



Jeevodaya Hospice

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Vol. XXVI - Issue - 2, Oct- Nov - Dec 2024
A quarterly News Bulletin
RNI: TNENG/2000/1198



Sr. Annie Davis F.C.C., Chairman and President

From the Editors Desk

DOES GOD EXIST?

An increasingly large number of people would say a downright “No” or shrug “Who knows”. The articulate will point out that the existence of a loving all powerful God is at odds with the brutality and horror that exists in the world. But the world filled with violence, war and genocide is the world created by man. Why blame God? You might as well blame the bird sitting in the tree, or the butterfly fluttering among the flowers.

Atheists ask if God was powerful, why does He not put a stop to all misery or eradicate poverty. God did not create poverty, man did. Why does He not destroy the perpetrators of evil? Just like we would kill a mosquito or exterminate a cockroach. In the Bible there are instances when God does exactly that. To mention two - the great Flood in the time of Noah, and the rain of fire and brimstone which annihilated Sodom and Gomorrah. Yet we continued in our ways. Today, the religious doomsayers says “Repent, for the end of the world is near”, the scientists say “Repent, for Global warming will destroy the planet”. Either way, it appears to be a question of time before humans become extinct.

Meanwhile for those who still deny the existence of God because of the existence of evil, they may do well to think if Evil exists, then so must Goodness. As St Augustine observed with our limited intelligence, we cannot grasp the whole of Truth and Knowledge.



The birth of Jesus, when the Divine took a human form, reminds us that love, beauty, kindness, and joy will continue to abound as long as the world exists. In Gandhi's words “When I despair, I remember that all through history the way of truth and love have always won. There have been tyrants and murderers, and for a time they can seem invincible, but in the end, they always fall. Think of it - Always.”

Christmas is a time to celebrate all that is good in the world. A time to celebrate family and friends. A time to remember the miracle that is life, the miracle that is the galaxy. A time to remember all the small and large miracles that have filled our lives, with or without us knowing. A time to celebrate God's infinite love & assurance that Goodness will prevail. Always.

Sr. Lalitha Teresa FCC, Editor



MERRY CHRISTMAS
to all our readers.

**May God's love & light
fill your lives!**

Dr. Robert Twycross.... My Guru!

- Dr. Manjula Krishnaswamy



Very few are born into this world with a predetermined mission and fewer are able to fulfill their mission silently and pass on leaving indelible footprints for generations to follow, perhaps go even further. One such person is Dr. Robert Twycross, a Doyen in the field of Palliative Care. Born in UK in 1941, he graduated from the Oxford Medical School, and from an early phase of his career, he joined St. Christopher's Hospice to work with the Legend herself - Dame Cicely Saunders who is revered globally as the Founder of modern Palliative Care. He never swerved from his chosen speciality and has contributed so much to the field of Palliative Care that he has earned the right to be called a Legend himself. He passed away a few weeks back, at the age of 83, leaving a void that would be hard to fill.

Dr. Robert Twycross was a teacher 'par excellence', a great academician but above all a great human being who exuded compassion and empathy for his fellow human beings. He has innumerable research papers to his credit, authored several articles and books on Palliative Care. His seminal work was the book 'Introduction to Palliative Care', which is considered to be the basic guide for all those entering the field of Palliative Care and other books on advanced studies such as 'Pain Relief' and has contributed a chapter in the Oxford Textbook of Palliative Medicine- the bible for all practicing Palliative Care physicians and students.

The WHO had commissioned Dr. Robert & Ms. Gilly Burn (Nurse Specialist) with the task of spreading awareness about Palliative Care in the developing countries in the early nineties especially India.

They traveled the length and breadth of India, visiting all states, conducting awareness programmes for the public and workshops for doctors and nurses. It was at one such meeting that I met both of them at Bangalore in their early years of their mission (1993) and invited them to Jeevodaya where we had already started practicing Palliative Care. They promptly accepted our invitation and visited Jeevodaya. They just could not believe that in a country where most had not heard of the word Palliative Care or Hospice, we were already practicing home care and the hospice was almost nearing completion. They conducted the first workshop on Palliative care in Jeevodaya which was well attended by doctors and nurses. This was the first of its kind to introduce Palliative Care to the State of Tamil Nadu. While they were very appreciative of our work, they also advised that Jeevodaya should not be seen just as a charitable, humanitarian project, but, backed by scientific knowledge and sound medical practice it could become a nodal centre for teaching Palliative Care to the medical profession. Towards this end it was at their insistence that I (medical director) and Sr. Casilda (Nursing Superintendent) applied and were selected to undergo training in Palliative Care sponsored by WHO in Oxford, UK in 1994.



The eight weeks we spent in UK training under the tutelage of Dr. Robert, Ms. Gilly and their team is unforgettable. We were exposed to the Western method of teaching for the first time, so different from what we were used to in India. For starters, we were not allowed to call them teachers; they were only 'facilitators' and we were to call them by their first names, not 'Sir' or 'Madam'. We found it awkward at first but soon got adjusted. All sessions were inclusive and interactive. No didactic lectures - all candidates had to compulsorily participate. We were allowed to express ourselves freely without fear of being criticised or contradicted. There were only healthy discussions and opposite views were given equal credence and differences were accepted, especially those arising out of cultural diversity. We were exposed to 'role play' for the first time which was good fun but very educative at the same time. We were asked to give presentations which were video graphed and played back to us with tips for improvement. When we did one more subsequently, we ourselves were surprised at the remarkable difference. To this day we try to incorporate some of these methods in our teaching also.



I would like to share some vignettes gleaned from Dr. Robert's teachings, something that all medical professional should pay attention to :

Attention to Detail : The need to assess every single complaint of the patient in detail, not being judgemental, for, that issue however small in our estimation, maybe overwhelming for the patient.

Fallacy of Assumption: Clinicians have a tendency to group patients into boxes of categories such as 'Cancer' 'Elderly' etc. and assume that every problem arises out of that box. He warns against such assumptions as it is bound to make (in his own words) an 'Ass - (of) - U - (and) Me.

Listen - was his stern recommendation. Let the patient do the talking. You just listen and observe. You will get more information from the body language than what is being said.

Palliative Care he said needed '**High touch, Low Tech**' contrary to the practice of modern day physicians relying more on technology than clinical examination. Treat the patient he said, not just the disease - this requires compassion and empathy and touch is an integral part of this process wherever appropriate.

'Review, Review, Review!' was his mantra. Every day was a new day, old symptoms may disappear, new ones may crop up - hence the need for constant vigil and reassessment.

'Communication skills' was not something that was taught to us in our medical school; hence we found these sessions such as 'Breaking bad news' novel and educative. But, to be frank we learnt more from observing Dr. Robert and others interacting with patients. To give you an example, he always pulled up a chair to sit next to a patient in bed, the idea was to be at eye level with the patient (not standing and looking down on a bedridden patient, which makes communication very difficult for the patient). When the doctor sits down it sends a message to the patient that he is relaxed and willing to listen to him. This was the first lesson I implemented in Jeevodaya when I came back and follow even to this day. It has to a large extent removed the doctor - patient barrier and most times we are able to relate to the patient as friends who are genuinely concerned about their welfare, which in turn makes them open up and talk freely without inhibition on any subject. When we do leave the patient's bedside, we find them more calm and relaxed, if not actually smiling!

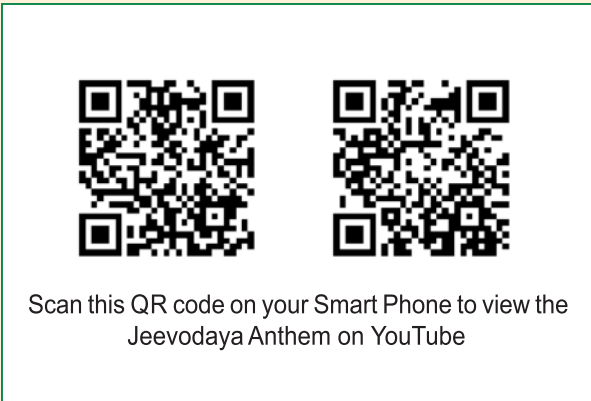
As I am writing this, I am flooded with memories and I would not have done justice if I do not speak of the personal side of the man. Dr. Robert and his wife Deidre as also Ms. Gilly showered parental affection on us Indians, attending to even the smallest of our needs. Having traveled extensively in India, they were more Indian than most Indians and knew the importance of food.



Though we were sumptuously fed on English food daily, I am sure one would understand the ecstasy when on entering Dr. Robert's house for lunch, a sweet aroma of rice and dhall filled the air, and no wonder there were quite a few wet eyes!

Our association did not end with our English sojourn, we met almost every year at the National and International conference organised by the IAPC, which he never failed to attend. He used to fondly enquire about Jeevodaya and the welfare of our staff.

He did visit Jeevodaya on a couple more occasion and was very appreciative of the progress we had made. Yes. Dr. Robert, I along with Sr. Casilda and Sr. Lalitha will be missing you very dearly. The Jeevodaya family wants me to convey it's heartfelt condolences to Mrs. Twycross and the rest of the family with prayers to God to give strength to them to bear the loss. Rest in peace Dr. Robert, with the knowledge that all whose lives you have touched in your illustrious career will carry forward your teachings which I'm sure will last for several generations to come!



Published by Sr. Lalitha Teresa, on behalf of Jeevodaya Public Charitable Trust from Jeevodaya Hospice,
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 Printed by : J.A.E. Diaz, at Pio Printers Pvt. Ltd., 83, East Mada Church Road, Royapuram, Chennai - 600 013. Ph.: 2590 4242