



THE INSTITUTE FOR  
PALLIATIVE MEDICINE

at San Diego Hospice

INTERNATIONAL PALLIATIVE CARE  
LEADERSHIP DEVELOPMENT INITIATIVE

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### **My Palliative Care Journey: From Passion to Profession**

*Recently, my niece announced that she was taking up medicine as a profession to become a specialist in palliative medicine. I had no illusion of being her role model, though she had asked me several questions about my career. She was inspired by an article in a prominent newspaper about palliative care and, specifically, Cipla Centre where I work. Her decision took me back in time to another little girl.*

#### **The Seed**

I was about 11 and studying in a small school in my village, Warananagar, in Maharashtra, India, when my friend's grandmother died. She died bleeding, in pain and nobody could do anything to help. That day, my friend and I resolved to study hard, become doctors and come back to help the villagers.

My friend is now a successful engineer in the USA and I am a doctor. But that was probably the day when the seed was sown that took me into the field of palliative medicine.

My elder sister was already a doctor. My parents would have been happy to have me as an engineer but, of course, I had different ideas. I took up medicine, too.

As my education was drawing to a close I had the opportunity to care for my grandmother who had been diagnosed with cancer. That close encounter with the pain of cancer, suffered not just by the patient but also the family, helped me decide: I would devote my life to the management of pain.

## Early Days in Medicine

Following suggestions from some seniors, I took up anesthesiology. That appeared to be the closest to my goal of a career in pain management. But apparently, not for long.

Initially, cardiac anesthesia beckoned as a lucrative career. Yet, I was not happy with the role I was playing in the cardiac team, hardly communicating with the patient and the family. I would see the patient just before I had to put him/her to sleep and I would be away before the patient woke up. I could not see myself doing this all my life and my search for *the* career option continued.

I stumbled upon palliative care. It was a vague subject and no one seemed to know anything about it. There was no formal training available.

Then I discovered a course in pain management in the UK. My husband, ever a pillar of support, happily agreed to back me up, while I pursued my dream. He would earn and I would learn. All plans were made, but destiny had something else in store for us. In a terrible accident at work, my husband had a near-death experience. Much to the surprise of all the doctors, he survived. But those months when he spent all his time solely in one position -- flat on the bed -- taught us a lot about life.

The UK plan died.

What next? I did not know it then, but some divine force was ready with the answer and had lined up the people I would 'happen' to meet. Those people would point me in the right direction.

## Searching for Learning

In January 2000, I went to work with a consultant who had a pain clinic in Mumbai. While working there, I heard of a course at Tata Memorial Hospital and the very next month I signed up for it. During the course, I met Dr. M. R. Rajagopal, who truly remains my guide and mentor. When I met him, he heard me out patiently. At the end of it, he had a simple suggestion: "Come to Calicut. See what we do there. Then you can decide if that is what you want you to do."

I went to Calicut, Kerala, and completed a basic certification course in palliative care. There was no doubt left about my career path. I went on to complete the advanced course in May 2001.

## First Organization

I was soon ready to start palliative care on an outpatient basis and ran straight into the morphine wall.

I needed morphine for my work in palliative medicine, but drug authorities advised me against getting a license for it in my name. It was my first close encounter with the red tape that was choking the supply chain of morphine. Looking at my enthusiasm, those authorities directed me to an organization named Care India Medical Society in Pune. At that time it had only a home-care program. There I met Dr. Madhuri who made me commit myself to work with the organization for a year before I would start my own practice. With Care India, I received the practical experience of working in a community and gained confidence in administering morphine.

Except for some, most friends and family members were aghast at the way I was 'wasting' my medical qualification and forgoing all the money I might have earned working in operation theaters.

On the other hand, I was really enjoying travelling on my scooter to homes of patients, managing pain, assessing other symptoms, reading about them and modifying my management. My financial requirement was small and my husband was able to support us.

I kept wondering how to talk to my doctor friends. Would they appreciate the impact of my services on my patients and families? Would they think those services were needed? Would more doctors be willing to consider joining this field? I doubted I was ready to talk about it so I just kept on working. Did I really know or even think about where I was heading? I was not sure.

Teachers were hard to find. I peppered bulletin boards on the Internet with questions. I made it a point to attend as many conferences as I could, though my 'career' was not really paying me back for all my education.

At least, not yet.

## **Cipla Break**

Cipla Palliative Care and Training Centre which existed in my own town was keen to expand its services.

Dr. Rajagopal recommended that one of the trustees, Mr. Iyer -- who is now the Managing Trustee of the Centre -- should meet me during one of my home visits for Care India. That meeting would ultimately lead to my job as a Medical Officer in Cipla Centre. Walking into that great building, set in the midst of alluring greenery, I felt for the first time that I was getting somewhere.

There were seniors with years and years of experience, both in medicine and palliative care, who were not very sure where to place me in the medical team. Though I had practiced earlier as an anesthesiologist, I had to prove myself medically competent to handle patients admitted to the center.

After all my experience in anesthetic drugs, I suddenly found I had to ask permission before I could use the simplest of analgesics. No opportunity to question my medical abilities was ever missed. I had to fight to care for a patient independently.

I had the option to walk away.

Instead, I opted to draw strength from the moments I could spend with patients, from the unflinching support of the trustees and from the words of a senior nurse, Sister Lorraine: "Just focus on your goal; everything else is temporary."

## **Singapore Experience**

I continued to attend as many training programs as I could. One of those training programs brought me in contact with Dr. Rosalie Shaw. We would continue to meet at various conferences. For some reason we took to each other. She thought I was a keen and involved student; I felt I could just go on learning from her. She introduced me to Dr. Cynthia Goh, who later on provided me with an opportunity to work with her during a fellowship at National Cancer Centre, Singapore.

The relationship with Dr. Shaw culminated in a scholarship and 12 months in Singapore. This led to more qualifications: the Asia Pacific Hospice and Palliative Care Network Diploma, and a Flinders University Graduate Certificate in Palliative Care.

My relationship with Dr. Shaw continues to inspire me. Knowing that I am blessed with 'gurus' encourages me to persevere.

The Singapore experience was an eye-opener in many ways. For all my education, I was still equating palliative care with end-of-life tender-loving care. It was a novel experience to be an equal member of the medical team -- responsible for each patient's care -- instead of being an afterthought or an unnecessary appendage.

For the first time, I experienced the tremendous power of palliative care (I should say palliative *medicine*) in improving the quality of life for every patient, right from the time of diagnosis.

For the first time, I truly felt that I was responsible for the well-being of the patient, as much as my colleagues who operated or administered chemotherapy.

For the first time, I witnessed holistic care provided by palliative medicine making a significant contribution to curative management of patients in advanced stage.

I saw a dream of bringing that aspect of palliative care -- this new model -- to India.

## **Learning to Lead**

After I returned from Singapore. I was humbled to learn that the trustees of Cipla Centre had enough faith in my abilities to appoint me as the Medical Director in March 2008. It is a position that continues to give me rewarding opportunities to serve people, to keep learning and to lead a wonderful team.

But it was not easy.

With the training that I had received thus far, I was better equipped to handle clinical issues. However I was inexperienced in terms of management and administrative skills. I had come back to a team composed of some who were formerly my seniors and many others who were on par with me. A period of adjustment followed.

It was not easy meeting expectations — mine as well as theirs. It took a while to understand the difference between “get it done” and “do it yourself” and to put that to work. Because roles and team composition kept changing, the phase of adjustment continued.

I established an outpatient department (OPD) in two private cancer hospitals. This began with the intent that patients should not suffer pain because they did not have access to palliative care for one reason or another. Although referrals from professional colleagues were few, people at least started talking about palliative care!

This was the period when I realized the importance of creating awareness about this specialty and, through Cipla Centre, I started taking steps to spread the word.

It would seem that some power was at work and, perhaps, saw my struggle and my determination not to give up. I received a call from Dr. Frank Ferris. He invited me to participate in the Leadership Development Initiative organized by the Institute of Palliative Medicine at San Diego Hospice in California.

I saw this as a timely opportunity for me to learn and grow.

The Leadership Development Initiative involved three conferences between 2010 and 2011, and was a major turning point for me. Every time we Participants met with the Mentors in San Diego, I could share experiences with fellow professionals from other parts of the world. In most cases, differences were limited to the map; our difficulties were the same. For most, it was a new experience not just *to do* but *to lead*.

My mentor, Dr. Fraser Black, has held up a very compassionate mirror to my face. He helped me discover my own shortcomings and face my challenges. He has been walking with me and helping me ensure that I do not miss too many steps, even though I still stumble.

It is easy to describe my chosen profession as *noble* and feel good about it. I may have always had the passion for palliative care. But to take it further I must develop skills in the realm of management and communication, along with medicine.

That has been a very important lesson.

## **Small Steps to Tall Dreams**

It continues to be a privilege to learn from and be humbled by patients. For example, one old lady told me that the day I learned to say “no” would be the day I would become smart and wise. There was another patient in Singapore, who told me never to leave this profession because, “You are made for this.”

There have been moments (and there always will be) when it was difficult to stifle emotion and remain objective and professional -- such as the time when I almost adopted a little boy who was on the verge of being orphaned. His mother lay dying of cancer in a hut that barely had room for her, thanks to the two men of the house who remained in a permanent alcoholic stupor.

If I could turn the clock back, would I do anything differently? I doubt it.

There is more that I want to do in the future. It is gratifying to be part of the Indian Association of Palliative Care (IAPC). Starting my local chapter in Pune was a solid step forward.

Thanks to my leadership training, I am in a better position to lead and train increasingly more people in this profession. I continue to enjoy the support of our trustees and my team members who deal with all my whims and fancies. Furthermore, the constant encouragement of my husband, my son and my family gives me strength to move ahead despite challenges. I wish to train at least one trainer in each district of Maharashtra state, where I live and work in India. I want to move faster and help more people move ahead and do more.

It is ambitious. But so was an 11-year old girl who took a vow to learn and help at a time when *palliative* was nothing more than a difficult word to spell.