe, I attended the Indian Association for Palliative Care meeting in Calcutta, and we were now on our way to Assam's second city of Silchar. We had come on a visit to the Cachar Cancer Hospital and Research Centre, under the banner of Project Hamrahi, a joint project of APLI and Pallium India. We were welcomed at the airport by Dr Iqbal Bahir, the hospital's anaesthetist and palliative care doctor after an hour's slow and dusty drive in the hospital ambulance through tea plantations, across deep rivers and into a very crowded city. After a short drive we arrived at the hospital and were introduced to the Director, Dr Ravi Kannan, his wife Seetha and other staff.

The hospital is on a rise which falls off to the West to paddy fields. Goats and cows browse. There are people standing and squatting quietly around the entrance to the hospital, which is being extended. A pipal tree stands at the front entrance of the ward building. This tree is a shrine. The trunk is dressed in red cotton and at the base is set a Shiva lingam and tridents. To one side there is a small but fearsome statue of Kali. In most parts of India Kali is a god to inspire fear, a destroyer, but in this part of India she is loved. In a previous article about this trip I mentioned how I was confronted by this image, and only later wondered how a sick devotee of another religion might react to seeing a crucifix on the wall of their hospital room.

We go on a hospital tour. I notice the relative quiet, in comparison to both the street outside and to the noise in our hospitals: I shiver as I remember the insistent beeping of blocked intravenous fluid pumps. I think the ward is quieter than my own hospital. The hospital building is tired, and a little overcrowded, but overall there is a sense of order here, not chaos. People are smiling, and as we meet staff members, we get a feeling of purpose.

We settle into the guest quarters, newly refurbished for our visit. Mosquitoes are around, but we have been provided with mosquito nets and have come prepared. With so much water around, how could these pests possibly be controlled? We reflect on the symptoms of dengue, compare anti-malarials and go to sleep.

Over the next days we begin to understand a little. The kindness with which we are cared for makes the simplicity of our accommodation irrelevant. The smiling face of our "keeper" staying next door wakes us each morning with a bucket of hot water and a smile, and we walk over to the Medical Director's home for an Indian breakfast. Seetha is from the South, so we are treated each morning to a different traditional breakfast. Idli, Uppam, Dhosa, and curd. The kindness extends into the wards. The nursing staff gradually come into focus as individuals, and although it is clear that our presence in the ward is adding greatly to the workload, they manage. Sarita, the charge nurse, is under the pump. Just like home. I detect a high level of tension, but she copes. I suppose that she and the doctors must feel that we are assessing performance, even though this is not the purpose of our visit.

The Cachar Cancer Hospital has 50 beds, and provides the only specialist cancer care for the region, taking patients even from neighbouring States. Most of the patients are poor, and many are workers on the tea plantations. They earn very little, and nothing if they cannot work. The hospital has cancer surgeons and medical and radiation oncologists working with Dr Iqbal. There is a cobalt radiation machine, and it spends a lot of time treating patients with head and neck cancers due to smoking and the common practice of chewing paan.

During the next few days we are kept very busy. We do ward rounds in the morning, and see the broad range of skills that Dr Iqbal uses every day. One minute he is talking to a patient about pain and prescribing opioids, and the next minute he is performing a bronchoscopy in the ward. In the afternoon outpatients does verge on the chaotic, as the numbers are huge and the policy is to see everyone who arrives! Another lesson in flexibility: Dr Iqbal sees a patient, finds he has a pleural effusion and within an hour he is admitted to the ward (well, actually to the corridor, but still...) and he has his pleural effusion drained. Things can get done here quickly!

No rest for us either. During the visit we are whisked off to the local TV station to support Dr Kannan in promoting palliative care, we are involved with examining ward nurses in palliative care, and we accompany the staff on house calls to villages many miles away.

All of this experience has brought us to this place and the problems of these people, but also made us deeply aware of the strength and courage of the doctors and nurses working in this cancer centre. We have been useful, at the very least in that we have been able to share some ideas. We have seen the purposefulness, the energy with which the staff of Cachar Cancer Hospital work, and with much fewer resources than we are accustomed to. We are full of admiration. We have been cared for wonderfully, we have learned new things, we have been taken out of ourselves, we have new ideas for work at home. We have travelled, and we wouldn't have missed it for quids.

Dr David Brumley Palliative Care Physician



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Guest Speaker David W. Kissane, MD is an academic psychiatrist, psycho-oncology researcher and author. He is currently the Head of Psychiatry for Monash University in Australia, recently the Chairman of the Department of Psychiatry and Behavioral Sciences at Memorial Sloan-Kettering Cancer Center in New York and previously the Foundation Chair of Palliative Medicine at the University of Melbourne.

At MSKCC, Prof Kissane established a Communication Skills Training and Research Laboratory, which developed an applied curriculum for oncology, training over 700 clinicians. His books include the Handbook of Communication in Oncology and Palliative Care with Oxford University Press, Handbook of Psychotherapy in Cancer Care with Wiley-Blackwell, Cancer and Depression for the World Psychiatric Association and Family Focused Grief Therapy with Open University Press.

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