

The Compassion Movement

An “ehospice” Palliative Care Collection

By Sumit Banik



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eBook

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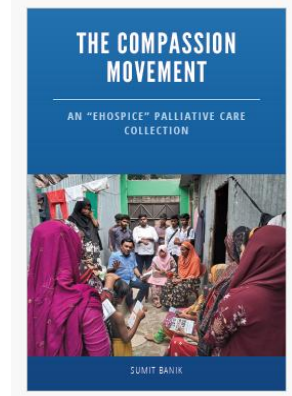
The Compassion Movement: An “ehospice” Palliative Care Collection



So glad you're here—let's explore!

"**The Compassion Movement**" gathers some stories from Bangladesh showing how people-led palliative care brings dignity, comfort, and equity to those facing serious illness. Curated by Sumit Banik, this collection proves compassionate care is a practical, achievable right—not a privilege—offering inspiration and concrete lessons for communities and caregivers everywhere.

About the Book



“The Compassion Movement: An “ehospice” Palliative Care Collection” gathers some deeply humane essays that illuminate a quietly powerful transformation in end-of-life care emerging from Bangladesh. Curated by Sumit Banik, these pieces move beyond clinical language to celebrate practical tenderness: everyday people, especially young volunteers and community health workers, reshaping how society cares for those facing serious illness. The book honors small acts of presence—listening, holding a hand, easing a burden—and shows how such gestures, when organized and supported, become a durable force for dignity and relief.

Readers will find clear examples of grassroots creativity: community theater that opens conversation about mortality, neighborhood networks that bring comfort to isolated families, and locally driven campaigns that translate international policy ambitions into meaningful local services. These stories demonstrate that compassionate care does not depend on advanced technology or wealth but on human commitment, thoughtful advocacy, and organized solidarity. Each chapter offers practical insights alongside compassionate testimony, making this collection both a handbook for change and an invitation to join a movement.

This book speaks to advocates, healthcare professionals, policymakers, students, and anyone moved by the desire to ease suffering. It frames palliative care as a shared responsibility and a human right, not an elite privilege. By centering community leadership and respectful listening, the Compassion Movement maps a hopeful, scalable pathway: unify neighbors, train and empower volunteers, and press for policy that supports accessible care everywhere. Woven through every essay is a respectful confidence that when people work together with warmth and purpose, they can remake systems to ensure peace, comfort, and dignity are available to all at life’s most vulnerable moments.

Foreword:



I am honored to be asked to write a few words at the beginning of this remarkable collection of articles. Curated by public health activist Sumit Banik, this book is more than a professional archive—it is an inspiring, action-oriented resource that proves that dignity, equity, and peace are not luxuries, but achievable rights for all, regardless of economic status or location.

Sumit has written more articles for ehospice than anyone other author. We are proud to work with Sumit because his writing succeeds in getting to the heart of what it means to care.

Dame Cicely Saunders, founder of the 'modern hospice movement,' famously wrote:

"You matter because you are you, and you matter to the last moment of your life. We will do all that we can not only to help you die peacefully, but also to live until you die."

Echoing this, Sumit shows through his writings how "it is within the power of each one of us to bring peace and comfort to the lives of others" - a belief that underpins what he calls "The Compassion Movement." This collection of thirteen powerful articles is a vital testament from the front line of health equity, showcasing how a dedicated, people-led movement in Bangladesh is fundamentally transforming the experience of serious and life-limiting illness. This book is a must-read for global health leaders, advocates, young volunteers, and anyone seeking concrete proof that, through collective effort and compassion, we can redesign healthcare systems to offer peace until the very end of life.

I encourage you to take the time to read and share with others.

David Praill

Founder and Managing Editor

<http://ehospice.com/>

Foreword:



The number of patients with incurable illnesses are rising globally, and Bangladesh is no exception. Managing the long-term care and treatment of these patients poses a difficult challenge for low and lower-middle-income countries like Bangladesh. Palliative care extends beyond providing evidence-based medical treatment; it strives to alleviate physical symptoms, as well as the mental, socio-economic, and spiritual suffering of the patient and their family members through compassionate and proper care.

Sumit Banik has established a wonderful synergy between his extensive experience in public health and later in palliative care, an approach that helps him prioritize community-based care. Drawing from his tremendous work and deep engagement at the grassroots level in Bangladesh, he is actively writing to emphasize the importance of public participation in palliative care service provision and to enhance public awareness. I am confident that his work will contribute significantly to the expansion of palliative care throughout Bangladesh. Although a dedicated national policy for palliative care does not yet exist in Bangladesh, its necessity and relevance are growing day by day.

As a Palliative Medicine Specialist in Bangladesh working in a low-resource setting, my professional experience has consistently reinforced the realization that if palliative care services remain confined solely to institutional settings, the population will not receive their true benefit.

The breadth of my concern has been partially mitigated by Sumit's impactful writings and his ongoing work in the palliative care. In his essays, he not only emphasizes the critical involvement of the general public but also strengthens the proper integration of palliative services with the existing primary healthcare system in our context. This strategy is key to making palliative care both affordable and accessible to people across Bangladesh. Continuing long-term treatment for incurable patients is financially arduous in countries like ours, as the lack of health insurance means

patients and their family members are bound to bear all treatment costs. His writings are poised to play a vital role in accurately presenting this on-the-ground reality to Bangladesh's policymakers.

I wholeheartedly commend Sumit for this essential endeavor. I trust that this e-book, compiling his valuable insights, will act as a roadmap for the future expansion of palliative care services in Bangladesh and other low and lower-middle-income countries.

Dr. Wai Wai Mroy John

MD (Palliative Medicine)

Fellow (Institute of Palliative Medicine, India)

Palliative Medicine Specialist

Dhaka Medical College and Hospital, Dhaka

Voice of the Author



My journey with the Compassionate Narayanganj project has been a deeply personal one. It helped me discover a simple yet powerful truth—that palliative care is not only about medicine or treatment but also about the values that make us human. It is about standing beside someone in their most vulnerable moments and reminding them that they are not alone.

In Bangladesh, palliative care still exists in small pockets—within donor-funded projects, a few public institutions, and private hospitals. But the need is far greater, especially among ordinary people who live beyond the reach of big cities. I believe the time has come to bring palliative care into the core of our health system so that it becomes part of every patient’s journey, not just a privilege for a few. Alongside compassionate care, we must also build a compassionate society—where kindness is not an exception, but a way of life.

I am sincerely grateful to my former organization, AYAT Education, for giving me my first window into this field. Their support opened a path that has shaped my purpose. I am equally thankful to “ehospice”, whose encouragement and global community have inspired me to think, feel, and write about this work with deeper empathy. I also want to express my gratitude for AI technology, as without it, I would not have been able to prepare these articles to be suitable for a global audience.

This book is, in many ways, a reflection of that awakening—a small offering of hope that together, we can build a world where compassion truly becomes the language of care.

Sumit Banik

MBS, MPH

Public Health Professional & Trainer |

Advocate for Community-Based Palliative Care

Essential Palliative Care Packages: A Global Delphi Study Insight

Across the world, millions of people continue to live and die with preventable suffering. In 2021 alone, an estimated 73.5 million people experienced serious health-related suffering (SHS)—a term that encompasses pain, distress, and the severe limitations caused by life-threatening or life-limiting conditions.

Alarming, 80% of these individuals reside in low- and middle-income countries (LMICs), where access to palliative care remains scarce or inconsistent.

Recognizing this urgent need, the Lancet Commission on Global Access to Palliative Care and Pain Relief (2018) introduced the concept of SHS and proposed an initial Essential Package for palliative care and pain relief (PCPR). While that package represented a milestone in defining minimum standards, its application across countries was limited and it did not adequately address complex or specialized needs.

To bridge this gap, a team of global experts led by Dr. Tania Pastrana and colleagues conducted a comprehensive Delphi study, published in the *Journal of Pain and Symptom Management* (2025). This research—“Global Consensus-Based Essential and Expanded Packages for Palliative Care and Pain Relief for Adults and Children”—marks a major advancement toward achieving equitable and universal access to palliative care.

Key Findings: A Global Consensus on what's Essential

The study used a multistage, modified Delphi method involving palliative care professionals from over 75 countries, representing diverse regions and income levels. Two separate expert panels—one for adults and another for children—participated in two rounds of review, followed by an external validation by global experts.

Through this rigorous process, consensus was achieved on updated Essential Packages for both adults and children, ensuring they remain evidence-based yet adaptable to varied healthcare contexts. The Essential Adult Package now includes 19 medications, 10 essential equipment items, and 10 core professional roles. The Essential Pediatric Package consists of 22 medications, 13 equipment items, and 7 professional roles.

Several important updates were made:

- New essential items such as paracetamol suppositories were added to ensure flexible administration routes.

- Basic supplies like wound dressings, oral care kits, thermometers, gloves, and antiseptic solutions were incorporated, reflecting the real-world needs of clinicians in low-resource settings.

- Human resources were expanded to include spiritual care providers, pharmacists, and physical therapists, acknowledging the multidisciplinary nature of quality palliative care.

Beyond these, the study introduced Expanded Packages for both adults and children, designed to address complex or specialized care needs. The Expanded Adult Package includes 39 medications, 18 equipment items, and 10 professional categories, while the Expanded Pediatric Package encompasses 44 medications, 53 equipment items, and 15 professional roles. These expanded sets allow countries with greater resources—or those progressing toward advanced palliative services—to provide a fuller range of interventions.

Global Implications: A Framework for Universal Health Coverage

The significance of these consensus-driven packages extends beyond clinical care—they represent a practical, adaptable framework for integrating palliative care into health systems worldwide.

Aligned with the World Health Assembly Resolution WHA67.19, the packages embody the principle that palliative care is a public health responsibility and a core component of Universal Health Coverage (UHC). By outlining the minimum medicines, equipment, and workforce requirements, they provide a road map for governments and health systems to systematically expand access, even within limited budgets.

Importantly, the packages are intentionally low-cost, scalable, and designed for use across all levels of healthcare, especially at the primary care level. In practice, this means that basic symptom relief—such as pain control, wound care, and psychosocial support—can be delivered closer to where patients live, reducing the burden on tertiary hospitals and enabling compassionate end-of-life care at home or in the community.

For countries striving toward UHC, the packages offer measurable guidance for planning, budgeting, and monitoring. They can be directly incorporated into national essential health service lists, benefit packages, and training curricula, ensuring palliative care is no longer viewed as optional but as integral to quality healthcare delivery.

Challenges and Barriers: Persistent Inequities

Despite this encouraging progress, the study underscores ongoing challenges that threaten equitable access to palliative care globally.

Medication availability remains deeply unequal. None of the medicines listed in the essential packages were reported as universally available. For instance, injectable diphenhydramine

was unavailable in nearly one-quarter of countries surveyed, and oral morphine—a cornerstone of pain management—was missing in over 20% of low- and middle-income countries. Shortages also extended to basic items such as lactulose and petroleum jelly in the poorest nations.

These disparities highlight the combined effects of restrictive opioid regulations, weak supply chains, and insufficient government prioritization of palliative care. Without systemic reforms, millions will continue to suffer needlessly from untreated pain and distress.

Another key finding was the limited awareness among healthcare professionals. Over 40% of participants were unfamiliar with the Lancet Essential Package or WHO's pediatric equivalent. This gap reflects the broader marginalization of palliative care education and training in medical and nursing curricula, even as global health frameworks increasingly emphasize UHC.

Recommendations: Turning Consensus into Action

To translate this research into tangible impact, the study proposes several actionable strategies for governments, health systems, and global partners:

- 1. Integrate the Packages into National Health Policy**
 - Ministries of Health should formally adopt the Essential and Expanded Packages as part of their national health benefit schemes or palliative care guidelines. This policy alignment ensures that essential medicines and human resources become part of publicly financed healthcare.
- 2. Strengthen Supply Chains and Regulation**
 - Governments must work with international agencies to ensure the consistent availability of key medications, especially opioids like morphine. Simplifying regulatory processes, improving procurement systems, and training pharmacists in safe opioid handling are critical steps.
- 3. Invest in Workforce Training and Education**
 - Health professional curricula should incorporate the safe prescribing and use of palliative care medications and equipment. Training community health workers can further extend services to rural and underserved areas, fulfilling the principle of “palliative care for all.”
- 4. Raise Awareness and Build Advocacy Networks**
 - Greater dissemination of these packages through professional associations, civil society, and global platforms like eHospice can build momentum for policy change. Highlighting patient stories and community impact can humanize the data and mobilize public support.

5. Monitor Implementation and Evaluate Outcomes

- Establishing systems to track availability, utilization, and patient outcomes will enable countries to measure progress and identify gaps. Linking the packages to local cost and burden data can further strengthen advocacy for sustainable funding.

A Shared Vision for Compassionate Care

The Essential and Expanded Packages for Palliative Care and Pain Relief represent more than clinical guidelines—they symbolize a collective global commitment to alleviating preventable suffering. By defining what every health system should provide at minimum, they transform compassion into a measurable standard of care.

If adopted widely, these packages could help realize the vision of “no one left to suffer without relief”—a cornerstone of Universal Health Coverage and human dignity. For policymakers, practitioners, and advocates alike, they provide both a framework and a moral imperative: to ensure that comfort, care, and dignity are within reach for every person, in every country, at every stage of life.

As the global community continues to confront rising rates of serious illness, this consensus-driven effort offers a hopeful pathway forward—one where science, compassion, and justice converge to redefine what it truly means to care.

Breaking the Silence: Embracing Death, Dying, and Palliative Care

Death is a universal truth, an inevitable chapter in the journey of life that every individual must face. Despite its certainty, the subject of death remains shrouded in mystery and fear for many. In countless communities across the world, death is a topic that is often avoided, swept under the rug, or spoken of in hushed tones.

This reluctance to address the reality of death creates an invisible yet formidable barrier, one that hinders us from fully understanding and accepting the natural process of dying.

The silence surrounding death can be deeply isolating, not just for those nearing the end of life but also for their loved ones and caregivers.

It prevents open discussions about end-of-life wishes, impedes the sharing of experiences, and limits the opportunity to provide comfort and support during one of life's most profound transitions.

This lack of dialogue can lead to unnecessary anxiety, fear, and even denial, leaving individuals and families unprepared for the inevitable.

Through our work on the Compassionate Narayanganj project, which focuses on palliative care, the importance of addressing this societal reluctance has become increasingly clear.

Palliative care, by its very nature, requires confronting the realities of death and dying.

It is about more than just managing physical symptoms; it is about providing holistic care that encompasses the emotional, spiritual, and psychological needs of those at the end of their lives.

As we delve deeper into this field, it has become evident that fostering a healthier and more accepting attitude towards death is essential. By breaking the silence and encouraging open conversations about death, we can help individuals and communities come to terms with the natural process of dying. This not only eases the emotional burden on those facing the end of life but also empowers families and caregivers to provide the compassionate support that is so crucial during this time.

In our society, where religious beliefs and spiritual values often play a central role in shaping attitudes towards death, these conversations can be particularly challenging.

However, they are also profoundly necessary. Through the Compassionate Narayanganj project, we are working to create spaces where these difficult yet essential conversations can take place. By doing so, we hope to transform the way our community views death—not as

something to be feared or avoided, but as a natural part of life that can be approached with understanding, dignity, and compassion.

Ultimately, our goal is to help people embrace death with the same openness and acceptance with which we greet life. By addressing the fears and misconceptions surrounding death, we can help individuals and communities prepare for the inevitable with a sense of peace and acceptance, ensuring that the end of life is met with the care, love, and respect that every person deserves.

Over the past 12 years, in my professional career on health development-related project activities have not required me to engage in discussions about death, and dying at the community level.

However, as I delve deeper into palliative care, I've come to realize that talking about death openly is not just necessary—it's essential.

The fear of death, though understandable, often prevents meaningful conversations about how we wish to live our final days.

In our society, where religious beliefs and spiritual welfare play a significant role, these conversations are even more complex and sensitive. Yet, they are vital.

During a last training session with community health workers (CHWs) in Bandar Upazila, Narayanganj, I observed a wide range of thoughts, philosophies, and aspirations regarding end-of-life wishes. These reflections revealed the deep intertwining of death with religious beliefs and values in our culture.

It became evident that open discussions about death and dying are crucial, not only to reduce the stigma and fear surrounding these topics but also to ensure that every person's death is as peaceful and dignified as possible.

Palliative care focuses on this very goal—providing comfort and support to terminally ill patients in their final days. By managing pain and alleviating symptoms, palliative care helps reduce suffering and ensures that the dying process is as gentle as possible.

The message we aim to spread through our discussions is clear: death is a natural process, and palliative care can help make it easier. With the right care, service, and love, the final days of a person's life can be filled with dignity and peace.

Our society must overcome the social stigma attached to talking about death.

By doing so, we can better support palliative care patients, helping them to face death without unnecessary anxiety or fear. Changing old, negative perceptions about death through reason and compassion will allow us to embrace the truth of death and ensure that it is a peaceful and pain-free experience for all.

In conclusion, the need to openly discuss death and dying within our communities extends far beyond a mere necessity; it is a profound responsibility that we all share.

The reluctance to engage in these conversations often stems from deep-seated fears and cultural taboos, but by avoiding these discussions, we inadvertently contribute to the anxiety and isolation experienced by those nearing the end of their lives.

Palliative care plays a crucial role in bridging this gap, offering more than just medical treatment—it provides a compassionate approach that addresses the emotional, psychological, and spiritual needs of individuals as they approach death.

By embracing open dialogue about death, we create an environment where people can express their end-of-life wishes, find solace in their spiritual beliefs, and prepare themselves and their loved ones for the inevitable.

These conversations can transform death from a daunting, fearsome unknown into a natural and accepted part of life's journey.

When we talk about death openly, we demystify it, allowing individuals to face their final days with a sense of peace and dignity.

Through palliative care, we can ensure that these days are not marked by suffering or fear but by comfort, respect, and love. It is through this collective effort—of healthcare providers, families, and communities—that we can redefine the experience of death, making it a time of meaningful reflection, closure, and ultimately, a transition that is as gentle and natural as life itself.

By taking on this responsibility, we honor the inherent dignity of every individual, ensuring that their journey towards death is not one of loneliness and despair but one of compassion, support, and serenity. In doing so, we affirm that death, far from being a source of fear, is a significant chapter in the story of life, deserving of the same attention, care, and respect as any other.

Enhancing Palliative Care Accessibility: Elevating the Quality of Life

In the realm of healthcare, the significance of palliative care cannot be overstated. As we delve into the challenges and opportunities surrounding this essential aspect of patient well-being, it becomes apparent that improving access to palliative care can have a profound impact on elevating the overall quality of life for individuals facing serious illnesses.

For many individuals' facing serious illness, the focus shifts from curative measures to improving the quality of life during their remaining time. This is where palliative care comes in, offering comprehensive support that addresses physical, emotional, spiritual, and social needs.

However, a significant barrier exists – accessibility. Many patients lack adequate access to palliative care, leading to unnecessary suffering and missed opportunities for a more fulfilling journey.

This article explores the importance of enhancing palliative care accessibility and the positive impact it can have on the quality of life for individuals and their loved ones.

Understanding Palliative Care: A Holistic Approach

Understanding palliative care involves embracing a holistic approach that extends beyond conventional medical interventions. At its core, palliative care seeks to enhance the overall quality of life for individuals confronting serious illnesses and their families. It encompasses a comprehensive strategy that addresses not only physical symptoms but also the emotional, social, and spiritual dimensions of the patient's experience.

By prioritizing patient-centered care, palliative services aim to alleviate suffering, manage pain, and provide support through open communication and shared decision-making. This holistic approach recognizes the unique needs of each individual, emphasizing dignity, compassion, and respect. It underscores the importance of viewing patients not just as recipients of medical treatment but as individuals with multifaceted identities and aspirations, highlighting the value of quality of life in the face of life-limiting conditions.

Need for Increased Accessibility:

The pressing need for increased accessibility to palliative care has become a paramount concern in the realm of healthcare.

As we confront the challenges posed by serious illnesses, the imperative to provide comprehensive and compassionate palliative care services becomes evident.

Palliative care is not just about end-of-life support; it encompasses a holistic approach to improving the quality of life for individuals facing complex health issues and their families. However, the accessibility to these vital services remains uneven, with barriers such as limited awareness, financial constraints, and a shortage of trained professionals hindering widespread availability.

Recognizing the profound impact of palliative care on the well-being of patients, it is crucial to advocate for and implement initiatives that break down these barriers, ensuring that individuals and their families can access the support and comfort they need during challenging times.

Increasing accessibility to palliative care is not merely a healthcare priority; it is a societal responsibility to uphold the dignity and well-being of individuals facing serious illnesses.

The Benefits of Enhanced Accessibility:

The benefits of enhanced accessibility to palliative care are profound and multifaceted.

By breaking down barriers to access, individuals facing serious illnesses gain the opportunity for a more dignified and comfortable journey. Palliative care, with its focus on relieving symptoms and improving the overall quality of life, becomes a crucial pillar in the comprehensive support system for both patients and their families.

Enhanced accessibility ensures that individuals can receive timely and personalized care, addressing physical, emotional, and spiritual needs. Moreover, by promoting awareness and education about palliative care, the societal stigma often associated with serious illnesses diminishes, fostering a culture of understanding and acceptance.

Financial burdens are alleviated, allowing individuals from all walks of life to benefit from these vital services.

Ultimately, the ripple effect of increased accessibility extends beyond healthcare institutions, positively impacting communities and shaping a more compassionate and empathetic society that values the comfort and dignity of those facing life-limiting illnesses.

Addressing Barriers to Access

One major obstacle is the lack of awareness and understanding of palliative care.

Initiatives must be undertaken to educate both healthcare providers and the general public about the benefits and scope of palliative care. Breaking down misconceptions and fostering

a comprehensive understanding can pave the way for increased acceptance and utilization of these services.

Financial constraints also pose a significant barrier. Affordability of palliative care services often determines the extent to which individuals can access them. Governments, healthcare institutions, and policymakers must work collaboratively to develop and implement strategies that make palliative care financially accessible to all, regardless of socioeconomic status.

Empowering Caregivers and Healthcare Professionals

Empowering caregivers and healthcare professionals is essential for enhancing access to palliative care services.

While addressing logistical and financial challenges is crucial, investing in the training and support of those directly involved in patient care is equally important. By equipping frontline caregivers and healthcare professionals with the necessary skills, knowledge, and support, we ensure that palliative care is delivered with compassion, expertise, and empathy.

Through ongoing training programs, mentorship initiatives, and access to resources, we strive to empower these individuals to provide the highest quality of care to patients and their families. Ultimately, by strengthening the capabilities of caregivers and healthcare professionals, we can significantly improve the delivery and effectiveness of palliative care services, thereby enhancing the overall quality of life for those facing serious illnesses.

Community Involvement and Support

Community involvement and support are integral to fostering an environment conducive to palliative care. By establishing community-based programs, support groups, and volunteer networks, we can greatly enhance the accessibility of palliative services.

Through shared responsibility and collaboration, we create a network that extends care beyond the confines of hospital walls. Community members, equipped with understanding and compassion, become active participants in providing comfort and support to individuals facing serious illnesses and their families. These grassroots initiatives not only offer practical assistance but also foster a sense of belonging and solidarity within the community.

By harnessing the collective strength of communities, we can ensure that palliative care reaches those in need, offering them dignity, comfort, and support throughout their journey.

Strategies for Enhancing Accessibility:

Implementing effective strategies for enhancing accessibility to palliative care is paramount in ensuring that individuals facing serious illnesses receive the support they need. First and foremost, there is a crucial need for widespread education and awareness campaigns to dispel misconceptions and promote understanding of the benefits of palliative care.

Financial barriers can be addressed through collaborative efforts between governments, healthcare institutions, and charitable organizations to make these services more affordable and inclusive.

Additionally, investing in the training and professional development of healthcare providers ensures a competent and empathetic workforce capable of delivering high-quality palliative care.

Community-based initiatives, such as support groups and volunteer networks, can play a pivotal role in extending the reach of palliative care beyond traditional healthcare settings.

By adopting a multi-faceted approach that tackles awareness, affordability, professional development, and community involvement, we can create a comprehensive framework that significantly enhances accessibility to palliative care for individuals and their families.

A Call to Action

Improving access to palliative care is not just a healthcare initiative; it is a societal responsibility.

By dismantling barriers, raising awareness, and fostering a culture of empathy, we can transform the landscape of palliative care accessibility. In doing so, we don't just provide comfort in times of distress; we elevate the quality of life for those facing serious illnesses and their families.

It's time to embrace a future where palliative care is a universal right, ensuring that everyone, regardless of circumstance, can live their final days with dignity and comfort.

By enhancing palliative care accessibility, we can ensure that everyone facing serious illness has the opportunity to live their remaining days with dignity, comfort, and hope. This requires a multi-pronged approach that addresses systemic barriers, leverages technology, and prioritizes education and awareness.

By working together, we can create a healthcare system where quality palliative care is available to all, ultimately elevating the quality of life for countless individuals and their families.

Expanding the Reach: Community-Based Palliative Care in Bangladesh

Worldwide Hospice and Palliative Care Day (WHPCD) are an annual unified day of action to celebrate and support hospice and palliative care around the world. It was established in 2005 and has become one of palliative care's most significant global days. Each year a different theme is chosen to emphasise an important aspect of palliative care. The theme for WHPCD 2023 is Compassionate Communities: Together for Palliative Care.

This theme highlights the importance of communities working together to ensure that everyone has access to the palliative care they need, when and where they need it. Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illnesses. It provides relief from pain and other distressing symptoms and offers support on physical, psychological, and spiritual levels. Palliative care can be provided at any stage of illness and can be continued into the end of life.

Palliative care is a specialised form of medical care that focuses on providing relief from the symptoms and suffering associated with serious illnesses, particularly those that are life-threatening or life-limiting. The goal of palliative care is to improve the quality of life for patients and their families facing these challenging situations.

Promoting palliative care in Bangladesh is crucial for addressing the healthcare needs of a growing population with chronic and life-limiting illnesses. It can improve the quality of life for patients, reduce suffering, and offer a compassionate approach to healthcare in a culturally sensitive manner. Promoting palliative care is an important issue for Bangladesh for several reasons, given the country's healthcare landscape and demographic challenges:

Aging Population: Bangladesh, like many countries, is experiencing an increase in its aging population. With aging comes a higher prevalence of chronic and life-limiting illnesses such as cancer, heart disease, and neurodegenerative disorders. Palliative care is crucial in addressing the complex needs of these elderly individuals and improving their quality of life.

High Disease Burden: Bangladesh faces a significant burden of non-communicable diseases (NCDs) such as cancer, diabetes, and cardiovascular diseases. Many of these diseases are associated with symptoms that can be effectively managed with palliative care, including pain, fatigue, and psychological distress.

Limited Access to Healthcare: Access to advanced medical treatments and specialized care can be challenging in some parts of Bangladesh, especially in rural areas. Palliative care can

provide a cost-effective and compassionate approach to managing symptoms and improving the comfort of patients in underserved regions.

Cultural and Religious Factors: Bangladesh has a diverse population with varying cultural and religious beliefs. Palliative care can be tailored to respect these cultural and spiritual values, ensuring that patients and their families receive care that aligns with their beliefs and preferences.

Enhanced Quality of Life: Palliative care focuses on improving the quality of life for patients living with serious illnesses. This can have a significant impact on patients' well-being, allowing them to better cope with their conditions and maintain their dignity.

Family Support: In Bangladesh, family plays a central role in healthcare decision-making and caregiving. Palliative care can provide much-needed support and education to families, helping them better care for their loved ones and reducing caregiver burden.

Humanitarian and Ethical Considerations: Palliative care is aligned with principles of compassion and human dignity. Ensuring access to palliative care is not only a matter of good medical practice but also a humanitarian and ethical imperative.

Economic Considerations: Palliative care can help reduce healthcare costs associated with unnecessary hospitalisations and aggressive treatments that may not align with patients' wishes. By providing appropriate care in the community setting, it can contribute to more efficient healthcare spending.

Promoting access to palliative care services at the community level in Bangladesh. Despite the many benefits of palliative care, it remains underutilised in many parts of the world, including Bangladesh.

According to the World Health Organization (WHO), only 14% of people who need palliative care worldwide receive it. In Bangladesh, this number is even lower, with only an estimated 5% of people with advanced illnesses receiving palliative care.

There are a number of factors that contribute to the limited access to palliative care in Bangladesh. One factor is the lack of awareness of palliative care among both the public and healthcare professionals. Another factor is the stigma associated with palliative care, which is often seen as a sign that a person is dying. Additionally, there is a shortage of trained palliative care specialists in Bangladesh.

Despite these challenges, there are a number of things that can be done to promote access to palliative care services at the community level in Bangladesh. One important step is to raise awareness of palliative care among the public and healthcare professionals. This can be done through public education campaigns, training programs for healthcare workers, and advocacy efforts. Another important step is to develop and strengthen community-based palliative care

programs. These programs can provide palliative care services closer to where people live, making it more accessible and affordable. Community-based palliative care programs can also help to reduce the stigma associated with palliative care by increasing understanding of its benefits.

The following are some specific examples of how to promote access to palliative care services at the community level in Bangladesh:

Train community health workers in palliative care: Community health workers are often the first point of contact for people with healthcare needs. By training community health workers in palliative care, they can be equipped to identify and assess the needs of people with advanced illnesses, and to provide basic palliative care services.

Establish community-based palliative care teams: Community-based palliative care teams can provide a range of services to people with advanced illnesses and their families, including pain and symptom management, emotional support, and practical assistance. These teams can be made up of a variety of professionals, including doctors, nurses, social workers, and spiritual care providers.

Integrate palliative care into existing healthcare services: Palliative care can be integrated into existing healthcare services, such as hospitals, clinics, and nursing homes. This makes it easier for people to access palliative care services without having to go to a specialised palliative care centre.

Develop and implement palliative care policies and guidelines: The government of Bangladesh can play an important role in promoting access to palliative care by developing and implementing palliative care policies and guidelines. These policies and guidelines can help to ensure that palliative care is integrated into the healthcare system and that it is accessible to all who need it.

It's highly notable that, a development initiative is being implemented with the support of the Non-Communicable Disease Control (NCDC) programme of the Directorate General of Health Services (DGHS) at Narayanganj District namely "Compassionate Narayanganj" and the project title is 'Building an Integrated age-attuned model of supportive palliative care in Bangladesh' as a piloting initiative of AYAT Education in collaboration with WHPCA, BSMMU, St. Christopher's home, and Narayanganj City Corporation. This project aims to integrate palliative care into the public health system by upskilling the youth volunteers, health workers, nurses, and physicians working at the subdistrict level and in rural communities.

World Hospice and Palliative Care Day 2023 is an opportunity to raise awareness of the importance of palliative care and to advocate for greater access to palliative care services for everyone who needs it. By promoting access to palliative care services at the community level in Bangladesh, we can help to ensure that everyone has the opportunity to live a life with dignity and comfort, even in the face of serious illness and death.

Beyond Cure: The Urgent Need for Comprehensive Palliative Care in Bangladesh

In Bangladesh, the conversation around healthcare often revolves around prevention and cure. Yet, for millions living with life-limiting or terminal illnesses, a different kind of care is needed – one that goes beyond treatment and focuses on comfort, dignity, and quality of life.

This is where palliative care stands as an essential but largely unmet need in the country's health system.

The Growing Burden of Need

According to recent assessments, more than 600,000 people in Bangladesh require palliative care each year, yet only a fraction of them have access to it. The country's rapidly aging population, coupled with rising rates of non-communicable diseases such as cancer, cardiovascular illness, and diabetes, has created a silent crisis. For many patients in rural or underserved regions, pain and suffering remain untreated simply because appropriate services do not exist.

While urban areas like Dhaka and Chattogram have a few dedicated palliative care centers, most healthcare institutions still lack trained professionals and integrated palliative services. In government hospitals, end-of-life care is often reduced to basic symptom management, leaving patients and families to cope emotionally and financially on their own.

A Fragmented System and Limited Awareness

One of the core challenges in expanding palliative care in Bangladesh lies in limited awareness – not just among the public, but also within the medical community. Many health professionals equate palliative care with the final stages of cancer, rather than understanding it as holistic, multidisciplinary support that can begin at any stage of serious illness.

Families, too, often avoid discussions about death or comfort care due to cultural taboos and misconceptions. This results in late referrals, avoidable suffering, and emotional distress for both patients and caregivers.

Policy Framework and Institutional Gaps

Bangladesh has made notable progress in health policy over the past two decades, but palliative care still lacks sufficient integration. Although the National Strategy for Palliative Care (2018–2030) was introduced with WHO guidance, its implementation remains slow. A shortage of trained physicians, nurses, and community workers continues to hinder progress.

The Ministry of Health and Family Welfare has initiated pilot programs and collaborated with organizations such as the Bangladesh Palliative and Supportive Care Foundation (BPSCF) and Centre for Palliative Care (CPC), Bangladesh Medical University (Ex, BSMMU), to promote training and awareness. Yet, without stronger government commitment and resource allocation, these efforts risk remaining fragmented and localized.

Learning from Community-Based Models

A few community-based initiatives offer promising models. The Compassionate Narayanganj and Compassionate Korail projects, for example, have demonstrated how local volunteers and healthcare workers can deliver home-based palliative care at minimal cost. These models build on the cultural fabric of empathy and community solidarity – showing that effective palliative care does not always require sophisticated infrastructure, but rather human connection and coordinated support.

Similarly, NGOs such as Palliative Care Society of Bangladesh, Bangladesh Palliative and Supportive Care Foundation, ASHIC Foundation, AYAT Education, and Hospice Bangladesh, have integrated palliative services into their outreach programs, reaching families in remote areas where hospital-based care is often inaccessible. These initiatives illustrate that when local government, civil society, and health institutions collaborate, dignified end-of-life care can be both affordable and sustainable.

The Human Cost of Neglect

For patients living with chronic pain or terminal illness, the absence of palliative care means more than physical suffering. It often results in social isolation, financial collapse, and deep psychological distress. Family members, especially women, become the primary caregivers – frequently without training or support. Many leave their jobs or schooling to provide care, intensifying cycles of poverty.

This gendered burden of caregiving underscores the need to view palliative care not only as a medical service but also as a social justice issue. Every person, regardless of income or geography, deserves access to relief from pain and the right to die with dignity.

Training, Research, and Integration

Expanding palliative care in Bangladesh will require multi-level investment in education and professional development. Medical and nursing curricula should include mandatory palliative care training, equipping future professionals with communication, pain management, and psychosocial support skills.

At the same time, research and data collection must be strengthened to better understand disease burden, care needs, and patient experiences across the country. Without solid evidence and continuous monitoring, policymaking will remain reactive rather than proactive.

Integration is another crucial step. Palliative care should be woven into the entire continuum of healthcare – from primary health centers to tertiary hospitals. This means early identification of patients who may benefit from palliative care, timely referral systems, and collaboration between public health departments and community organizations.

A Call to Compassionate Action

The theme of World Hospice and Palliative Care Day 2025 – “Compassion in Action” – resonates deeply with Bangladesh’s current reality. The path forward demands not only clinical innovation but also empathy-driven leadership. Policymakers, healthcare providers, and communities must work together to ensure that no one faces the end of life in pain or neglect.

Bangladesh has already proven its capacity for large-scale health reforms – from immunization success to community-based maternal care. Now, it must channel that same commitment into palliative and supportive care, recognizing it as an essential pillar of universal health coverage.

Palliative care is not a privilege; it is a human right. As Bangladesh advances toward its vision of “Health for All,” it cannot afford to overlook the millions who are beyond the reach of cure but still within the realm of care. By integrating palliative care into national health priorities, investing in workforce training, and empowering communities, the country can build a compassionate health system that honors both life and dignity – even in its final stages.

Palliative Care for All: A Vision for Bangladesh's Health System

In Bangladesh, where the healthcare system is primarily focused on curative treatments and emergency care, palliative care remains an overlooked and under-prioritised area. Despite the growing need for end-of-life care due to the rising burden of Non-Communicable Diseases (NCDs) and an aging population, access to quality palliative care is limited.

The recently concluded 'Compassionate Narayanganj: Building an Integrated Age-attuned Model of Supportive Palliative Care in Bangladesh' project has brought significant learning and insights that can guide us toward integrating palliative care into the national healthcare system.

Current Context and the Rising Need for Palliative Care in Bangladesh

With the increasing prevalence of chronic illnesses such as cancer, heart disease, and respiratory issues, along with the growing aging population, the demand for palliative care is rapidly increasing. According to the World Health Organization (WHO), over 72% of deaths in Bangladesh are caused by NCDs. However, the healthcare system is heavily treatment-focused, often neglecting the quality of life and pain management for patients at the terminal stage.

Moreover, Bangladesh's socio-economic context adds further complexity to the issue. The majority of the population resides in rural areas with limited access to specialised healthcare services. Additionally, financial constraints, lack of awareness, and social stigma around death and dying make palliative care even more inaccessible.

Key Challenges and Strategic Way Forward for Integrating Palliative Care in Bangladesh

Despite the World Health Organization's resolution on palliative care in 2014, Bangladesh has yet to develop a national policy or strategic framework for the integration of palliative care. This absence of a policy hinders the establishment of a structured and sustainable service delivery model. One of the most pressing challenges is the lack of skilled human resources. There is a significant shortage of trained healthcare professionals—including doctors, nurses, and community health workers—capable of delivering quality palliative care.

Limited training opportunities and the absence of a structured curriculum further exacerbate this issue. Additionally, access to essential medicines, particularly opioids for pain management, remains limited due to strict regulatory barriers and inadequate distribution systems. Cultural barriers also pose a significant challenge, as discussions around death and end-of-life care remain taboo in many parts of Bangladesh, discouraging families from

seeking the support they need. Moreover, inequitable access to healthcare, especially between urban and rural areas, leaves marginalised communities without the necessary services.

In this context, the ‘Compassionate Narayanganj’ project, supported by the Worldwide Hospice Palliative Care Alliance (WHPCA) implemented by AYAT Education and BSMMU in collaboration with the Directorate General of Health Services (DGHS), stands out as a pioneering initiative. Running from March 2022 to March 2025, the project adopted a community-driven approach to palliative care by integrating community health workers, trained volunteers, and healthcare professionals to provide home-based services.

Key outcomes of the project include building the capacity of community health workers and nurses, forging strong partnerships with local government bodies and the NCDC programme of DGHS, and raising public awareness to challenge social stigma around death and dying.

Looking ahead, a strategic roadmap is essential for scaling up palliative care across Bangladesh. First and foremost, the government must develop and implement a comprehensive national palliative care policy that provides clear strategic directions and guidelines for integrating services across all levels of the healthcare system.

Capacity building is equally critical—palliative care must be incorporated into the medical and nursing curriculum, and robust training programmes should be introduced for community health workers and volunteers to expand service outreach. Specialised palliative care units should be established in public hospitals, starting at the district level and in city health centres, to ensure availability of pain management, counseling, and home-based support.

Community-based models, like the one developed under the Compassionate Narayanganj project, must be scaled to other districts through local government and civil society engagement. Additionally, policy advocacy and awareness campaigns are necessary to normalise conversations around death and end-of-life care, with active media involvement and community dialogue playing key roles.

Finally, ensuring access to essential pain management drugs, especially opioids, requires regulatory reform and improved distribution systems to guarantee availability, particularly in rural and underserved areas. By addressing these challenges and adopting a strategic, inclusive approach, Bangladesh can build a compassionate and effective palliative care ecosystem for all.

The journey toward integrating palliative care into Bangladesh’s national healthcare system is undoubtedly complex and challenging. It is a path shaped by resource constraints, systemic limitations, cultural taboos, and a lack of coordinated national action.

However, recent developments such as the Compassionate Narayanganj project have shown that with the right approach—one that is compassionate, inclusive, and grounded in community engagement—transformative progress is possible.

In Bangladesh, where the majority of the population resides in rural and underserved areas, access to specialised healthcare remains a privilege for a few. For patients living with life-limiting illnesses, this inequity becomes even more profound, as palliative care services are either unavailable or inaccessible.

Furthermore, the healthcare system has long been oriented toward curative treatment, with minimal attention to holistic care that includes pain relief, psychosocial support, and dignity at the end of life. Cultural sensitivities around death and dying add another layer of complexity, as these conversations are often avoided within families and communities. In this context, the introduction and expansion of palliative care require not only medical infrastructure but also deep societal transformation.

The Compassionate Narayanganj project, implemented by AYAT Education and BSMMU in collaboration with DGHS, represents a crucial step forward. Over a three-year period, the project has demonstrated the power of community-based palliative care by training community health workers and volunteers, establishing local partnerships, and directly reaching patients in their homes.

It has created a localised model that adapts palliative care to the realities of the Bangladeshi context—leveraging existing public health infrastructure, empowering communities, and fostering collaboration with local governments. This approach is not just about healthcare delivery; it is about restoring dignity, empathy, and humanity to patients and families navigating some of life's most difficult moments.

Yet, scaling such efforts across the country will require more than isolated projects. Bangladesh must now prioritise the development of a comprehensive national policy on palliative care. This policy should provide strategic direction, allocate resources, and embed palliative care into the existing health system at all levels—from tertiary hospitals to union-level health centers.

Simultaneously, there is an urgent need for capacity building, including integrating palliative care into medical, nursing, and public health curricula and expanding training opportunities for grassroots healthcare providers.

Moreover, community engagement must be at the heart of this movement. Changing attitudes toward death and dying requires public awareness, education, and open dialogue. Community leaders, religious institutions, and media can play a pivotal role in reshaping the narrative around palliative care, breaking taboos, and encouraging families to seek support when needed.

Lastly, ensuring the availability of essential medicines, particularly opioids for pain relief, must be addressed through regulatory reforms and improved distribution mechanisms. No patient should be denied relief from suffering due to policy gaps or logistical barriers.

In summary, while the road ahead is not easy, it is navigable. Bangladesh has a unique opportunity to lead by example in South Asia by building a palliative care system that is sustainable, culturally inclusive, and rooted in community needs. By learning from successful models like Compassionate Narayanganj, and through political commitment, strategic investment, and collective advocacy, the nation can ensure that every person—regardless of age, gender, or socio-economic status—has the right to live and die with dignity, compassion, and peace.

Ten Years Since the Resolution – How is Bangladesh Faring?

World Hospice and Palliative Care Day (WHPCD) is a globally recognised annual event dedicated to raising awareness about the importance of palliative care for individuals living with life-threatening illnesses, and the profound impact it has on their quality of life. Observed on the second Saturday of October each year, WHPCD serves as a crucial platform for advocacy, education, and action, calling on governments, healthcare providers, and civil society to prioritise palliative care as an integral part of comprehensive healthcare. This year, WHPCD on October 12, 2024, carries special significance as it marks not just one but two major milestones: the 19th anniversary of the day itself and the 10th anniversary of the landmark World Health Assembly (WHA) resolution that called for the full integration of palliative care into healthcare systems worldwide. The 2014 WHA resolution was a pivotal moment for the global health community, officially recognising palliative care as a critical component of healthcare that must be accessible to everyone, regardless of geography, socio-economic status, or medical condition.

The theme for WHPCD 2024, “Ten Years Since the Resolution: How are we doing?” invites the global community to engage in a deep and honest reflection on the progress made in advancing palliative care over the past decade. It urges stakeholders to celebrate the achievements while also critically assessing the persistent gaps that prevent millions from accessing the care they need.

A Global Perspective: How Far Have We Come?

Since the WHA resolution was passed in 2014, calling on member states to “strengthen palliative care as a component of comprehensive care,” the field of palliative care has made remarkable strides, but significant disparities persist. In the years following the resolution, there has been an increase in palliative care services across the globe, with the number of services rising from 16,000 in 2011 to 25,000 by 2017. However, this only meets 12% of the global need, which leaves an overwhelming majority of people—especially those in low- and middle-income countries (LMICs)—without adequate access to care.

This inequality is a pressing concern for 2024. Despite ongoing advocacy and the establishment of palliative care programmes worldwide, only a fraction of people in LMICs, where over 80% of the global need resides, receive the care they require. Estimates suggest that in high-income countries, over half of the need for palliative care is met, while in LMICs only 4% is addressed. This “Access Abyss” underscores the challenge facing the global health

community: ensuring equitable access to palliative care services for all, regardless of geographical or economic barriers.

The Bangladesh Context: Struggling to Meet the Demand

Bangladesh, like many other LMICs, faces a daunting challenge in integrating palliative care into its healthcare system. The country has made some efforts to establish palliative care services, but progress has been slow. Currently, there are only six comprehensive palliative care programmes available, all based in Dhaka. This centralisation highlights a glaring inequity, as most of the country's population resides in rural areas, far removed from these essential services.

Moreover, awareness about palliative care among healthcare providers remains alarmingly low. Many physicians and healthcare professionals are unfamiliar with the concept, let alone equipped to provide the necessary care. The country's healthcare system, burdened with other pressing challenges, has yet to prioritise palliative care integration on a national scale, despite the growing demand.

Under the 4th Health, Population, and Nutrition Sector Program (HPNSP), the government has recognised the need to address palliative care. Initiatives are underway to build awareness and capacity among medical professionals, particularly in the areas of pain management and end-of-life care. These efforts include developing national policies, strategies, and action plans aimed at integrating palliative care into primary healthcare and ensuring comprehensive pain management services are available. Yet, progress has been slow, and the country has a long way to go to meet its obligations under the 2014 WHA resolution.

Access to Pain Relief: A Crucial Gap

One of the most urgent issues in palliative care is access to pain relief. In Bangladesh, access to essential pain management drugs, including morphine, remains limited. The WHO has long emphasised that pain management is a critical component of palliative care, yet the availability of pain relief medicines in many LMICs is inadequate. This disparity results in needless suffering for millions of people, particularly those in the terminal stages of life.

In Bangladesh, there has been some progress, with both government and non-governmental organizations working to procure necessary drugs for pain management. However, logistical challenges, regulatory barriers, and lack of education among healthcare professionals have impeded broader access to these medications.

Palliative Care in Universal Health Coverage (UHC): The Road Ahead

Palliative care is an essential health service and should be a key component of Universal Health Coverage (UHC). The 2014 WHA resolution and subsequent global health policies have underscored the importance of integrating palliative care across all levels of the healthcare

system. For Bangladesh, this means not only building capacity among healthcare providers but also ensuring that palliative care services are accessible at the primary care level and within communities.

The government's recent focus on palliative care through HPNSP is a step in the right direction, but there is much more to be done. The integration of palliative care into UHC frameworks must be prioritised, with efforts focused on building awareness, developing infrastructure, and ensuring that pain relief medicines are available and affordable.

The Role of Advocacy: Moving Forward

As we commemorate WHPCD 2024, it is imperative that advocates for palliative care in Bangladesh and globally continue to hold policymakers accountable. The theme of this year—“Ten Years Since the Resolution: How are we doing?”—serves as a call to action. Stakeholders across the health sector must work to close the access gap and ensure that palliative care services are available to all who need them.

Efforts at the community level must also be scaled up. NGOs, local health groups, and religious leaders can play a crucial role in raising awareness and advocating for better access to palliative care. Engaging these groups in dialogue about palliative care's importance in improving quality of life will be essential to overcoming cultural and logistical barriers.

A Long Way to Go

While the world has made significant progress in palliative care over the past decade, the journey is far from over. Bangladesh, in particular, faces significant challenges in ensuring that all people living with palliative care needs have access to the care and support they deserve. As we mark WHPCD 2024, let us take stock of how far we have come, but more importantly, recognise the work that remains to be done to close the gap and ensure equitable access to palliative care for all.

A Journey into Palliative Care: A Story of Learning, Passion, and Advocacy – Sumit Banik

For over a decade, my career in public health has been shaped by working closely with marginalized communities at the grassroots level in Bangladesh. This immersion in real-world challenges gave me a profound understanding of the public health landscape—its complexities, gaps, and opportunities.

I wrote numerous articles about these experiences, hoping to raise awareness and inspire action. But in 2023, a new direction emerged for me, one that I hadn't initially envisioned: palliative care.

It all began when I came across a call for a Project Coordinator for AYAT Education's 'Compassionate Narayanganj' project on palliative care. I wasn't deeply familiar with the field at the time, but I was searching for a new avenue in my career, a way to grow and explore new dimensions of public health.

Palliative care—focused on improving the quality of life for those with serious, often incurable illnesses—resonated with my desire to serve those who need support the most. I began researching the topic, and what started as a curiosity quickly evolved into a passion.

Gradually, I found myself captivated by the complexities of palliative care. I recognized how critical it is to provide compassionate care to patients and their families, especially in a country like Bangladesh, where such services are limited.

I embarked on a learning journey, completing several online courses on palliative care from reputed platforms, broadening my understanding of the subject. At the same time, I was appointed as the Project Coordinator at AYAT Education.

In my role, I focused on mobilizing communities, raising awareness about palliative care, and engaging youth to join the cause.

I also worked to build relationships with media professionals and advocated for more comprehensive palliative care services in our healthcare system. But no textbook or online course could match the lessons I learned from the field, as I worked alongside patients, their families, healthcare professionals, and volunteers. I became keenly aware of the immense emotional and physical needs that palliative care addresses.

The guidance of my supervisor at AYAT Education, along with the support of my dedicated colleagues, was invaluable.

Their insights helped me grasp the practical realities of palliative care in our country.

This wasn't just a career transition—it was a personal transformation.

As I applied my new knowledge in real-world scenarios, I understood that palliative care isn't just a medical field; it's a mission to bring dignity, comfort, and relief to those at their most vulnerable.

I also found a voice through writing, sharing my experiences and insights in local and international media. My articles aimed to shed light on the importance of palliative care, sparking conversations about its integration into Bangladesh's healthcare system. Each piece I wrote was a reflection of my ongoing journey, a testimony to the vital role of palliative care in public health.

Today, as I continue my work, the drive to learn and advocate for palliative care remains stronger than ever. I believe that those who are passionate about healthcare should consider this field—not just for the clinical skills, but for the deeper understanding of humanity it offers.

It is a field where compassion meets action, where each effort contributes to a more dignified and caring world.

If my journey into palliative care can inspire others, I hope it is by showing that the smallest steps, when taken with dedication, can lead to a meaningful and fulfilling path. To anyone passionate about public health, I encourage you to explore palliative care. It is a field where you can make an impact that extends far beyond the boundaries of illness, touching lives in the most profound ways.

Media and Journalism Can Illuminate Palliative Care for All

Palliative care, a holistic approach to managing pain and improving the quality of life for individuals facing life-threatening illnesses, is an essential component of healthcare. Despite its significance, equitable access to palliative care remains a challenge in many parts of the world. The media, as a powerful influencer of public opinion and policy, plays a crucial role in shaping narratives around healthcare issues. Media workers and journalists hold a unique position as narrators of society's stories. Their ability to shape public perception and influence policy decisions makes them invaluable allies in championing equitable access to palliative care.

AYAT Education has engaged the media to precisely tell the public about palliative care in Bangladesh. To raise public awareness, they are carrying out several media-related programmatic interventions. Roundtable discussions with nationally renowned media agencies and networking events with mass media professionals have been implemented. These activities share experiences and realities, encourage stories that help the underprivileged get palliative care, and teach why palliative care is important for every family.

A palliative care-friendly atmosphere needs cooperation from the state, families, medical professionals, and the public. Bangladesh has met its MDG goals. Engaging the media can help achieve SDG targets and raise awareness about palliative care; a supportive environment is the only option. This article explores the pivotal role that media and journalism play in spreading awareness, dismantling barriers, and advocating for compassionate end-of-life care.

In a world inundated with news and information, media and journalism play a crucial role in shaping public perception and understanding.

While headlines often focus on breakthroughs in medicine and cutting-edge treatments, there's a facet of healthcare that deserves more attention and understanding – palliative care. By shedding light on this vital aspect of healthcare, media and journalism have the power to demystify misconceptions, facilitate informed conversations, and advocate for accessible palliative care for all.

Understanding Palliative Care:

Palliative care is an approach that focuses on improving the quality of life for patients facing life-threatening and life-limiting illnesses, not just by treating the disease but by addressing the physical, emotional, and spiritual aspects of their well-being. Unfortunately, palliative care is often misunderstood and wrongly associated solely with end-of-life care. By

leveraging their influence, media outlets and journalists can help reshape public perceptions and emphasize that palliative care is not about giving up on life but enhancing its quality.

Creating Awareness and Reducing Stigma:

Media platforms serve as conduits for information dissemination, capable of raising awareness about the importance of palliative care. Addressing the stigma associated with end-of-life care is essential to fostering a more informed and accepting society. By humanizing the experiences of individuals receiving palliative care and their families, media professionals can challenge stereotypes and eliminate the stigma, making palliative care more accessible and acceptable.

Media workers and journalists, with the power of storytelling, can spread the message on palliative care. Through articles, investigative reports, and features, they inform the public about its importance, benefits, and how it enhances the lives of those facing serious illnesses.

Advocating for Policy Changes:

Media outlets possess the power to influence public opinion and shape policy agendas. Through investigative journalism and feature pieces, the media can shed light on gaps in palliative care access, advocating for policy changes. Highlighting disparities and sharing success stories from regions with exemplary models encourage policymakers to prioritise equitable access.

Humanizing Healthcare:

Media narratives can humanise healthcare, portraying seriously ill individuals as more than just patients. Featuring personal stories emphasises the human side of healthcare, fostering empathy and understanding. This leads to increased support for policies that enhance compassionate care.

Education and Empowerment:

Media outlets can serve as educational platforms, providing information about palliative care options, resources, and early integration benefits. This empowers informed decisions and encourages proactive discussions with healthcare providers. Media can also facilitate conversations around advance care planning.

Global Perspectives and Cultural Sensitivity:

Media, with global reach, can showcase diverse cultural perspectives. By exploring how societies approach end-of-life care and sharing success stories, media promote cross-cultural learning and the adoption of effective strategies.

Establishing a Man for Humanity:

Media workers, driven by responsibility and empathy, can highlight the societal importance of equitable palliative care access. Through documentaries, interviews, and features, they

inspire collective understanding that palliative care is more than medical service—it upholds dignity for all.

Dispelling Myths:

Media platforms can dispel myths and misconceptions, e.g., that palliative care is just for the elderly or the terminally ill. Through articles and interviews, media educate about the broad range of patients who benefit, including children, adults with chronic illnesses, or those undergoing aggressive treatment.

Humanising Stories:

One of journalism's greatest strengths is storytelling. By sharing real-life palliative care experiences, media humanises the concept and makes it relatable. Personal narratives highlight the emotional and practical support palliative care teams provide.

Promoting Dialogue:

Media and journalism are catalysts for conversations on palliative care. Featuring interviews with healthcare professionals, policymakers, and advocates stimulates discussions on integration into mainstream health systems, raising awareness and engaging public advocacy.

Global Perspectives:

Palliative care is a global concern. Journalists' exploration and comparison of practices worldwide highlight successful models and innovations, inspiring improvements where palliative care is underutilised.

Ultimately, Media and journalism shape societal attitudes and drive positive change.

By dedicating space to palliative care, they enlighten, dispel myths, humanise stories, and foster meaningful conversations. Media are critical to advocating for a healthcare system that truly cares for all, embracing palliative care as part of compassionate patient care.

In the quest for equitable access, the media emerges as a powerful ally, shaping perceptions, influencing policy, and fostering compassion. Responsible media engagement breaks down barriers and ensures those facing life-limiting illnesses receive deserved care. Together with healthcare professionals and policymakers, media can evolve the narrative to prioritise compassion, dignity, and access for all.

Equipping Healthcare Workers: ELNEC Training Boosts Palliative Care in Bangladesh

In Bangladesh, the provision of end-of-life care presents a significant challenge amidst the country's evolving healthcare landscape. With a population exceeding 160 million, the demand for quality palliative care services is ever-increasing. However, meeting this demand is hindered by various factors, including limited resources, cultural sensitivities, and a shortage of trained professionals. In response to these challenges, the introduction of the End-of-Life Nursing Education Consortium (ELNEC) training emerges as a crucial step forward in enhancing the capacity of healthcare professionals to provide compassionate and skilled end-of-life care.

Understanding the Need

Bangladesh, like many other countries, grapples with the complexities of providing adequate end-of-life care to its population. As life expectancy increases and chronic illnesses become more prevalent, the demand for palliative care services continues to rise. Yet, the availability of such services remains disproportionately low, particularly in rural areas where access to healthcare is limited. Moreover, Bangladesh's cultural diversity adds another layer of complexity to end-of-life care. Cultural beliefs and practices surrounding death and dying vary widely across communities, necessitating healthcare professionals to approach these sensitive issues with empathy and cultural competence.

The Role of ELNEC Training

Recognising the growing need for specialised end-of-life care, initiatives such as ELNEC training play a vital role in addressing this gap. ELNEC training programmes are designed to equip nurses with the knowledge, skills, and confidence needed to deliver high-quality palliative care to patients nearing the end of life. By partnering with renowned institutions and experts in the field, ELNEC training programs provide comprehensive education on various aspects of end-of-life care, including pain management, symptom control, communication strategies, and psychosocial support. This training not only enhances the clinical competence of nurses but also emphasises the importance of compassionate care and dignity for patients and their families.

Addressing Challenges and Building Capacity

One of the primary challenges in Bangladesh's healthcare system is the shortage of trained professionals in palliative care. The current nursing education curriculum often lacks dedicated courses focusing on end-of-life care, resulting in a limited number of qualified

nurses in this critical field. ELNEC training addresses this challenge by providing nurses with specialised education in palliative care, empowering them to become leaders and advocates for improved end-of-life care within their communities. By integrating palliative care principles into nursing education, ELNEC training helps build a sustainable workforce of skilled professionals capable of meeting the growing demand for end-of-life care services.

In Bangladesh, the need for quality end-of-life care is undeniable. By investing in initiatives such as ELNEC training, the country can make significant strides towards improving the provision of palliative care services and ensuring that individuals facing life-limiting illnesses receive the support and dignity they deserve. Through education, collaboration, and advocacy, Bangladesh can address the challenges of end-of-life care and pave the way for a more compassionate and equitable healthcare system for all.

Fragmented Palliative Care Services: Despite advancements in palliative care services in Bangladesh, significant fragmentation persists, resulting in an uneven distribution of these critical services across the nation. This fragmentation is particularly pronounced in rural areas, where access to palliative care remains scarce or non-existent. Consequently, patients and their families in these underserved regions often endure end-of-life care without the essential support and resources they desperately need. The lack of comprehensive palliative care coverage exacerbates the already challenging circumstances faced by individuals dealing with life-limiting illnesses, underscoring the urgent need for concerted efforts to address disparities and ensure equitable access to palliative care services across all regions of Bangladesh.

Bangladesh's diverse cultural landscape poses unique challenges in providing end-of-life care. Varying cultural beliefs and practices surrounding death and dying necessitate healthcare professionals to navigate these sensitivities with empathy and cultural competence. ELNEC training can equip nurses with the necessary knowledge and skills to provide culturally sensitive care that honors patients' values and preferences. Our healthcare system grapples with resource constraints, including shortages of medical supplies, facilities, and trained personnel. Given this context, maximising nurses' capacity to deliver quality palliative care becomes imperative. ELNEC training can empower nurses to optimise available resources, offering effective symptom management and psychosocial support even in resource-limited settings.

Integration into Primary Healthcare: As Bangladesh continues to prioritize strengthening its primary healthcare system, the integration of palliative care into primary care services emerges as a crucial endeavor. ELNEC training stands as a pivotal tool in facilitating this integration by providing nurses with the necessary competencies to detect and address palliative care needs early in the disease trajectory. This proactive approach holds promise for enhancing patient outcomes and overall quality of life.

The scarcity of trained nurses specializing in palliative or end-of-life care in Bangladesh presents a significant challenge deeply rooted in the deficiencies of the current healthcare education system. The absence of dedicated courses focusing on palliative care within nursing education programs has contributed to a notable shortage of qualified professionals in this vital field. Consequently, patients confronting life-limiting illnesses often face a lack of specialised care and support during their final stages of life. Mitigating this shortage of trained nurses necessitates the integration of a comprehensive palliative care curriculum into nursing education. This strategic initiative is crucial to ensure that individuals and their families receive the compassionate and skilled care they require during such challenging times.

Rising Need: The escalating burden of non-communicable diseases (NCDs) coupled with an aging population underscores the critical need for a proficient workforce capable of navigating intricate end-of-life scenarios in Bangladesh. As the prevalence of NCDs such as cancer, cardiovascular diseases, and diabetes continues to rise, so does the demand for specialised care to alleviate symptoms and improve the quality of life for patients nearing the end of their journey. Additionally, with Bangladesh's demographic landscape shifting towards an older population, there is an increased likelihood of individuals requiring palliative care services to address age-related illnesses and conditions. Thus, equipping healthcare professionals with the necessary skills and knowledge to manage complex end-of-life situations becomes imperative in meeting the evolving healthcare needs of the population and ensuring dignified and compassionate care for all individuals facing terminal illnesses.

Taken Initiative: In a commendable effort to bridge the critical gap in end-of-life care expertise among healthcare professionals in Bangladesh, AYAT Education has taken proactive steps by launching a tailored ELNEC training programme. Collaborating with experts from Massachusetts General Hospital and Simmons University, as well as Kumudini Welfare Trust, and in cooperation with the Directorate General of Nursing and Midwifery (DGNM), AYAT Education has organised a comprehensive curriculum to address the specific needs and challenges faced by nurses in both government and non-government hospitals nationwide. In this latest iteration, with the continued support of the Directorate General of Nursing and Midwifery (DGNM) and Kumudini Welfare Trust, the programme aims to empower nurses with the essential skills and knowledge required to deliver high-quality palliative care to patients nearing the end of life. Through specialised training and guidance from esteemed institutions, AYAT Education is playing a pivotal role in enhancing the capacity and expertise of nurses, ultimately improving end-of-life care outcomes for individuals and families throughout Bangladesh.

Hope for the Future: The upcoming 5th Health, Population, and Nutrition Sector Programme (HNPNSP) brings a beacon of hope with its inclusion of palliative care and geriatric care. This significant step holds the promise of fostering opportunities for broader implementation of ELNEC training initiatives. By incorporating palliative care and geriatric care into the programme, there is the potential to gradually cultivate a more competent nursing workforce equipped to meet the evolving end-of-life care needs in Bangladesh. Through targeted training

and education, the HNPNSP has the power to lay the foundation for a healthcare system that provides compassionate and effective care to individuals and families navigating life-limiting illnesses and aging-related challenges. Beyond the shortage of trained nurses, Bangladesh faces additional hurdles in providing quality end-of-life care. Fragmented palliative care services, cultural sensitivities surrounding death, and limited resources create a complex landscape. Integrating ELNEC training into primary healthcare offers a promising solution. By equipping nurses with the necessary skills through comprehensive ELNEC programmes, Bangladesh can navigate these challenges. This comprehensive approach has the potential to significantly improve the quality of end-of-life care, ensuring patients receive dignified and compassionate support during their final stages.

Volunteer-Driven Palliative Care in Low-Resource Settings: The Bangladesh Study

Palliative care in Bangladesh is still emerging, yet rising chronic illness, aging populations, and poverty make its expansion urgent. Community-based programs are vital for reaching underserved areas, especially urban slums and rural regions with limited healthcare access.

Volunteers play a central role, offering compassionate support to patients and families. The study “A Qualitative Study of Experiences, Motivations and Challenges for Volunteers...” sheds light on their lived experiences, revealing both their impact and the barriers they face. These insights offer a roadmap for strengthening Bangladesh’s palliative care system in ways that are sustainable, culturally sensitive, and responsive to local resource constraints.

Volunteers’ Motivations and Experiences

Volunteers in Bangladesh’s palliative care system are driven by personal and social motivations, often inspired by caring for sick relatives or witnessing suffering in their communities.

Their work is emotionally fulfilling, with deep satisfaction drawn from patient gratitude and connection. Beyond basic healthcare, volunteers offer emotional support, health education, and even assist with cultural rituals after death, reflecting a holistic and compassionate approach.

Their shared community background fosters trust and culturally sensitive care.

Training methods vary: Compassionate Narayanganj project initiatives offer structured, three-day sessions led by professionals, while Compassionate Korail relies on experiential learning through shadowing. Though both models have value, volunteers voiced a need for more comprehensive and ongoing training, including refreshers and practical skills like symptom recognition and blood pressure monitoring.

Addressing this gap is crucial for strengthening Bangladesh’s community-based palliative care framework.

Challenges Faced by Volunteers

Despite their dedication, volunteers in Bangladesh’s palliative care sector face numerous challenges that threaten the sustainability of their work. A major issue is the lack of essential resources—medicines, food, and transport—especially for families who cannot afford basic needs.

Infrastructure gaps, such as the absence of ambulances or care centers, worsen the situation, particularly during crises like COVID-19. Social barriers also persist, with women volunteers facing family resistance due to cultural norms that discourage community engagement, especially with male patients.

Balancing personal responsibilities like education and jobs adds further strain. Additionally, initial mistrust from communities—fearing NGO-led scams—hindered early outreach. However, once trust was built, acceptance grew, highlighting the need for culturally sensitive recruitment and consistent engagement. Addressing these challenges is vital to strengthen volunteer-driven care and ensure long-term impact.

Palliative Care in Bangladesh: Key Recommendations

Strengthening palliative care in Bangladesh requires a multifaceted approach.

A key recommendation is to recruit and train local community volunteers, fostering trust and cultural sensitivity. Training programs should feature core modules on communication and emotional support, plus region-specific content like disaster preparedness.

A national curriculum with local adaptations would ensure consistency. Volunteers must be integrated into formal healthcare teams through joint visits and mentorship to enhance care quality and their confidence.

Emotional support is crucial for volunteer retention, so establishing peer support groups and counseling services is vital to prevent burnout. To address resource shortages, strategic partnerships with NGOs, microfinance institutions, and businesses are necessary.

Finally, public awareness campaigns, led by volunteers as advocates, are essential to build community trust and acceptance of palliative care as a compassionate service.

Policy Recommendations for Bangladesh

Bangladesh's health system has long prioritized maternal, child, and infectious disease care, leaving palliative services underdeveloped.

To build a more inclusive model, the government should establish a national palliative care strategy that includes community-based approaches, aligned with WHO's call for universal access. Integrating palliative care into primary healthcare—especially at union and upazila levels—would expand reach to rural areas.

Medical curricula must include palliative care for doctors, nurses, and health workers, enabling better collaboration with volunteers. Though volunteers may not seek payment, small stipends, travel support, or recognition can sustain their motivation and acknowledge their vital role in patient care.

Addressing Gender-Related Challenges

In Bangladesh, gender-related barriers hinder women's participation in community-based palliative care. Women volunteers often face family resistance due to safety concerns and cultural norms, especially when caring for male patients or being away from home. This limits women's involvement and restricts the reach of care, as many female patients prefer female volunteers.

To overcome these issues, community engagement is crucial. Organizations must sensitize families to the value of women's contributions through awareness campaigns. Additionally, training programs should include gender-sensitive modules on safe and respectful engagement. Implementing supportive policies like mentorship and secure travel arrangements will foster a more inclusive volunteer base.

Integration with the Existing Healthcare System

To ensure palliative care thrives in Bangladesh, it must be integrated into the national healthcare system. Currently dominated by fragmented NGO efforts, a coordinated model would enhance sustainability.

Leveraging community clinics and family welfare centers can help identify patients, with trained volunteers providing household follow-up. Clear referral pathways to local hospitals would improve outcomes. Embedding palliative care into national programs—such as those for NCDs, tuberculosis, and elderly care—would boost efficiency.

Integration would also encourage government ownership, reducing dependence on donor funding and scattered initiatives, while creating a more accessible, scalable, and resilient palliative care framework across the country.

Lessons from Kerala, India

Bangladesh can learn from Kerala, India, where community-based palliative care has earned global recognition for its sustainability and impact.

Rooted in volunteerism and community ownership since the 1990s, Kerala's model-built trust and long-term engagement.

Government support through policy integration and funding, along with structured training for volunteers and healthcare providers, ensured consistent service quality.

A strong network of NGOs, professionals, and community groups further strengthened advocacy and resources. Bangladesh can adapt these elements to enhance its own palliative care efforts, while customizing the approach to fit its distinct cultural, geographic, and economic realities for lasting relevance and effectiveness.

Future Research Directions

Volunteer-driven palliative care in Bangladesh holds great promise, yet gaps remain in understanding its long-term impact. Future research should assess outcomes like pain relief, quality of life, and reduced hospital visits, while exploring economic benefits and gender-specific challenges, especially for female volunteers in rural areas.

Insights into volunteer motivation and retention are also crucial for sustainability. The study reveals that volunteers are not just caregivers but agents of change, offering culturally sensitive, compassionate support.

Strengthening training, addressing resource gaps, and integrating volunteers into formal healthcare—while learning from Kerala’s model—can help Bangladesh build a more equitable system. With the right policies, resources, and community engagement, palliative care can bring dignity and hope to the most vulnerable, ensuring no one is left behind.

Achieving the Promise: Universal Access to Palliative Care in Bangladesh

– Challenges, Conversations, and Community-Based Pathways

As the global community prepares to observe World Hospice and Palliative Care Day (WHPCD) 2025 under the banner “Achieving the Promise: Universal Access to Palliative Care,” this article reflects on the promise within Bangladesh’s context. It explores the realities of palliative care in the country—highlighting gaps and challenges, while spotlighting grassroots innovations that are shaping a more compassionate future.

The transformative power of community engagement, culturally sensitive dialogue, and inclusive policy-making—especially for underserved groups such as the terminally ill, socioeconomically marginalized populations, and non-citizens—are critical to achieving this goal.

Misconceptions, lack of primary care integration, and inequitable access remain major hurdles. Yet, community-based models show that people-centered change is possible. A decade after the 2014 World Health Assembly resolution urged member states to integrate palliative care across the life course, Bangladesh now faces a critical opportunity. To fulfill WHPCD 2025’s call, the country must take bold, collective steps—ensuring dignity, relief from suffering, and holistic support for every individual, regardless of background.

Rethinking Palliative Care in Bangladesh

Beyond Cancer, Beyond Hospitals – Advancing Compassionate, Community-Rooted Care

Palliative care in Bangladesh is still narrowly associated with terminal cancer patients and hospital-based treatment. This limited perception undermines the broader essence of palliative care—a holistic, person-centered model supporting those with life-limiting conditions like heart, kidney, liver failure, or progressive neurological diseases.

Efforts by institutions such as Bangladesh Medical University (Ex.BSMMU) and community-driven projects like Compassionate Korail & Compassionate Narayanganj are challenging these misconceptions. They demonstrate that with training, policy support, and grassroots leadership, palliative services can be effectively provided at the community level—where people live and age.

More than medical relief, palliative care embraces emotional, psychological, social, and spiritual needs. It supports patients and families through uncertainty and transition. It’s not about surrender—it’s about dignity, comfort, and connection. By recognizing palliative care as a compassionate, rights-based approach to health, Bangladesh can lead with empathy, extending support across the full trajectory of illness—not just its final stages.

Creating Space for Conversations That Matter

Breaking the Silence around Death, Dignity, and Choices in Bangladesh

A key but overlooked barrier in Bangladesh is the cultural reluctance to discuss death, suffering, and personal values. In a family-centered society, meaningful conversations about dignity, comfort, and care choices are often delayed until emergencies arise. This silence is rooted in deep emotional, religious, and cultural fears. Many believe talking about death invites it; caregivers fear truth-telling may extinguish hope. As a result, people often die without expressing where they want to die, whether they seek spiritual guidance, or if they prefer to avoid aggressive interventions.

Now, trained community health workers and palliative care assistants are changing this. With compassionate communication tools, they initiate important dialogues early—asking questions like, “What are you afraid of?” or “How do you want to be remembered?” These conversations empower patients, guide families, and shift care toward values and meaning. In a culture shaped by religious traditions and storytelling, community-led models that integrate local wisdom and rituals hold powerful potential. Talking about death doesn’t end hope—it restores control and connection.

Local Support Services – and How to Access Them as a Non-Citizen

Bridging Gaps in Palliative Care for Refugees, Migrants, and the Stateless in Bangladesh

Despite the steady growth of palliative care in Bangladesh, non-citizens—including refugees, undocumented migrants, expatriates, and stateless populations—continue to face widespread exclusion. These groups remain especially vulnerable due to their limited visibility in national health planning. The Palliative Care Centre at Bangladesh Medical University (Ex. BSMMU) in Dhaka offers outpatient and limited home-based services, occasionally extending care to non-citizens through collaborations with NGOs. Similarly, Hospice Bangladesh provides home-based support and has cared for international patients in need. Moner Bondhu, a mental health organization, offers multilingual counseling and psychosocial support, including for displaced communities.

In the refugee camps of Cox’s Bazar, Médecins Sans Frontières (MSF) and the Fasiuddin Khan Research Foundation (FKRF)—often in coordination with the International Organization for Migration (IOM)—provide critical palliative and primary care to the Rohingya population, delivering both facility-based and community-level services tailored to displaced individuals’ needs. However, numerous barriers persist: many are denied hospital access due to lack of documentation; essential pain relief, such as morphine, remains inaccessible; and language barriers hinder communication and continuity of care. Even humanitarian providers often remain unaware of the full scope of available services.

Amid these challenges, AYAT Education is actively engaged in palliative care initiatives, working not only to raise public awareness but also to advocate for the development of inclusive palliative care policies, guidelines, and media engagement at both local and national levels. Bridging the care gap for non-citizens will require Bangladesh to invest in multilingual service directories, mobile outreach programs for migrant communities, and culturally sensitive models of care. Ultimately, palliative care must transcend citizenship—it is a universal human right rooted in dignity, compassion, and the shared value of care for all.

The Importance of Advance Care Planning

Empowering individuals to make choices before crisis strikes

Advance Care Planning (ACP) remains largely unfamiliar in Bangladesh, where no formal legal framework exists for living wills or surrogate decision-makers. As a result, critical end-of-life decisions are frequently made during moments of crisis, often leading to unwanted medical interventions and family conflicts. A systematic review titled “Advance Care Planning in Low- and Middle-Income Countries: A Systematic Review” highlights common barriers across similar contexts, including cultural reluctance to discuss death, lack of provider training, and absence of supportive policies.

The study emphasizes that effective ACP implementation requires not only legal and policy support but also community engagement and healthcare workforce capacity building. Introducing ACP through clinical practice and community health initiatives in Bangladesh can empower patients to express their preferences early, avoid treatments that do not align with their values, and preserve dignity. To achieve this, Bangladesh must prioritize developing supportive policy frameworks, training healthcare providers in compassionate communication, and raising public awareness—encouraging open conversations about future care choices and what matters most to individuals.

Breaking Down Myths and Misconceptions about Palliative Care

Challenging stigma and reshaping perceptions to make compassionate care accessible for all in Bangladesh

Widespread misconceptions remain a major obstacle in Bangladesh. Many see palliative care as a “last resort” or “giving up,” delaying referrals and hindering acceptance. Even among doctors, studies like the 2020 PaCKs survey reveal misunderstandings—associating palliative care only with terminal cancer. These false beliefs prevent timely access to care that can greatly improve quality of life. Nationwide education campaigns—for both the public and professionals—are essential. By reframing palliative care as life-affirming and proactive, Bangladesh can normalize it as essential, not exceptional.

Realizing the Promise in Bangladesh

Advancing Compassionate, Inclusive, and Rights-Based Palliative Care for All

Bangladesh has made promising strides in community-based palliative care, with grassroots initiatives proving that home-based, compassionate care is both feasible and impactful. However, recent findings underscore the urgent and unmet needs that still persist, particularly among low-income populations.

The study titled “Palliative care needs and quality of life among adults with advanced chronic illnesses in low-income communities of Bangladesh” reveals that 10.3% of surveyed patients—primarily those with cancer (87%) and chronic kidney disease (53.3%)—were identified as needing palliative care. These individuals reported high levels of suffering, with nearly half experiencing family anxiety (48.6%), severe worry about illness (22.4%), severe pain (15.5%), and even existential distress, such as feelings of life being unworthy (9.4%). Patients with poor functional status (ECOG 3–4) were significantly more likely (58%) to require palliative support compared to those with better performance levels (24%), and among those in need, a staggering 70.1% rated their quality of life as poor or very poor—contrasted with 23.8% among those not requiring palliative care. These statistics highlight the systemic gaps that continue to undermine equitable access to palliative care in Bangladesh, including the absence of a national policy framework, a shortage of trained professionals, limited opioid availability, and persistent stigma within both public perception and clinical practice. Additional barriers, such as weak referral systems, urban-centric services, and poor integration into primary healthcare, further marginalize rural and vulnerable communities.

To fulfill the vision of World Hospice and Palliative Care Day (WHPCD) 2025 and achieve universal access, Bangladesh must recognize palliative care as a basic human right. This requires a multi-pronged approach: fostering early, values-based communication between patients and caregivers; ensuring care is inclusive, community-driven, and reaches underserved populations including the rural poor and non-citizens; integrating Advance Care Planning (ACP) into national health policy and practice; and confronting stigma through continuous education and awareness. Realizing the promise of palliative care is not merely a public health objective—it is a profound moral imperative. As Bangladesh moves toward WHPCD 2025, it must do so with renewed determination to guarantee dignity, compassion, and equitable access for all, regardless of diagnosis, geography, or citizenship.

Expanding Palliative Care Access in Bangladesh with Community Health Workers Leadership

In Bangladesh, access to quality healthcare services remains a persistent challenge, especially for individuals facing serious, life-limiting illnesses who require compassionate end-of-life care.

Although Bangladesh has made remarkable progress in improving health indicators such as child and maternal mortality rates, there remains a glaring gap in services related to palliative care.

Many individuals with chronic diseases such as cancer, advanced heart disease, or severe respiratory illnesses often endure unnecessary pain and suffering due to the lack of supportive care services. However, a promising initiative is emerging to bridge this critical gap—by empowering Community Health Workers (CHWs) and integrating palliative care into the national healthcare framework.

The Role of Community Health Workers in Bangladesh

Community Health Workers, including Family Welfare Assistants (FWAs), Health Assistants (HAs), and Community Health Care Providers (CHCPs), form the bedrock of healthcare delivery at the grassroots level in Bangladesh.

Positioned within Union Health and Family Welfare Centers and Community Clinics, these frontline workers are often the first, and sometimes only, contact point for many individuals seeking healthcare, particularly in rural and peri-urban areas. Their responsibilities traditionally encompass maternal and child health, immunizations, family planning, nutrition education, and basic curative services.

Given their extensive community reach and established trust among local populations, CHWs are uniquely positioned to identify individuals in need of palliative care, support families through difficult transitions, and serve as a vital link between the community and more specialized healthcare services. Yet, until now, their role in palliative care has been largely untapped.

Introducing the Compassionate Narayanganj Project

Recognizing the enormous potential of CHWs to transform palliative care delivery, the “Compassionate Narayanganj” project has been launched to build an integrated, age-attuned model of supportive palliative care at the community level. Focused in Bandar Upazila of Narayanganj District, this pioneering initiative seeks to train CHWs to not only identify

palliative care needs but also deliver comprehensive support, education, and counseling services for patients and their families.

The project strategically selected CHWs for capacity building, considering their pre-existing rapport with communities, their ability to conduct home visits, and their role in primary healthcare provision. By equipping them with specialized training in palliative care, Compassionate Narayanganj aims to enhance their competency in assessing physical, emotional, and spiritual suffering, offering basic physical symptoms, and guiding families through complex care decisions.

Training and Empowerment: Building New Capacities

Training modules for CHWs under this initiative are designed to be contextually appropriate and culturally sensitive, recognizing the unique health beliefs, practices, and resource constraints in Bangladesh.

The curriculum covers key palliative care principles, communication skills for sensitive conversations, physical symptoms, psychosocial and spiritual support, patient rights and end-of-life care planning.

An essential component of the training is empowering CHWs with community mobilization and health education tools. CHWs are trained to conduct awareness sessions at schools and local gatherings to dispel common myths about palliative care, challenge stigma surrounding terminal illnesses, and foster community support networks. They also learn techniques for facilitating family meetings, conflict resolution, and bereavement support.

Expanding the Scope of CHW Responsibilities

Once trained, CHWs will operate beyond their traditional curative and preventive roles. They will actively screen community members for palliative care needs using structured assessment tools and initiate early referrals to appropriate facilities when specialized interventions are necessary. They will provide basic nursing care, such as wound management, pain assessment, and follow-up oral medications, within their scope of practice.

Moreover, CHWs will play a crucial advocacy role—ensuring that patients’ wishes and rights are respected, promoting dignified care practices, and working to reduce financial barriers by linking families with social support schemes where available. They will also collect valuable community-level data on palliative care needs, which can inform future health planning and policy formulation.

Community Awareness and Engagement: Building a Compassionate Society

In the context of Bangladesh, where death and dying are often treated as taboo subjects and misconceptions about palliative care persist, community engagement is critical. Through

Compassionate Narayanganj, CHWs will spearhead awareness campaigns, community dialogues, and education programs aimed at normalizing conversations around serious illness and end-of-life issues.

By fostering a compassionate and supportive environment, the project envisions communities where individuals with life-limiting illnesses can live with dignity, surrounded by supportive networks that understand and cater to their physical, emotional, and spiritual needs. The involvement of local religious leaders, teachers, and community influencers will further amplify these efforts and ensure that palliative care becomes a collective community responsibility.

Potential Impact and Future Directions

The integration of palliative care into the work of CHWs holds significant promise for Bangladesh.

By leveraging an existing and trusted workforce, the model is not only cost-effective but also highly scalable across different geographic areas, including remote and underserved regions. CHWs, embedded within their communities, are ideally positioned to recognize suffering early, initiate interventions promptly, and coordinate care across family, community, and health facility levels.

At a broader level, this initiative could serve as a catalyst for national healthcare policy reforms. Demonstrating the effectiveness of community-integrated palliative care can inform Bangladesh's journey towards achieving Universal Health Coverage (UHC) by ensuring that palliative care services are accessible, equitable, and a fundamental part of the healthcare continuum.

It aligns with Bangladesh's commitments to global health goals, including the Sustainable Development Goals (SDGs), particularly Goal 3, which emphasizes good health and well-being for all at all ages. Furthermore, scaling such models nationally could help address the growing burden of non-communicable diseases (NCDs) and an aging population in Bangladesh, where the need for long-term and end-of-life care services will only increase in the coming decades.

The Compassionate Narayanganj project marks a transformative step in reimagining healthcare delivery in Bangladesh, by positioning palliative care as an integral component of community health. By empowering CHWs with the knowledge, skills, and confidence to deliver compassionate, holistic care, Bangladesh can take a giant leap towards ensuring that no individual faces the end of life without dignity, comfort, and support.

As the project progresses, it offers a replicable, culturally relevant model for other districts and countries facing similar healthcare challenges. In a nation renowned for its resilience and innovation, Compassionate Narayanganj illuminates a path forward—one where compassionate care becomes not just a privilege for a few, but a right for all.

Street Drama “Our Loved Ones, Our Responsibility” Highlights Palliative Care

In a compelling attempt to raise awareness about palliative care and its role in ensuring dignity and comfort for terminally ill patients, volunteers from the Compassionate Narayanganj project staged a street drama titled “Our Loved Ones, Our Responsibility” at the Shaheed Minar premises in Chashara, Narayanganj.

Supported by Narayanganj City Corporation and AYAT Education, this initiative sought to educate the community about the necessity of palliative care services and to inspire a collective sense of responsibility toward patients and their families.

Street dramas, as a form of community engagement, have long been an effective medium for social awareness. They bring critical yet often overlooked issues into public spaces, challenging conventional narratives and stimulating discussions. By selecting a bustling location such as Shaheed Minar (A monument honoring linguistic freedom, cultural pride, and sacrifice), the organizers ensured that the message of palliative care reached a diverse audience, making the concept more relatable and less clinical.

A Story of Compassion and Support

The drama unfolded through the poignant story of a mother suffering from cancer. Initially, she underwent prolonged hospital treatment, but as her condition worsened, a doctor advised the family to transition her to home-based palliative care. The family, though committed to her well-being, soon became overwhelmed by the emotional and physical toll of caregiving. This representation resonated with many spectators, as caregiving burdens often fall disproportionately on family members, many of whom lack the necessary support and resources to provide comprehensive care.

The turning point in the narrative came when a neighbor, noticing the family’s distress, introduced them to the Compassionate Narayanganj project. This intervention underscored a crucial reality: communities play a vital role in bridging gaps in healthcare services.

Additionally, the drama wove in the role of faith in caregiving, depicting a religious leader who encouraged the act of service and compassion. This inclusion highlighted the moral and ethical dimensions of caregiving, reinforcing that supporting the ill is not just a medical duty but also a social and spiritual obligation.

The story culminated in a demonstration of palliative care in action. Volunteers from Compassionate Narayanganj stepped in to support the family, offering emotional and medical care. Even after the patient’s passing, the volunteers continued to stand by the grieving family,

reinforcing the idea that palliative care extends beyond the patient—it is a holistic approach that supports families in navigating loss and bereavement.

The Power of Community Engagement

The audience response to the drama was profound. Students, local residents, and professionals in attendance engaged deeply with the narrative, recognizing the challenges of caregiving and the urgent need for accessible palliative care services. Many expressed that they had little prior knowledge of palliative care but, through the performance, gained an appreciation for its importance.

By blending education with entertainment, the drama successfully transformed a traditionally sensitive subject into an accessible and thought-provoking conversation. This aligns with the ongoing efforts of Compassionate Narayanganj to use creative methods such as storytelling and performance arts to challenge societal taboos around illness, aging, and death.

The success of this initiative also speaks to the broader need for sustainable models of community-led healthcare. In many countries, particularly those with strained healthcare infrastructures, integrating palliative care into community networks is not just an option—it is a necessity. The involvement of the Narayanganj City Corporation and AYAT Education in this initiative demonstrates the potential of public-private partnerships in driving meaningful change.

A Call for Awareness and Action

At its core, the drama conveyed a simple yet powerful message: palliative care is not just about medical treatment—it is about love, respect, and dignity. It ensures that patients live their last days with comfort and peace while also providing families with the emotional and practical support they need.

The initiative challenges us to reconsider how we view terminal illness and end-of-life care. It calls on policymakers to integrate palliative care into mainstream healthcare systems, ensuring that services are not just available in hospitals but are extended to homes and communities. It also urges individuals to reflect on their roles—whether as family members, neighbors, or community volunteers—in supporting those in need.

As Compassionate Narayanganj continues its mission, initiatives like this street drama serve as a testament to the power of community-driven change. By fostering empathy and awareness, such efforts pave the way for a society where no patient feels abandoned and every family receives the support they need during life's most challenging moments.

From March 2018 to June 2021, the Department of Palliative Medicine of Bangabandhu Sheikh Mujib Medical University (BSMMU) ran “Compassionate Narayanganj,” a community palliative care initiative in partnership with the Worldwide Hospice Palliative Care Alliance

(WHPCA) and Narayanganj City Corporation (NCC). After a 9-month interim period with fundraising, in March 2022, the project received a 3-year grant for the second phase. AYAT Education, a Bangladeshi social enterprise, and St Christopher's Hospice, one of the UK's pioneer hospices, have joined as partners. The second phase focuses on developing an integrated age-attuned model of supportive palliative care in Bangladesh and integrating PC into the government's primary healthcare system.

Localization of Palliative Care: Amplifying Local Voices for Global Impact

Palliative care is increasingly essential for achieving universal health coverage (UHC) and equitable healthcare, yet it must go beyond broad frameworks to become deeply rooted in local cultures, needs, and resources. Localisation—the adaptation of global strategies to specific community contexts—is key to making palliative care accessible, relevant, and impactful.

In Bangladesh, a country rich in cultural heritage yet challenged by a fragile healthcare system, localising palliative care can empower communities, align services with cultural values, and drive broader health reforms. Despite the World Health Organization’s focus on palliative care, many low- and middle-income countries, including Bangladesh, struggle to provide inclusive, accessible services. With rising rates of chronic and life-limiting illnesses, a localised approach to palliative care is essential not only to meet community needs but also to set a globally relevant example of compassionate end-of-life care. This article explores how localisation can advance palliative care in Bangladesh and outlines key initiatives to make this approach effective.

Current State of Palliative Care in Bangladesh

Palliative care in Bangladesh remains underdeveloped, primarily due to limited resources, a shortage of trained professionals, and a lack of awareness among both the public and healthcare providers. The country faces a growing burden of non-communicable diseases (NCDs) such as cancer, diabetes, and cardiovascular diseases, which frequently necessitate palliative care. However, despite the increasing need, only a small percentage of those requiring palliative care receive it.

Currently, palliative care is primarily available in a few urban hospitals, leaving most of the rural population underserved. Many patients in rural areas, especially those with limited financial resources, do not have access to basic palliative services, forcing families to shoulder the burden without professional support. Furthermore, Bangladesh’s healthcare system lacks an integrated approach, meaning palliative care is often siloed and disconnected from mainstream health services, limiting its reach and impact.

The Importance of Localising Palliative Care

Localising palliative care in Bangladesh is crucial for providing compassionate, culturally sensitive support to those facing life-limiting illnesses. Here, “suffering” often encompasses emotional and spiritual dimensions, shaped by family, religious, and community ties. Addressing these expectations requires incorporating spiritual counseling, traditional healers,

and family involvement in care. Localised strategies also reduce barriers like limited healthcare infrastructure, economic challenges, and a shortage of trained professionals.

Mobile clinics and telemedicine can expand access, especially in rural areas. Building community trust through local awareness campaigns can shift cultural hesitations around discussing end-of-life care, promoting it as a compassionate option. Empowering local healthcare workers with culturally relevant training ensures that palliative care resonates with community values. Together, these efforts create an inclusive, sustainable model of palliative care tailored to Bangladesh's unique needs and cultural landscape.

Strategies for Amplifying Local Voices in Palliative Care

Amplifying local voices is key to effective palliative care, ensuring services are culturally aligned and broadly accepted. Community-based needs assessments involving patients, families, leaders, and healthcare providers can reveal regional preferences in Bangladesh, such as a focus on home-based care and family support. Building on these insights, culturally tailored training for health workers—emphasising empathy, religious customs, and traditional medicine—through partnerships with local institutions can further enhance care.

Community-led awareness campaigns with trusted leaders and influencers help normalise palliative care, reducing stigma. Incorporating traditional healing practices where respected, especially in rural areas, bridges cultural divides and fosters acceptance. Together, these strategies create a compassionate, community-focused model rooted in local values.

Possible Initiatives in Bangladesh for Localised Palliative Care

The need for localised, accessible, and culturally sensitive palliative care in Bangladesh is evident, and several strategic initiatives could greatly enhance its delivery. First, developing community-based palliative care units within local health centres or through partnerships with NGOs would allow services to reach rural and underserved populations, focusing on home-based care, community support networks, and training local health workers. By involving local stakeholders, these units would be sustainable and tailored to specific community needs.

Mobile clinics and telemedicine services also offer valuable solutions, enabling providers to deliver virtual consultations and follow-up care in remote areas, bridging gaps in access due to Bangladesh's geographic and infrastructure challenges. Integrating palliative care within primary healthcare systems would further strengthen reach and impact, allowing primary care physicians and rural health workers to provide early intervention and continuous care for patients with chronic or terminal illnesses, reducing reliance on specialised hospitals.

Developing national guidelines and policies with input from local healthcare providers, community leaders, and grassroots organizations would ensure that policies are realistic, culturally aligned, and actionable. Establishing advisory councils with representatives from diverse districts, cultures, and religions would create a more inclusive framework.

Finally, engaging local universities and research institutes in researching community-specific palliative care needs, developing culturally relevant training, and assessing localised models

can cultivate a generation of well-prepared healthcare professionals equipped to support palliative care expansion across the country. Together, these initiatives could form the foundation of a compassionate, effective, and inclusive palliative care system in Bangladesh.

Recommendations for the Interim Government and Development Partners

To advance palliative care in Bangladesh, the interim government and development partners must pursue a strategic, collaborative approach. Central to this is the creation of a comprehensive National Palliative Care Policy that delineates the roles of healthcare providers, community health workers, and volunteers, setting a solid framework for integration into the national health system. Dedicated funding is also essential to expand care access, especially in rural and underserved areas, and to support the training of healthcare professionals in holistic palliative care methods. Such training, in collaboration with medical institutions and development partners, would enable healthcare workers, social workers, and community volunteers to provide culturally sensitive, compassionate care that addresses both physical and emotional needs.

Promoting community-based models, supported by local NGOs and community leaders, can further drive sustainable, grassroots care delivery. Public awareness campaigns are crucial to educate communities about palliative care's benefits, reduce stigma, and underscore its role in improving the quality of life and dignity at the end of life. Partnerships with NGOs and international organizations are invaluable, as they bring technical expertise, innovative models, and additional funding that enhance local efforts. Finally, telemedicine services must be implemented to extend palliative care to rural regions, where the necessary infrastructure and training can be supported by development partners, ensuring that those in remote areas also receive essential palliative care services.

Localisation is essential to making palliative care in Bangladesh effective, accessible, and meaningful. By aligning palliative care services with the cultural, spiritual, and practical needs of the population, Bangladesh's healthcare system can greatly improve. Community-driven initiatives, local leadership, and policies attuned to Bangladesh's context can create a strong foundation for palliative care, enhancing quality of life for patients and setting a global example.

For the interim government and development partners, positioning palliative care as a core public health service will not only serve vulnerable populations but also establish Bangladesh as a leader in end-of-life care. Through strategic planning, resource investment, and community-focused initiatives, Bangladesh can create a compassionate and inclusive palliative care model that champions health as a human right and inspires broader impact.

Voluntarism and Youth: Nurturing Compassionate Communities for Palliative Care

Palliative care, with its emphasis on enhancing the quality of life for individuals facing life-limiting illnesses, requires a compassionate and supportive community. Fostering a culture of voluntarism and empowering youth is not only a pathway to building such a community but also a way to address the pressing needs of those in palliative care. In this article, we explore the intersection of voluntarism, youth empowerment, and palliative care, backed by relevant statistics and a shared motivation to create a more compassionate society.

Volunteering is the heartbeat of compassion in action. It encapsulates the spirit of selflessness, empathy, and a desire to make a meaningful impact on the world.

Understanding the Need for Palliative Care:

Palliative care is a holistic approach to providing comfort and support to individuals dealing with serious illnesses, focusing on relieving pain, managing symptoms, and addressing the emotional and spiritual needs of patients and their families. In many cases, palliative care is delivered alongside curative treatments, offering a comprehensive and person-centered approach to healthcare.

Statistics from the World Health Organization (WHO) indicate that a significant portion of the global population is in need of palliative care. As of the latest available data, only about 14% of people who require palliative care actually receive it. This glaring gap underscores the urgency of creating a compassionate community that can provide the necessary support for those navigating the complexities of life-limiting illnesses.

Voluntarism in Palliative Care:

Voluntarism plays a pivotal role in enhancing the effectiveness of palliative care services. Volunteers bring a unique set of skills, including empathy, active listening, and companionship, which are invaluable in supporting patients and their families. Volunteers are critical in providing home-based palliative care, a setting where many individuals prefer to receive support.

In a compassionate community, volunteers can contribute to various aspects of palliative care, such as providing transportation to medical appointments, assisting with daily tasks, and offering companionship to patients who may be experiencing isolation. Beyond the tangible assistance, volunteers contribute to the emotional well-being of individuals in palliative care by creating a sense of community and understanding.

Motivating Voluntarism in Palliative Care:

The motivation to engage in voluntarism for palliative care often stems from a deep sense of empathy and the desire to make a meaningful difference in the lives of those facing serious illnesses. Patients receiving palliative care report higher levels of satisfaction with their care when volunteers are involved. Volunteers create a human connection that goes beyond medical treatment, offering emotional support and companionship during challenging times.

Empowering Youth for Compassionate Service:

Youth empowerment is another key element in building a compassionate community for palliative care. Young individuals, often driven by a sense of social justice and a desire to contribute to meaningful causes, can play a transformative role in reshaping the landscape of palliative care services. By channeling this energy and enthusiasm into palliative care initiatives, the youth can become catalysts for change, breaking down stereotypes and misconceptions surrounding serious illnesses.

Empowering the youth for compassionate service involves providing them with the necessary knowledge, skills, and platforms to contribute meaningfully to palliative care. Initiatives such as educational programs, awareness campaigns, and mentorship opportunities can inspire young individuals to embrace a sense of social responsibility and actively participate in creating a compassionate community for those in need.

Building a Compassionate Community:

The synergy between voluntarism and youth empowerment creates a dynamic force that can significantly enhance the compassionate community needed for palliative care. Here are some practical steps to foster this culture:

Education and Awareness: Implement educational programs to raise awareness about palliative care, dispelling myths and fostering a deeper understanding of the importance of compassionate support.

Volunteer Training: Provide comprehensive training programs for volunteers, equipping them with the skills needed to offer effective and empathetic assistance to individuals in palliative care.

Youth Engagement Programs: Establish platforms for youth engagement, encouraging them to participate in palliative care initiatives, either through volunteer work, advocacy, or community projects.

Partnerships and Collaboration: Foster collaboration between healthcare institutions, non-profit organizations, and educational institutions to create a network that supports palliative care services and engages volunteers and youth.

Recognition and Support: Acknowledge and appreciate the contributions of volunteers and youth in palliative care, creating a culture that values and supports their efforts.

The Intangible Touch of Humanity: Volunteers Making a Difference

In the realm of healthcare, where medical expertise and technology play a crucial role, there exists a parallel dimension of care, one that transcends medical interventions and reaches the very core of human connection. This dimension is embodied by the selfless contributions of volunteers who dedicate their time, empathy, and compassion to the well-being of palliative care patients.

Palliative care focuses on providing comfort and improving the quality of life for individuals facing serious or life-limiting illnesses. While medical professionals address the physical aspects of care, volunteers play a complementary role, offering emotional support, companionship, and practical assistance to patients and their families.

A Tapestry of Volunteer Contributions

The tapestry of volunteerism in palliative care is woven with diverse threads of support, each strand intricately intertwined to create a holistic support system for patients and their loved ones.

1. Emotional Support: Volunteers provide a listening ear, offering a safe space for patients to express their fears, anxieties, and hopes. They offer companionship, alleviating feelings of isolation and loneliness.
2. Practical Assistance: Volunteers help with daily tasks, such as running errands, preparing meals, or providing transportation, easing the burden on patients and their families.
3. Respite Care: Volunteers offer respite care, providing temporary relief for caregivers, allowing them to take a break and recharge.
4. Bereavement Support: Volunteers extend their compassion to grieving families, offering emotional support and guidance during a difficult time.
5. Specialized Services: Volunteers with specific skills, such as music therapy or massage therapy, provide additional comfort and relaxation for patients.

The Ripple Effect of Volunteerism

The impact of volunteerism in palliative care extends far beyond the immediate recipients of their services. It creates a ripple effect, positively impacting the entire community.

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1. **Enhanced Patient Care:** Volunteers complement medical care, contributing to a more holistic and compassionate approach to patient well-being.
 2. **Empowered Families:** Volunteers provide respite and support to caregivers, enabling them to better cope with the challenges of caring for a loved one.
 3. **Stronger Communities:** Volunteerism fosters a sense of empathy, compassion, and social responsibility within the community.
 4. **Reduced Healthcare Costs:** Volunteer contributions alleviate the strain on healthcare resources, potentially reducing overall costs.
 5. **Personal Growth:** Volunteers gain valuable experiences, develop empathy, and contribute to a cause that holds deep personal meaning.

A Call to Action: Embracing Volunteerism in Palliative Care

As we acknowledge the immense value of volunteerism in palliative care, we must encourage and support individuals who are willing to dedicate their time and compassion to this noble cause.

1. **Raise Awareness:** Promote the importance of volunteerism in palliative care through community outreach, educational campaigns, and social media engagement.
2. **Accessible Volunteer Opportunities:** Create accessible and well-structured volunteer programs that provide training, support, and recognition for volunteers.
3. **Collaboration with Healthcare Providers:** Foster strong partnerships between volunteer organizations and healthcare providers to ensure seamless integration of volunteer services.
4. **Community Engagement:** Encourage community participation in volunteer initiatives, raising awareness of palliative care needs and fostering a culture of compassion.
5. **Celebrating Volunteers:** Recognize and celebrate the contributions of volunteers, highlighting their impact on patients, families, and the community as a whole.

Embracing volunteerism in palliative care is not merely an act of service; it is a testament to the profound human capacity for empathy, connection, and the desire to alleviate suffering. By fostering a culture of volunteerism, we can transform the lives of those facing life-limiting illnesses, build compassionate communities, and reaffirm the power of human connection in the face of adversity.

Fostering a culture of voluntarism and empowering the youth is not just a pathway to building a compassionate community for palliative care; it is a moral imperative. As we

confront the statistics highlighting the unmet needs of individuals requiring palliative care, the role of voluntarism and youth empowerment becomes even more crucial. By cultivating a society that values compassion and actively engages in supporting those facing life-limiting illnesses, we pave the way for a more humane and empathetic future where no one has to navigate the complexities of serious illness alone. Volunteerism embodies the best of humanity—empathy, kindness, and the relentless pursuit of a better world. It's not just a way to contribute; it's a transformative journey that enriches the lives of both the giver and the receiver.

Let us embrace the ethos of volunteerism, recognizing its power to effect change, transform lives, and unite us in the shared pursuit of a brighter tomorrow. As we give our time, skills, and resources, we create a ripple effect that extends far beyond what we can imagine, leaving an indelible mark on the world and the human spirit.

About the Author



Sumit Banik is a dedicated public health professional, trainer, and development journalist based in Bangladesh, bringing over 12 years of experience in health equity, policy advocacy, and community empowerment. Holding a Master of Public Health (MPH) and a Master of Business Studies (MBS), his life and work are anchored in a simple yet profound philosophy: “*Manush manusher jonne (Humans exist to help one another)*”—the belief that human beings are fundamentally meant to serve, protect, and support one another.

His deep commitment to palliative care was forged at the grassroots level. Working directly with marginalized communities and vulnerable families—most notably through community-based initiatives like the ‘Compassionate Narayanganj’ project—he witnessed the stark realities of life-limiting illnesses. These immersive experiences taught him that palliative care is far more than a medical intervention; it is a fundamental human right rooted in dignity, empathy, and social justice. It is about standing beside people in their most fragile moments to ensure they are never left to face suffering or isolation alone.

Through his professional journey, Sumit arrived at a powerful realization: the universal message of palliative care must break through institutional walls and reach every corner of the globe. This book is a heartfelt manifestation of that belief. As a prominent voice on international platforms like *ehospice* and national media outlets such as [The Daily Star](#), [The Business Standard](#) and [Dhaka Tribune](#), he specializes in translating complex health challenges into compelling, deeply human stories. By embracing innovative tools, including artificial intelligence, he crafts inclusive narratives designed to educate and resonate on a global scale.

The Compassion Movement is his earnest endeavor to bridge the gap between clinical systems and community compassion. It stands as an invitation to readers, both in Bangladesh and across the world, to recognize that bringing peace and comfort to the lives of others is within our collective power.

He can be reached at sumitbd.writer@gmail.com , WhatsApp: +8801722234000

Powerful Quotes on Palliative Care

- “The way we care for the dying reflects the values of our society.” — **Dame Cicely Saunders** (*Founder of the modern hospice movement*)
- “You matter because you are you, and you matter to the end of your life.” — **Dame Cicely Saunders**
- “How people die remains in the memory of those who live on.” — **Dame Cicely Saunders**
- “Palliative care is about improving the quality of life for patients and families facing serious illness.” — **World Health Organization (WHO)**
- “The goal is not to add days to life, but life to days.” — **Dame Cicely Saunders**
- “Cure sometimes, treat often, comfort always.” — **Edward Livingston Trudeau**
- “Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, or the smallest act of caring.” — **Leo Buscaglia**
- “Compassion brings us to a stop, and for a moment we rise above ourselves.” — **Mason Cooley**
- “When there is no cure, there is still care.” — **Unknown**
- “Dignity in dying is as important as dignity in living.” — **Unknown**
- “The simple human act of caring is heroic.” — **Edward Albert**
- “People may forget what you said, but they will never forget how you made them feel.” — **Maya Angelou**
- “Wherever the art of medicine is loved, there is also a love of humanity.” — **Hippocrates**
- “To care for those who once cared for us is one of the highest honors.” — **Tia Walker**

Online Archives: <https://wakelet.com/wake/qPTAnQUqD4W90F7OJOORJ>

Palliative care: fact sheet

What is palliative care?

Palliative care is an approach that improves the quality of life of patients (adults & children) and their families who are facing the problems 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. (WHO, 2016)

It is estimated that palliative care is needed for 40%-60% (WHO 2016) of all deaths annually. It is a right of every person with life-threatening illness to receive appropriate palliative care and a responsibility of every health care professional to practice palliative care according to the need of the patient.

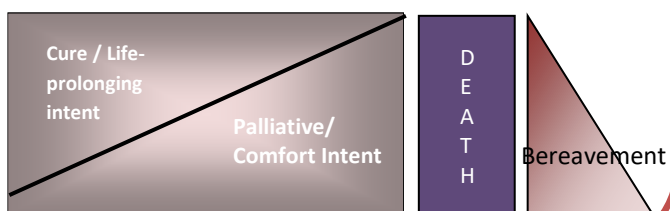
The need for palliative care in Sri Lanka also continues to grow due to the increasing prevalence of non communicable diseases and ageing of population. In 2014, about 75% deaths occurred due to chronic non communicable diseases.

Key Facts – Palliative Care

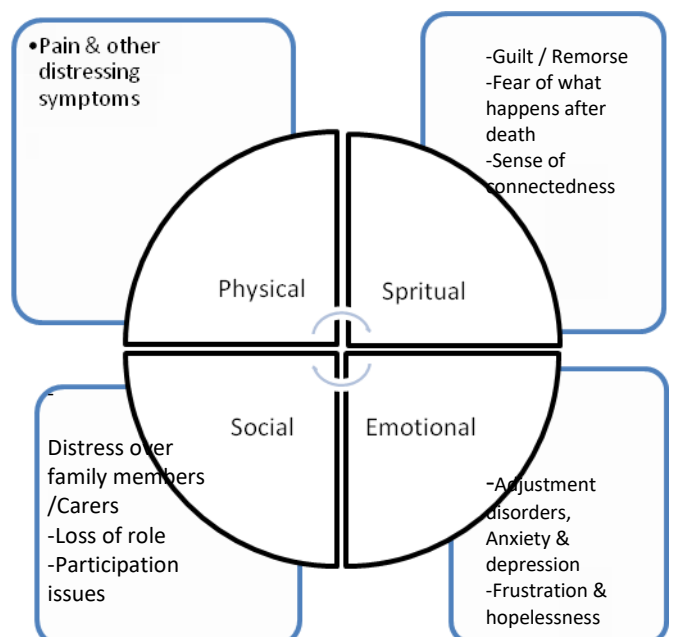
- It is care for patients with life-threatening illness such as chronic non communicable diseases (cancer, cardio vascular disease, kidney diseases, respiratory diseases, neurological conditions, etc.) and their families
- It improves quality of life
- It relieves physical, psychosocial a spiritual suffering
- It can be given in hospitals, health centers, hospices and homes
- It can be done by many types of health professionals and volunteers

Model of Palliative Care

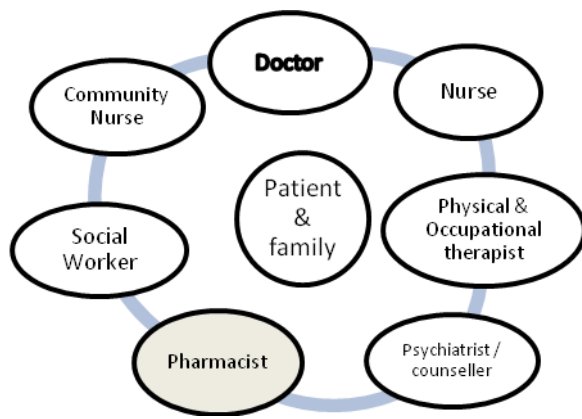
- Palliative care **begins at the point of diagnosis**, continues throughout the rest of the 'Patient Journey' and **extends beyond death into bereavement care**.
- **Bereavement care** is the care extended to the surviving family members of the deceased to help them in the mourning following the loss of their loved one.



Holistic Approach in Palliative Care



Multidisciplinary Team in Palliative Care



Palliative Care Delivery Points

Hospital based

- 24 cancer treatment centres (specialist palliative care)
- Palliative Care Centre: TH Karapitiya
- Tertiary and secondary care hospitals with consultants (Specialist palliative care)
- Primary health care institutions / OPD setting / Family practice setting

Community based

- Home based care- eg. PHNOs attached to primary care institutions
- Hospices – 7 hospices managed by NGOs island wide

Caring for Families and Care Givers

- Supporting family caregivers is a core aspect of palliative care.
- It is important that their needs are assessed and an appropriate care plans are developed.
- Provide information about what expect as a caregiver, controlling of patient symptoms and respecting values ,help to prepare for patient's death (if appropriate), enable the patient to receive care in the place of his/her choice, decisions about goals of care and bereavement support.

Essential Practices for Primary Palliative Care

• Care planning and coordination:

- Identify support and resources available: Develop and implement care plan based on patient's need
- Provide care in the last weeks /days of the life
- Facilitate the availability and access to medications
- Identify the psychosocial / spiritual needs of professional providing care

• Communication

- Communication with patient and caregivers about diagnosis, prognosis, treatment, symptoms and their management
- Identify and set priorities with patient and family / caregiver
- Provide information and guidance to patients and their caregivers according to available resources

Way forward

Establish /strengthen palliative care services at the institutional level (eg: palliative care consult services)

Integration of specialist palliative care and palliative care services across all levels of service settings

Capacity building of health staff

Sources of information:

National Strategic Framework for Palliative Care Development in Sri Lanka 2019-2023
Planning & implementing palliative care services- A guide for program managers – WHO,2016
International Association for Hospice and Palliative Care .www.hospicecare.com

10 Myths about Palliative Care



Palliative care is still misunderstood. Here are 10 common myths we often encounter. Help dispel these myths by sharing the facts with family members and friends, colleagues, patients, and clients.



Myth 1: Palliative care makes death occur sooner.

Fact: Palliative care does not make death occur sooner. It helps improve comfort and quality of life from diagnosis until death.



Myth 6: Pain is a part of dying.

Fact: Pain is not always a part of dying. If pain is experienced near end of life, there are many ways it can be addressed.



Myth 2: Palliative care is only for people dying of cancer.

Fact: Palliative care can benefit people who have been diagnosed with any illness that may shorten life. Palliative care can also benefit their families and friends.



Myth 7: Taking pain medications in palliative care, leads to addiction.

Fact: Keeping people comfortable often requires increased doses of pain medication as the body gets used to the medication. It is not addiction.



Myth 3: People in palliative care who stop eating die of starvation.

Fact: People with advanced illnesses often don't experience hunger or thirst as healthy people do. People who stop eating die of their illness, not of starvation.



Myth 8: Morphine makes death happen faster.

Fact: Morphine, or medication similar to it, is used to help keep patients comfortable. In proper doses, morphine does not make death happen sooner.



Myth 4: Palliative care is only provided in a hospital.

Fact: People can receive palliative care in a variety of locations, including at home, in a long-term care facility, in a hospice, or in a hospital.



Myth 9: Palliative care means the patient's doctor has given up and there is no hope.

Fact: Palliative care providers help people achieve their best quality of life, for the rest of their life. Hope changes from curing the disease, to living life as fully as possible.



Myth 5: We need to protect children from being exposed to death and dying.

Fact: Talking with children early on in someone's illness, and providing honest and clear information that is age appropriate, is the best way to protect them. Like adults, children also benefit from having time to say goodbye to people who are important to them.



Myth 10: If my family member or friend doesn't die at home, I'm letting them down.

Fact: Sometimes a person's needs cannot be met at home despite the best efforts. Ensuring that the best care is delivered, regardless of setting, is not a failure.