

HNCII NEWSLETTER

PUNYASHLOK AHILYADEVI HOLKAR
HEAD & NECK CANCER INSTITUTE
OF INDIA



*In this 'Kalyug', this age of speed,
Where cures are truly much in need:
There exists an art, so soft but wise,
That sees the pain behind the eyes.*

The Gentleness of



Palliative Care

*In times when science strides ahead,
And remedies are sought for all we dread,
There still survives a tender art,
That seeks to heal the heavy heart.*

*No magic drugs or clever hands,
But care we'll give, that understands;
To ease the storm, to calm the fear,
To walk with those who hide their tears.*

*Not just to heal, but to be near
To soothe the sick, dispel all fears.
Where comfort, dignity, and grace,
Bring peace to life's most fragile days.*

*For though our hopes and drugs may fail,
Compassion writes the kindest tale.
In every hand that wipes a tear,
Palliative care is most sincere.*



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Painting by Dr. Siva, Poem by Dr. R.F.Chinoy
Edited by Ashish Dubash, Designed by Khushnum Chinoy



*As we enter the New
Year, we extend our
sincere appreciation
to all who have
supported us ...
patients, caregivers,
well-wishers and our
generous donors.
Wishing one and all
a Happy New Year*



From the Editor's Desk

The Science and Gentleness of Palliative Care

by Dr.R.F.Chinoy



Palliative care is a gentle, specialized form of medical care focused on improving the quality of life for both the patient, and his family. The immediate goal is to provide relief from any form of physical pain, or emotional stress for any serious or life-limiting illnesses.

It is provided by a multi-disciplinary team of trained doctors, nurses, counsellors, and other professionals who work together to offer physical, psychological, social, and spiritual support.

According to the World Health Organization (WHO), palliative care is “an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification, impeccable assessment, and treatment of pain and other problems, physical, psychosocial, and spiritual”.

For a suffering patient, palliative care means:

- Relief from pain and distressing symptoms; emotional and psychological support, helping the patient cope with fear, sadness, and uncertainty.
- Respect for personal choices – patients are encouraged to express their wishes and participate in making decisions about their care and life.
- Companionship, ensuring they do not face illness or death in isolation.
- A sense of peace and acceptance, even when medicine cannot offer a cure.

In essence, palliative care assures the suffering patient, that their comfort matters, their dignity will be protected, and their remaining time – however long or short – will be filled with understanding, and peace.

Palliative care stands at the crossroads of science and humanity – where failed medicine meets compassion, companionship, and dignity. It is both a clinical discipline and a moral responsibility, that should remind the world that healing does not always mean curing.

The science provides the structure, but the art gives it soul. At its core, palliative care is a scientific practice, grounded in multidisciplinary medicine. It applies clinical knowledge of how to relieve pain, manage distressing symptoms, and enhance quality of life for patients with life-limiting or chronic illnesses.

The science uses pharmacology – especially analgesics like opioids, adjuvants, and antidepressants. Equally, the science of palliative care extends to communication skills and decision-making.

It trains healthcare professionals to discuss prognosis, advanced care planning, and ethical dilemmas such as withdrawing life support or managing end-of-life interventions. Each step is guided by research, professional training, and nursing that is precise, and effective.

Yet beyond the clinical – lies the art, the human touch that no technology can replace. Palliative care is about companionship, empathy, and listening. It recognizes that patients are more than their diseases; they are individuals with hopes, fears, unfulfilled desires and plans, and families. In this art, sometimes silence can comfort more than words. A gentle gesture can convey what medicine cannot. The caregiver becomes a companion through the uncertainty of illness, offering dignity and understanding even when cure is impossible. The art also involves sensitivity, spirituality, and respect for personal choices, accepting how each person seeks peace and meaning during the hard times of life.

The true power of palliative care emerges when science and art work together. Clinical skill without compassion can feel cold; compassion without skill may fail to relieve suffering.

The science of palliative care reminds us that in a world increasingly driven by technology, palliative care forces us to recognise and cater to the often -unspoken needs, of a patient. Through experience and intuition, it teaches mankind what Hippocrates said: “while we may not always cure, we can always care and comfort”.



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Making a Difference Together

By Seema Khan

At the Head & Neck Cancer Institute of India, we believe that care is not only what is done to a patient in terms of cure, but what is done for them - with compassion, dignity, and presence. Our Palliative Care Team is dedicated to supporting patients with head, neck and other cancers by addressing not just their symptoms, but their real-life experience.

Palliative care focuses on quality of life, working alongside curative treatments. Our team ensures that pain is controlled, anxieties are heard, families feel supported, and patients never walk their illness journey alone.



Meet the team:

We are a multidisciplinary team committed to easing suffering with both science and empathy.

- **Dr. Vijayshree Patil- Consultant Palliative Care Physician & Head of Department**
(from right to left)
- **Ms. Seema Khan- Psychologist & Program Coordinator**
- **Sr. Swati Gawde- Senior Palliative Care Nurse**
- **Sr. Priyanka Alhat- Junior Palliative Care Nurse**
- **Dr. Siva Santhanam - Palliative Care Physician**

Each of us brings a unique skill set, yet our purpose is united: To care beyond cure

What We Do:

Pain can be complex, especially in head and neck cancers. Our team specializes in pain management, tailoring medications like morphine and adjuvants to keep patients comfortable. We teach families how to respond to breakthrough pain – what to give, when to give it, and how to feel confident doing so.



Our symptom management supports patients through nausea, breathlessness, sleep disturbances, mucositis, secretions, and other distressing challenges. We also deal with wound care, dressing complex surgical wounds and radiation-related ulcers to reduce infection and discomfort. Our psychological counselling helps patients and caregivers process fear, identity changes, and grief.

Illness affects more than the body. Through family meetings, we ensure everyone understands the care plan, voices concerns, and shares decision making together. In the final stage of life, our end-of-life care focuses on peace – supporting spiritual needs, emotional closure, and comfort at home or in hospital.

Our care does not end when a life ends. Through our Bereavement Support Program, we remain connected with the family members and caregivers of patients who have passed away, offering ongoing support for up to one year after the loss. Our team reaches out at regular intervals to check on emotional well-being, provide grief counselling, and help navigate the practical and psychological challenges that follow the loss of a loved one.

Whether it is a listening ear, guidance in coping with grief, or connecting families with community and spiritual resources, helping with empowerment of spouses or employment and even helping with education of children of the deceased.

We walk alongside them through one of the most difficult chapters of their lives. Because healing continues long after goodbye – and no family should have to grieve alone.

For families under financial strain, we assist in identifying financial support options.

Key Performance Indicators

	12 months 2024 (April 1st - March 31st)	06 months 2025 (April 1st - September 30th)
OPD Patients Seen	1,292	626
Inpatients Seen	1,231	802
Procedures Performed	469	199
Telephonic Follow-ups	1,549	1,104
Bereavement Follow-ups	120 families	252 families
Awareness Workshops	14	7
ESAS-2 Assessments	1,288	1,236
Patients Counselling	1,562	984
Caregivers Counselling	1,806	1,028

Benefactors:

Our department is able to provide all of these services to all patients but especially those of lower socioeconomic groups thanks to the generosity of the Cipla Foundation. It is because of their financial support and the logistical & administrative support from our hospital HNCII and the Cancare Trust, that we are able to continue the good work.

Our department stands as a reminder that medicine is not only about extending life or prolonging death, but honouring life. To quote the famous dialogue from the movie Anand ..

“..Zindagi badi honi chahiye, lambi nahi Baabumoshay..”

Words that Soothe: The Power of Communication

By Dr. Vijayshree Patil, Head, Department of Palliative Care



Illness brings chaos – not just in the body, but in the conversations around it. Words that once flowed freely suddenly get stuck. Families whisper to doctors, “How do we tell him the truth?” or “Should she know everything?” They worry that honesty may break hope. Yet, silence can wound more deeply than disease ever could.

In palliative care, communication is not an afterthought, it is treatment. It is one of our most powerful tools to relieve suffering. When we listen with intention and speak with honesty, fear loosens its grip, and clarity brings calm. Every doctor, nurse, and healthcare worker must learn to communicate with empathy, because it often becomes the first form of pain relief. Breaking bad news is never easy. No textbook can train you, or lessen the burden. But avoiding the truth delays the right care and often intensifies fear.



Painting by Dr.Siva

We follow a compassionate approach called the SPIKES protocol:

- Create the right setting – environment and emotions
- Understand what the patient already knows
- Ask what they wish to know
- Share information with empathy
- Allow time for emotions to surface
- Support both patient and family in next steps

***Truth,
when delivered with kindness,
becomes empowerment,
not devastation.***

Communication is also about recognizing what matters most to the person behind the diagnosis. Patients rarely speak only about medical concerns. They tell us, “I just want to attend my daughter’s wedding next month”, or “Can I enjoy one more mango season?” Some quietly ask, “Will it hurt when I die?” These wishes may seem small from a medical perspective, but they are enormous in shaping a patient’s sense of purpose. When we understand what makes life meaningful, creating care plans becomes more human, more aligned with the patient’s identity and hopes, therefore more realistic and sustainable.

Head and neck cancers can steal voices, literally! A once expressive person may now struggle to speak, voice may disappear, creating frustration that can fracture families. Misunderstandings escalate, anger rises from fear, and isolation grows in silence. In such moments, family meetings become essential. We bring everyone together – patients and caregivers, explain the situation clearly, address guilt and worry, and ensure each member feels included rather than excluded. When families understand the illness together, conflicts soften, compassion returns. Roles are designated to help reduce suffering in the patient and prevent burnout in caregiver.

Sometimes the most therapeutic intervention is not a medicine but a question: “Tell me all the things that worry you a lot”. A patient who has carried fear alone suddenly breathes easier. Pain scores drop, not because of an opioid, but because of relief – the relief of being heard, seen, and understood.

Communication is the bridge:

- between fear and acceptance
- between confusion
- clarity between isolation and connection

It transforms uncertainty into shared responsibility; and silent suffering into supported experience. In palliative care, we do not promise to have all the answers. But we promise that no one will have to face their most dreaded questions – and answers, alone.

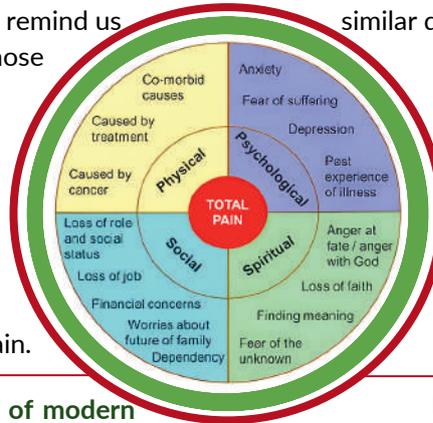


The Many Faces of Pain

Understanding Total Pain in Head & Neck Cancer

By Dr. Vijayshree Patil, Head, Department of Palliative Care

Every day at the Head & Neck Cancer Institute of India, we meet patients whose stories remind us that pain is rarely just physical. For those living with head and neck cancers, pain radiates through body, mind, and identity. It affects how they speak, eat, work and connect with the world. A tumour may sit in one place but its suffering spreads far beyond. In palliative medicine, we call this the experience of total pain.



Pain is deeply personal. Two patients with similar diagnoses may describe completely different realities. One may say, "I can manage", while the other whispers, "I cannot bear this". Why? Because pain is not only about nerves and receptors, it is shaped by fear, loneliness, relationships, finances, memories, and meaning. This is individual "perception" of pain.

Dame Cicely Saunders, the founder of modern palliative care, coined the term "Total Pain", to describe four interconnected dimensions:

- Physical pain – from tumours, surgeries, mucositis, nerve compression, or treatment effects.
- Psychological pain – anxiety about the future, depression, trauma, or loss of control.
- Social pain – isolation, job loss, stigma from visible changes, financial strain.
- Spiritual pain – existential distress, "Why me?", fear of dying, loss of meaning.

Healing also lies in:

- Conversations that restore dignity
- Counselling that rebuilds confidence
- Family meetings that reduce fear and caregiver distress
- Nurse-led interventions that provide comfort and routine
- Spiritual and social support that brings back purpose

These spheres overlap so completely that when one worsens, the others amplify. Treating physical pain while ignoring the emotional wound does not heal what actually hurts underneath.

Mr. A, a teacher who lost his voice after surgery, suffered existential pain: "What is a teacher without a voice?" His physical pain was managed, but his identity was lost. The palliative team encouraged him to use the game "dumb charades", gestures, and a smart board to teach again. The success of communicating in class changed his "pain score" more than any drug could.

Mrs. M feared her neck tube would frighten her grandchildren, causing her to withdraw due to shame. Our team helped her reframe her surgery as a brave story, bringing laughter back to her home.

We integrate science with humanity at every step. Morphine and other analgesics, nerve blocks, wound management, and topical therapies address the physical aspect, which can be measured using the numerous pain scales available. But this is only one out of four domains of pain.

Sometimes, the most effective treatment is not a tablet, it is a moment of being heard. Head and neck cancers challenge identity like few other diseases. Faces are altered, voices disappear, and eating – the most social of acts – becomes painful.

Patients may say, "I feel like I am disappearing". Good pain management, therefore, is not just a reduction of numbers on a scale; it is the restoration of self. When we manage total pain early and proactively, we see the following results:

- Patients tolerate treatment better
- Quality of sleep and nutrition improve
- Relationships strengthen
- Fear reduces and autonomy (choice) returns

Palliative care's role in oncology is shifting from a service called at the end of life to a partner in care from diagnosis onward. We walk alongside surgeons, oncologists, and radiotherapists because we believe comfort does not compete with cure – it supports and complements it.

Our goal is to decrease pain intensity and to widen the patient's world again.

Pain affects identity. Relief restores humanity. That is the heart of palliative care.



The Invisible Hands: Honouring the Caregiver

By Dr. Vijayshree Patil, Head, Department of Palliative Care

The role of a caregiver – tending for a loved one with illness or disability – is something that no one is ever really prepared for. It often arrives stealthily, often overnight, demanding that this person assumes responsibility for all the needs of his charge. Caregivers are mostly unseen, yet it is their hands, hearts, and efforts that keep life steady during the most uncertain of times.

An Act of Love and Survival

A caregiver's day is an unending list of complex tasks: packing medications, scheduling treatments, and ensuring every physical need is met. They must learn to remember everything the illness decreases: which smell triggers nausea, which side to sleep on, and how many painkillers remain. This remembering is an act of love and survival.

The Uncomfortable Truth

All eyes are focused on the patient's suffering, but beneath the caregiver's tenderness lies a crushing reality: they must sustain their own life while holding someone else's together. Work deadlines, household duties, and responsibilities never shrink even as their energy does. Sleep is fractured, and friendships fade. Their world shrinks to the size of the illness.

Often, caregivers are women – mothers, daughters, wives – doing this not because they are the only ones capable, but because society silently expects them to. Their work is rarely recognized as skilled labour, despite managing complex medical tasks and providing emotional therapy every day.

Our Shared Responsibility

Caregiver distress is real. When the emotional and physical load becomes too heavy, burnout creeps in, and the patient feels it too. Supporting the caregiver is not an extra service; it is a crucial part of quality palliative care. Their well-being directly influences the patient's comfort and ability to remain at home.

Sometimes the most compassionate act a healthcare worker can offer is to truly see the caregiver. A gentle acknowledgement – “You're doing so much. How are you managing today?” – or a few minutes of listening can relieve weeks of silent strain.

Comfort in palliative care is created by teams. When we empower caregivers and include them in decision-making, we strengthen patients. When we protect caregivers, we preserve love.

Behind every moment of comfort in palliative care, there is a caregiver – quietly holding the world together for someone they love.

Spotlight on caregiver well-being

- Exhaustion that doesn't improve with rest
- Frequent tears, irritability, or anger
- Withdrawing from friends or family
- Forgetting their own meals or medications
- Feeling overwhelmed or anxious
- Guilt for wanting a break

How we can help the caregiver:

- Ask, “How are you coping today?”
 - Appreciate their efforts openly
 - Provide clear written instructions
 - Encourage breaks and self-care
- Connect them with mental health support
– counselling services in Palliative Care Dept

When we care for caregivers, everyone heals better





“Care Through the Hardest Days”

– A Wife’s Story (Translated from Hindi)

By Sister Swati Gawde

I still remember the sound of his screams. My husband’s pain was so unbearable that nights felt endless. He had cheek cancer. Every swallow, every breath was a punishment. I watched him suffer, unable to sleep or speak. I held his hand, but inside I was breaking. I wondered if anyone would ever help us. I wondered if help was even possible.

Then, we met the Palliative Care Team. They gave him morphine and some other medicines and suddenly the nights changed. For the first time in weeks, he slept. For the first time in weeks, I slept.

I saw his face relax, his body loosen, his eyes soften. That moment felt like someone turned the lights back on in our home. Pain didn’t rule our life anymore, comfort returned.

But our journey wasn’t simple. A large, foul-smelling wound developed, and caring for it terrified me. It looked scary, I didn’t want to hurt him while trying to help. The nurses in palliative care didn’t just dress the wound, they taught me how to do it with gentleness, dignity, and confidence. With every dressing change, I felt stronger, not helpless.

Then came a storm we never expected. Because the house was in his name, his sisters tried to push me and our six year old daughter out. While my husband’s body weakened and he was unable to communicate, my fear grew. Where would we go? How would we survive?

Suffering came at us from all directions. Not just from cancer, but from cruelty. The palliative team stepped in once again, not with medicines this time, but with protection.

They helped me understand my rights, encouraged me to find a lawyer and defend our home. They stayed by our side through every threat and tear.

They didn’t leave us when the time came. They made sure my husband’s final days were peaceful, at home, with us.

They organized a home care team, helped me understand what was happening to his body, allowing me to focus on love rather than fear.

I was able to be his wife in those final moments, not just his caregiver. After he passed, I wondered how I would raise our daughter alone. But they didn’t let us fall.

They encouraged me, helped me find sewing classes with an NGO to rebuild my confidence, and even connected me with a Masterji (tailor) who needed an extra set of hands. I now earn an income with my own hands.

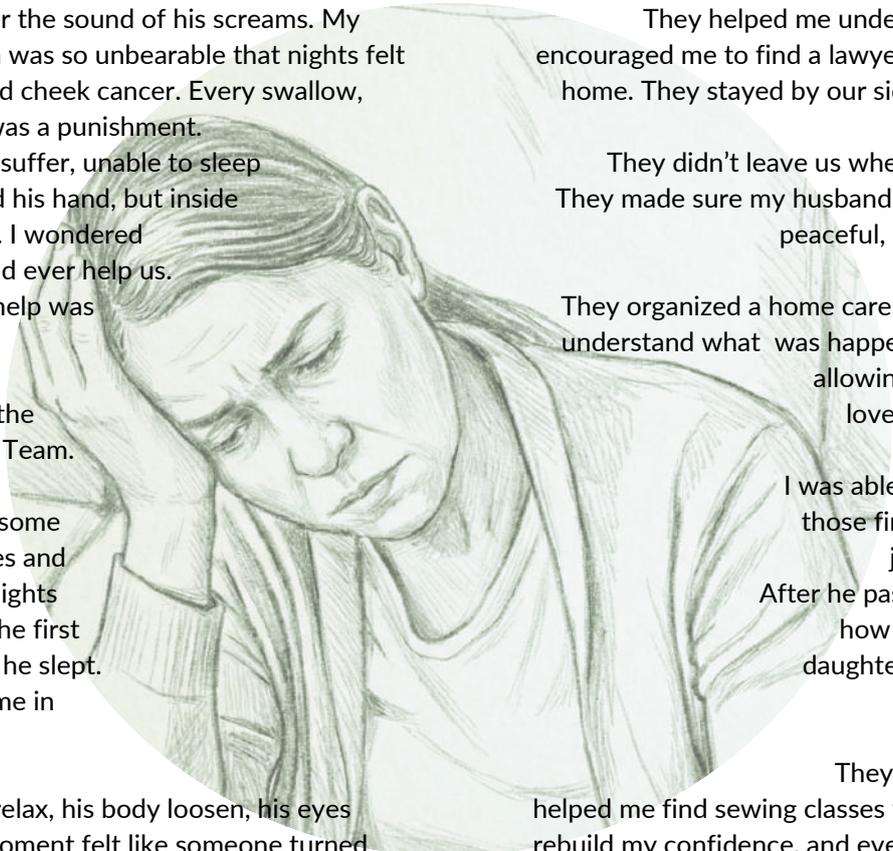
My daughter laughs again. I can afford her school fees. Our home is safe. We are still standing.

The team is still in touch with me as part of their bereavement support program. I too visit the team sometimes, not for treatment, but with gratitude.

I tell them, “You held our hands when everyone else let go”.

Palliative care didn’t just relieve my husband’s pain –

- *It saved our lives too.*
- *It gave us dignity.*
- *It gave us strength.*
- *It gave us hope when hope felt impossible.*



Palliative Care Month Celebration at HNCII

11th October – 11th November 2025



Every year at HNCII, we honour World Hospice and Palliative Care Day on the second Saturday of October. This year, instead of just one day, we extended the celebration over an entire month – from 11th October to 11th November – to deepen awareness, broaden partnerships, and strengthen advocacy for universal access to palliative care.

This month-long series of events brought together patients, caregivers, doctors, nurses, and non-medical staff, uniting all voices under one powerful theme as declared by The Worldwide Hospice Palliative Care Alliance (WHPCA), in collaboration with global partners including the Indian Association Of Palliative Care (IAPC):
Achieving the Promise: Universal Access to Palliative Care

A Month of Compassion, Creativity & Community
Each week celebrated a distinct sub-theme, aligning with national and global palliative care goals while reflecting our mission at HNCII.

By Dr. Vijayshree Patil, Head, Department of Palliative Care

- **WEEK 1: Caregivers & Patients Week**

Sub-theme: Empowering People & Compassionate Communities:

The month began by honouring those who live the palliative care journey every day – patients and their caregivers. Our team, nurses and counsellor visited various wards, including Day Care and Economy Ward, to conduct interactive sessions on:

- Managing physical symptoms during chemotherapy
- Oral hygiene and nutrition care
- Identifying and responding to pain
- Post-surgical care
- Mental well-being and caregiver support
- Practicing gratitude during illness

Caregivers and patients were given leaf-shaped cards to write gratitude messages, which later became part of a collective art installation displayed hospital-wide. The response was heartwarming – stories were shared, tears were shed, and solidarity was felt.

- **WEEK 2: Poster Competition Week**

Sub-theme: Empowering Communities through Awareness

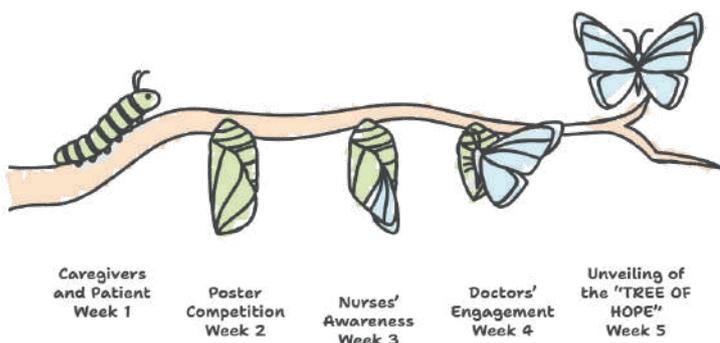
Art became advocacy as staff across HNCII participated in a poster competition titled “Universal Access to Palliative Care – What It Means to Me”. Creative, heartfelt entries filled our walls with colour and compassion.

- **WEEK 3: Nurses’ Awareness Week**

Sub-theme: Bringing the Promise into Practice to Improve Access

This week celebrated nurses who are the constant presence in a patient’s illness journey. Through focused training sessions and induction programs, our team – Dr. Siva and Sr. Swati, expanded nursing knowledge on:

- The role of nurses beyond cure
- Pain and symptom assessment
- Communication skills for emotional support
- The importance of early palliative integration





• **WEEK 4: Doctors' Engagement Week**

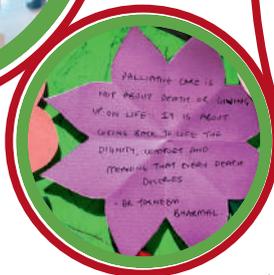
Sub-theme: Integration into Universal Health Coverage

A scientific session led by Dr. Vijayshree highlighted:

- Early palliative care in head & neck oncology
- Morphine utilization and safe opioid practices
- Success stories and departmental progress at HNCII

Doctors, both juniors and seniors, actively participated, sharing insights and recognizing palliative care as essential, not optional. Each doctor contributed a message on our flower-shaped card on the value of palliative care, later forming part of our flagship art piece.

We were honoured to receive a moving poem written personally by Dr. Roshan Chinoy for the occasion – a celebration of healing beyond medicine.



Tree of Hope

• **WEEK 5: Unveiling of the "TREE OF HOPE"**

Sub-theme: Achieving the Promise - A Call to Action

Our celebrations culminated with the grand unveiling of the TREE OF HOPE - our art installation inaugurated by Dr. Sultan Pradhan, Dr. Chinoy, and Dr. Saikia.

This artwork stands as a symbol of collective kindness:

- Flowers carried messages from doctors
- Leaves held gratitude and healing words from patients and caregivers

Together, they formed a living representation of what makes palliative care complete:

every voice, every role, every act of kindness.

As a token of heartfelt appreciation and in keeping with the theme of our art project, every doctor received an indoor plant serving as a reminder that care must continue to grow and flourish through advocacy.

Moving Forward with Purpose:

This Palliative Care Month reaffirmed our belief:

Comfort is not a privilege, it is a promise.

We remain committed to advancing palliative care services and ensuring that every patient and family walking through our doors receives no less than compassion, dignity, and hope.



Advanced Medical Directives and Planning

By Dr. Vijayshree Patil, Head, Department of Palliative Care

Advanced medical directives and advanced care planning has been discussed in the news recently and a lot of patients and colleagues have been asking us about it.

Here I've simplified most of the terms in FAQ format.

- **1. What is an Advance Medical Directive?**

An Advance Medical Directive is a written document where you state your medical wishes for the future, especially for a time when you may be too sick to communicate. It tells doctors and your family what you want and what you don't want in terms of treatment.

- **2. Why should I make one?**

Because illness can take away your ability to communicate, your autonomy and forces your loved ones to make decisions for you which can be distressing given the circumstances.

An Advance Directive ensures:

- Your choices are respected
- Your family isn't left guessing
- Treatment reflects your values, not just the disease
- It is one of the kindest gifts you can leave for your loved ones.

- **3. What is the difference between Advance Care Planning and an Advance Directive?**

Advance Care Planning (ACP) is the conversation: thinking, talking, and sharing your values and preferences for future care. An Advance Directive is the written outcome of that conversation.

- ACP = the discussion
- Advance Directive = the document

A Living Will is another term for an Advance Medical Directive.

It explains what medical treatments you want or don't want if you cannot speak such as CPR, ventilators, artificial feeding, or life-support machines. It speaks for you when you cannot speak for yourself.

- **4. Who executes the living will?**

A "Designated Healthcare Representative" is a person you trust who will make medical decisions on your behalf if you lose the ability to decide.

This person:

- Understands your values
- Knows what matters to you
- Will speak your wishes, not their own fears
- It could be a spouse, adult child, sibling, or someone else close to you.

- **5. What kind of treatments can I include in an Advance Directive?**

You can specify your wishes about:

- CPR (resuscitation)
- Ventilators (breathing machines)
- Tube feeding
- Dialysis
- Strong life-support treatments
- Pain relief and comfort care
- Where you wish to be cared for in your final days

It is entirely personal and based on your wishes, experiences and circumstances.

- **6. Can I change my Advance Directives later?**

- Yes. You can update it anytime as your health, beliefs, or priorities change.
- Your most recent version is the one that counts.



- **7. Who should I share my Advance Medical Directive with?**

You should share it with:

- Your designated healthcare representative
- Immediate family members
- Your treating doctor or palliative care team
- Your hospital where you undergo treatment and are likely to get readmitted
- Custodian - CMO Maharashtra.

Everyone involved should know your wishes before a crisis happens.

- **8. Do Advance Directives mean I am giving up on treatment?**

Not at all. Advance Directives help ensure you get the right treatments that match your wishes and quality of life goals. They prevent treatments you would not want, especially if they only prolong suffering without improving life.

- **9. Is an Advance Directive legally valid in India?**

Yes. Advance Directives are recognised by the Supreme Court of India, though the process is still evolving. Having one provides clear guidance to your doctors and family even while legal systems continue to strengthen.

- **10. I am healthy. Do I still need one?**

Yes. Accidents, sudden illnesses, and emergencies can happen to anyone. An Advance Directive protects your wishes at any age and stage of life.

- **11. Will doctors still treat me if I have an Advance Directive?**

Absolutely. You will continue receiving all appropriate treatment, pain relief, and supportive care. An Advance Directive merely guides how far you want life-support treatments to go if recovery is unlikely.

- **12. How do I start writing one?**

Begin by asking yourself:

- What makes life meaningful for me?
- What level of dependence would I accept?
- What scares me the most?
- What brings me comfort?
- Then speak with your family and your doctor.

Our palliative care team at HNCII can guide you with the process. Please feel free to reach out to us in our OPD hours. Hinduja Hospital has India's first Living Will Clinic.



A Facet of Self Care: Hobbies

By Dr. R.F.Chinoy



Within our hospital's busy wards, clinics, operation theatres and service departments, life follows set routines – caring for the sick, solving diagnostic puzzles, perfecting treatments, performing complex surgeries, and managing infections. Yet, behind this professionalism, many staff members quietly pursue personal passions and hobbies that bring colour, joy, and variety to their daily routines. These pursuits help to ward off boredom, burn-out, ill health and frustrations.

Among HNCII staff, one finds a diverse range of hobbies. Some are early risers, enjoying the serenity of bird watching; others express themselves through singing, whether at community events or privately at home, or in the privacy of a bathroom. The energetic young often take up vigorous activities like trekking, cycling, marathon running, hill climbing, or even car racing. These personal interests offer relaxation and a sense of fulfilment beyond work.

But of what use are such hobbies? The pursuit of a hobby is often dismissed as a waste of time or an inconsequential pastime. However, engaging in a hobby is not merely a way to "kill time"; it is a vital component of a balanced life. Beyond simple entertainment, hobbies offer profound enjoyment, psychological, physical, and social benefits that enhance an individual's overall quality of life. It is an excellent stress buster and an antidote to boredom or getting into senseless trouble.

Have you heard of "forest bathing"? Originating in Japan as "Shinrin-yoku," this practice involves quietly immersing oneself in a forest, engaging all the senses to connect with nature. Unlike hiking, it is about slow, mindful wandering, away from technology, allowing the forest's atmosphere to reduce stress, lower cortisol, and boost immunity by breathing in natural compounds released by trees.

There have been a lot of articles on how doctors, caregivers and other professionals, especially men who suffer from depression and other bodily aches, pains like backaches, fibromyalgia etc., who have benefited by having a hobby that makes them interact with diverse groups, or just introspect to gain peace and self-understanding. Psychologists have documented these benefits by objective tests.

Then there are those who find rhythm, not in melody, but in movement – the graceful dancers of Bharatnatyam, Kathak or vigorous Lavni dancers, who express emotion and story, through gestures, exercises, all of which defines their zest for life.

*Dr. Netra Khedekar,
a bharatnatyam exponent*



*Sr. Tasleem,
in a Lavni dance*



Pooja, relaxing hobby of crochet



These hobbies may not always be displayed or spoken of, yet they enrich the very spirit of the person concerned. They nurture mindfulness, creativity, and resilience – qualities that naturally flow back into their professional lives. They remind us that the healer, the nurse, the administrator, the technician, the doctor – all are also human beings with their personal needs for finding meaning, diversion, escape or peace.

What are the hobbies of our colleagues, friends and neighbours? Stamp collectors, trekkers, dancers, budding comedians or mimics and more of such active or sedentary hobbies. But wait, there's more. Rangoli artists, embroidery lovers and even gardeners make up our team with unusual hobbies. Then we have the ones who take to learning tabla, or piano.

Our friends, colleagues and neighbours pursue hobbies ranging from stamp collecting, bird watching, trekking, and dancing, to stand up comedians, mimicry, pottery and gardening.

So, while the world may see HNCII as a centre of care for cancer patients, within its walls, many of the workers seek a second quiet outlet – from moments of listening to songs, to watching bird habits, to walking, singing, or even trekking: each choice becomes a testament to the richness of the human spirit that sustains and uplifts us – even as we work.



Black Kite eyeing on the prize, in the concrete jungle



The clarity of a perfect morning



Catching a glimpse of royalty. The vibrant White-throated Kingfisher

Once you begin to appreciate the life around your home, the next level of birding beckons, often just a short drive away.

A morning spent at Sanjay Gandhi National Park (SGNP), which lies right with in our city limits, is a truly transformative experience.

A Surgeon's Sanctuary

Finding Focus in the Flight of Birds

By Dr. Kartik Krishnan, Consultant, Head and Neck

Have you ever paused during a hectic day, perhaps glancing out of your office window or even from your home, and caught a fleeting glimpse of a winged friend? That flash of colour, the unique silhouette against the sky, or a distinctive call breaking through the city's hum? If you have, you've already had a taste of the quiet magic of birdwatching.

Mumbai's Hidden Aviary: Closer Than You Think

The beauty of birdwatching in our incredible city is that you don't need to travel to a distant sanctuary to begin. Mumbai itself is teeming with avian life, if only we take the time and effort to look. Birds are truly everywhere.

Look closely at the trees on your street. You might spot the beautiful metallic blues of the official bird of Mumbai, the Coppersmith Barbet, whose call sounds like a faraway hammering and it is always heard first, whether seen or not.

Our urban parks, mangroves, lakes and even busy flyovers are home to a wide variety of species like Kingfishers, Jacanas, etc.



Nature's perfect palette. That iridescent purple and green on the Bronzed winged Jacana, captured in Lokhandwala Lake in Andheri



The Oriental Dwarf Kingfisher is breath taking

The Karnala Bird Sanctuary, which surrounds the Karnala Fort, is a renowned hot spot and a breeding ground for a beautiful and elusive bird named the Oriental Dwarf Kingfisher.

Nature's Architecture: The intricate, hanging nest of the Baya Weaver – a tiny masterpiece of engineering woven from grass. A beautiful reminder of the ingenuity found right outside our windows.

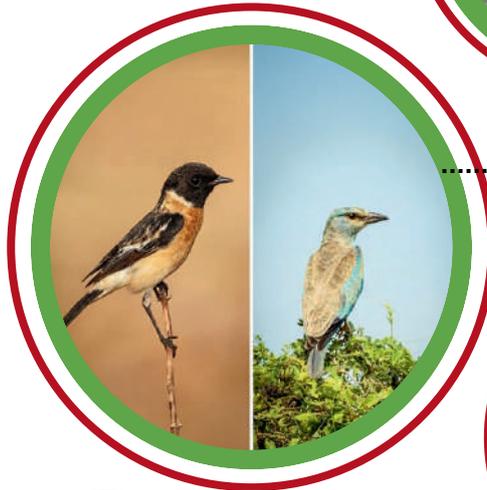


A Lesson in Harmony:

At a local water body, the powerful Brahminy Kite, Western Marsh Harrier and several Spot-billed Ducks peacefully share the shoreline. This diverse gathering – predator and prey, large and small—shows us the simple truth that all creatures, regardless of their differences, share this earth and can coexist. A quiet, humbling reminder that balance and harmony are always possible.



The Asian Koel. Did you know the female is a brood parasite? She lays her eggs in the nests of the much put upon House Crow, leaving the crow to raise her chick!



Passage Migrants

The Siberian Stonechat (L) and the European Roller (R) Stunning passage migrants, gracing Mumbai's landscapes as they journey south or winter here, reminding us of the incredible global connections in the avian world from the freezing winters of Siberia and other parts of the world.



The Call of Commitment:

A pair of Sarus Cranes, locked in their majestic unison call. Known for their powerful, lifelong pair bonds, they remind us of the beauty of harmony and dedication – a comforting sight in the natural world.



Flight: The magnificent Pied Kingfisher in mid-hover, showcasing the intense focus and perfect execution required for a successful dive – a powerful lesson in precision, mirrored in our own operating theatres.

The more you observe, the more you realize these aren't just pretty fliers – they are nature's architects, tricksters, and engineers. Paying attention to these unusual traits is how you train your observational skills, a critical trait for any surgeon:

The Awesome Benefits: Why This Matters to Us

Why do I trade my specialized instruments for binoculars? Because the benefits are immense and directly applicable to our high-pressure medical lives:

- **A Retreat for the Mind:** It forces you to take time away from stress.
- **Keeps Us Grounded:** It connects us directly with nature and God's beautiful creations.

Ultimately, my time spent observing the avian life of Mumbai reminds me that we are only a small, intricate part of a vast, beautiful ecosystem. This humbling knowledge, found in the flight of a Black Kite or the song of a Magpie Robin, is what truly keeps me grounded, allowing me to return to the serious work of healing with a clearer perspective.

An Introduction To My Hobby Music And Keyboard

By Dr.Swati De

I joined HNCII with high hopes of learning and exploring new aspects of histopathology, of meeting and working with a new set of wonderful people. In the last year or so, all of this has turned out to be true; I have indeed learnt a lot of new Histopath, and met and worked with a great set of people, many of whom I now count as friends.

A surprising, delightful and completely unexpected addition to my life though, has been my newfound hobby and interest in learning and playing a piano! While I always wanted to do this, a combination of insufficient opportunities and other commitments had contrived to keep me away from this venture. As it turned out, what was missing was a little external push and it came in the form of a nudge from Dr. Chinoy! Her story of having picked up the piano again after many years of hibernation, and the evident joy with which she spoke about it, turned out to be the very push that I needed. I dived in, enthusiastically.

Over the last eight months or so, I have been taking baby steps towards learning to play a digital piano and have had a wonderful time doing so. I have realized that even on busy days, a few minutes of playing music, happens to calm my ruffled mind down, and bring a sense of comfort. While my progress has been slow, I am loving and enjoying the experience.

Perhaps the high point of this episode was when I got the opportunity to play a duet on a digital piano, together with Dr. Chinoy as a part of our play in the foundation day programme! It was great fun, with all our department folks singing lustily to our peppy Hindi melody from the movie SHOLAY. I hope to continue pursuing this hobby in the coming years, and as the song that we played on foundation day said, "Ye dosti hum nahi todenge!".



लिहीत जातो

By Dr.Ketan Ingle



लिहीत जातो, लिहीत जातो..
भाव मनाचे उधळीत जातो
मध टिपतो, कधी वेचतो मोती,
कधी खुणावते पायथ्याची माती

कधी बोचऱ्या जखमा वाहत्या,
कधी नदीचं झुळझुळ गाणं,
उडता फुगा कधी वाऱ्यावर,
कधी टपटप अश्रूंचं गळणं..

पक्षी बनून कधी उंच आकाशी,
कधी खोल गहिऱ्या कोपऱ्याशी
कधी गंभीर सूक्तांत, कधी मोकळ्या हास्यात
कधी निरुद्देश उगाचच...
-लिहीत जातो, लिहीत जातो...

माझी कविता

अंतःकरणाचं दर्पण आहे
भावनांचे नर्तन आहे
माझं नग्न मन आहे
माझी कविता...

माझ्या अश्रूंचा उमाळा आहे
माझ्या क्रोधाची ज्वाळा आहे
हसरा बाळ लडिवाळा आहे
माझी कविता...

माझ्या चुकांचं निदर्शन आहे
मनभ्रमराचं गुंजन आहे
खऱ्या 'मी'चं दर्शन आहे
माझी कविता...

खोल असलेली ठिणगी आहे
कल्पनेचा कुंचला आहे
आत्म्याच्या शब्दांचं निरुपण आहे
माझी कविता...

———— PUNYASHLOK AHILYADEVII HOLKAR ————
HEAD & NECK CANCER INSTITUTE
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