THE INSTITUTE FOR PALLIATIVE MEDICINE
at San Diego Hospice
INTERNATIONAL PALLIATIVE CARE LEADERSHIP DEVELOPMENT INITIATIVE

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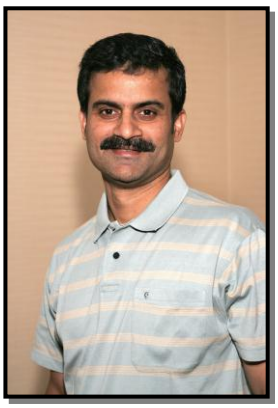

Introduction

When I started reflecting on my leadership journey, a flurry of questions arose in my mind. In what sense do I see myself as a leader? When did my leadership journey start? Have the events in my life made me or helped me to walk ahead of others in a leadership role?

I find writing a story on my leadership journey a bit embarrassing. It is like congratulating oneself for the achievements of a team.

I am indebted to many people for helping me become what I am today. Life has been a constant learning process for me and it continues to amaze me. Everyone has the potential to be a leader. Given an opportunity, or when challenged by a situation which demands leadership, everyone has the potential to demonstrate leadership skill.

Early Days

Many people and places have influenced me. I grew up in a small village called Ramanthali in Kerala, which was largely an agricultural community in those days. The biggest lesson the village taught me was to understand the interdependence of man with all other creatures around him. This was reinforced by my contact with environmentalist groups -- and particularly Prof. John C Jacob (who later became my teacher at the pre-university level) who had dedicated his life for protecting nature. He was a lesson in 'practice what you preach' and demonstrated with his own life how one should stand up for values and beliefs.

Studying medicine was one of the few good options a student could choose in those days -- and one of the best career paths. Almost everyone who entered the biology stream at pre-university level went on to medical and allied courses. I liked biology very much and, again, my childhood experiences were a major influence on my decision to take up the biology stream -- and eventually led to my studying medicine. When I joined medicine I was drawn towards anesthesiology which I thought would give me more control of my own time. Being in anesthesiology provided me with my first exposure to palliative care. In turn, palliative care offered me many developmental opportunities involving academic, administrative and organizational activities -- and also helped my personal growth.

Knowing Palliative Care

It could be said that I joined palliative care by accident. I was introduced to the palliative care service in 1997 by a friend of mine, Dr. Ajitha, who was working in palliative care in Calicut at that time. The Department of Anesthesiology at Calicut Medical College had pioneered the concept of palliative care in the region. I was a fresh anesthesiologist planning to join the department as a lecturer for a year (locum) in anesthesiology, so my brief stay in palliative care was to 'fill the gap' until I received my posting.

Ironically I was working in the same department as a Senior House Officer when palliative care service was initiated in 1994, but I never really became involved with it then. However my brief stint in palliative care in 1997 changed my future. Even though I continued to work in anesthesiology for some time, deep inside me somewhere I knew that I had started to enjoy palliative care.

After getting my medical degree, I decided to take up anesthesiology because I felt that it would give me more 'spare time' for doing other things. One had a choice of about how much clinical work one wanted to do.

Palliative care appeared to me more satisfying, however, as it gave me many more options than just clinical work alone. I found the concept of 'total care' in palliative care very appealing. It also provided me with an answer for what I wanted to do during my 'spare time' and more importantly I was happy with the work.

The Big Decision

As my tenure in anesthesiology was ending, I had a long conversation with Dr. Suresh Kumar who was one of the founding members of the Pain & Palliative Care Society (PPCS) at Calicut, along with Dr. Rajagopal and others. He asked me whether I would take up a one-year task of setting up a palliative care service in Kodungallur, a small town in mid-Kerala. At the same time, I would also receive a part-time anesthesiologist post in a local hospital. I accepted the position and arrived in Kodungallur in September 1998. The program was initiated by a group of highly-motivated people, and the single year I spent there gave me deeper insight into the administrative and organizational aspects of developing palliative care services. By the end of my year there, I was doing more palliative care and very little anesthesiology practice. So when I returned to Calicut in 1999, I was certain about the decision that I was going to take: to work full time in palliative care.

Learning the Ropes

The PPCS was also in a transition period at that time. The concept of palliative care was becoming increasingly popular and the role of PPCS as a pioneering organization was established. The organization initiated additional palliative care services in peripheral areas so that people would not need to travel long distances to get care. Palliative care was becoming more visible, and regular training programs were started. This meant that there were more activities than just the clinical work with which I was involved, and I was actively involved in many of these new processes and programs.

Time at Pain & Palliative Care Society (PPCS)

In 2001, I was given the role of Hon. Secretary (CEO) in charge of PPCS because Dr. Suresh Kumar (who was the Hon. Secretary at that time) had taken extended leave. This assignment lasted for a year and in October 2002 I was formally elected as the Hon. Secretary of PPCS.

That was an active time at PPCS. The clinical service was becoming busier by the day. We had established successful regular training programs at PPCS which become very popular. These community-based initiatives were appearing throughout the region and eventually developed into the well-known Neighborhood Networks in Palliative Care (NNPC) of Kerala. Ultimately this led to the construction of our “dream project” -- an in-patient and training centre, Institute of Palliative Medicine. I was involved in all these programs, especially developing the training programs and establishing the Institute of Palliative Medicine at Calicut. These experiences helped me understand the work involved in organizational dynamics, strategizing, planning ahead, and reviewing.

I was actively involved in developing the palliative care policy for the State of Kerala, which was the first of its kind in India. The policy was developed by consulting all the existing palliative care services, and the Institute of Palliative Medicine organized these meetings. I was also involved in developing a Standard Operating Procedure for opioid availability in the state. This helped the institutions that were licensed to possess and distribute opioids to comply more easily with the modified narcotic rules in the state. Those years helped me to improve my skills in administration and eventually strengthen my leadership skills. My stint as the Hon. Secretary of PPCS ended in 2007.

Involvement at the National and International Level

I have been involved with activities of the Indian Association of Palliative Care (IAPC) since 2004. I become a Central Council member in 2004 and in 2007 was elected as the Honorary Secretary of the organization and assumed office in 2008.

At IAPC, I worked on some visionary projects like 'Project Kiran' which aimed to integrate palliative care with care for older people. Another project was the 'Children's Palliative care project', which was part of an international collaborative project supported by DfID (Department for International Development) in the UK. We worked in close association with in national and international organizations such as Help Age India, Help the Hospices, and International Children's Palliative Care Network, amongst others.

One of the major challenges I took up as the Hon. Secretary of IAPC was to strengthen the organizational structure. India is like a continent, with its vast population, diverse cultures and traditions. A national organization must have a strong unifying structure, if it is to take up the challenges and opportunities posed by India’s extreme diversity where each state is like a country having own language and culture. This is on-going and I hope by the time I finish in this position in another two years that I will have achieved my major goals: to streamline official requirements and to prepare a strategic action plan that will carry us into the future.

The Certificate Course in Essentials of Palliative Care (CCEPC) was initiated by IAPC in late 2007 and over the years this has become a popular basic course in palliative care for doctors and nurses in India, with more than 2500 professionals taking the course thus far. Overseeing the development and expansion of the course has been a very satisfying experience.

My international associations have been mainly an extension of my activities at the national level. As Hon. Secretary of IAPC I was elected to the board of the Worldwide Palliative Care Alliance (WPCA). I am one of the founding board members of this organization. It was very interesting to be part of the diverse steps in developing an international organization. This experience helped me learn more

about organizational development, widened my horizons to the international level, and raised my profile in palliative care beyond the scope of my home institution and my region.

Looking Back

The demand for palliative care is enormous. There is a need for thousands of individuals with a common vision and a common goal to join forces in order to meet the medico-social goals of palliative care. The demand is ever-increasing, and we must develop the appropriate combination of medical and social interventions within the framework of peoples' cultural and social values.

Looking back, I feel that there should be formal programs to further develop leadership skills in people. Often the leadership role is thrust upon us. This is true with most health care professionals, whose basic and primary skills are based on caring for people. It often takes a long time for them to 'settle' into any new leadership role. But there are many more people with leadership skills in the general community who could advance the cause of palliative care. The potential of these people -- other professionals, volunteers, administrators, or just lay persons -- also needs to be tapped. I feel that we should have leadership programs aimed at non-medical people, too, in order to increase the profile of palliative care in society.

As I said in the beginning life is an enormous learning process. Many people, experiences and places have influenced me during my journey, and this will continue throughout my life. One of these was participating in the Leadership Development Initiative at the Institute for Palliative Medicine at San Diego Hospice in California, USA. The insight the LDI team taught me at conferences, the people I met from around the world, and the tools they provided me for leadership will be a strong guide for me in the future.