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Sr. Annie Davis F.C.C., Chairman and President

From the Editors Desk

We have all experienced pain or watched a loved one suffer. Physical and emotional pain is perhaps the most solitary human experience. It could be physical from an invasive surgery or an illness like cancer or dementia. It could be emotional from the loss of mobility or loss of a loved one. While an illness can be diagnosed, and discussed, the actual experience of pain cannot be shared, only suffered within the person's body and mind. So much so, often we fear pain more than we fear

death. The article in this issue of Jeevodaya's newsletter looks at pain in all its complexity. To quote from the article, "the goal is not just fighting the disease but caring for the person living with the disease." For everyone coping with loss or illness, from grievous pain, from anxiety and grief, may God give each of us strength and peace.

- Sr. Lalitha Teresa FCC

When Pain Should Not Be Part of the Journey:

The Need for Awareness About Cancer Pain Management

- A Pain Physician's Perspective

Dr. Sushmitha Muralidhar MD (Anaesthesiology)

There are some places that leave an imprint on your heart long after you have left them. For me, Jeevodaya is one such place. I come from a family of doctors, and during my childhood, my summer vacations were often spent in Chennai. I had the opportunity to visit Jeevodaya several times during those years.



As a child, I did not understand medicine, palliative care or the complexities of cancer, but I remember the people, their stories and their suffering. Most importantly, I remember how the team at Jeevodaya transformed a place associated with terminal illness into one filled with warmth, belonging and human connection. Patients seemed to become more than patients - they became a family. Looking back today, as a doctor and pain physician, I realise how deeply those experiences influenced me and perhaps planted some of the first seeds of my desire to become a doctor - not simply to treat disease, but to serve people. Years later, I found myself returning to the same question in a very different way: can we really say that we are caring for a person with cancer if we are not adequately caring for their pain? For me, the answer is a strong no.



After my postgraduate training in Anaesthesiology, I initially viewed pain largely through the lens of acute care. It was at Kidwai Memorial Institute of Oncology in Bengaluru that I began to understand pain differently. During pre-anaesthetic evaluations, after discussing surgery, complications, blood loss and recovery, patients would often ask just one question: “Noovu irutta?” - “Will there be pain?” Sometimes they would simply plead, “Doctor, please make sure it doesn't hurt.” I gradually understood why. For someone who has already endured investigations, biopsies, chemotherapy, radiation, surgery and uncertainty, pain becomes more than a symptom; it becomes a source of fear. It can affect sleep, appetite, mobility, mood, relationships and independence. Working alongside the Department of Palliative Care, I also met patients nearing the end of life who were not asking for another investigation or aggressive treatment. They were often asking, “Please don't let me suffer,” or “Please let me die without pain.” Those words stayed with me. They taught me that pain management is not simply about reducing a number on a pain scale - it is about preserving dignity: allowing someone to sleep, eat, walk, speak with their family, hold their grandchild and spend their remaining time living rather than simply enduring.



Cancer pain is often misunderstood. Pain can arise from the tumour itself, involvement of nerves, bones or organs, or from treatments such as surgery, chemotherapy and radiation. It may also persist because the nervous system becomes sensitised. More importantly, cancer pain is rarely only physical. Fear about the future, anxiety about family, financial concerns, loss of independence, employment and the life one once had can all amplify suffering. This is why cancer pain cannot simply be managed by giving a stronger tablet every time someone says, “It hurts.” It must be understood and treated as a whole. One of the most surprising parts of my journey into pain medicine was how often even doctors asked, “Why do you need

a fellowship in pain? Isn't it just paracetamol and morphine?” That question itself highlights the lack of awareness about modern pain medicine. Medicines, including opioids when appropriately indicated, remain extremely important, but they are only one part of comprehensive pain care.



A pain physician assesses the nature and source of pain, its impact on the patient's life and the most appropriate combination of treatments. Depending on the individual, this may include medication, physiotherapy, psychological support, rehabilitation or minimally invasive interventions. The goal is not simply to make the pain score zero, but to help the person live as well and as comfortably as possible.

When medicines alone are insufficient, carefully selected interventions can sometimes provide significant relief. Procedures targeting nerves and pain pathways - such as coeliac plexus or splanchnic interventions for certain abdominal cancers, hypogastric plexus interventions for selected pelvic cancer pain, or peripheral nerve and radiofrequency procedures for specific pain syndromes - can reduce suffering by targeting the pathways carrying the pain more precisely.

These procedures are not appropriate for everyone, nor are they performed for the sake of performing a procedure; their purpose is simply to help someone suffer less. I have seen patients who had been unable to sleep for months finally sleep after appropriate pain intervention, patients who were afraid to move begin walking again, and families exhausted by watching their loved one suffer finally experience some relief.

Sometimes the most meaningful change is simply seeing a patient smile. We often speak about cancer care in terms of survival, and rightly so. But we must also ask: how do we want a person to live while undergoing treatment, and how do we want them to live when cure is no longer possible?



When cancer cannot be cured, it does not mean there is nothing left to do. Pain can be treated, breathlessness relieved, nausea controlled, anxiety addressed, sleep improved, mobility supported and dignity protected. Palliative care is not about giving up; it is about shifting the focus from simply fighting the disease to caring for the person living with it.

Another major barrier is the fear surrounding opioids. Patients and families may associate morphine with imminent death or fear addiction and other harms. These concerns are understandable, but when appropriately prescribed, monitored and individualised, opioids can be invaluable in managing moderate to severe cancer pain. They are medicines—not symbols of failure. At the same time, cancer pain management should never automatically mean “more and more opioids”; the right medicine, dose, route and combination must be tailored to each person.

Perhaps the most important message I would like to share with patients and families is this: please do not wait until pain becomes unbearable before asking for help. Pain is not something a person with cancer has to silently tolerate. If it interferes with sleep, eating, walking, daily activities or spending time with family, it deserves attention. Persistent, burning, electric, shooting or stabbing pain may indicate a nerve-related component requiring a different approach, and pain that continues despite treatment deserves reassessment by a pain or palliative care team. Families should never hesitate to ask, “Can something more be done for the pain?” Very often, the answer is yes. Today, when I think about my journey into pain medicine, I often think back to Jeevodaya.

As a child, I saw suffering, but I also saw a team that brought humanity into an otherwise overwhelming situation. Years later, I understand those experiences differently. The smiles I saw were not because these patients had no suffering; they were possible because someone cared enough to make that suffering lighter. That, perhaps, is the true essence of medicine. We may not always be able to cure, or change the course of disease, but we can almost always ask, “What can we do to make this person's journey a little easier?”

Sometimes the answer is a medicine, physiotherapy, psychological support or simply sitting beside a patient and listening. Cancer has become a disease that touches almost every family, and as awareness about screening, diagnosis and treatment grows, we must also increase awareness that cancer pain can and should be treated. Pain relief is not a luxury or something to consider only when everything else has failed; it is an integral part of compassionate cancer care. Patients should know that they can ask for help. Families should know that uncontrolled pain is not something they simply have to watch their loved ones endure. Doctors should recognise pain medicine as a specialised field with far more to offer than a prescription for an analgesic. And society must remember that quality of life matters - not only the quantity of life. Ultimately, medicine is not only about adding days to life; it is also about adding life to those days. That is what Jeevodaya has always represented to me: a place where patients are not defined by their cancer, where suffering is met with compassion, where people become a family, and where even when we cannot change the diagnosis, we can change the experience of living with it. As a pain physician, this is the message I hope reaches every patient and every family: You do not have to suffer in silence. Pain deserves to be heard. Pain deserves to be treated. And every person living with cancer deserves the chance to live their remaining days - with comfort, dignity, love and, whenever possible, a smile.



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