

# PALLIATIVE CARE IN INDIA: THE ROAD AHEAD

Gayathri P Nair<sup>1</sup> & Sabu P Thomas<sup>2</sup>

<sup>1</sup>Research Scholar, Dept. of Social Work, Loyola College of Social Sciences (Autonomous), Sreekariyam, Thiruvananthapuram, Kerala 695017, India, <sup>2</sup>Associate Professor, Dept. of Social Work, Loyola College of Social Sciences (Autonomous), Sreekariyam, Thiruvananthapuram, Kerala 695017, India

**Correspondence:** Gayathri P Nair, e-mail: gayathrinair097@gmail.com

## ABSTRACT

As the prevalence of Non-Communicable Diseases (NCDs) rise worldwide and more patients need long-term care for chronic diseases, palliative care is becoming more and more important. Palliative care is basically to provide physical, social, emotional comfort for persons dealing with life threatening illnesses. It is helpful for both patients and care givers in managing symptoms including the pain relief. Even though the services of palliative care has been widely acknowledged across the globe, the developing countries like India lacks a lot in providing a total care for the individuals in need of palliative care. This article tries to explore the development of palliative care in India along with the critical gaps such as lack of training and capacity building, unawareness of pc among the public as well as persistent barriers to the adequate availability and use of morphine and other essential pain-relieving medications. By synthesizing recent literature and policy developments, this paper emphasizes the need for effective national strategies to address these gaps, improve service delivery, and enable all Indians to access equitable palliative care. The discussion emphasizes the importance of integrating palliative care within systemic healthcare delivery, committing to workforce capacity development, and amending regulatory barriers to address some of the current challenges to service provision.

**Keywords:** Palliative care in India, Emergence of Palliative care, Service gaps

---

**Submitted:** 10.09.2025 **Revised:** 16.10.2025 **Accepted:** 06.11.2025 **Published:** 28.01.2026

**How to cite this article:** Nair, G. P., & Thomas, S. P. (2025). Palliative care in India: The road ahead. *Indian Journal of Health Social Work*, 7(2), 42-52.

## INTRODUCTION

As the prevalence of Non-Communicable Diseases (NCDs) rises worldwide and more patients need long-term care for chronic diseases, palliative care is becoming more and more important (Murray & Lopez,

1997). The World Health Organization defines palliative care as 'an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention

and relief of suffering. Palliative care services are crucial for providing patients and their families with comprehensive treatment where the prevalence of chronic illnesses is significant. The diagnosis should be accompanied by the field of palliative care. It is designed to provide physical, social, mental, and spiritual comfort and respite to people who have been diagnosed with any kind of debilitating illness or life-limiting condition. Palliative care is not just for dying or lessening the process of dying; it can also be given at the time of diagnosis. Palliative care is also not about end-of-life care, despite the common misconception that it is solely provided during these times.

Just 14% of people worldwide have access to specialist palliative care (*Palliative Care*, n.d.) An estimated 56.8 million individuals worldwide, including 25.7 million nearing the end of their lives, need palliative care each year. Over 61 million people annually suffer from illnesses associated with suffering that may be significantly decreased with Palliative Care, according to estimates from the Lancet Commission on Global Access to Palliative Care and Pain Relief (henceforth referred to as The Lancet Commission). At least 80% of patients cannot afford even the most basic PC therapy, such as painkillers (Knaul et al., 2018). Over the past few decades, there have been significant advancements in the global need for palliative care, but many gaps remain to be identified and filled (Sepúlveda et al., 2002) Palliative care can be given in conjunction with curative treatment and is suitable at any age and stage of a serious illness. About 25.5 million of 56.2 million people who died in 2015 experienced serious health-related suffering, and another 35.5 million experienced serious health-related suffering due to life-threatening and life-limiting conditions (Knaul et al., 2018) For many conditions, palliative care is necessary. Cardiovascular disorders (38.5%), cancer

(34%), chronic respiratory diseases (10.3%), AIDS (5.7%), and diabetes (4.6%) account for the bulk of adults who require palliative care (*Palliative Care*, n.d.) Numerous other illnesses, such as congenital defects, multiple sclerosis, Parkinson's disease, rheumatoid arthritis, renal failure, chronic liver disease, neurological disorders, dementia, and drug-resistant tuberculosis, may also necessitate palliative care. Two of the most common and dangerous symptoms that individuals in need of palliative care encounter are pain and breathing difficulties. For instance, 67% of patients with cardiovascular illness or chronic obstructive pulmonary disease and 80% of patients with cancer or AIDS may have moderate to severe pain in their final days. Opioids are necessary for controlling.

India is a country which has one billion populations which is about the world's one sixth of total population. So it is extremely difficult and challenging at the same time to provide care for the individuals who are in need of palliative care with respect to its enormous population. Initially palliative care was all about treating cancer and treating people with end of life care. During the 1990s like in other developing nations, cancer awareness had been growing in India. According to estimates, there are roughly 0.5 million cancer cases in the nation at any one moment, with over 0.5 million new cases added annually (Vijayaram, 1993). Only palliative care was feasible because most of these cancer patients arrive for treatment at an advanced stage of the illness. The treatment facilities were too few to meet the needs and were mostly limited to urban areas. Facing all these challenges and overcoming from this scenario, Palliative care field has transformed drastically in India. It has been available in India for roughly 20 years, despite its restricted reach. Numerous factors, including population density, poverty, geographic diversity, restrictive policies

regarding the prescription of opioids, workforce development at the base level, a lack of institutional interest in palliative care, and a limited national palliative care policy, were impeding the growth of palliative care in India(Khosla et al., 2012)

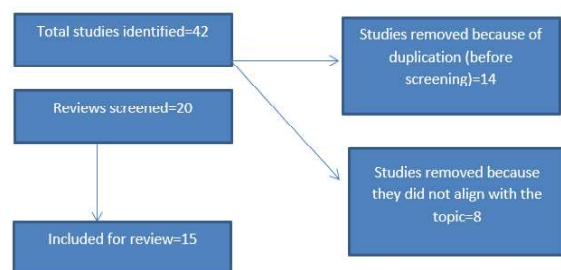
With all these hindering factors existed, India gave birth to palliative care in the name of Santhi Avedana sadhan, Mumbai in the year 1987, which was a hospice(Rajagopal, n.d.-a) Within the coming years it also had established two other centres in Goa and Delhi. Indian Association of Palliative care and Pain and palliative care society in the years 1993-94 took another major transformation in the field of palliative care in India. A number of additional palliative care projects were launched during the course of the following few years, in the later half of the 1990s, including the Guwahati Pain and Palliative Care Society in Assam. The Karunasraya Hospice in Bangalore, the Lakshmi Palliative Care Trust in Chennai, Jivodaya Hospice in Chennai, and Cansupport in Delhi also established in the meantime. Palliative care was offered by a few regional cancer centers, such as those in Trivandrum, Bangalore, and Delhi, which already established pain management programs. Despite the addition of a few centers annually, the growth was constrained by the size of the Indian population. Along with that the Neighborhood Network in Palliative care model was flourished well in the Northern states of Kerala, in India(Kumar, 2007). As part of the lancet commission as well as the World Health Organization 's emphasis on the need of integrating palliative care into the National health system of the countries, India also had included palliative care in the National Health Policy 2017(*National Health Policy 2017 .Pdf*, n.d.).Despite all these notable progresses and changes in the field of palliative care since then, India still faces major challenges and gaps in providing effective palliative care

treatment to its huge population who are in need of the same. According to the Lancet Commission report, 7 million Indians require palliative care(Ghoshal, Joad, et al., 2022).There is a pressing need to guarantee proper palliative care service due to an aging population, rising morbidity and mortality from cancer, and other non-communicable diseases. This article critically reviews the literatures published between the year 2015 to 2025, to evaluate the evolution, policy changes, gaps and other progresses in palliative care in India.

**METHODOLOGY**

A comprehensive review of literatures were conducted utilizing multiple sources which includes governmental documents, policy documents of various organizations both of global and national importance and also selected articles from various databases namely PubMed, Jstor ,and scopus. Keywords like "palliative care", "evolution of palliative care in India" were used. Studies conducted in India was only included.

**Fig.1: Flow diagram showing the inclusion and exclusion criteria.**



**Table 1: Details of the studies reviewed.**

SI No	Name of author	Year	Title of the study	Methods Adopted	Objectives of the study	Outcomes
1	(Salins et al., 2022)	2022	Palliative care in India: Past, present and future	Narrative review	Assessing the progress of palliative care in India	Recommended to develop palliative care into sub specialty verticals and should be based on evidence based approach
2	(Rajagopal, n.d.-b)	2015	The current status of Palliative care in India	Narrative review	To assess the progress, current status and challenges of Palliative care in India	Need for systemic change
3	(Jain, 2018)	2018	Palliative care in India: Trials, Tribulations and future prospects	Narrative review	To assess the progress, current status and challenges of Palliative care in India	Kerala model of PC is a pioneer yet many other states do not have proper access to PC. There are policy gaps, especially lack of a comprehensive national palliative care policy. Also there is a need to include pc in all levels including the primary health
4	<i>(Systematic Review of Palliative Care in the Rural Setting - Marie A. Bakitas, Ronit Elk, Meka Astin, Lyn Ceronsky, Kathleen N. Clifford, J. Nicholas Dionne-Odom, Linda L. Emanuel, Regina M. Fink, Elizabeth Kvale, Sue Levkoff, Christine Ritchie, Thomas Smith, 2015, n.d.)</i>	2015	Systematic Review of Palliative Care in the Rural Setting	Systematic review	To brief the existing practices of pc and research in rural settings and also to identify the future gaps	Inclusion of tele health is advisable, scarce researches, rural setting has barriers to access PC
5	(Salins, 2020)	2020	Need for Palliative Care Education in India: Can Online Palliative Care Education Bridge These Needs?	Editorial	To highlight the awareness of palliative care among the health professionals , to review the successful online education platforms of palliative care in India	There is a need for building awareness among the people. Online education is helpful to an extent to build awareness

6	(Sharma et al., 2025)	2025	Access to palliative care in India: situational analysis and modeling of access from public healthcare centers	Situational analysis	to evaluate the geographical accessibility of pc in India and to calculate accessibility changes depending on how it is provided at various public health system levels.	Access to palliative care in India is limited, especially in rural areas. Expanding integration with the public health system could enhance access, ensuring more equitable care nationwide
7	(Devraj, 2022)	2022	Palliative care in India: Challenges and opportunities	Editorial	To identify the challenges and opportunities to pc especially during the pandemic time(covid 19)	Lack of opioids supply to the needy due to stringent regulations  PC delivery is difficult due to the existing cultural stigmas, covid 19 etc
8	(Chandra et al., 2023)	2023	Palliative Care Need in India: A Systematic Review and Meta-analysis	Systematic review & meta-analysis	Estimate prevalence of palliative care needs in India	6.21/1000 population need palliative care; higher in south, rural, females, elderly
9	ICMR Commission	2021	End-of-Life Care Policy in India: A Policy Analysis	Policy analysis	Define terms and policy for end-of-life and palliative care in India	Provides blueprint for action and policy recommendations
10	(Lijimol et al., 2020)	2020	Improving Access and Quality of Palliative Care in Kerala: A Cross-sectional Study of Providers in Routine Practice	Cross sectional telephone survey	describe structure and processes of care across government (GO) and non-GO (NGO) palliative care providers (PCPs) in Kerala, India	The palliative care coverage in Kerala has become remarkable with the involvement and due support of the locally active non-governmental organizations
11	(Bag et al., 2020)	2020	Palliative and End of Life Care in India - Current Scenario and the Way Forward	Narrative review	To assess the current scenario of pc in India and also to address the existing challenges	Capacity building and training is essential  Research in PC is essential  Lack of opioid access to the needy patients

12	(Kar et al., 2015)	2015	Palliative Care in India: Situation Assessment and Future scope	Situation assessment and narrative review	Assessing the present situation of palliative care in India and also focusing on the future scope of the same	India stands low on global quality of death index  Focuses on the models of palliative care like home based, community based etc.  Recommending the integration of palliative care in all levels of health care
13	(Ghoshal, Khan Joad, et al., 2022)	2022	Situational analysis of the quality of palliative care services across India: a cross-sectional survey	Descriptive Cross sectional survey	To describe the current quality of pc in India	Education and training in PC is crucial  Access to drugs is needed  Policy formulation along with funding is necessary
14	(Bhatia & Parida, 2021)	2021	Hospice and Palliative Care: A New Movement in India	Review article	To assess the present challenges and future opportunities of Palliative care in India	Lack of trained health professionals  Drug availability  Inadequate govt policies
15	(Chandrasekharan Prajitha et al., n.d.)	2023	Need of community-based palliative care in rural India and factors that influence its sustainability: a comprehensive exploration using qualitative methodology in rural Puducherry, India	Community based participatory research	To understand the social mechanisms that underpin the implementation of CBPC in rural parts of India and the challenges to its sustainability.	Capacity building is a major necessity for the effective functioning of CBPC  Sensitization is needed

**FINDINGS**

Overview of the studies

1. Lack of awareness on palliative care among the public
2. Capacity building is required
3. Lack of drug availability
4. Integration of palliative care into all the levels of health
5. Policy recommendation including a comprehensive national policy for palliative care

**Lack of awareness on palliative care among the public**

Dying and end-of-life care were central to the palliative care philosophy. Many improvements have been made to this field as a result of the ongoing efforts of the government, non-governmental organizations, and other stakeholders. Major policy implementations on palliative care have emerged as milestones. The development, present situation, and deficiencies in India's palliative care system were the main topics of this study. Lack of public awareness of

palliative care is the main subtheme that emerged; it is evident from the evaluated studies that the public does not have adequate knowledge about palliative care. Some health care providers are even ignorant (Sujatha & Jayagowri, 2017). According to a study (Ramasamy Venkatasalu et al., 2018), the public's perceptions of palliative care are influenced by the cultural, social, and religious spheres. Additionally, the study discovered that nurses require additional awareness and specialized skills to manage patients who require palliative care. However, it is clear that public awareness is extremely low when contrasting it with professionals' awareness (Gopal & Archana, n.d.)

Awareness and knowledge need to be improved in palliative care especially among general population hence utilization of palliative care could be maximized thereby providing a good quality of life by the sufferers and their families until the end of the journey.

### **Capacity building**

Capacity building from the grass root level is very essential to strengthen the palliative care services across. Building the capacity of palliative care in ASHA (Accredited Social Health Activist) workers is crucial for improving community-based healthcare delivery in India. ASHA workers are often the first point of contact in rural and underserved areas. They play a key role in identifying patients with life-limiting illnesses, providing basic symptom management, and offering psychosocial support. Training programs that focus on palliative care principles, communication skills, home care techniques, and referral systems can help them provide compassionate and comprehensive care. Providing ASHAs with knowledge and practical skills improves early identification and continuity of care. It also raises awareness and acceptance of palliative care at the

community level. And for care givers, capacity building is very crucial in ensuring the quality of care for the patients specifically in home based care. The care givers require nursing skills, safe medication handling, pain management etc. Improving their skills not only raises the quality of care but also creates a more caring and lasting home care environment.

A study conducted in Canada developed a theoretical model that conceptualizes the process of developing palliative care programs in rural areas in four sequential phases like the antecedent, catalyst, creating the team, and growing the program (Lou Kelley, 2007) which improves the access of palliative care especially for the ageing population. So the community also requires the ability to deal with the pc recipients. Along with that the doctors, nurses, volunteers and social workers who plays a vital role in providing care must take part in various courses, workshops offered by NGOs, health department, other stakeholders. Many studies emphasizes that palliative care should be part of undergraduate (UG) and postgraduate (PG) medical programs. This integration will help future healthcare professionals gain the skills and knowledge needed to care for patients with life-limiting illnesses.

### **Strengthening Palliative Care through Integration across Health Systems and Ensuring Essential Drug Availability**

Palliative care must be strengthened by being integrated into the health system at all levels and by guaranteeing that necessary drugs, such as opioids, are available for symptom control and pain management. This entails educating the public, training medical personnel, and collaborating between primary care and specialized palliative care physicians. Palliative care must also be incorporated into national plans and goals, as well as into

financial methods. India had reported some medical use of morphine for decades; it was used mainly in injection form in hospitals to relieve post-operative pain (Joranson et al., 2002). Later with the advancement of time opioid availability started increasing with the influence of various policy regulations. Access to pain-relief medications remains limited, even though the WHO includes them on its list of essential medicines. This is due to regulatory barriers, a lack of awareness among healthcare providers, and weak distribution systems. To address these issues, the Indian government changed the Narcotic Drugs and Psychotropic Substances (NDPS) Act in 2014 to make it easier to get licenses for the medical use of opioids. The National Program for Palliative Care (NPPC) also focuses on making sure essential drugs are available at all levels of care. However, there are still gaps in implementation. It is important to strengthen policy enforcement, increase the skills of healthcare professionals in pain management, and improve drug supply chains. These steps are crucial to ensure that patients in need receive timely and adequate pain relief. "Policies that address essential medicines must include a list of palliative care medications. Supplies of affordable, generic medications that are "equally efficient" must be adequate and available throughout the country wherever patients live (especially opioids for pain control)"(Stjernswärd et al., 2007)

### **Policy recommendation including a comprehensive national policy for palliative care**

Palliative care should be included in the national policies and each country's national health plans should address palliative care so that people who are living with chronic illness or at their dying stages, including children could be relieved from their sufferings to an extent. The lack of good policies can lead to

unnecessary suffering and costs for patients, families, and society(Stjernswärd et al., 2007). Palliative care should be recognized as a core component of universal health coverage, integrated into primary, secondary, and tertiary care settings. National policies should coordinate palliative care with other health programs, such as those for non-communicable diseases and HIV/AIDS, to leverage resources and expertise(*Operational Guidelines for Palliative Care at HWC.Pdf*, n.d.)India's National Program for Palliative care(*National Programme for Palliative Care (NPPC)/ :: National Health Mission*, n.d.) is an example for bringing rational , quality palliative care services for people who are in need of this and also by integrating these services into the broader health care system. The programme also aims for improving the morphine availability and along with that the collaboration of national and international agencies are taken into account. The World Health Organization (WHO) recommends that all countries develop and implement palliative care policies as part of their national health strategies, emphasizing integration into primary care, community-based care, and universal health coverage schemes. The WHO's public health model for palliative care highlights the importance of policy as a foundational element for effective implementation, alongside education, medicine availability, and service delivery(Clelland et al., 2020)

### **CONCLUSION**

A 2019 WHO survey on non-communicable illnesses among 194 Member States found that 68% of countries had money for palliative care, whereas only 40% of countries said that at least half of patients in need received the treatments(*Assessing National Capacity for the Prevention and Control of Noncommunicable Diseases*, n.d.) .Even though the need of providing palliative care

is need of an hour many countries including India has to travel a lot to address the needs of the patients in need, especially in the rural settings. The emergence of palliative care movement really helps to identify how well the health system can works beyond the conventional biomedical practices. PC brings in the bio psycho social model of health and thereby helping people to relive their sufferings to great extents. So it is inevitable to integrate palliative care into the mainstream, which includes the imparting of palliative care knowledge among the health professionals through proper trainings, sensitize the public, policy changes for making drugs available and so on. These major gaps should be addressed to make the services more effective and for the successful functioning of the palliative care system in India.

#### REFERENCE

- Bag, S., Mohanty, S., Deep, N., Salins, N., & Bag, S. (2020). Palliative and End of Life Care in India – Current Scenario and the Way Forward. *Journal of The Association of Physicians of India*, 68.
- Bhatia, V., & Parida, S. P. (2021, May 17). (PDF) *Hospice and Palliative Care: A New Movement in India*.
- Chandra, A., Debnath, A., & Nongkynrih, B. (2023). Palliative Care Need in India: A Systematic Review and Meta-analysis. *Indian Journal of Palliative Care*, 29(4), 375–387. [https://doi.org/10.25259/IJPC\\_140\\_2023](https://doi.org/10.25259/IJPC_140_2023)
- Chandrasekharan Prajitha, K., Raja Subbaraman, M., Siddharth Raman, S. R., Sharahudeen, A., Chandran, D., Sawyer, J., Kumar, S., & Surendran Anish, T. (n.d.). (PDF) *Need of community-based palliative care in rural India and factors that influence its sustainability: A comprehensive exploration using qualitative methodology in rural Puducherry, India*. ResearchGate. Retrieved June 5, 2025.
- Clelland, D., van Steijn, D., Whitelaw, S., Connor, S., Centeno, C., & Clark, D. (2020). Palliative Care in Public Policy: Results from a Global Survey. *Palliative Medicine Reports*, 1(1), 183–190. <https://doi.org/10.1089/pmr.2020.0062>
- Devraj, V. (2022). Palliative care in India: Challenges and opportunities. *The Journal of Health Design*, 7, 496–499. <https://doi.org/10.21853/JHD.2022.173>
- Ghoshal, A., Joad, A. K., Spruijt, O., Nair, S., Rajagopal, M., Patel, F., Damani, A., Deodhar, J., Goswami, D., Joshi, G., Butola, S., Singh, C., Rao, S. R., Bhatwadekar, M., Muckaden, M. A., & Bhatnagar, S. (2022). Situational analysis of the quality of palliative care services across India: A cross-sectional survey. *Ecancermedicalscience*, 16, 1486. <https://doi.org/10.3332/ecancer.2022.1486>
- Ghoshal, A., Khan Joad, A., Spruijt, O., Nair, S., Rajagopal, M., Patel, F., Damani, A., Deodhar, J., Goswami, D., Joshi, G., Butola, S., Singh, C., Rao, S. R., Bhatwadekar, M., Muckaden, M. A., & Bhatnagar, S. (2022). Situational analysis of the quality of palliative care services across India: A cross-sectional survey. *Ecancermedicalscience*, 16. <https://doi.org/10.3332/ecancer.2022.1486>
- Gopal, K. S., & Archana, P. S. (n.d.). *Awareness, Knowledge and Attitude about Palliative Care, in General, Population and Health Care Professionals in Tertiary Care Hospital*.
- Jain, V. (2018). Palliative Care in India: Trials, Tribulations, and Future Prospects. *Journal of Mahatma Gandhi Institute of Medical Sciences*, 23(2), 55. [https://doi.org/10.4103/jmgims.jmgims\\_42\\_18](https://doi.org/10.4103/jmgims.jmgims_42_18)
- Kar, S. S., Subitha, L., & Iswarya, S. (2015).

- Palliative care in India: Situation assessment and future scope. *Indian Journal of Cancer*, 52(1), 99. <https://doi.org/10.4103/0019-509X.175578>
- Khosla, D., Patel, F. D., & Sharma, S. C. (2012). Palliative Care in India: Current Progress and Future Needs. *Indian Journal of Palliative Care*, 18(3), 149–154. <https://doi.org/10.4103/0973-1075.105683>
- Khosla, D., Patel, F. D., & Sharma, S. C. (2012). Palliative Care in India: Current Progress and Future Needs. *Indian Journal of Palliative Care*, 18(3), 149–154. <https://doi.org/10.4103/0973-1075.105683>
- Knaul, F. M., Bhadelia, A., Rodriguez, N. M., Arreola-Ornelas, H., & Zimmermann, C. (2018). The Lancet Commission on Palliative Care and Pain Relief—Findings, recommendations, and future directions. *The Lancet Global Health*, 6, S5–S6. [https://doi.org/10.1016/S2214-109X\(18\)30082-2](https://doi.org/10.1016/S2214-109X(18)30082-2)
- Kumar, S. K. (2007). Kerala, India: A Regional Community-Based Palliative Care Model. *Journal of Pain and Symptom Management*, 33(5), 623–627. <https://doi.org/10.1016/j.jpainsymman.2007.02.005>
- Lijimol, A. S., Krishnan, A., Rajagopal, M. R., Gopal, B. K., & Booth, C. M. (2020). Improving Access and Quality of Palliative Care in Kerala: A Cross-sectional Study of Providers in Routine Practice. *Indian Journal of Palliative Care*, 26(4), 500–505. [https://doi.org/10.4103/IJPC.IJPC\\_17\\_20](https://doi.org/10.4103/IJPC.IJPC_17_20)
- Lou Kelley, M. (2007). Developing Rural Communities' Capacity for Palliative Care: A Conceptual Model. *Journal of Palliative Care*, 23(3), 143–153. <https://doi.org/10.1177/082585970702300304>
- Murray, C. J., & Lopez, A. D. (1997). Mortality by cause for eight regions of the world: Global Burden of Disease Study. *The Lancet*, 349(9061), 1269–1276. [https://doi.org/10.1016/S0140-6736\(96\)07493-4](https://doi.org/10.1016/S0140-6736(96)07493-4)
- National Health Policy 2017 (English) .pdf*. (n.d.). Retrieved June 4, 2025.
- National Programme for Palliative care (NPPC): National Health Mission*. (n.d.). Retrieved June 27, 2025.
- Operational Guidelines for Palliative Care at HWC.pdf*. (n.d.). Retrieved June 27, 2025.
- Palliative care*. (n.d.). Retrieved June 2, 2025, from <https://www.who.int/news-room/fact-sheets/detail/palliative-care>
- Rajagopal, M. (n.d.-a). THE CURRENT STATUS OF PALLIATIVE CARE IN INDIA. *CANCER MANAGEMENT*.
- Salins, N. (2020). Need for Palliative Care Education in India: Can Online Palliative Care Education Bridge These Needs? *Indian Journal of Palliative Care*, 26(1), 1–3. [https://doi.org/10.4103/IJPC.IJPC\\_7\\_20](https://doi.org/10.4103/IJPC.IJPC_7_20)
- Salins, N., Bhatnagar, S., Simha, S., Kumar, S., & Rajagopal, M. R. (2022). Palliative Care in India: Past, Present, and Future. *Indian Journal of Surgical Oncology*, 13(1), 83–90. <https://doi.org/10.1007/s13193-022-01556-0>
- Sepúlveda, C., Marlin, A., Yoshida, T., & Ullrich, A. (2002). Palliative Care: The World Health Organization's global perspective. *Journal of Pain and Symptom Management*, 24(2), 91–96. [https://doi.org/10.1016/s0885-3924\(02\)00440-2](https://doi.org/10.1016/s0885-3924(02)00440-2)
- Sharma, P., Thakkar, H., Patil, A., Chauhan, P., Chembon, P., AJ, S., Rana, S., Kalady, R., Wadhvani, V., Urs, G., Krishna, P., Sangma, R., Bijalwan, R., Samal, S., S, L., Naqvi, S., Bhukal, J., J, J., Rajagopal, M., & Zadey, S. (2025). *Access to palliative care in India: Situational analysis and modeling of access from public healthcare centers*. <https://doi.org/10.1016/j.jpainsymman.2025.101611>

doi.org/10.21203/rs.3.rs-6535976/v1  
Stjernswärd, J., Foley, K. M., & Ferris, F. D. (2007). Integrating Palliative Care into National Policies. *Journal of Pain and Symptom Management, 33*(5), 514–520. <https://doi.org/10.1016/j.jpainsymman.2007.02.031>  
Sujatha, R., & Jayagowri, K. (2017). Assessment of Palliative Care Awareness among Undergraduate Healthcare Students. *Journal of Clinical and Diagnostic Research / JCDR, 11*(9), JC06-JC10. <https://doi.org/10.7860/JCDR/2017/29070.10684>  
*Systematic Review of Palliative Care in the Rural Setting—Marie A. Bakitas, Ronit*

*Elk, Meka Astin, Lyn Ceronsky, Kathleen N. Clifford, J. Nicholas Dionne-Odom, Linda L. Emanuel, Regina M. Fink, Elizabeth Kvale, Sue Levkoff, Christine Ritchie, Thomas Smith, 2015. (n.d.). Retrieved June 5, 2025, from <https://journals.sagepub.com/doi/abs/10.1177/107327481502200411>*

Vijayaram, S. (1993). India: Status of cancer pain and palliative care. *Journal of Pain and Symptom Management, 8*(6), 421–422. [https://doi.org/10.1016/0885-3924\(93\)90070](https://doi.org/10.1016/0885-3924(93)90070).

**Conflict of interest:** None

**Role of funding source:** None