

Economics of Palliative Care & Evaluation of Alternate Mode through Integrated Palliative Care Services by an Inclusive Cost Effective Model

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Abstract:- The necessity for equitable access to palliative care in Tamil Nadu, where approximately 7 lakh patients require such services annually, remains pressing. Despite the availability of advanced medical technologies and highly qualified specialists, only a small fraction of patients receive the required palliative care due to financial and systemic barriers. This article explores the economic implications of palliative care, highlighting the exorbitant costs associated with allopathic treatments and the ethical challenges faced by clinicians. It also underscores the financial viability of integrating homoeopathic remedies into palliative care, given their significantly lower costs and fewer side effects. A comprehensive approach to palliative care that includes both conventional and homoeopathic medicine is proposed to improve accessibility and affordability. The article recommends a multidisciplinary strategy, emphasizing partnerships between public and private sectors, expanded health insurance coverage, community and family support, and enhanced training and education for healthcare professionals. Additionally, it calls for increased public awareness and ongoing research to demonstrate the economic and clinical benefits of integrated palliative care models. The integration of homoeopathy is particularly emphasized as a cost-effective, patient-centered approach that can improve quality of life for patients. The article concludes with a call for systemic changes to implement inclusive, high-quality palliative care services throughout Tamil Nadu.

Keywords:- Palliative Care, Integrated Approach, Economic Implications, Healthcare Partnerships, Health Insurance, Community Support, Awareness Campaigns, Homoeopathy.

I. INTRODUCTION

“Leave no-one behind – equity in access to palliative care” The population of Tamil Nadu is approximately 8 crores, with an increasing incidence of cancer patients close to 80,000 per year. Combined with the existing non-cancer patients, approximately 7 lakh patients need palliative care services. However, considering the current number of palliative care trusts and centers in Chennai and other places, only 4 to 5% of the patients who need palliative care actually receive it from these centers.

A. Economic Implications & the Cost of Interventional Clinical Care:

The radical evolution of AI-driven and tech-enabled medical devices and their availability at nearby hospitals under the care of highly qualified interventional specialists highlight two predominant factors before adopting such care: the cost of interventional palliative care and medical ethics.

The cost of premium quality palliative care is generally high or provided for free with support from NGOs or government support. The economics of allopathic system-driven palliative care in India is influenced by costs associated with medical interventions, availability of healthcare professionals at affordable fees, cost of medications, proximate facilities, and caretaker-related expenses (Smith et al., 2012; Parackal et al., 2019).

B. Cost of Palliative Care Services & Integrated Clinical Approach:

The expenditure incurred on homeopathic medicines is one-fifth of the expenditure on allopathic medicines (Manchanda & Kulhashreshtha, 2005). Additionally, global costs were 20% less expensive for patients in the homoeopathy group than for those in the conventional medicine group (Colas et al., 2015). The cost of palliative care depends on the complexity of the patient's condition but is often determined by affordability.

C. Fundamentals of Health & Holistic Approach:

According to the WHO's definition of health in 1942, "Health is a state of physical, mental, social, and spiritual well-being." Homoeopathy, which works on these principles, can be integrated into palliative care to provide a holistic approach that considers the patient's overall well-being rather than just focusing on disease treatment (Sahlén et al., 2016; Hui & Bruera, 2016).

D. Medical Bankruptcy & Social Withdrawal:

Patients often undergo various stages of diagnosis, treatment, and interventional procedures before reaching the palliative care stage, leading to financial insolvency and social withdrawal. This situation necessitates a multidisciplinary approach to palliative care to ensure that financial burdens do not deter patients from receiving the care they need (Meier et al., 2017; Klinger et al., 2013).

E. Affordability & Accessibility in Integrated Clinical Approach:

Financial constraints often prevent patients from accessing palliative care services. An inclusive palliative care services framework through an integrated clinical approach can help overcome medical economic bankruptcy and make palliative care more affordable and accessible (Hui & Bruera, 2015).

F. Current Clinical Approach & Need for Evaluation of Alternate Options:

Palliative care services often rely on drugs like oral morphine. However, similar to morphine, homoeopathic remedies can be used to manage symptoms with fewer side effects, improving the quality of life for patients (Kayastha & Leblanc, 2020; Hui & Bruera, 2015).

G. Disparity Based on Economics & Proximate Palliative Care Infrastructure:

Urban areas typically have better-equipped hospitals and facilities, while rural areas lack the necessary resources, creating a disparity in palliative care provision. Addressing this disparity is crucial for equitable palliative care access (Kamal et al., 2013).

H. Suggestive Recommendations:

- Partnership of Public & Private Sector: Both sectors should design and deliver an integrated palliative care system to reduce costs.
- Health Insurance Coverage: Health insurance should cover integrated palliative care services.

- Community & Family Support: Integrated palliative care should involve family and community support.
- Training & Education: Bodies like NAPCAIM should develop training programs for healthcare professionals in cost-effective palliative care.
- Awareness & Stigma: Creating awareness about integrated palliative care can reduce stigma and promote earlier interventions.
- Research Publications & Evidence: Regular publications on the economic benefits of integrated palliative care can guide policymakers (Mathew et al., 2019; Lebreton et al., 2017).

I. Homoeopathic Integration:

Homoeopathy complements conventional medicine by addressing the physical, emotional, and spiritual aspects of a patient's well-being. The integration of homoeopathy into palliative care is patient-centered, allowing individuals to have a say in their treatment options. Patient-centered care is a cornerstone of the inclusive palliative care model, emphasizing personalized and individualized treatment plans. The route of administration of homoeopathic medicines is very easy and comfortable for both patients and caregivers, being painless and easily palatable (Colas et al., 2015).

Homoeopathy should be integrated with standard oncologic care to improve patient outcomes, including symptom burden, quality of life, and end-of-life outcomes, all achieved with low associated costs. For instance, the Government of Kerala's CHETHANA Palliative Care Project under the Department of Homoeopathy operates a Palliative OP from 9 am to 2 pm.

II. CONCLUSION

Palliative care, supportive to all systems of medicine, should be approached as an integrated model under one common framework to ensure affordability and quality care throughout a patient's illness. The "Makkalai Thedi Maruthuvam" project by the Government of Tamil Nadu is an example of taking healthcare to patients' doorsteps. Implementing cost-effective and high-quality integrated palliative care services is crucial to improving patient outcomes and reducing economic burdens (Kaasa et al., 2018; Leblanc & El-Jawahri, 2015).

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