

FOCUS



FOCUS ON *Palliative Care Ministries*

Dear Friend,

No one wants to think about the realities of death until there is no choice. We have sanitized death in the US, referring to it as “passing away.” And we only view our loved ones after they have been carefully prepared by funeral directors. If we have a loved one in their last days, a hospice team administers medication, assists with bathing, and generally makes the patient as comfortable as possible.

In India, death is more raw and agonizing. Standards of living and life expectancy are much lower than in the US, and palliative care (PC) is rarely available, especially in rural areas. **Too many terminally ill patients die in deep pain and suffering. EHA is working to change that.**

We now have palliative care services in each of our 19 hospitals and in the Shalom Center in Delhi. What's more, doctors and nurses

across EHA are being trained to integrate the palliative care mindset into all areas of service in the hospital. This transforms how they deliver healthcare and makes them aware of patients' needs so that care is holistic.

We are glad to highlight EHA's leadership in palliative care in India, and share these stories with you. **The impact that the PC teams have is tremendous, relieving pain and bringing hope.** If you are moved by what you read, I hope you will donate to EHA's palliative care ministry. You'll ease suffering and allow our teams to bring faith-oriented care to countless dying patients and their families.

Robb Hansen

Robb Hansen
Executive Director, EHA USA

PALLIATIVE CARE

- improves the quality of life of patients and families
- focuses predominantly on progressive life-limiting illnesses, but encompasses principles that impact all health-related suffering
- is person-centered rather than disease-centered
- takes issue with any unrelieved pain and suffering



WRAPPED IN *Love* AND *Comfort*

by Dr. Priyakhi

Durbasi had always been a cheerful girl, full of dreams. But at 14 her world fell apart when she was diagnosed with osteosarcoma of the left leg, which had metastasized to her lungs and left eye.

With hope in their hearts, the family used their life savings to travel to a hospital in Mumbai in search of a cure. After a thorough examination, the medical team shared that Durbasi's disease was at an advanced stage with no cure. They were advised to take her home and make her comfortable, and Durbasi's mother and older sister became her primary caregivers. The weight of the diagnosis shattered her family. Her father withdrew into a deep depression and quit work.

The family was soon introduced to the idea of palliative care and referred to Baptist Christian Hospital (BCH) in Tezpur, Assam. When the palliative care team arrived at their home, they stepped into a space filled with silent suffering. **They did not promise a cure, nor did they offer false hope. Instead, they brought something much more powerful—comfort.**

They addressed Durbasi's relentless physical pain with medication, provided nursing care, and also empowered the caregivers by training them how to provide the same.

Family counseling was provided, acknowledging the emotional wounds that were just as deep as the physical ones. It was during one of these sessions that the team sensed the family's spiritual distress. Prayer was gently introduced—not as an obligation, but as a source of strength. Slowly, Durbasi and her family welcomed it during every visit.

Then came a special day—December 14, Durbasi's 15th birthday. The palliative care team, determined to give her a moment of joy, organized a small celebration.

They brought a cake, lit candles, and sang songs. Laughter, so rare in that house, filled the air. Tears streamed down Durbasi's face as she whispered, "I have never had such an amazing birthday in my life. This is my best birthday."

The prayers became a source of comfort. She recorded them on her phone, playing them back whenever pain consumed her.



"The prayers you sing for me give me strength," she told the team. "When I am in pain, I watch and listen to the prayers; it comforts me. I feel so loved." The PC team was amazed at how love impacted her.

On March 24, the team received a distress call from Durbasi's uncle. The team rushed in, removed around 50 maggots and helped her clean up. Afterward, Durbasi said, "Now I feel so comfortable. I can relax in peace." This was the last time the team saw her.

She passed away on March 26, holding her sister's hand and cuddling the blue teddy bear gifted by the team. Though grief engulfed those she left behind, her passing was peaceful. She was not alone. She was not in despair. **She was wrapped in love and comfort. Her family tearfully thanked the team for making her feel truly loved until the end.**

IN THE *Storms of Life*

In the tribal peoples who live around Chinchpada Christian Hospital, sickle cell disease is often passed from generation to generation. Ravitabai and her grown son and daughter all suffer from the disease, which causes anemia, pain, and infections. Over the years, the staff at Chinchpada have seen this family grapple with multiple crises as they faced hospital admissions for pain and chest complications. **Since the palliative care team cares for patients with chronic illness as well as terminal ones, they have been glad to look after the whole family.**

The daughter, Hannah, was married off in her late teens. Thankfully, she is happy with her husband, Vishal, and they have a son together. In her second pregnancy, she developed severe pain and infection, and was admitted to the Chinchpada ICU.



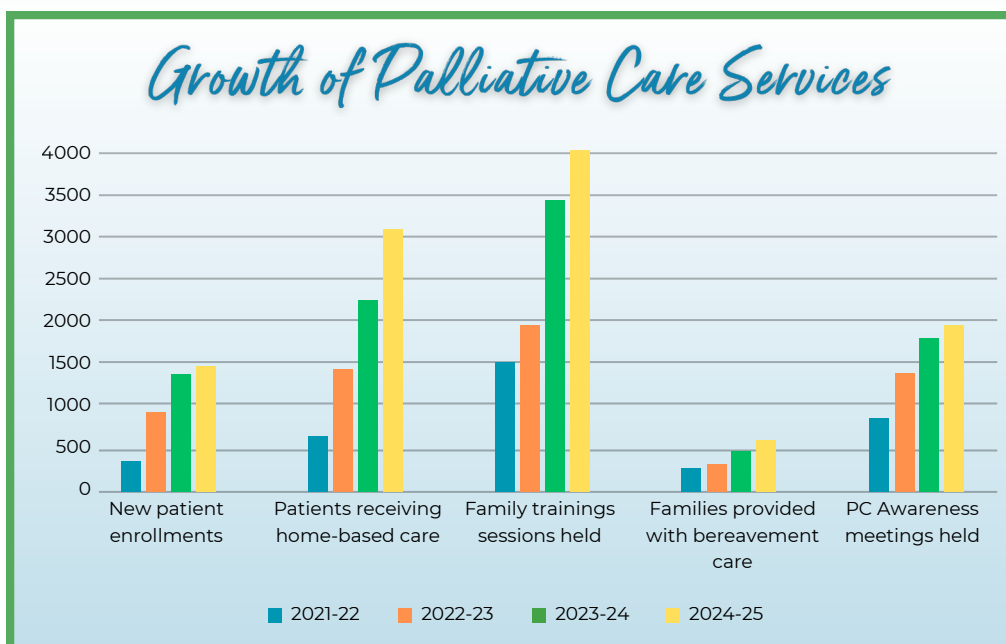
Ravitabai, Hannah, Dr. Ashita, Vishal and son

The staff were afraid of a premature birth with the complications of sickle cell disease, and they breathed a sigh of relief when she weathered the crisis and went home.

A few weeks later, Hannah came back to the hospital with labor pains. Afraid of the cost of a C-section, her family was thrilled when she delivered her son with no issues. And since Hannah's husband is not a carrier of the sickle cell gene, their baby is free from the disease.

On the day of her discharge, **Hannah and Vishal came to meet with hospital staff to ask them to name their second-born! Despite their poverty, they gave a great honor to the Chinchpada staff.**

The name chosen was Anugrah, which means "grace." Now when Hannah brings her baby when she comes to the palliative care staff to get her medicines, his name will always be a comforting reminder that grace is with them, even in the storms of life.



Urgent Needs!

- EHA's many palliative care teams need strength and endurance as they pour out love and care on their patients, and then often have to walk through death with them.
- EHA's palliative care work needs funding to continue to operate since most patients are unable to pay for this all-important service.

Priorities of EHA PC Teams

- Truly listen to the patient
- Clean and dress wounds
- Bathe the patient and provide pain relief
- Teach the family to care for the patient
- Provide bereavement care to the families
- Bring awareness in the community that PC is available
- Offer education in the prevention of diseases, particularly oral cancer which is caused by chewing tobacco and betel nuts
- Help families find ways to generate income and access education for children



Thank you FOR YOUR SUPPORT

As you have read in this newsletter, EHA is working in and through their palliative care teams to touch the lives of many suffering patients and their families. **Far more than just providing medical treatment, EHA PC teams provide comfort and support for each patient they care for, bringing dignity and encouragement when it is most needed.** We are so grateful for the prayer and financial support you provide to EHA to make these things possible. **Scan the QR code or go to ehausa.org to support EHA's palliative care teams.**



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