JK SCIENCE pISSN: 0972-1177

EDITORIAL

Palliative Care as The Fourth Pillar of Universal Healthcare Systems

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The three fundamental pillars of prevention, promotion, and treatment have historically sustained the framework of healthcare. However, a crucial fourth pillar-palliative care (PC)-has arisen as a fundamental human right as the worldwide burden of disease moves from acute infections to chronic, life-limiting non-communicable diseases (NCDs). [1]

The World Health Organization (WHO) and India's National Health Policy (NHP) 2017 have said unequivocally that Universal Health Coverage (UHC) is insufficient if it does not alleviate the suffering of those for whom there is no longer a remedy. However, palliative care is still a disjointed "add-on" rather than an essential part of the healthcare continuum in India.For a nation striving to achieve "Health for All," it is time to move palliative care from the periphery of oncology to the heart of general medical practice.[2]

Beyond the "Cancer-Centric" Silo

In India, palliative care has long been associated with end-stage cancer. Although the advancements in cancer pain treatment are praiseworthy, they have unintentionally resulted in a significant "care gap" for patients with non-malignant organ failures.

Patients with New York Heart Association (NYHA) Class IV Heart Failure, end-stage Chronic Obstructive Pulmonary Disease (COPD), and End-Stage Renal Disease (ESRD) on maintenance haemodialysis frequently experience symptoms that are on par with, if not more so than, those of advanced cancer. These patients get aggressive, expensive treatments, and usually ineffective therapies that don't improve their quality of life as they constantly move between emergency rooms and intensive care units.The "organ-failure" population represents a silent majority that requires a structured palliative approach-one that focuses on symptom relief, psychological support, and advanced care planning long before the terminal phase.[3]

Strengthening community based palliative care

Tertiary care hospitals alone cannot make palliative care a part of Universal Health Coverage in India. The current system is mainly focused on cities and higher-level hospitals, while many patients in rural and remote areas continue to suffer without access to supportive care. To truly decentralise palliative care, there is a strong need to strengthen community-based services.

Community Health Officers and Accredited Social Health Activists (ASHAs) can play an important role in bridging the gap between hospitals and patients with palliative care needs at their door steps . By training them in basic symptom recognition, counselling, and home-based supportive care, a strong network of palliative care can be developed.

Such a community-based approach will help patients receive care closer to their homes, reduce unnecessary hospital visits, and decrease the financial burden on families who often face poverty due to high out-of-pocket healthcare expenses. Community-based palliative care is therefore not only compassionate and practical, but also one of the most cost-effective ways to improve access to care in India.[4]

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Published Online First: 10th July, 2026.

Open Access at: https://journal.jkscience.org

Cite this article as: Gupta S, Kundal R . Palliative Care as The Fourth Pillar of Universal Healthcare Systems. JK Science 2026;28(3):135-6.

Role of the clinician : As medical practitioners , it is our duty to disprove the outdated notion that palliative care is a "failure of medicine." It is, in fact, the highest standard of medical ethics. "Comfort care" and "communication skills" must become fundamental abilities in our medical curriculum for all undergraduate and graduate students, regardless of speciality.

We are witnessing the beginning of era where data-driven machine learning can help predict disease trajectories. However, no algorithm can replace the compassionate touch of a doctor who understands when to change the focus from "Adding years to life" to "Adding life to years."

Positive achievements include the inclusion of palliative care in India's Ayushman Bharat (PM-JAY) and the growth of the National Program for Palliative Care (NPPC). However, the real change must come from inside the medical community.

An Appeal for Action

It's time to recognise that "Quality of Death" is as equally important public health metric as "Life Expectancy." Instead of only treating disease , we should respect human dignity by making palliative care the fourth pillar of our healthcare system.

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