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PHOTO: SALMAN TASEEN HAQUE

"The cost of oblivious daydreaming was always this moment of return, the realignment with what had been before and now seemed a little worse." — Ian McEwan

SNAPSHOT

HEALTH

Sabekun Nahar, two-and-a-half-years old, plays on her mother's lap in a stark, sterile ward of Ashic Palliative Care Unit, the country's first-ever paediatric palliative care unit. She is full of life—like other children her age—but her swollen belly, skinny limbs and bald head tell a different story.

Nahar was diagnosed with soft tissue sarcoma (stomach cancer) last year, which is now terminal.

"When I gave birth to her, everyone was very happy—she was the first girl in our family. I prayed to the Almighty that He blessed me with Nahar. I don't know

of time, she was unable to move. Nahar would cry all the time; she couldn't sleep from the pain. You cannot imagine how excruciating it is for a mother to see her baby fighting against such unbearable pain, and not being able to do anything to make her feel good," she says.

Akter consulted a doctor again, who informed her that she should take Nahar to Ashic Palliative Care Unit, where she could get specialised care providing some relief from the pain and irritation caused by cancer.

"What is her condition now?" I ask. "Comparatively better," she shares.

"Earlier, I could not accept that my daughter cannot be cured. But now I have accepted that I might not have her for long. But you know what? At least now I don't need to see my daughter in excruciating agony and feel helpless. I was afraid we wouldn't be able to afford the care, but Ashic pays the majority of the costs."

"I want my daughter to live in comfort, no matter the number of days she stays with me," Akter smiles sadly.

Comfort rather than cure
When treatments of serious illnesses,

such as cancers, chronic obstructive pulmonary diseases (COPD), leukaemia and lymphoma or kidney failures take toll on the body, outweighing the benefits of such treatments, the goal of a patient's care starts to change. During this time, s/he might need comfort rather than cure. Palliative care helps patients spend their remaining time on earth in relative comfort, alleviating their pain.

In Bangladesh, however, the healthcare system is prevention and cure-oriented—to a point that at times it ignores a patient's well-being. As Dr Nezamuddin Ahmed, Professor and Chairman, Department of Palliative Medicine, Centre for Palliative Care, BSMMU argues, "There is a denial of the inevitability of death and the need to provide specialised comfort to those with terminal diseases and limit their physical, social, psychological and spiritual sufferings."

When curative treatments fail at hospitals, patients like Sabekun Nahar are discharged and parents usually take them home. "But there might be symptoms, for example, intolerable pain and irritation, nausea, decreasing

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GOING GENTLY INTO THAT GOOD NIGHT

A look into what palliative care is available for those with life-limiting illnesses in Bangladesh

NILIMA JAHAN

why He now wants to take that gift back," says 30-year-old Shimu Akter, Nahar's mother.

After continuing cancer treatment for more than a year at Dhaka Shishu Hospital and Bangabandhu Sheikh Mujib Medical University (BSMMU), Akter was informed that the doctors would not be able to continue her daughter's treatment as her physical condition was not good enough to carry on with surgical procedures.

"Though her tumour was cut off, it started swelling again, and at one point



PHOTO COURTESY: WORLD CHILD CANCER

MAILBOX

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PHOTO: NAIMUL KARIM

Calling in corruption

The anti-corruption hotline is a much-needed initiative. It allows ordinary citizens to be vigilant in informing the ACC about corrupt activities they have witnessed or been forced to participate in. As the ACC is seeing a large response, it is crucial that they keep up with the cases and tackle these effectively or this initiative too will fall on the wayside with other well-meaning but ultimately ineffective public initiatives.

It is interesting to note that a large number of calls are not related to corruption but issues such as access to government services and legal questions which people are unaware of. Most calls are also from rural areas where an official is quoted as saying that people get cheated more often. It goes to show that the public needs to take recourse to report various problems because they have no other option—no one to talk to or consult. The government needs to be more in touch with the people's needs.
Sumaya Rahman
Banasree, Dhaka



PHOTO: ZYMA ISLAM

Diagnosing the supply chain

When it comes to critical diseases, most people first think of going to neighbouring India for treatment. Even the middle-class prefers this option as our healthcare system is unprofessional and only seems to exist for the purpose of minting money. There are various reasons for this—doctor-patient communication is limited and doctors seem only to prescribe a long list of costly medicines. Even after giving consecutive doses, patients' health doesn't improve or even deteriorates with time.

It is further disheartening to know that

some renowned diagnostic centers are selling expired drugs and pharmacies are not storing the drugs in compliance with instructed conditions and temperatures by the makers. For these reasons, drugs don't react properly in patients and therefore we lose faith in our country's healthcare. While affluent people go abroad, the middle class and commoners are left to fend for themselves. There should be proper regulatory control to monitor this type of callousness in this vital sector urgently.

Rafid Alam
Mohammadpur, Dhaka

JUST A HOOK TO SOME LOVED ONES' SAFETY TO US

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building a safer nation