

Clinical Nurse Manager from Bethesda's Metropolitan Palliative Care Consultancy Service (MPaCCS) Visit to Mizoram, India

With the support of NGO Australasian Palliative Link International (APLI) and the Indian NGO Pallium India, Ed Gaudoin visited the remote and hilly northeastern state of India called Mizoram that has a population of just over a million.

Aizawl, a district in Mizoram state, has the highest incidence of all cancers (270 per 100,000 people). Cancers of the stomach, oesophagus, hypopharynx, gallbladder, lung, and breast are common in this region. Establishing new pain and palliative care centres has been a priority for the state medical fraternity, aiming to improve quality of life for these patients. They have poor access to treatments due to cost and remoteness. The ability to use basic analgesics like morphine, due to Mizoram being considered as ground zero for India's opioid epidemic, has also been limited until now due to strict controls.

The state has an HIV rate of almost 20 percent among injecting heroin users—the highest in the country.

The state's drug epidemic is largely because of its geography. Mizoram shares a 400-kilometre international border with Myanmar. Myanmar is the world's second-largest producer of opium, and thus Mizoram is today a first stop on the flow of heroin out of the region.

Drug addiction in Mizoram has increased among teenagers and school students, where there is high unemployment. Mizos are fast giving up their old customs and adopting new modes of life greatly influenced by western culture. Mizoram is almost 90% Christian, due to the missionary efforts under British rule. Presbyterian and Baptist churches dominate.

There is very little after-hours activities apart from church and bible studies up to 3 days a week. The capital effectively closes down after 6pm with little other activities to keep young people entertained. Ed's seven-day support visit encompassed education to medical and nursing schools and providing clinical supervision for practitioners in both the hospital and community settings.

Synod Durtlang Presbyterian Hospital is a 300-bed general hospital in Aizawl that has extensive community outreach. Dr Sunghluna, the medical director for palliative care, provides treatment and support not only for cancer patients but also those with HIV/AIDS and those with drug addictions.



Dr Sunghluna said, “the revolving door of IV drug addiction and subsequently people contracting HIV has made me the only practicing palliative care doctor in India that deals with drug rehabilitation.”

According to Dr Sunghluna “there is still a lot of moral policing” as the political power of Christianity in Mizoram means the government walks a tightrope when dealing with these issues. Among the Presbyterian leaders and congregations in Aizawl, about 70 percent believe that disobedience to biblical teachings led to HIV, and only 34 percent were willing to advocate for the free availability of condoms and safe needle practices, thus compounding the problem.

The average annual income for a middle-class family is less than \$2,000 Australian. The cost of anti-retroviral therapies is subsidised in some centres, but the cost of drugs of addiction inhibits the treatment, leading to the greater catastrophe of the infants born with the disease, and the cycle continuing.

Ed reviewed a 24-year-old man who had HIV with Tuberculosis that was not responding to treatment. His first wife had died from AIDS and had also lost a child to this. His second wife was also diagnosed with HIV but could afford the anti-retrovirals and was relatively well. They didn’t have the funds to pay for his anti-retrovirals.

He was in the last stages of life. He was not responding, unable to eat and drink, extremely short of breath, draining pus from a chest tube, needing oxygen. The family was very distressed. Thankfully, we had access to injectable morphine for comfort (which the hospital received a license for only 10 years ago). Oxygen tanks, on the other hand, were going to cost the family 500 Rupees, equivalent to \$10 Australian dollars, and were something they couldn’t afford. The man died 48hrs later comfortably in the hospice.

Dr Sunghluna and the palliative care team took leadership in advocating for the greater community. The need for comfort at all stages of life and quality care is high on the agenda. Increasing awareness in Mizoram around morphine availability, community and medical education around palliative care, and providing good quality of life through excellent symptom relief at any stage of life, are paramount issues.

Even though we are in two different worlds, developing and developed, the scenario and humanitarian nature of palliative care, is universal.

For more information about Ed’s trip please visit : <https://anmj.org.au/providing-palliative-care-in-remote-india>