

Chapter 2: Operational recommendations on ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion

Pallium India

Mr. M. R. Rajagopal

Transcript of Video message

I am Rajagopal, a palliative care doctor from Kerala. I thank the chairman and each one of you for the opportunity to talk to you.

I direct the World health organisation's collaborating Centre at Trivandrum for training and policy on access to pain relief. We provide palliative care and demonstrate quality care.

We saw a child, 2 years old, in agonising pain. According to the sister who was playing the role of the mother because the mother had lost her mind due to the suffering over the previous months, the child never slept for more than 15 minutes at a time during the last three months. The father had lost his job and the sister had lost her childhood. The father later confessed that he had planned to poison the whole family and kill himself.

A few Rupees worth of morphine relieved the child's pain almost completely and the child lived and eventually died reasonably pain-free. And the family is saved, the sister is in school and the father is back at work. This is what we can do.

In India, we grow poppy, we make opium and export it to the rest of the world while our own problems limit its use so that it is inaccessible to 99% of our population. The Indian Parliament changed the law which was a major barrier in 2014.

But 29 states have to implement it. And two generations of doctors have not studied pain assessment or management, and that training has to happen as recommended in the UN General assembly special session on drugs. We have to overcome the regulatory barriers state by state and train our professionals if we are to remove this needless burden of pain and suffering.

Thank you.