

**Anthropological Observation about Palliative Care in Public Hospital,
A Case Study of Pakistan Institute of Medical Sciences Islamabad,
Pakistan**



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partial fulfillment for the degree of Master of Science in Anthropology.*

**Department of Anthropology
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Final Approval of Thesis

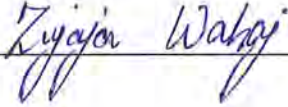
This is to certify that we have read the thesis submitted by Ms. Samreen Ashraf. It is our judgment that this thesis is of sufficient standard to warrant its acceptance by the Quaid-i-Azam University, Islamabad for the award of the Degree of M.Sc in Anthropology.

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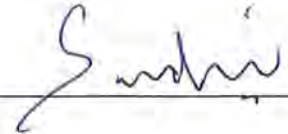
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Formal Declaration

I hereby, declare that I have produced the present work on **An Anthropological Observation about Palliative Care in Public Hospital, in Pakistan Institute of Medical Sciences Islamabad, Pakistan** by myself and without any aid other than those mentioned herein. Any ideas taken directly or indirectly from third party sources are indicated as such.

This work has not been published or submitted in any other examination board in the same or in a similar form.

I am solely responsible for the content of this thesis.

Islamabad, Aug 17, 2018

Samreen Ashraf

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ABSTRACT

The following research is one preliminary attempt at discussing the basics of palliative care in hospitals, the social and cultural evolution in Pakistan regarding health, health facilities and the health institutions, the cultural chronicles of disease, health and dying as well as the preference of people in healing treatments (either modern or spiritual/traditional) while dealing with incurable diseases. Palliative care, in Pakistan, is a relatively recent phenomenon with a small sum of the majority knowing or opting it. With a strong emphasis on familial ties, people are reluctant to give their loved ones in the hands of doctors or care givers. This research paper to identify the main causes of this wariness to modern medicine and institutions, the equal importance given to traditional healing through saints and shrines, the experiences of the people with hospitals and their respective opinions and last but not the least the religious injunctions about disease, sickness, health and dying

The first chapter discusses about the fundamental presentation about the topic the second chapter, talks about the utilization of the methods and techniques used to collect the data. The third chapter describes the research site that was a government hospital in Capital city, Islamabad (PIMS), where the information was collected. The fourth chapter is about the previous studies conducted about palliative care, the literature review. The fifth chapter onwards deals with the findings and the data collected from respective sources and respondents and attempts to give an insight about palliative care, factors influencing palliative care and the possible solutions and outcomes concerning it.

My topic was palliative care in public hospital, to distinguish and to explain the changes in care patterns and also the behavioral changes of the society towards the patients of terminally ill diseases. This research recognized that how individual patients are treated in the government hospital and what sort of behaviors affects the patients' health. The study focused on all the factors and behaviors of the culture that affect the nature of the treatment. What are the reasons behind the selection of government hospitals by the people and the behavior of the paramedical staff with the patients and their attendants. Individuals give the sensible reason about the doctors, nurses and patients relationship.

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1 INTRODUCTION

"I think that when we wrestle with death... we start fearing life, because then we come to terms with something that is inevitable."- Alejandro Gonzalez Innaritu, 1998.

1.1 Palliative Care

Palliative care is a multidisciplinary approach to deal with particular medicinal and nursing care to individuals with life-constraining sicknesses. It concentrates on furnishing individuals with help from the symptoms, pain, physical pressure, and mental worry of the terminal illness. According to Ferrell and Connor in *The national agenda for quality palliative care: the National Consensus Project and the National Quality Forum*:

"The goal of such therapy is to improve quality of life for both the person and their family" (Ferrell, Connor, & Cordes, June 2007).

Palliative care is a sort of care to individuals who have serious diseases. It is not quite the same as care to cure your sickness, called remedial or curative treatment. Palliative care concentrates on enhancing your personal satisfaction in your body, as well as in your mind and soul. Sometimes palliative care is joined with therapeutic treatment. The sort of care one get relies upon what they require. The individual objectives control the care. Palliative care can help lessen pain or treatment reactions. Palliative care may enable the patient and his friends and family to better comprehend the disease, speak all the more transparently about their emotions, or choose what treatment the receiver needs or does not need. It can likewise help with correspondence among the patient and the doctors, specialists, nurses, friends and family. Despite the fact that it is a vital piece of end-of-life care, it isn't restricted to that stage. Palliative care can be given over different settings incorporating into hospitals, at home, as a major aspect of community palliative care programs, and in skilled nursing offices. Interdisciplinary palliative care groups work with individuals and their families to clear up objectives of care and give symptom administration, psycho-social, and spiritual help. According to the American Academy of Hospice and Palliative care in 2013

“Palliative care increases comfort by lessening pain, controlling symptoms, and lessening stress for the patient and family, and should not be delayed when it is indicated.”³⁵

In some cases, medical specialty professional organizations recommend that sick people and physicians respond to an illness only with palliative care and not with a therapy directed at the disease. The following items are indications named by the American Society of Clinical Oncology in 2012 as characteristics of a person who should receive palliative care

1. People who have a limited ability to care for themselves
2. People who received no benefit from prior evidence-based treatments
3. People who are ineligible to participate in any appropriate clinical trial
4. The physician sees no strong evidence that treatment would be effective

Palliative care providers are occupied with what is disturbing the receiver and what is imperative to them. They need to know how they and their friends and family are doing every day. They comprehend how the ailment influences the patient, as well as those who are close to them. The palliative care suppliers will make inquiries about how the ailment influences one’s feelings. At that point they will attempt to ensure that the medicinal care meets the patient’s objectives for their body, psyche, and soul. They will likewise enable the patient to make future arrangements around their wellbeing and restorative care.

Although palliative care is such an integral part in sickness there seems to be very less awareness regarding it in Pakistan. The reasons could be diverse and widespread which could include bad governance, cultural, social and religious restrictions, preference of a different kind of healing or traditional healing, less accessible or not practiced enough and properly. This study is one such attempt to probe into and understand the traditional narratives of death and dying both in a social and cultural context of Pakistan, as well as a general view point regarding modern and traditional healing practices, the process and type of care given to terminally ill patients and the perception of both the giver and receiver of either modern or traditional care in Pakistan.

1.2 Palliative Care in Pakistan

The concept of palliative care in Pakistan is like a new-born baby who needs a lot of attention. Lynch, Connor & Clark, (2013) identified that the ratio of palliative services in Pakistan in relation to population is 1:90 million. Furthermore, the burden of chronic illness

in Pakistan is very high. According to the Global burden of diseases (2010), it is estimated that by 2025 there will be 3.9 million deaths in people aged between 30 to 69 years in Pakistan due to NCDs including cardiovascular diseases, respiratory diseases, cancer, diabetes mellitus and mental health illnesses. Furthermore, lack of resources, lack of qualified personnel, and lack of awareness are other challenges that delay the growth of palliative care in Pakistan. (Mulji & Sachwani, April 2017).

The narrative that is common of ordinary hospital and not of those with specialized palliative care units is that nothing can be done for a patient who is suffering from a life threatening disease. Death and dying is a natural phenomenon and health care specialists should take grate care to assist in the process either through physical or mental comfort. There are services available as such in Pakistan but the boundary between something that can kill and something that cannot be cured is still blurred. (Abbas & Abbas , March 2002).

1.3 Historical Background of Palliative Care

According to the Loscalzo (2008) Palliative care began with the focus on the care of dying. Dr. Cicely Saunders first gave the idea of modern palliative care in late 1950 which was based on careful observation of dying patients. In 1960s a psychiatrist in United States Elisabeth Kubler Ross, investigated the resistance to treating people at the end of life with respect, openness and honest communication. She also published a book “*On Death and Dying*” where she discussed about how patients were acknowledged and cared for. In 1974, Dr. Balfour Mount, a surgical oncologist at the royal Victoria Hospital of McGill University in Montreal, Canada, coined the term palliative care to avoid the negative connotation of the word hospice in French culture, in 1997, the institute of Medicine report, “Approaching Death: improving care at the end of life”.

There were clinical demonstration project, review of palliative and end-of-life content of core textbook, consumer awareness through last act and the Bill Moyer series, “On our own terms” (2000),funding of palliative care faculty scholar. Clinical Practices Guideline for Quality Palliative care were first released in 2004, expanding the focus of palliative care to include not just dying patients, but also patients diagnosed with life-limiting illness. By 2006 there were 57 palliative medicine fellowship programs with approximately 100 trainees. Palliative medicine is the continuation of the long struggle to accept life in its own terms,

honestly and openly. Taking its place in academic medicine this new approach subsequently will enable future generations of physicians to gain generalist-level palliative medicine skills while advancing knowledge in the field and fulfilling our promises to patient and their families that we will not abandon them when our treatment fail and that, at all times, we will do all we can to relieve their suffering. (Loscalzo, 2008)

1.4 Statement of the Problem

The term “Palliative Care” is probably lesser known in Pakistan as it seems to be practiced none to zero by the medical professionals. According to the American academy of hospice and palliative medicine, the term can be defined as “Palliative care is given to people who have any serious illness and who have physical, psychological, social, or spiritual distress as a result of treatment they are seeking or receiving”. In other word the palliative care is form of medicine and therapy to reduce and limit the pain, the goal is to improve the process for the patient and for the family of the patient.

Palliative Care is practiced widely around the world with specialized training in the field for all medical practitioners but in Pakistan the awareness is lesser. The objective of my thesis is to probe into the factors that affect this practice and the outcomes of the negligence of this practice. With so many cultural and religious narratives regarding death, dying and illness it has become impossible to choose a side or blame it at one or favor the other. Hence my goal is to determine the factors which prevent the use of this practice in hospitals, to know cultural restrictions and ideas about sickness and death and how people deal with the phenomena respective of the culture they follow. To understand the perspective of people through their personal narrative about how patient with a terminal illness should be treated and what measures should be taken in existing practice to be allowed to change in current palliative care and subsequent changes that are to be made.

1.5 Objectives of the Study

Any type of report or research has some aims such as the objectives and goals which keep the research on track. The present study is to examine the Palliative care in Public Hospitals in Anthropological perspective. Objectives of this study are to provide of information about

culture narratives about palliative care and curing of pain. Following are the main objectives of my research:

- To explore the contemporary elderly care practices.
- To inquire/observe the factors of culture encouraging people to provide care to elder people.
- To probe the role of beliefs in Palliative Care.
- To enumerate dynamics of economic factors in Palliative Care.

1.6 Justification of Locale

PIMS is a research-oriented health sciences institute located in Islamabad, Pakistan. It is one of the region's leading tertiary level hospitals which include 22 medical and surgical specialist centers. It provides medical training through the Quaid-e-Azam Postgraduate Medical College which was established on 1 February 1989.

The locale, which I have selected to conduct research is, Public Hospitals of capital city Islamabad, as my topic is on Palliative Care and what practices people make or have made to cure the pain. The hospital is regarded as the biggest government hospital of Pakistan with people visiting from diverse socio-economic classes. So, there is a diverse audience that visits these hospitals. Their narratives are different in nature and hence my data is more inclusive.

1.7 Significance of the Study

The study is very much anthropological that will help to explore the Palliative Care, behavior of care givers, and what the cultural narrative of pain curing is. It will also explain the changes that have occurred in the elderly care with the passage of time, cultural traditions, belief structure and social evolution. This study provides snapshots of hospital environment and socio-cultural, religious behavior and attitude of the patients and care providers. The study reflects the perception of elder people about the modern care, as well as traditional care. This study evaluates the quality of medical treatment, spiritual needs and cultural narratives. This study is valuable to understand the quality of life in Pakistan and how people work to make their life comfortable.

2 RESEARCH METHODOLOGY

Every scientific discipline has set of rule, regulations and procedures which have to be followed and used for conducting an effective research. Anthropology is such a scientific, exploratory, interpretive and humanistic discipline which embodies multiple systematic instruments and methods to carry out research.

While discussing scientific methodology Russell says:

“Each scientific discipline has developed a set of techniques for gathering and handling data but here is, in general, a single scientific methodology. The method is based on assumptions (a) that reality “out here”, (b) that direct observation is the way to discover it, and (c) that material explanations for observable phenomena are always sufficient, and that metaphysical explanations are never needed.” (Bernard, 2006)

The aim of methodology lies in seeking answers to questions and finding true and useful information about a particular domain of phenomena in the universe. At many points of time in any discipline there are many techniques and methods available for collecting the required data. I used qualitative method to collect data.

2.1 Data Collection

Data collection will proceed by means of participant observations, open ended unstructured interviews.

2.2 Rapport Building

Rapport building is the first and the most important step in the research, where researcher has to build a friendly environment with respondents. In order to make them feel comfortable and gain trust, I spent almost five days in rapport building. Most of my targeted respondents were patients and their guardians. They asked me questions regarding the benefits they could gain from my research and the consequences of my research. Afterwards I required permission from the patient’s attendants to gain information regarding my topic. Gradually, I convinced them about my subject matter and with the help of my key informants

I was successful to build my rapport amongst them. As a result, I was able to get data from them. I won their trust and assured them about my topic and they accepted to give me interviews.

2.3 Participant Observation

In the anthropological research participant observation is considered to be the most important technique for data collection. Rapport is used to build relationship with others quickly and to gain their trust and confidence. It is a very useful tool which helps the researcher in getting authentic information. It is very important to construct a friendly relationship among my respondents because without it, it is not possible for me to explore the real data. I tried my best to understand the topic under study as an Anthropological and emic approach. At the start I faced some difficulties in the field because I was not aware of the environment of the hospital and people were reluctant to give out discreet information to a stranger.

According to the Russell:

“Participant observation is both a humanistic method and a scientific one. It produces the kind of experiential knowledge that lets you talk convincingly, from the gut, about what it feels like to plant a garden in the high Andes or dance all night in a street rave in Seattle”. (Bernard, 2006)

By using this technique, I became a part of the environment of the hospital and I observed them as a member. This was a direct way for me to get information from them. It helped me to get close to people and making them feel comfortable enough with my presence so that I could observe and record information about their lives. I lived according to the native’s customs, participating in most of the activities that they performed in their daily routine.

2.4 Key Informants

Key informants are an integral part of any research. Good informants are people with whom you can talk easily and who understand the informational needs and who are glad to

give it to you or get it for you. Key informants are educated and aware about the history, culture, economy and society of the site. Moreover, they belong to different professions and classes of the society. Selection of the key informants is an important task. They should be chosen carefully. The researcher takes proper time in selecting his/her key informants. It is necessary that researcher must explain the objectives of research to his/her key informants so that they can have an understanding about the research and help him/her.

Russell Bernard says,

“Don’t choose your key informants too quickly. Allow you to go away in data for a while and play the field. When you have several prospects check on their roles and status in the community”. (Bernard, 2006)

In this research which was conducted in government hospital my key informant was one of the staff members of the hospital, Mr. Jamil Ahmad. He helped me with access to patients and facilitated my research. He was also native to my area so it was easier to bond with him and share ideas.

2.5 Interviews

Interview is the most widely used method of the data collection for the anthropologist. The interview is defined as:

“Any person to person interaction between two or more individuals with a specific purpose in mind is known as an interview.” (Bernard, 2006)

I conducted interviews with the chosen subjects for getting the required information. I conducted my interviews from the patients and patient’s attendants who have been purposively selected by me, to get the relevant data about the topic to maintain it objectively.

2.6 Interview Guide

An interview guide is a guideline that helps the researcher in directing the conversation towards the topics and issues which he or she has to know or learn about. They vary from highly structured to a relatively loose one. However, whether they are highly structured or

not, they help one guide about how to pose the questions to the respondent, and what will be the outcome in the different social occasions.

2.7 Open-Ended Unstructured Interview

I used open ended unstructured interviews because my respondents are patients and their guardians, and my location is a public hospital. The environment of the hospital is very rushed, so the structure of the interview is flexible. The patients were made to feel comfort during the interviews; my respondents were mostly aged people, so the format was made flexible. I conducted almost thirty interviews during the field work for evaluation and analysis purpose by getting various knowledge and information from the targeted population about the problem.

2.8 Sampling

Sampling is a very important part of the research as it gives us a choice to select a certain number from the relevant population. The basic idea behind sampling is the analysis of some of the elements in a population which provides useful information on the entire population. The sample included 30 persons.

There are many types of sampling in Anthropology; I used the technique of purposive sampling to discuss the relevant issues of elders. The respondents were chosen accordingly to serve the purpose; interviews were also conducted with patients and guardians for getting useful information on the topic.

It was very difficult to conduct interviews with respondents as the patients were in pain and suffering hence there was no concrete structure and setting for the interviews and they were conducted whenever the patients found it feasible.

Table 1. Respondent Profile

Respondent Profile				
Sr.No	Sample	No of Respondent		Percentage
1	Male Patient	10		33.33
2	Female Patients	7		23.33
3	Patients Attendants	13	M	5
			F	8
	Total	30		100

This table shows the number of the respondent, male respondents are a total of fifteen, ten patients and 5 of their attendants. Woman representation was fifteen, seven patients and 8 were their attendants. While selecting my respondents I gave equal representation to all.

2.8.1 Purposive sampling

In this technique the researchers purposely choose subjects who, in their opinion, are relevant to the assignment. The choice of respondents is guided by the judgment of the researcher. It is also known as judgmental sampling. There are no particular procedures involved in the actual choice of subject. In such cases the important measure of choice is the knowledge and capability of the respondents, and hence their suitability for the study. I chose to interview the patients and patient's guardians in the public hospital.

According to Russell:

“In purposive sampling, you decide the purpose you want information (or communities) to serve, and you go out to find some.” (Bernard, 2006)

As my purpose was to collect the primary data from the patients about the palliative care in public hospital, so in the hospital I met many patients, but they were not entirely

relevant to my subject matter then I selected some patients with the help of my key informant who were suitable for my research.

2.9 Audio Recording

I used this method of audio recording to record the interviews that I conducted with the permission of the respondents. They helped me to analyze the content and the answers I have recorded profoundly and in depth. With the help of a quality recorder I can replay the interviews and retrieve data that I had previously missed. Audio recording is an excellent way to store and retrieve information especially when used for research.

2.10 Case Study

Case study method is widely used in anthropological research and is an important source to know the in-depth analysis of group perceptions about different phenomena. It also describes the experiences of the people and helps to mark out their personal life.

2.11 Photography

This technique was used during the research to capture the different areas of the location and the activities of the respondents. Photos are a very useful tool in defining the image of a particular subject and to make it easy to be understood by the reader.

2.12 Field Notes

Field notes are one of best and reliable tool to collect data from field. Because it is used at the spot, sometimes they are short but a good tool to remember things. Human memory is poor to retain all information together sometimes and many times people forget important things. That is when a researcher uses field notes.

I used this method during the field research after taking interviews with the patients and their attendants. This was done so then I could reduce the chance of mistake and loss of data.

2.13 Jotting

Jotting is also help full tool in research. Jotting can be defined as to write something quickly. It is used whenever researcher does not have the enough time to write down whole discussion. On the other hand, it is also difficult to remember the discussion later. However, it is imperative for a researcher to jot down all important and main points during the conversation as well as interaction in the field. Jotting will provide researcher with a trigger that he or she needed to recall lots of the details that he did not write down while observing events or listening to an information. (Bernard, 2006)

Even a few key words will jog my memory later. Therefore, I used this technique so that I may write my own bullet points of the respondents for further details and elaboration. I had a note book to jot down points and main arguments of the respondents. I used to write down the core of the interview.

2.14 Limitations of the Research

The research although has tried to fulfill its intended purpose there are however still some limitations to it. First of all the respondents interviewed did not have enough knowledge of their basic rights regarding medical procedures and medical institutes. The time frame was lesser than needed to broaden the scope of this research. The timings of the medical staff in the hospital and the availability of the patients was also one issue as the interviews conducted were according to their time. There was also this problem that the selected audience was not completely aware of the process of palliative care and it's concerning areas so it took some time to introduce them to this subject. One other factor was that the attendants of the caretakers were very sensitive towards their patients and did not want any disturbance to be caused to their patients, so asking for interviews from the patients was a difficult task to achieve. All these factors limited the study and it could have been better if all these hurdles were removed.

2.15 Field Experiences

It's giving me immense pleasure to share my field experience. I have visited numerous hospitals on many occasions bus always as a patients or a caretaker, never as a researcher.it

was a unique experience to me, I was excited and terrified as well of the outcomes of my visit. There was one particular incident that amazed me, during my second visit to the hospital during an interview with the daughter of my respondents, one of the doctors who was part of the main faculty along with a team of members came for a check. They asked me what I was doing there and who I was, I explained that I was a student of the department of anthropology and was at the hospital as a researcher. He was skeptical about me and asked me to give proof to my claims. I showed them my research letter but they were adamant that I needed a letter of permission from the hospital as well to conduct interviews with the patients. This was a sort of milestone for me in my research as it was my first and only problem at my research field. I think this experience helped me grow as a researcher and I understood the practical difficulties researchers go through while conducting research.

Apart from some common problems was the reluctance of the patients to give me interviews as they thought I had some ulterior motives. They neither had the time for it either as they were either in the hospital as patients or as care givers. So to make everything convenient for every one, I took appointments a day or two before from the respondents according to what time they were available and this is how my interviews were conducted. I did not wish to be a burden for my respondents as I understood they themselves were going through a lot.

3 RESEARCH SITE

3.1 Islamabad

Hospital in which study was conducted is located in Islamabad. Literally meaning of Islamabad is “the abode of Islam” is the capital of Pakistan. President Muhammad Ayub Khan will always be remembered for shifting the capital to Islamabad. In June 1959 the announcement of the establishment of new capital was made with the help of recommendations given by the high powered commission established for this task. On February 24, 1960 the government named the new capital as Islamabad. It was in October 1961 that the construction work commenced. Exactly two years later, in 1963, the new city came to life with arrival of its first residents. The secretariat of the government of Pakistan shifted to Islamabad.

Figure 1 Map of Islamabad



Source: Google Map

Islamabad federal capital lies between 33 degree-28' and 33degree-48' north latitudes and 72 degree-48' and 73 degree-22' east longitudes. It is bounded by dually the Haripur district, of KPK to the north by Rawalpindi district of Punjab on all other side.

Islamabad is located on the northern most edge of the track known as Potohar Plateau. The site is an uneven table and land is gradually rising in elevation from 500 to 600 meters

above the sea level. In the extreme north the hills rise more steeply. Most of the Marghala range in the North West is composed of hills series. The rock formation consists of gray or dark colored lime stone with layers of shells containing fossils. The land gradually slopes towards the south. A large part of area is dissected by gullies and ravines.

On top of the margallah hills is commonly found chell (*Pinus log folia*) and koa (wild olive) along the reverence. Phulai (*Acacia, modesta*), sienetha (*Dodona-buramanniana*) are found. Shish am (*dalberjia-sissoo*), toot (*Morus-alba*) and paper mulberry are also grown. Famous species of grass is dad (*Amuricatus*). Wild predicate of plains include flower buds of the Kachenar, wild pomegranate, blackberries, raspberries, cranberries, wild pears etc. Along the ravines small stunted bushes are commonly found. A century ago sometimes tiger and leopard used to be found in the forest. However, these species are almost extent now and are rarely seen in margallah hills and at riverine sides. There are few foxes occasionally found here and there in the open fields and forests. Chakor and gray partridge are mostly seen while black partridge is rare. Geese are found in soan valley. Quail come annually in enormous number in the spring and autumn.

Islamabad has distinct seasons marked by wide variation in temperature. The coldest is January when the mean maximum temperature is 17.7 degree C and means minimum temperature is 2.6 degree C. June is the hottest month with the maximum temperature of 40 degree C. and the mean minimum temperate is 24 degree C. the area has two distinct rainfall seasons, the summer season from July to September and the winter season from December to April. The bulk of monsoon precipitation occur in July and august with monthly average of 267 and 309 millimeters respectively. The peck of Margallh hills are sometimes covered with snow during winter. Thunder storms are more pronounced during July and august. Hail storms also occur in this area.

Islamabad can be divided in to two parts i.e. urban and rural. In Islamabad urban people belonging to almost all possible races and tribes of Pakistan are living. Regarding people living in rural areas, they are mostly Raj pot. The important sub division is Bhatti, Rawal, janjowa and chuhan. Besides Gujrat, Awan, Mughal, Qureshi, Sayyad and Satti are also living here. Some of the other minor tribes are the jut, Malyar, Pathan and some Khattar. The people have lighter complexion then a rest of the people living in Sothern Punjab. People are generally well built and of medium height, sturdy and rugged looking. They mostly resemble

the people of Hazera division and Azad Jammu and Kashmir. Physical features and language spoken by them are quite different from the people of the plains.

Male's generally wear Salwar Qameez and chaddar. The chaddar is multipurpose dress of rural people. The color of the man's dress is generally white, brown and gray. In winter sometimes they wear long coats or blanket just to warm themselves. Females wear colored Salwar, long shirt and a doppta/ chadder over their heads. They generally like ornaments, bangles necklaces on occasion and festivals and marriages.

Wheat and maize are the staple food grains while bajra is also used to a lesser extent. The villagers mostly use vegetables with tandoori bread and sometimes also take meat. While the people of urban areas, mostly take balanced diet. Among urban youth junk food is becoming extremely popular.

The plains and lower foot hills near the western and northern Margallah range have witnessed a very long and rich human settlement and history. This is partially manifest in the magnificent archaeological sites in the taxila valley Archaeological Protection areas, adjacent to the park's north-western boundary. Here are ruins which extend back in time to the Paleolithic with nearly continuous archaeological documentation from the Neolithic to the fifth century. Paleolithic sites have been found in areas now occupied by Islamabad and Rawalpindi and vicinity including Dhoke juri caves near the southern park boundary west of Shah Allah Ditta. The alternating extensions of cultures and influence from the west and east mimic the overlapping of nature ecosystem, and reflect an unusually diverse cultural heritage. The caves here date from the medieval age and probably were first developed by Buhist groups. There are locally important religious features such as the Bouhar sites, which may be on top of old features. Nurpur and Saidpur village are at least 450 years old. The shrine of Pir Mahar Ali Shah in golra sharif is not far from the park southern boundary near Shah Allah Dilla.

The road network in the urban area of Islamabad is designed to provide an effective transportation system to serve all sectors of the city. It consists of various specifications. Such as highway, main roads and service roads. The Capital development Authority has started to link all the rural areas with the capital with metaled roads. Islamabad has been linked by the railway line at Margallah situated between sector I-9 and H-9. This rail connection, though not being utilized for passenger's transportation, has however provided transportation facilities for industries in sector I-9 and I-10. Islamabad has an international airport with good

domestic and international connections. It is directly linked to Middle East, Europe and China. Islamabad is linked to the NWD/ STD system and gateway exchange system for rapid and quick internal and as well as external communication.

Islamabad is a modern and well organized city, and divided in deferent zone and sectors. It is divided in eight zones, the diplomatic enclave, and the commercial district the educational sectors, the industrial area and so on. Each has their own shopping markets and play grounds.

The surrounding areas of Islamabad include:

1. East Kotli Sattian
2. North East Murree
3. North West Taxila
4. South East Gujjar Khan
5. South West Rawalpindi
6. West Frontier Province

Islamabad city is also famous for diverse religious identities. A shrine of Sufi Pir Mehr Ali Shah is at Golra Shraif while the shrine of Shah Abdul Latif Kazmi in Nurpur Shahn. Saidpur village hosts Hindu temple that have striking architecture and “Bethak of Zinda Pir “which is famous for the traditional lamps.

I selected Islamabad for my research because Islamabad is the third biggest city of Pakistan and also capital. Has some best health facilities in the country, it has many modern and well equipped hospitals and clinics that accommodate patients from all over the Pakistan. Like PIMS hospital, shifa International hospital, Nuclear Oncology and Radiotherapy Institute (NORI) Hospital, Al-Marroof Hospital, PAF Hospital, Ali Medical Center, Naval Hospital, etc. There are many other private and government hospital as well, I selected PIMS as my location because here I can collect rich information about my research topic.

3.2 Health Sector in Islamabad

There are six Hospitals with 1600 beds available to fulfil the growing health needs of the growing population of the Islamabad Capital Territory. The hospital is namely Federal Government Service Hospital with 337 beds. Capital Hospital with 261 beds. Institute of

Medical Science (PIMS) with 745 beds. Children hospital has 230 beds. National Institute of Health with 50 beds and Shifa International Hospital (private), beside 35 (ICT) dispensaries with 16 beds. Maternal Child Hospital (MCH) with 60 beds. 3 Rural Health centers with 65 beds and 13 basic Health units in rural areas with 20 beds are functioning day and night. The health network of ICT seems to be satisfactory as compared with the other areas of the country.

3.3 Pakistan Institute of Medical Science (PIMS)

The sitting which was selected to conduct the study is a government hospital; Pakistan institute of medical science, Islamabad. it is situated in sector G-8 of Islamabad.

Figure 2. Map of PIMS



Source: Google Map

Named as the Islamabad hospital complex (IHC), the original site was located within the premises of the National Institute of Health but was shifted in favor of present site due to its central position. Pakistan Institute of Medical Science has five constituting hospitals and colleges within it, which are given below.

- Islamabad hospital(IH)
- Maternal child hospital(MCH)
- Children hospital (CH)
- School and college of nursing
- School and college of paramedics

The study mainly focus on Islamabad hospitals and the patients who needs palliative care, the facilities which the hospital has given to them in, and also how much the palliative care is essential in the area or within the hospital.

3.3.1 Islamabad Hospital Complex

Islamabad hospital (IH) is the major component of Pakistan Institute of Medical sciences. It is a 592 bedded hospital and has 22 medical and surgical specialists. The spacious centrally air conditioned OPD of Islamabad hospital started on 18th December 1985, inpatient and accident & emergency center started in October 1986. Total number of employees working in the Islamabad hospital is nearly 1800, which includes executive director, consultants, specialist, Medical and Non-medical officers, Nurses and paramedics, it was formally inaugurated by the then prime minister Muhammad Khan Junejo in September 1987. Its covered area is approximately 356976.ft.



Figure 3. PIMS Hospital

Islamabad Hospital has fully equipped Accident and Emergency Center, Intensive Care Unit (ICU) Coronary Care Unit (CCU), Operation Theater (OT) and private wards with

most Modern and necessary facilities, Hospital has dialysis unit for Nephrology Patients and a head Injury Unit in Neurosurgery.

3.3.2 Maternal Child Hospital

Pakistan is one of the countries with high maternal and infant mortality rates. women, specially pregnant women suffer even at primary care level due to lack of properly trained and skilled health care worker in the community. To overcome this issue, the mother and child health care center training institute which has an attached 125 bedded hospital has been established with the help of JICA.

The MCH center is closely connected with the project type technical corporation PTTC for the save motherhood in Pakistan. The center has been contracted on turnkey bases under the Japanese grant assistance program. The total covered area of the building is 10661 sq. This center has been constructed in two years and in two stages. Stage one main building and stage two OPD/midway house building.

Mother and Child Health Care Center has 125 beds in which 85 are general beds, 20 are semi private, and 15 are private beds and 5 critical care beds.

3.3.3 Children Hospital (CH)

A 230 bedded children's hospital was commissioned as institute of excellence in the early 80s. The government of japan through JICA, approved and supported it as an aid project in 1982. Constriction started in March 1983 and was completed in two years i.e. March 1985 as prescribed. It was built by Japanese constructors, M/s.Tobishima Corporation. Tokyo. This hospital was handed over to the ministry of health, government of Pakistan in May 1985. It is an important component of PIMS.

Children's Hospital is providing clinical services including;

1. Surgical and Allied Specialties
2. Medical and Allied specialties
3. Diagnostic Facilities
4. Operation Theater

5. Critical care (NICU, PICU, Isolation and emergency)
6. Blood Bank

3.3.4 School and College of Nursing

The school of nursing is one of the components of the Pakistan institute of medical science Islamabad. The school of nursing organized in September 14, 1987. Basic general nursing training started from 1st October 1987 and school of midwifery started in 1992. The school of nursing is affiliated with nursing board, Lahore Pakistan. The total covered area is 19942 sq., and that of hostel is 43485 sq.

3.4 Specialties in Hospital

In PIMS they have all kinds of specialties, such as cardiology, ophthalmology, and medical, Surgery, gastroenterology, oncology, gynecology, ENT, orthopedic, pediatrics, dermatology, radiology, pathology.

3.4.1 Specialties in PIMS

Table 2. Specialties in PIMS

Accident & Emergency	Gynea /Obstetrics	Pathology
Anesthesia	Hospital Management Information system	Pharmacy
Blood bank	Neonatology	Plastic surgery
Cardiology	Nephrology	Psychiatry
Dentistry	Neurology	Pulmonology
Dermatology	Neurosurgery	Radiology

E.N.T	Oncology	Rheumatology/physical medicine
Gastroenterology	Ophthalmology	Urology
General medicine	Orthopedic surgery	Burn center
General surgery	Pediatric surgery	

This table shows the specialties provided by PIMS, it shows the modern facilities which is given by the hospital to the patients. These includes as cardiology, neurology, psychiatry, radiology and dermatology etc. These are all modern facilities that are needed in modern care.

3.5 Number of Doctors

Doctors are the main characters in any hospital. The total number of the doctors in PIMS is 240. They include Medical officers male and female, senior Medical officers, house job officers, Surgeons, visiting facility and other doctors.

3.6 Number of Nurses

Nurses are other important characters in any hospital and also play a very important role in patient care. They are performing the equally effective duty for patients as they spend more time with them. Nursing is affiliated with woman because of the softness associated with females. About 568 nurses work in the hospital under the supervision of chief nursing superintendent. There is also head nurse in every ward who is responsible for nursing affairs.

3.7 Blood Bank

There is a blood in the hospital to fulfill the needs of the patients. But there are some issues with the storage of blood; it is not able to fulfill the all requirement of the patients but the blood given by the patients themselves.

3.8 Department of Pharmacy

Pharmacists, being a professional having comprehensive knowledge of drug of play a very important consultative and management role in PIMS. They are responsible for the planning of pharmaceutical services, quality assurance of drugs, adverse drug reaction reporting and establishment and maintenance of safe system of work within their department. The department of pharmacy is also ensuring judicious use of available financial recourses in providing the cost effective quality medicine. It also ensures the rational and proper use of this essential drug. Other objectives are to protect the health of the people against the hazard of using unsafe, ineffective or defective drug and from the hazard of the irrational use of drug.

The department of pharmacy is also imparting Hospital Pharmacy Training Program for fresh and undergraduate Pharmacy student of different universities from all over the country.

3.9 Medical Stores

Medical store is also found in the area of the hospital at different places. On the other hand there is several number of the medical store outside the hospital to fulfill the needs of the patients. These medical stores are owned by the hospital and also some given to the different contract companies.

3.10 Transport System

Hospital has their own transport system as well, such as ambulance for the patients and vans for the staff members. Hospital transport is used for the patients who are admitted in the hospital; on the other hand out door patient mostly use their own transport sources.

3.11 Number of Wards

It has six medical wards and six surgical wards, One CCU ward and one ICU. It has a separate ward for private patients as well as for governmental patients of high ranks. VIP patients ward further includes four wards.

It includes outpatient Department (OPD) as well, which has almost doctors from all specialties of medical. It also has an emergency department.

3.11.1 OPD (Out Patient Department)

My specific research area was OPD ward, It is abbreviated for Out Patient Department, and here patients visit the doctor and consult the doctor with their medical problems and take the medicine prescribed by the doctor and go back.

Outpatient department is fully equipped. It has its own excellent diagnostic facilities i.e. Radiology, Pathology, Blood Bank, Angiography, Scanning, Stress electrocardiography, EMG and Nerve Contraction, Bronchoscopy, Endoscopy and other GI procedure. They serve the patients on daily and basis and also attend in patients department, patients as well.



Figure 4. OPD (Out Patient Department)

Daily average attendance of the patient in outpatient department is nearly 450-500. There are 6-7 doctors at the time but doctors can be appointed according to need, and 4-5 staff nurses it also depends on the departments in the OPD and 5-6 helping staff. Daily average admission, in inpatient department is 30. Daily average surgical procedures in

Operation Theater are 15 and daily attendance of the patient in accident and Emergency department is nearly 100.

4 LITERATURE REVIEW

Withholding fluids or nutrition can raise special ethical concerns for many who consider the provision of food and hydration as a basic human need, fundamental to the care and respect of the patient. Family members may be concerned about discomfort that they assume occurs when food or hydration is withheld. Because of this concern legislation efforts have been proposed by right-to-life advocates in several states. (Kinlaw, 2005)

In these lines the writer says that the patient in the palliative need as much care there is the problem of food also with him. The patients are given special care and their nutrition is kept. They are given proper food and care. It is also practiced in our Pakistani society the older aged people are cared much as the other are not care. Their food is specially made for them. They are cared in everything of the daily life. The patient is given facilities which they needed in their daily, they are given such much care and respect which they needed in the time of older they are provided palliative care at home through the culturally norms. In this process the family members may face some of the problems and will be discomfort in this regard but for keeping their care. For this purpose means keeping care of the older people and providing those cares the society provide different roles and keep maintain their health. There are several states which are providing some of the roles in this in this regard.

WHO currently defines palliative care as "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. (Webster, Lacey, & Quine, 2007).

In these lines the author describes the definition of the WHO about the palliative health care that it is approaches which improve the health facilities of the palliative care and bring the

quality in life of the patients which are facing illness and their families are facing different types of problems. Those problems may be financial or social regarding the patient.

The patient became the victim of stress and their illness became life time threat for them. They cannot identify their problem so they can treat it, and feel relief from it. The patient feels different type of pains in palliative care age that may be physical or mental. The patient always we seen face such problems in this regard. These treatments we in our society usually cannot see because it is not practicing that much as compare to the other countries of the world. The WHO is focusing more on this issue as it is raising issue in different states of the world.

Palliative care may be provided by specialist palliative care providers and services. Alternately, palliative care may be offered by medical, nursing and allied health professionals in other specialty sand in primary care who use a palliative care approach to care for patients with a life-limiting illness. Specialist palliative care providers are clinicians who provide primary consultative care to patients with a life-limiting illness. They typically work in a specialist palliative care service and have generally undertaken advanced training recognized by an accrediting body. (Masso, Dodds, Fildes, Yeatman, & Eagar, 2004).

The author explains that palliative care is provided by specialists in specialized areas such as hospitals or can be provided through medical and nursing facilities. When see in Pakistan, the preferred environment is at home with specialists trains in palliative services. The both things which we are selecting for patient must be well experienced. The care which is needed to the palliative person that may be provide by specialists person that can be nurse, specialists in their specific field. Their care should be provided by specialist through this they may overcome on the life time illness as they face this at the time. The primary palliative care can provide and give courage to patient in recovering the illness and the diseases which they are facing through this they will not be victim of stress. There are different types of clinic and hospitals which can train the patient and will give them training to overcome their diseases, and not be victim of stress.

The modern specialist palliative care services are expensive. Even the most developed economies in the world have been unable to meet with the demands of this service for their suffering population. It is estimated that only about 45 per cent of those who need this Specialist service is getting it in the UK. The hospice movement in the UK gets about 20 per cent support from the NHS and is largely run by voluntary organizations. (Gautam, 2006).

The author in this line mentions the economic factors which come or faced by patient and the family in illness. He says that the palliative care treatment is very much expensive because it requires lots of attention in this regard. The state also cannot offer it and take help from different donation from donor agencies, because it is not possible to provide attention in palliative care towards population of the state. The doctors who will treat the patient by this line indicate that 45% of the specialists which will become experienced for the palliative care treatment are educating from UK. Those hospitals which are giving treatment to the palliative care in UK are sponsored by different donor agencies economically because the palliative care treatment is very expensive. If we can see this in our Pakistani context we cannot see that much institution in our state. Our tradition or culture cannot allow the individuals to treat them in this time period at hospitals. They treat them in houses. The societies fix such roles in this regard for the care of the older people of society. They can be cared for in better manners.

Although this is being recognized as an essential element, lack of skilled medical attention with all its paraphernalia leaves a big gap in the total care of the suffering. Quality of life (QOL) issues are rarely thought, spoken or practiced in Bangladesh; this is truer for the elderly, especially, for the chronically ill, dying less privileged people. (Khan, Ahmad, & Anwar, 2008).

The author in these lines says and has given the example of the Bangladesh society culture that they are treating their older age people as palliative care with their traditional way. But through the traditional way applying they are not that much skilled as the modern hospitals where the patients are cared very modern way they gives all the facilities which a palliative or old aged people needed, but through traditional way by giving them culturally. They will not

give that much attention and care which will also cause them to stress. The quality of life survey rarely issue about it and the practices which are performing in Bangladesh. These care practices are rare in the societies for the palliative care. Especially for the ill and dying patients. In Pakistani context we have also seen this practice in our society, especially when an aged person gets very ill and there is not hope for his betterment, we pray the verses of Holy Quran and pray for his or her death that may Allah give him easy death because that condition in very painful condition. We give the patient medicine but that medicines are culturally made medicine. The culture through presenting these medicines became self-satisfy with the patient and filled the palliative care in their bases.

The inclusion of a session on stress management was met with a powerful response. 'I found it incredibly difficult to deal with some of the issues on the wards (especially oncology)' noted one student, 'and felt that there had been no real attempt to deal with this up until now Problems dealing with our own emotions and feelings of inadequacies in doing so interfere enormously with ability to develop any kind of skills in this area'. Another comment stated, 'I think having sessions and talking about patients or personal experiences is very helpful, perhaps it should be a regular session for interns. (Haines, Lethborg, & Schwarzs, 1995).

In these lines the author emphasis on the stress at the time of aged when an individual became ill, that always because of the stress. They always became ill because they became the addict of stress. Which denotes that stress could be the main cause for their illness to be aggressive? In this regard as the author asked from an patient that what is the cause of your illness he give that it's just because of stress if he cannot take that much stress he will not became ill. When an individual at aged period became weak the stress automatically attached with him and he will not be having his power to stop that. The problems of the society also make him the victim. There are lots of the problems which will make him ill. The best way to keep one self from the stress is to interact with another patient. Through this you will be having social interaction with him and will forget your own problem or illness. The palliative care session will be overcome when our society take this issue serious but as considering it

with Pakistani society it is not that much prevailing in our societies so we are not having that much experience of it.

Ethical issues in the clinical setting are characterized by (1) attempting to discern and make the “right” decision, one that typically benefits the patient and (2) creating a justification or an understanding about what makes a particular action the “right” choice. In the setting of clinical ethics, helping to assist patients and families as well as clinicians to think about difficult choices when changing the pattern of care often involves the acknowledgement that there are conflicting values or perceived obligations or principles. It may not be possible to honor all of these conflicting issues when caring for a patient. (Kinlaw, 2005).

In these lines the author says that in our societies there are many ethical issues regarding the care of the elderly people. The people follow that ethical issues and respect and care the patient. The authors categorize these issues in different type. He says that we must get or think the right decision that in which the patient will overcome and that also benefit patient in his illness. Some time when an elder became ill we cannot get right decision what to do and with whom treat him. So the choice is very important in that time it will benefit the health of the patient. This is not common in our society that in which clinic or hospital the patient should be admitted but is common in different countries that they select a best clinic for their patient for his palliative care. Because there are different hospitals and clinics which treat them differently their ways of care are different. So we should acknowledge about the facilities which will be provided to the patient as palliative care of the elder people in society. But there are different difficulties in this it is always not possible to treat him that much because of the economic and social issues. We have seen that in Pakistani context when they cannot care of the patient the society also pressurized an individual to care of his elder in shape of respect and fill the basic needs of the patient. This usually faced some difficulties.

There is no continuum between mental and physical aspects of illness and the two are regarded as entirely separate. Treatment is solely in the hands of the

healthcare professional. By contrast, health psychology views mental processes as not only intertwined with physical processes in illness, but also as a potential contributory factor to both health and illness. The individual is seen as having an active, rather than passive, role in the cause, progression and outcome of illness. (Walker, 1999)

In these lines the author says that the patient through giving them prefer care depend on their training. In palliative care hospitals and institution they must be given training so they can overcome their illness. That training must be mentally or physically. Mentally training can make them prefer in their health issues. They can be preferred and will recover on their illness. They should be train through professional trainers in mentally or physically. The treatment in the palliative care institution totally depend on the hands of professionals, they knew that how to treat the patient. The professionals will treat then in well way. Through the behavior of the professional trainees the patient will recover their illness and will get healthy. Illness always occurs in individual due to not prefer health so we can say that health can define illness. Through maintaining the health, a patient can recover his or her illness. For this he should care about health and the food which he used for the energy.

The shift in healthcare policy to paying for value will drive how we measure the quality of palliative and end-of-life care. This article identifies some of the challenges of measuring the quality of palliative and end-of-life care, and discusses public-private partnerships and their progress in creating and developing consensus around effective quality measurement. It describes the attributes of the next generation of measures for palliative and end-of-life care, and their use as a tool in risk-based, alternative payment models to promote improved care (Burstin, Helen, Johson, & Karen, 2017).

In the previous many decades, we cannot see any steps that the government has taken for the best and fulfillment of the problems which the Pakistani society basically faced a lot. As in this article the author says that now the shift of the quality health care is converted towards the paying. It is said that for best and secure care we pay a lot that way a person who is

having good economic condition he will be having good care and a person how is having less money he will not. so when the money or paying came between the care then how we will measure the Quality of the health care and end-of-life care. He further stated that the public private partnership will be the best option for the quality of the palliative care. The government should do the policy of the partnership with private institutions that may be best for the treatment. It also effects the coming generations that how they are taking steps for the betterment of the palliative care. This gives benefit to the patient and their health can be secure. The writer also says that alternative models can also affect and promote Palliative care and end-of-life care in our societies. He has also experienced that there are government and private institution in our country that care the patients well. It also depends on the institute there may be government hospitals which will provide good facilities to the patients instead of private institutions. so always money can't play good role it also can be achieved through the management and work of the institution so the palliative and end-of-life care can be secure. In Pakistan the Palliative care centers are not that much function the people are considering it as the tradition of the west. They are giving care to the patient at home. Because the culture of Pakistani societies are unique they don't allow the patients to admit them in such institutions so, the care of the patient became free of cost.

The 2014 Institute of Medicine report "Dying in America" cautioned against making assumptions about patients' care preferences; encouraged incorporating cultural, spiritual, and religious needs aimed at patient-centered care; and supported family involvement in the decision-making process. (Nathan A. Boucher, june 2016).

Institution is best place for the patients but the traditional way of the caring is also the most as the doctors and the developing countries are considering the palliative care houses important which cannot be neglected. The author in this article discussed the Medical report of the America where it is clear stated that the cultural and religious way of the treatment of the patient is the best way of the care. Because culture and religion gives satisfaction to the patient that he is treated in his belief context. This trend of the treatment is very common in Pakistani culture. Every culture has their norms and values and beliefs they all first properly care of the patient at home. Then they get through the help of the local religious healer. The



healers or the shaman recommend them amulet for that. The patient also in many occasions prefers amulet then the doctor's treatment. The cultural way of the treatment is considered as the safest and less economy spend treatment. In every culture they are having myths that spiritual stories are attached with specific disease. They treat the patient in according culture way but when the patient condition became serious then they prefer hospital and the doctors for the well treatment. The culture, spirits and religious belief are more important in the patient's treatment and it involves the family decision.

A happy patient is a healthy patient. Counselling and reassuring them, preparing them for what lies ahead, instilling positivity, showing love and care and paying attention to them when they talk, even if it is long winding, can raise their spirits. Other morale boosters include involving them in projects, arranging physical, outdoor and social activities with mixed age groups, and letting them know they will always be important and needed. (Iftikhar, Apr 27, 2014).

The happiness of patient effects on the health of the patient. The more the patient will be happy the more he will be healthy. The author in this article discussed about the hapiness of the patient that a happy patient is a health patient, Usually the patient became more effected from the desease when he faced problems and hurdles in life. We have also experienced in our societies that when anybody face diffeculties and unhappiness in society or daily life he became ill and effected through it. In our daily life the patient when see the situation of the house he will react on that context. It can be possible through giving him attention, So to keep happy the patient we should provide him the oppertunities that can engage him and he feel happy. care of the patient. We should listen carefully to the patient so that he cannot feel that the family or society is neglacting him. Their must be some activities indoor or outdoor that entertain the patient and engage him. We should provide him the social attention of the people so he cannot feel as he is patient that the most important espect of the care of the patient. We have listen some stories in our cultural context that when the son or the family member misbehave with patient it effect the health of the patients so, we should provide a healty and happy invornmnet to the patient so he can feel happy and that effects potitively on the health of the patient.

Mufti Taqi Usman enlightened the audience about the religious perspective of medical care and compassion. He said: “If a medical practitioner serves a patient, he receives blessings from the Almighty and this rule is for all patients, irrespective of their faith and religion. Anyone who eases the pain of a human deserves those blessings.” On illness and Islam, he said: “Islam has encouraged a healthy lifestyle and adoption of precautionary measures. Nobody should pray for illness and if someone falls ill the patient is required to seek medical assistance. Patients, however, can’t be forced to take treatment and they have the right to refuse. (Reporters, June 02, 2018).

In this report published by the daily dawn news the reporter while writing about the seminar on Palliative care report that, Mufti Taqi Usmani a prominent religious scholar says that if a patient feels good through the use of medical that is good should use the treatment through doctors, and consider it as the blessing of Allah that he is healthy. He also says that the doctors are serving the patient Allah bless them on their services because it is Hadid of Holly Quran that “A person how save one human being is as he saves all human beings” because the doctors save the lives of the patients irrespective of their cast and religion that’s the best example of humanity. Discussing further Mufti sahib discussed that if anyone is affected or suffering from illness he should consult to the doctor for the treatment. He says that now body should pray for the illness he should pray for the recovery of any desires or illness. He further in this report says that we should give the assistance to the patient while he is suffering. If patient refuse to the treatment or taking medicine so you cannot by fore give him medicine that’s against Islam and humanity. If he is willing to take medicine its good but through force you can’t give him medicine.

Palliative care need not be for a short period. In some diseases, even if a cure is not possible, the course of the disease is slow or can be slowed down so that the decline in the patient is not rapid. This can continue for months and even years in some cases. The patient needs to have as good a quality of life in the period as is possible. The family/caregivers also need support to ensure they

are able to care for their loved one as well as they can. (Bari, February 12th, 2016).

In these lines the author discussed that the palliative care is not for specific time periods. At some stages take months and sometimes years to recover. We have seen that the patients facing HIV are not recovering quickly. They can recover in just few days, months or even take years. Because there are some cases in which the process of the recovery is slow and it takes a lot of time to recover hence the care of the patients became necessary. Because when you cannot care for the patient properly he/she will feel as a burden on the family. And that will affect his health because the patient should be given a happy atmosphere so he can feel good with that situation and live a healthy life. As the author in this article stated that it is a very hard situation when we lose one of our dear or loved specially from the family. When such a situation arises, the entire family consults and gives away their opinion and remedies regarding the diseases as per their own understanding. There are some diseases that the doctors say that there are no more chances of the patients you should care of the patient. This can take week or years for the recovery. The doctors say these types of statements to see the condition of the patient. This needs the attention of the family and their love with patients. As long the patient feels happiness he will be healthy and will this have positive effects on the life of the patient. In regard for the health of the patient one should consult with good Palliative care specialist for the care of the patient.

Population-based education in palliative care may seem impossibly ambitious. And a broad effort to educate the public about serious illness and end-of-life care will doubtless require tactics, strategies, and tools that haven't yet been employed in the area of palliative care. Such a broad-based effort may be unprecedented in palliative care, but it is not new to other fields. (Webb, Jason, David, & Casarett, 2017).

Palliative care is the most important discussion in our societies that we should educate the youth and the students about the term Palliative care. In this context as the author has given the example of the American societies, that they are giving proper training to the students at

schools about the Palliative care. We should also implement this trend in our country. The students should be given training at their schools about the care of the patients especially about the palliative care, about the tools that are used during the care of the patients. In this context the government should give its attention towards the issue of Palliative care and did different seminars in institutions. The students should introduce the new ways and tools of the Palliative care. And that should be introducing them. It will help and will be having positive impacts on the care of the patients. The government should do different announcement for the public and familiarize them with the Palliative care. There should be conducted research and survey of the population of the area or country about the palliative care. Through which it will be known that how much population of the state need to know about the palliative care and the effected number of the patient can also be known through the survey or research.

Extended family system in Pakistan helps to provide opportunity to family members to act as care givers to elderly living with them. This care giving leads to greater satisfaction among them in comparison to care provided by paid care givers. In present era of economic recession with increasing financial constraints on the individual families, extended family model is being replaced by nuclear family model which is further deteriorating the situation. Care of elderly puts an enormous responsibility on the care givers and health care providers. They have to provide physical assistance to the elderly for their daily functioning in addition to fulfilling financial, social and spiritual needs. These requirements put an additional burden on the caregivers, adversely impacting their responsibilities at job and at home. It eventually leads to further neglect of elderly health. (Qidwai & Ashfaq, September 2011).

In the article published by Agha Khan University the author discussed about the care of the patients and the effects of the family structure on the palliative care. In Pakistan usually, extended family system prefer and that is the positive picture of the Pakistani societies. In extended societies the care of the patients is easy then the nuclear family system because in Pakistani societies the joint family system or the extended family structure provide more facilities to the patient. Palliative care became easy in extended families because the care of

the patient is divided between the members of the society. Every member did his work to provide care and services to the paying. One of the more important things in the extended family structure is that the economy cannot affect the care of the patient because all members of the family spend and contribute it but this is completely in the nuclear family system. In nuclear system as it became trend now the palliative care is so much difficult then the joint family. They face economic problem. One member of the family has to earn and spend money on the care of the patient. The elder people are engaged with family member in extended family system that effect positive on the mindset of the elder people and give them satisfaction and happiness. When the patients feel happy it will be having directly positive effects on his health. The joint family system fulfills the spiritual, social and cultural needs of the patients so, they can feel better than the nuclear family system. When the spiritual and social needs of patients are neglected it will affect bad on the health of the patient. So, we can say that extended family system in the palliative care played an important role then the nuclear family system.

5 ELDERLY CARE PRACTICES

In Pakistan there is no special planning for the senior citizens. There is lack of social policies for the welfare of senior citizens. Social policies refer to policies that are made for the welfare of society.

This chapter emphasizes on the changes that the elderly care practices. This is an account of the general views. This will briefly justify the perceptions of the people irrespective of the subject matter of the study. What are the new elements that can be seen in the care of the elderly care in the Pakistan. Aging is related with different other problems like economic conditions, physical problems, mental problems and family support as well. To what extent these problems effect the care pattern of the patient? The influence on the perceptions of the people regarding care patterns was on account of their financial status, type of family, process of the socialization and the educational level of the patients and their guardians. This chapter is based on the heterogeneous perceptions of the people in the particular context of care and medical treatment in the society.

5.1 Treatment of the elder and its practices

Treatment of the older people is very important in Pakistan. Elder people have a special place in Pakistani society. Pakistan is a diverse culture country. People have different patterns of care and cure of their elders. Hospital is one important aspect in the Pakistani context as people feel more comfort and reliabilies in this place as compared to home treatment.

Currently, Pakistan predominantly relies on co-residence with family and kin for elderly care. With most of the aged that co-reside living with their sons, provision of care extends from fulfillment of financial needs to health as well as emotional needs. While most of the tangible transfers occur from the younger to the older generation, there is reciprocity — especially with regard to childcare for working couples, and at the emotive level, given the culture of respect accorded to the elderly. (Majid & Memon, February 19,2018)

5.1.1 Nature of treatment

In this regard people were much optimized, the pattern of the care were changed according to the needs and requirements of the patients. The care has shifted from traditional care to modern, people feel more comfortable as compared to home. The people who were at the end stage of life their family did not want their patients to be kept at home. The healer treatment is also there but people believe in modern medical treatment and medical tests.

Table 3. Modern care pattern

Modern care pattern					
S.no	Behaviors	Number	Gender		Percentage
01	Modern Care Believer	11	M	7	36.66
			F	4	
02	Homeopathic Users	4	M	2	13.33
			F	2	
03	Home Remedies	6	M	2	20
			F	4	
04	Spiritual Healer	9	M	4	30
			F	5	

Source: field data

One of my responded said;

“If anyone is ill he must see doctor, it’s our Prophet’s (P.B.U.H) Sunnah but nowadays doctors also do their experiments on patients but amulet is Allah’s saying but treatment is necessary I don’t believe in amulet, but Quran is Allah’s book”.

Some changes also occurred in the nature of the medical facilities and machinery in care phenomena of older age,

One of my respondent noted as mention;

“Of course, they are. The Western influence plays a major role through the media. We are always reliant on them. Most of our values, even antibiotics and epidemics depends on the West”.

Another said that;

“Yes, there has been great medical advancement with time and new cures are being found for diseases. People now want the best option for their family whether they believe it is by a doctor or by a Hakeem (Allopathic doctor) or even by Peers (Spiritual healers). But I think there are some cures that are only found in modern medicine”.

5.1.2 Behavior changes

Throughout my field work I observed that the pattern of care is changing, my responded said that the diseases are more complex as compared to past. In past people went to the healers and felt comfortable from their treatment, they satisfied. They said that at that time diseases were curable at home by home remedies but now disease are more complicated and not curable easily without medical test. They said that medical treatment has become necessary for everyone.

One of them responded saying as quoted;

“In my point of view since this is the modern era there are simple people that actually don't know about the right disease. They don't known about the proper medication. People just used to get treatment from indigenous healer and saints and they felt secure. But now things are different. If you have any problems first of all you go through some medical tests from modern machines your body is tested. After all this process it is then decided that what is the disease and what will be the treatment which I think is more effective”

Another said that;

“We came from a small village just for treatment of my brother it has obviously changed with time just like our father he was treated at home healer came and

cured him his all needs completed at home like my mother took care of him if he needs anything my mother gave him but my brother is being treated in hospital doctor tells us everything”

As my research field was public hospital most the respondents belonged to middle working class. It was noted that people did not have enough time to look after the elder people at home. They had to get to their work place at time. The treatment of the patients at home required more time as compared to the hospital. 18 respondents out of 30 belonged to working class which the researcher selected and other were laborers and day workers. They faced time problems to manage hospital and work place as well as home.

One of respondent said that;

“We belong to middle class we all brothers and sisters work. Everyone goes to office and everyone is married. We come one by one to hospital in daytime. I stay with the father. Meanwhile my brothers stay in office my kids are with their grandma. In night my brothers will stay with father. Everyone is busy in their work like that living in hospital is kind of difficult. But we have solved it by using time schedules”.

Another of the view;

“Time is a thing that changes everything like that our traditions are changing too just look at this hospital in past when an older man is about to die we took care of him and pray for his life will be good after death now when someone is dying we admit him in hospital so he could think he is not dying and because we are becoming lazy and we are leaving our relatives and traditions.”

My respondent in this regard says that now a day the things are changed in every culture. The cultural norms and values are totally changed because of the advancement of the culture. He says that now a day we pray for anybody just after the death of patient. He also added that, at the first stages of the weakness of the patient we cannot care for them. We started caring of the patient when he or she became ill and admitted in hospital then we say he is suffering. This change in the culture is just because of the advancement of the technology and development.

As it is mentioned most of the people prefer hospital for the treatment as compared to healing from healers or saints. Regarding the treatment at hospital I have observed that different people were having different views some people were saying we prefer hospital just because the condition of the patients became serious. They were saying our first priority was hospital just because of the doctors guided them well than the Peers. On the other hand, due to the diverse nature of people a multitude of data was collected with contradicting opinions and perceptions. All the ideas were expressed by the respondents was due to their different experiences.

Some people said that, along with the medical treatments they also believed in traditional and spiritual healing. One of my respondents mentioned; “My brother is being treated in this hospital, but I also acquired an amulet for him. We believe in the healing of them both”. The people usually one or two members of the society came with patient to hospital to look after the patient. Majority of the people came from village atmosphere. They also did the practices they were observing in their village like giving special food to the patient, giving him the water, which is given to them by the peer to give it to the patient.

5.2 Behavior of hospital staff

In any institution the behavior of the staff is much important as my research is on the patients and patients’ attendants, regarding the behavior of the hospital staff one of my respondents says that as Islamabad is having large amount of population the number of hospitals is less as it should be. There are different people whose economic situation is weak they cannot have access to private hospitals for their treatment.

5.2.1 Doctor behavior

In my research I came to know that the perception about the doctor’s behavior toward patients is changed. Almost all responded in this regard answered positively. All patients and their guardians said that all the doctors and other medical staff are very good, co-operative, and punctual. From out of 30 respondents approximately 21 said that doctor’s behavior is kind and polite.

One of my responded said that;

"Yes they do how much they can do, we don't discuss it too much after medical test they say buy medicines from outside some people have CDA medical card through this card their treatment is free."

Response of the respondents quoted;

"As I told earlier that hospital environment is very good doctors are very good helping as my therapy is very sensitive they check me up at time. And food of patient is given by the hospital on time. There are all facilities of my therapy, but what I notice here is the cleanliness problem otherwise all is good. There are number of people that make noise some time it is irritating. What do you want more where there are good doctors and staff as well speak kindly".

5.2.2 Care givers and staff behavior

It was noted that the behavior of the nursing staff and other hospital staff is good, some nurses are not good. The trainees behave not as professional but senior nurses are good and kind. Mostly patients are satisfied from the behavior of the staff but some are not. One of my respondent also added that when he came to hospital the (parchi wala) appointment corner they behaved with him in a very bad manner. They said that nurses are very respectable and care for the patients as the family members.

The Pakistani society is also in some extent radicals that they are not tolerating the others they always consider that someone else should behave in proper manner with them. PIMS hospital is dealing with thousands of the patients on daily basis if we see the estimate.

Some guardians do not agree with that, as passage that quotes:

"Attitude of a sweeper in this hospital is like a controller of country. Who thinks he is the controller of the country if in Pakistan the attitude of government is bad then how his attitude is going to be better".

He was of the view that the behavior of the staff with the patient's helper is very bad. The sweeper of the hospital is also considering as he is having such powers as the powers of prime minister. It is because the hospital staff is also not giving their attention on these issues. With this type of the examples the behavior of the people against the government became negative, they think that this is just because of the government because the government does

not take notice about them. This type of incidents also changed the mindset of the people against the government, as my respondent also said that when our government is not good then what will we expect from other people.

There are different people whose economic situation is weak. They can't afford private hospital for their treatment. He says also due to his weak economic situation he prefers government hospital but he was not happy with it. He says due to large amount of the people here in hospital they are not treated as the older people should be treated in such manners. He says the hospital staff behaviors are very bad with them. They are not happy with the behavior of the public hospital. Different people were having different views some of my respondent were saying that the behavior of the hospitals staff is good with them but some of them were saying no the behavior is very cruel because they behave in very bad way they even cannot see that the person with whom I am talking is elder in age than me. In this context when I asked from one of my respondent about the behavior he said...

"Not too good not too bad it's good for only people who got rooms to stay it's not good for poor people".

Through this statement we can say that the people are very much fed up from the staff behavior. They have attached such perceptions that the hospitals staff is only giving importance to the people who belong to rich families and some of the patients are allotted VIP room in the hospital for the treatment. Because return they pay a specific amount of charges to the hospital, so the people have attached this meaning with the staff of the hospital that they only respect and behave well with those people.

Another thing else I have noticed during the research that the person who came with patients from village to look after the patient they are always with the patient because they have to bring medicines for the patients from outside the hospital or medical store. When the doctor came to check the patients, who are admitted in hospital they repeatedly say to that people that you may leave the ward because now the doctor is coming for the checkup of the patients, that going outside 4 to 5 times from ward also have affected the people perception that the staff is behaving not good with them or attached such negative perception that they are only preferring the person who are having room allotment in hospital.

5.3 Tradition of the People

Islamabad is the city where people come from different areas of country, they all are settled over here but belong to specific cultures and areas of Pakistan. Here in capital city different communities and people are living. Some of the respondents that I asked this question largely support their cultural or traditional treatment of the people but with the medical treatment hand in hand.

It has psychological impacts on the mind of the patient. Now, older or aged people came to hospital just as to live in the society. Pakistan is a religious Islamic country people feel more satisfied in the hospital as compared to at home. Respondents said that it is our moral obligation to treat our elder to make ourselves more satisfied. They said “*ilaaj ho raha hy na*”. Being at hospital is the thing that makes them satisfied.

One of my respondents in this regard says that, in our tradition our culture provides every facility to the aged people in this age. He says that our culture educated an individual for the care of older people and their importance, so once they see any aged people in the society they respect them. Some people usually prefer their home or traditional treatment in this age rather than the treatment of the hospital.

“Yes, this hospital is good just like I said I am from Sargodha we came here for treatment. Here my brother is being treated, his age is nearly seventy years he has heart problems and cancer we came here because hospital's staff is good this is a big city doctors are more experienced and talented than other cities”

The respondent in this question answered that he came here to this city and PIMS hospital just because of the treatment of his brother. Because he was suffering from cancer so PIMS Islamabad is one of the best hospitals here they selected for the treatment of their brother. They were also of the view that here the doctors are most specialized and it will be good for the treatment and health of the patient. My respondent also added that his brother is now 70 years old and it's very good for him and also for the healthy life of patient that he should get checked with a specialist. Here in PIMS the doctors are more specialists and caring than the house or the local hospitals.

It is noted that in Pakistani culture religious practices are very important. People strongly believe in religious care practices of the patients who were at the End of Life stage,

they believe in Holy sayings they recite Holy (Ayat) on the patients. They define this as “*Daaam krna*”. They give charity “*Sadqa krna*” of the patient, sometime it is in the shape of money, food and clothes.

According to my respondents “*Sadka*” is an Islamic teaching. The Holy Prophet (PBUH) also taught about the “*Sadka*”. It is very useful at the time of chaos.

Respondent response as quoted;

“As we are all Muslims and in Islam there are clear orders about everything like this there are many orders about, disease, ill and treatment. If someone is ill you should give them right and possible treatment Don't become denier of Allah's orders that only we can take care of you and like science is standing against religion, but good treatment and according to Allah's orders just like Prophet (P.B.U.H) went to see the patient and said that “Allah becomes happy and there is reward in this act” and take care of patient's necessities if any person can't heal at least think about his decrease in pain don't leave him for death still now some people in villages read Surah Yaseen or Quran loudly near patient that either way his pain will decrease or his death is easy like this religion have a big part in every disease and treatment.”

Pakistan is developing country the pattern of the care is changing with the passage of the time but some members of the society still believe in the home remedies in the critical patients care. They were few in number but still present in society.

6 FACTORS OF CULTURE

Anthropologist Edward B. Taylor offered a broad definition, stating that culture is “That complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society.” (Tylor, January 2, 2010)

This chapter will discuss culture of the society and the nature of the culture in the society, what are the changes that have occurred in the culture with the passage of time. There are many different norms of the people in Pakistani society regarding illness and its curing. How the paradigm changed from traditional care to modern care in Pakistani society also the nature of the treatment and the behaviors of the doctors.

The information comprises of the patients and their guardians who are in PIMS, who hail from the diverse areas of Pakistan and different ethnic groups. This chapter emphasizes on the diversity in the culture and its impact on the human health.

6.1 Perception of Public Opinion

In Pakistani society the older or aged people are being treated very well and they are given most importance than other members of the society. The older people are considered as blessing of Allah. Even in Islamic perspective the older people are given more importance in society.

Finally, the taboo against old-age homes needs to be tackled. Rather than the current practice of the elderly living alone when they can afford it, but still battling loneliness and, worse still, abandonment and subsequent residence at centers such as those established by Edhi, we should be looking to establish state-sponsored old-age homes. Here, the needs of both who wish to be in such homes, as well as those who are forced by their circumstances, must be catered for. This will become especially important as our population gradually ages, and economic pressures on younger individuals see a drying up of private funds for the elderly. (Majid & Memon, February 19, 2018)

In this context respondents mostly refused this variable, they said that it is more important that we have blood relation and an emotional attachment. Public opinion does not

matter as much as the relation. A very few numbers of people accept that public opinion is material that it does affect the nature of the treatment,

Another said that;

“There are so many things who makes a person's cure better like we came here because I have blood relation with him and I cannot leave him in this situation and our religion also give us instructions to respect our elders just like in Hadith “He is better in you who loves children and respect elders” and after all our family don't allow this to leave our brother”.

Another noted that;

“See in starting I faced a terrible pain that I can't bear, I got anesthesia to get some relief my wife and my sister did not sleep all night after that my life is important for them I have blood relation but some time there is social pressure because we belong to a middle class family where norms and values are important. But I think that my life and my presence is more than all these factors that I mention”.

6.2 Familial Care

Familial care is the most important thing in any patient. As it is said that Pakistani society is traditional and family oriented, they gave much importance to the family and the older member of the family. One of my respondent said that they take care of their parents and love them if they feel any problem they consult the doctor. Sometimes they become very irritated, but we have to bear them, because they knew that they may be dying.

And it is also the family's responsibility to save and make them feel comfortable. People were confident to address the fact that their relation was more important than social taboo.

One of respondent said as quoted;

“He is sick, he knows he is dying how would you react if you knew? Sometimes he becomes very selfish he says we are not doing enough for him or that we are letting him die because he is now a burden for us but that is not true. He is also old now, fifty-seven years he is getting irritable naturally. He is also the only one

amongst us all who has a life-threatening disease; I know he is scared and tired of all the medicine and the doctors”.

One other said that;

“It depends on the family and people, I have seen some families leave their terminally ill patient to die, sometimes there is no other choice but sometimes they do not make an effort either. Dying or not the patient is family. Nowadays people do not want the hassle of the funeral and the guests, so they try to get other closer family members to take care of the sick elder. I know my brother will eventually die but I believe in Allah, he is responsible for sickness and health, I on my part will do whatever I can to take care of him”.

6.2.1 In Door Care and Hospital Care

It was noted that the terms of caring have changed; it has shifted from traditional care to modern care. People believe that it is better to be cared in hospital as compared to home. In this regard the model has shifted, it is now more preferred to admit a patient in hospital. The respondents feel more confident to tell that they are able to admit their patients in hospital.

6.3 Taking Care as Responsibility

In our society the care of the older people is considered as the religious responsibility of members. The people attach meanings to their attitudes as if they do not treat their elders well in this age they will also be treated in that way when they will become old themselves. In this regard one of the respondents said to me that they are cared in their houses by family as responsibility. They say that in our society we educate our children about the responsibility of the members to provide every need and fulfill the desires of the aged people. A number of respondents were of the view that, care given to a terminally ill patient in the house is a moral responsibility for the other younger members or children as they have to care for their elders as they cared for them when they were in their budding years.

One of respondent said as quoted;

“This is not acceptable in our society, why only in our society in any society this is not acceptable that when your parents become older they are left behind, when our children are younger and are not able to work on their own we look after them. Similarly, we also need them when we become older and not able to do our work”.

Another said that;

“When we were kids parents took care of us, now it is our responsibility to take care of them. This is my father he lives with me it’s been 19 days. how we spend nights either Allah knows or we.

The Pakistani society and specially Islam teaches us that we should take care of our parents and the aged people of the society. According to the teachings of Islam, it is also said that as our elders took care of us in our childhood now it’s our responsibility to take care of them. If you cannot take care of your elder people, it will also be done with you when you’ll be of their age. This implies if you take care of your elder, your children will also take care of you. My respondent also said that my father has been in the hospital since the last 19 days and says that only he knows how he spent these days in hospital. My respondent also said about the current situation in our country that there was a time when we saw someone in trouble we directly came over there to help them, but this trend is now changed due to the prevailing situation in the society that they cannot help because in some cases they will be affected by this.

We have seen many examples in this regard in our society that always affected the individual personality and character. Because people are now more cautious of their surroundings, a general air of mistrust has surrounded people and they think twice before accepting help from a stranger. There is also a certain familial pressure about helping others as people want their families to be safe and hence are instructed to keep to themselves. But this system is not prevailing everywhere humanity should always be on top there are many countries that will appreciate you on your help.

The Pakistani people have said about the palliative care, that with the proper education of an individual this perception will be changed. Some people are saying that we should educate our children, so they can know about universal human rights and ideas of respect. Different respondents said that Islam is a religion that tells us every aspect of

humanity. When I asked what the cultural influence of will be the treating an individual to the palliative care, so my respondent said that Islam is complete code of life and teaches every aspect of the life.

One of my respondents said that;

"First of all, we have to give them good education, but it is better to make them Hafiz of Quran I have three sons and one of them is Hafiz of Quran he is still in Taxila it is approximately 7 hours from our house".

It is noted that we should first give our children good education whether that education is academic or religious education, the individual will have a better position to help their parents and elder aged people as they now have the relevant exposure and knowledge. We will always consider this person as an educated individual and he will respect the members of the society because he is literate and knows well about the rights of the individual. That's why my respondent also said that we should first give them education. Furthermore, adding about education my respondent said that the children should be Hafiz e Quran which implies that they should be given the education of the Quran, it is because the Islamic rules and regulation came through the Quran. My respondent also said that he has three sons out of which one is Hafez e Quran and is still studying his religious education in Taxila. He also added that his son travels seven hours a day in order to learn about the Quran.

Some of my respondents were Christians. They are also a part of the society of Pakistan and obey the rules of the culture and the traditions, they are also of the view that Christianity also teaches peace and responsibility towards their parents.

When a patient is affected by some diseases or illness his mind starts to think negatively. He becomes victim of the bad thinking that always affects his personality. During my research one of my respondent shared a story of his family with me, that his brother had cancer. And that was blood cancer, so all the family members always took care of his treatment. But once his conditioned worsened he gave his wife the duty to look after him. He once said:

"I am miserable I cannot bear this pain anymore, you all should just leave me to die. My wife worries for me so much she cannot bear to see me like this. Let me be."

That his brother is saying that I am now fed up with the usual treatment please you may leave me because now I am dying there is no chances for my survival. He says that my wife told me that I cannot see this miserable condition he is in very painful situation. This indicates the patient believes that there comes a certain time when the treatment feels useless and should be stopped. His condition affected his mind he started having negative thoughts that he has no chances of survival. But our moral and cultural obligation is that to behave in a very good way with them and fulfill all their required needs like food, cleanliness, medicine etc.

She said that in our society we educate our children about the responsibility of the members to provide every need and desire of the aged people. She said that, treatment is very well in house or society because we care our children when they are child now it's their responsibility to provide care to us as much as they can do.

6.4 Opinion of the Good Health

In this regard on of my respondent said that

“Ham ab ak asi stage per he k hamara jism ziyada chezze nahi berdasht ker sakta jese k ham jawani me kate the. Kissi cheez ki perwa nahi Thi.

Human body in life goes through different stages of life that consists of childhood, adolescence, adulthood and old age, as my respondent said to me that he was once a young boy, his body was full of energy. He had the ability to fight with the challenges of life without any fear because he had the energy to recover. The human body when not given attention will deteriorate sooner than possible. If given proper attention like, good food and a free of trouble life then people will maintain a good health. We have also seen in our life that those people who keep themselves healthy they do not face difficulties in their elder age and that is possible just because of the choosing a healthy life style. In this regard the government should provide old people with facilities that keeps them active even during their old age.

In different cultures the definition of good health is different and varies from culture to culture. Like in Pakistani culture a healthy man is healthy by measures of how fat he is and whether he can walk on his own. For every person opinion of being healthy and health is different. For example, for a Pakhtoon man a fat girl is considered healthy and wants to marry

her as there is a general perception that thinner girls are weaker. But on the other hand, in America a fat man considered as obese and is encouraged to lose weight. In this regard one of my respondent said that a healthy man is who, who can walk by their own. He also quoted that phrases such as "*khaty pety ghar ka banda hy*" considers that a person who is fat shows signs of wealth as he has an abundance of food, the fatter the person the wealthier he is. One thing more in our culture is that mental health is not taken in consideration and the consequent effects on physical health. If the person appears to be normal on the outside he is considered healthy even if the person might be suffering from depression or a bipolar disorder.

Elderly patients need to focus on staying fit by avoiding habits such as a sedentary lifestyle, drinking, smoking and unhealthy eating. If they wait to fall ill and then seek care, it is a big drain on their own and their families' time and resources. It is never too late to start primary care for elderly patients. (Iftikhar, Apr 27, 2014)

Food is also one of the important elements in this age to keep the people healthy. Because through the help of energy that exist in fruits they will be healthy that can make them to work. In this position the healthy food is better for them that should be fruit and meat. Because human body need specific amount of energy and at the aged time the patient can't eat that much so their body becomes weaker and they have no potential to work regularly routine works. That's the basic cause that we should give them proper amount of food that keep them energetic and helpful to maintain their energy level. In this regard on of my responded says that;

"IS ommar me ab hamare jisam me wo Qowat nahi k hame ziyada kahe"

It is noted that there was a time in human life when his body was not affected by the food but now in his old age it's the stage when he became sick and his body became weak then this ability can't remain the same. We are living in society where we are giving more respect to the elder member of the society. The other members of the house consider it as a responsibility to give a proper food to the elders, their food is also specially preferring separate only for that person .it also give them symbolic respect that they are having importance in that specific society family as my respondent says that now his body can't Digest that food as it happens in their Adult or younger Age.

6.5 Community Perception

In Islam the older aged people are considered as the happiness and pride of the society. Family will always provide the best as they can to the older people. A family is always incomplete without the aged /old people.

The community perception towards senior citizens is very positive. In this regard one of my respondents was of the view that they are respected very well in their families and society. He says that in family he treated very well but the society or the community also treats very respectfully. He says that he is treated in community as a respectful member of the community. He says that the family and community perception is very satisfied with them they are happy with the response of the community and family.

One of my respondents said that;

"I think to some extent they are, things keep changing with time, but some traditions remain constant. They can have variations from family to family but the core values remain the same".

The Pakistani society has special perception regarding the care of the elder or old age members of the society. In an Islamic society and also in Islam and our cultural norms and values teach us to respect the old people, care for them and treat them well. With the age of globalization and development we have seen or heard different stories regarding the care which the people give to their elders at the older age. In different countries there is trend that they admit their elders in an institution in old age to be cared for. It is mainly because they cannot care for their elders they think that the elders will be cared much better in the specific houses but this practice is not that much common in Pakistan and is present but to some extent. The old age care centers are established but they are not that much functional as in others countries. But it might change with the passage of time. This perception of the care of the elder is changing day by day with the development of the societies which are now inclining towards modernization. When asked from one of my respondents about the changing patterns of care, he responded:

"As you see we came from a small village just for treatment of my brother. It has obviously changed with time just like our father he was treated at home; a healer came and cured him. All his needs were looked after by my mother, my brother now is cared in the hospital where the doctors end to all his needs."

Through this statement, they are talking about the care of the patient at home. He says that it is considered very bad in his village that if any person is ill and is in need of care but you cannot do that. He says that he is my father we have treated him well in our house. All the care practices we have done a local healer was checking him daily. He says that my mother takes care of him a lot at home all the other members were also good. In this regard once again, my respondent says that it became our responsibility to take care of our parents at this stage. He also further added that his elder brother was of the view that now they should admit him in hospital because they have also treated him through the local healer that our societies and culture focus a lot on that.

One of my respondents noted that;

“Our younger generation is not paying their due attention towards their parents. Old age houses are increasing after every passing year. This, as a result, is due to the carelessness of the children. Islam is strictly against such practice.”

Due to the diverse nature of the people a multitude of data was collected which contrasting opinion and perceptions. All the ideas expressed were due to their personal experiences. Respondent was of the view in this that now a day our young generation is not paying their attention towards their parents and old aged people. Now we have seen in our country that the old age houses are established and the number of them is increasing with the passage of time. This is the sign of our advancement or development. He was of the view that there was a time when these houses were just stories for them. When someone from outside of the country came he shared that with us and everyone marveled after listening to these stories, how a person could admit his parents in these houses for the caring. Because the cultural norms considered it very bad. It is the culture that makes the mentality of person about how you have to treat your parents and give them respect at their old age. But due to the increasing numbers of the old age houses it is clear that now we are also moving towards the tradition of west. And it is also a proof, that now the children are not considering it as duty to take care of their patient and old aged persons. My respondent was of the view that this is the result of the carelessness of the child, if we care about our children and train them about the respect of the parents and old age persons of the society, then this old age houses tradition will decrease instead of increasing. He was also of the view that we are Muslim and believe in Islam. Islam also does not allow this to us that instead of caring for your parents

you admit them in old aged houses. Islam strongly prohibited this and stressed on the care of the old aged people.

Old people neglected and miss their families. Children also become deprived of the wisdom and intelligence of their grandparents and old moral values and get compromised and these all old moral values are about to be end. It is a big curse for the new generation. That they remain deprived from the moral values and many useful information because old age people have a bundle of experience and wisdom which they have learn from throughout of their life experiences but when they send to old age homes children and our coming new generations lose these moral values and good chances unluckily. So, it is a curse for our society, people and for the new generation. Children tend to dump their old parents in the vast circle of problems. (Bhakkar, 13 May, 2014)

An Islamic society will always emphasize on the care of the older people of the society. In Islam the older aged people are considered as the happiness and pride of the society. Family will always provide the best as they can do to the older people. A family is always incomplete without the aged /old people. The community is providing lots of care to the older people. The community for the older aged people provided lots of facilities.

The community perception towards old aged people is very positive in every aspect of the society. In this regard one of my responded was of the view that they are respected very well in their families and society. He says that in the family as he is member of that family, he is treated very well but the society or the community also treats him very respectfully. He says that he is treated in a community as a respectful organ of the community. He says that the family and community perception about old aged people is very satisfying to him and they are happy with the response of the community and family.

7 ROLE OF BELIEFS

Belief systems are structures of norms that are interrelated and that vary mainly in the degree in which they are systemic. What is systemic in the Belief system is the interrelation between several beliefs. (Doménech & Selva, 2016)

It was noted that there are several beliefs in care and curing in Pakistan. There are different types of patterns of care seen in the site. Some people strongly believe but very few do not. But who they believe they have some experiences to prove it. It all depends on the experience and previous knowledge.

It is said that role of belief in Pakistani society is very important. People believe in modern medication as well as spiritual healing, throughout my field work I observed that in modern cities people come from far areas from the country people strongly believe in spiritual healing.

Some of the respondent said that they strongly believe in religious and cultural beliefs such as "sadka" "Dua" "Nazar uthrna" etc.

7.1 The shrine and Indigenous Healer

Pakistan is an Islamic state all the cultures and traditions in this country are following the Islamic rules and regulation. There is different culture that norms and values have changed. There are different sect and myths in the societies. In our Pakistani society the indigenous healers played an important role. In our culture the healers are considered much important elements of the society. People also give importance to these healers instead of doctors.

In this regard one respondent said that;

"Yes I believe in Allah's saying I am having treatment by Amulet as well my wife and my brother they take Amulet from saint there are different kind of Amulet some are dissolved in water and some are put around the neck .Allah's saying is very powerful the saint are good people of Allah. I have the same saint that my father had".

My respondent was of the view that in case of any problem regarding patient we should concern a doctor because doctors are experienced and specialist of any specific disease but he also said that those doctors are practicing on us as well. He was of the view that the doctors now days are not doing their job properly they are just generating their economy. That proves that they are not specialist they only practice their profession on us. He was saying that amulet is the best way to recover from the disease he was of the view that the healers and the amulet are the best source for the treatment because the amulet is the words of the Quran. Quran is complete code of life. The problem of everything is there so it can help us a lot in the recovery of the disease and through them a patient can be feeling healthy. So as my respondent was of the view there are lots of examples in our culture that we prefer the religious or indigenous healers more than the doctors. The people's first step is to check it on their own and try to resolve the problem of the patient. When it turns into a more serious condition then they go to the doctor and treat the patient from specialist. Shrines or amulet and religious healers played an important role in our society and they are given that importance just because of the culture.



Figure 5 Taveez (An Amulet)

There are different examples of the healers in our society majority of the people in the current era don't believe them, because there are saying that healers are not that much experienced as doctors are experienced. The development and modernization has changed the thinking of the patients and people. Now majority of the people are concerning doctors while there are low number of the healer's followers. But the villages and underdeveloped area's people still believe in that and prefer that and give them importance. In this context one of my respondents said that,

"Yes, of course his amulet is still in my pocket we have to dissolve in water and let him to drink look at this this is Allah's saying it is Quran that have cure for every illness when we took him to saint he gave us amulet that gave him so relief we believe in saints they are Allah's people Allah's saying have so much power of healing he is being treated in both ways".

He says that yes, he believes in amulet. He further says that while we are considering doctors are important for the treatment, we are also giving importance to the amulet. While I was interviewing him and asked this question he showed me the amulet from his pocket and said that it is always with me. He was saying that in water they dissolve the amulet and that water is given to the patient. He was also hopeful that after drinking that water Allah will give him health and he will be once again healthy. In our society the saints are having much important role. People give them money in exchange of an amulet written for the specific disease. My respondent was also of the view that the saints are the religious specialist persons. My respondent also added that saints are the Allah's special person they are powerful and great personalities of the society because they help the persons in their difficulties in light with the teachings of Quran.

7.1.1 Indicator

Cultural way of the treatment in palliative care is having importance in the Pakistani society. That is cultural norms and values which promote the treatment of the healers and the importance of the Shrines in the care of the elder and aged people. The society considers it perfect and satisfactory for the patient's health. During my research I asked different people that who gave you suggestion for shrines, amulet, and majority of the respondents were of the view that they are guided by their ancestors. It means that culture and the family gives

importance to the Shrines. The shrines treatment is considered very important in every culture. Different ways of the treatment are there which make the people satisfied. That is nazar lagna, jadoo.taveez kiye kisi ne these types of the statements the healers attach with the patient's treatment. But these all are the socially constricted phenomena's that the society has attached with the patient's illness.

The people are told by the elder members or specially the female members of the family that the shrines are the best way of the treatment. Every culture in Pakistan gives importance to the shrines or amulet treatment at first stages. They are giving importance to the written description of the healer that is written for the specific purpose of treatment. And the use of the shrines and amulet has also changed, some of the amulets are for drinking through drinking of the amulet a person can feel better, but some are others that depend on the situation of the patient. Not only the culture or the society did this for the purpose of the patient's health,

7.1.2 Rate of Adoption

Islamabad is the city where people come from different areas of country, they all are settled over here but belong to specific cultures of different areas of Pakistan. Here in capital city different communities' people are living. During my research I have conducted 30 interviews majority of the interviewers were supporting the treatment of the patient the use of the shrines and amulet. There was only one respondent who said that he did not use the amulets in his treatment. He was suffering from cancer he said that when he feels that he is not feeling well he goes to hospital instead of the treatment from the healers.

The rate of the adoption of amulets in Pakistani society is high, because the culture also supports and promotes the treatment. And in Pakistani society the palliative care is considered as the blessing of Allah. People say that when the old aged people are in house the *rehmat* of Allah Almighty is on that house. So, during the palliative care the members of the family contact with the healers and that give them the solution in the context of patient desires.

Shrines are given much importance in this context. The people go too far away areas when they listen that for such specific disease the temple or *mazzar* of that person is good. They also believe that while going to the shrines it will be good for the health of the patient.

7.1.3 Reliability

The reliability of the shrines is completely positive in the societies. The people who I interviewed all said that they have found positive difference and betterment from the shrines. When I asked one of the respondent that do you believe that it will help and resolve your problem? The respondent said yes absolutely I believe that this will help me. He shared a story with me, who narrates as: ‘There is a man in his village he was suffering from cancer the doctors said to his family that he will not live more than 30 days. Then the family members of that patient contacted a healer. He said that now it has been 5 year he is still alive and healthy through the help of the shrines.’ Means the society members are giving importance to such treatments.

In this context when I asked one of my respondents he replied that yes why not. The shrines are the best source of the treatment. During the interview he showed me the amulet which was given to him by the healer and said that though I am in hospital but still I use this amulet and the concept of the shrine is with him. He said that why a person will not be healthy because the solutions are searched by the healers in Quran and he said that these are the words of the holy Quran and it will help fully in every disease. So we can say that the shrines contribute much in the treatment and the health of the patients.

7.2 Emotions and the Spirituals of the Treatment

It is noted that in Pakistani culture religious practices are more important. People strongly believe in religious care practices of the patients who are at the End of Life stage, they believe in Holy sayings they recite Holy (Ayats) on the patients. They define it as “*Dam krna*”. They give charity “*Sadqa krna*” of the patient, sometimes it is in the shape of money, food or clothes.

According to my respondents “*Sadka*” is an Islamic teaching. Our Holy Prophet (PBUH) also taught us about the “*Sadka*”. It is very useful at the time of chaos, which means when a patient is suffering from pain, at that time he should give something to the poor or deserving people of the society and that will help cure the patient. This process of the treatment is also done after the death of someone but is done when there is suffering or any

kind of trouble usually for the health of the patient. In palliative care people do this process and have belief that Allah will bless them with health.

Respondent response as quoted;

As we are all Muslims and in Islam there are clear orders about everything like this there are many orders about, disease, ill and treatment. If someone is ill you should give them right and possible treatment Do not become a denier of Allah's orders that only we can take care of you and like science is standing against religion, but good treatment and according to Allah's orders just like Prophet (P.B.U.H) went to see the patient and said that "Allah becomes happy and there is reward in this act" and take care of patient's necessities if any person can't heal at least think about his decrease in pain don't leave him for death still now some people in villages read Surah *Yaseen* or *Quran* loudly near patient that either way his pain will decrease or his death is easy like this, religion have important role in every disease and treatment.

He says that we all are Muslims and believe in the Holy Quran. Quran is complete code of life. All the diseases are discussed in the Quran and the treatment and suggestion are also given that is why Quran is considered as the complete code of life. The shrine is having importance because it is also having merits. It is clear in Holy Quran that we should do our best for the patient's care or treatment. As the respondent said that when someone is ill and they can be better through the scientific treatment, then it is compulsory that he should go for the treatment and should not waste his time through the treatment of shrines and amulet. The scientific way of the treatment is the best way of the treatment. The care of the patient is one of the most important things in Islam .It has also become tradition in the villages that once someone is suffering from a disease the other members of the society read holy Quran for his health and that also gives them betterment in health Because Quran is a complete code of life.

8 ECONOMIC FACTORS

This chapter will discuss the socio-economic condition of the patients and their family who were selected for the study. Aging also brings the poverty. Poverty deprives people from a standard life style. Beside lack of material means, elderly people also face other consequences that are the lack of ability to participate effectively in economic, social and political life.

It has been observed that due to lack of government polices about the senior citizens, people of the old age face a number of problems, including physical decline and other socio economic problems within Pakistan.

It is noted that palliative care is cost affected and expensive for the middle class family but palliative is a term that used for the care, any patients receive from family and doctor at the hospital or at home. This chapter will discuss the impact of the economy on the health and what are the problems that are faced by the patients regarding care at the end of life.

8.1 Impact of Economy on care

Economy plays an important role in the life of individual's, especially when you reach older age. You will be treated according to your economic status. There are also long-time diseases such as cancer, diabetes that remain for a long period of time. This affects the economy of the family. Pakistan is a country where majority of the people are living below the poverty line. During the palliative care of such patients the cost of the medicines is high and not in range. That causes economic crises and the care of the patient is also affected.

"We are poor people we have faced problems but thanks to Allah we never beg for it from anyone we have got two buffalos we sell their milk and my elder son also works in a government hospital"

In Pakistani society it has become a trend now when anybody faces any problem he starts begging in his family or relatives. But my respondent says that he never did it. He said that he never had to beg anyone because he could make ends meet through selling the milk of the milk, and his son works in a government office which helps them to push through. It

might not be the best kind of living, by the said he would rather live a respectable, poor life than the one in which he begs.

In South Asia the majority of people live on or below the poverty line and having lack of access to healthcare services, lack of national welfare schemes and provision of health insurance for the poor population. The poor people cannot afford to pay for healthcare services; hence they are diagnosed very late with diabetes resulting in acute and chronic complications. (Liaquat A Khowaja, 2007 Nov 21)

As this report says that the south Asian countries where the poverty exist and the people suffer a lot from it. They are having economic difficulties and cannot afford the care and treatment because they cannot have their access to the care which is costly. The government also has no proper attention towards this issue. In Pakistan the positive step was taken in this regard. Benazir Income Support Program and Nawaz Sharif Health card are the positive steps of the government towards this issue with such type of the programs people are supported in their economic issue. The government should do more in this regard so the economic needs of the nation are solved.

One of my respondents in this regard said that he has diabetes from 12 years and has no job. Only farming is the source of income, and that is also seasonal. He said that he suffers and faces a lot from the economic problems. Tension is the main cause which increases the diabetes he said due to economic problems and the tension of the cure and medicine his diabetes is worsening day by day.

So, keeping his story in mind we can say that in Pakistan the majority of the people are having no proper source for the economy and are not satisfied with their living. When the people will face economic problem then they will prefer the local healers and amulet treatment on the hospital or modern treatment just because of the money. When they will be having money, they might prefer hospitals on healers but money affects them a lot.

Due to diverse data some people also chose government hospital for the specialist doctors and surgeons. One of my respondent noted that they have enough resources to afford private hospital but they come to this hospital because of availability of doctors. In this regard my respondent also said that money plays an important role in the survival of life in this era.

The role of health economics is well-recognized for efficient and equitable health system. In developing countries though health system challenges are slightly different from developed countries, health economics tools are equally applicable.² Pakistan is a low-middle income developing country. The health system of the country has evolved to a well-planned district-based network of health facilities with highly-skilled manpower and availability of life saving medicines with indigenous manufacturing capacity. Meanwhile, the expectations from the health system have also increased over the last few years. The present health system is facing difficulty in coping with growing pressure from the media, politicians and the civil society. Every other day electronic and print media covers negligence in medical practice, strikes by medical staff, harmful effects of spurious and low quality medicine, unethical medical practice, out of order diagnostics equipment in government hospital, spread of epidemics and last but not the least presenting patients and families entrapped into poverty due to catastrophic out-of-pocket health expenditure. (Malik & Wasay, Economics of health and health care in Pakistan, 7, July 2013)

8.2 Access and Affordability

Pakistan's health expenditure is low in comparison to some regional countries with similar socio-economic status and epidemiological profile. Most of the spending in healthcare in Pakistan is private out-of-pocket. Public spending was around 33% of total spending on health in 2005–06. ¹ There was more than 11000 government health facilities across the country in the year 2005–06. ² Management of these many health facilities with meager resources has been a real challenge to health policy makers in Pakistan. As a result, many health facilities are without basic supplies and other inputs essential for timely services delivery. (Malik, Gul, Iqbal, & Abrejo, March 2015)

There are different areas in the Pakistan which have either no medical facilities or none to zero. They are suffering very much that is due to not having basic health facilities they only for the treatment come to the cities and spend lots of their money on that. That way some people whose economic condition is better they get those facilities but the people who do not have that good an economic position in the society they cannot access those health

care facilities as the others are having. The most important thing here which I have noticed during my research that the persons whom I interviewed, they all said that their economic condition is good than other members of the village, some of them said that they have sold their cattle's and collected that money to come to Islamabad and have a proper treatment. During my research I asked this question from many of my respondents that if there were basic and proper facilities in your village then you would give importance to these hospital or health units. They were of the view that if the government gives these facilities then why they would they come here? They could just get checked up from their village. They also noted that the conditions of clinics and government hospitals in the village are very bad and doctors are also not available. During this all process the people spend lots of their income on treatment.

One of my respondents said that,

"We should go to government hospital we are not facing any economic problems this is also made for people. but today's custom is who has more money he will go to private hospital there's doctor's fees is 1500 to 2000 just for check-up, it is our duty to buy medicines for patients, but we can't stop death and also we have to face pain who knows he would get healthy. At night they took me out of ward saying time is over."

Here the respondent was of the view that, we must go to the government hospitals for the treatment. Government has made this hospital for the nation free of cost. He said that when he went to government hospital he did not spend much money on the treatment of the patient. They spent lesser amount of the money, while this situation is completely changed in the private hospitals. He said that the only checking fee of the doctor in the private hospital is 1500 to 2000 rupees which is one of the most basic differences between the government and private hospitals. He also added that the government hospitals are only weak in the facilitation of the patients while the doctors are very much cooperative and cost effective. But this situation is completely changed in some societies. They consider that treatment of the government hospitals is not good than the private hospitals and go to the private hospitals, but then the situation also becomes different they give fee for everything the doctor fee, medicine fee, rent fee in this context the treatment becomes expensive and the people spend lots of the income on the treatment of the patient my respondent also added that this decision is done by



Allah that who will be alive and to whom he will give death. But the society cannot neglect the patient. They will spend all of the income on the treatment of the patient.

8.2.1 Negative Effects

The economy is having lots of the negative impacts on the health and family. Because when the person will be having economic problem and also suffering from illness, he will neglect the treatment. In Pakistan we have seen that there are lots of the people who commit suicide just because of the economic problems. During my research I have interviewed my respondent he said that his father is ill and is the only source of the family income. After every 2 days he needs blood and that costs a lot. The people of the society help them but they need blood in more quantity. And he buys it from the blood bank. He said that he has sold his wife's gold bangles for the treatment of his father. Some time they have to stop their treatment because of bad economic situation.

8.3 Government and Private Hospital

The concept of government and private hospital is much needed in Pakistan. In this regard one of my respondents said that it is social phenomena that the people attach such perception that where they spend more money they also consider it as the best place of the treatment. They think that the government hospitals are not giving that good a treatment as the private hospitals are giving. This means the private hospitals are considered as the best institutes of the treatment by them than the government hospitals.

Pakistan, a country with a low rank listed in Human Development Index (HDI Report, 2014). The instrument used in the study is a clear and detailed way of investigating the expectation and perception of patients (customers) regarding quality level of service providers' offerings. It is found that patients have comparatively higher expectations from private sector may be due to paying relatively higher cost(s). Although the numeric results of private hospitals are better than public in the study, still there is a need for improvements and bridging up the gaps. The findings suggest continuous improvements using participation of patients' feedback in the process of developing modern healthcare services along

with related infrastructure fully equipped with facilities (Siddiq, Baloch, & Takrim, 02 July 2016).

"We cannot afford expenses of private hospital here we do not have to pay for bed back in Kottureli the private hospital's staff demands 1500 to 2000 rent for bed for one night I am a labor I cannot afford it"

The Pakistani society and its culture has a number of the impacts on the mindset of the individuals because he will think always as how he perceives. The mindset of the Pakistani individual is also that they prefer Private hospital more than the government. They think that the government hospitals are not providing that type of the treatment as the private hospitals are providing. This concept is also very complicated because some are not in the favor of private. Means there are two types of the perceptions on in the favor of government of hospitals and the other not in the favor. Regarding Private hospitals some of my respondents or I can say that majority of the respondent were of the view that private hospitals are just made for the elite members of the society. They are not the hospitals of the poor. Those people go to the Private hospitals that are having money and power. I asked him that there are also the same doctors working who are in morning time working in the government hospitals so how can you says that its different. He said yes, I also agree that those doctors who are in government hospital they are treating in the private hospitals but they due to the high fee treat well in the private hospitals then the government hospitals. When I asked them why you chose government hospital for the treatment instead of private hospital he replied:

"How a poor man can go to private hospital how he can afford expenses of a private hospital we couldn't afford that is why we came here this is a big city doctor is nice too we are labors in Sargodha. Sargodha's private hospitals are so expensive we couldn't afford that".

Through the statement of my respondent it is clear that the people always chose private hospitals but due to low income they cannot afford the expenses of the hospital so they come to the government hospital. My respondent was living in Sargodha city of Punjab province he said that there are lots of the Private hospitals in city but they are poor and having not that much income so they cannot afford that. That was the reason that he chose PIMS hospital for his treatment. While there are also government hospitals in that city but due to the mindset of that village that they say that those are not that much good as PIMS is

because they say that it is the government hospital of capital city of the country so there must be specialized doctors as compared to the other hospitals and also that they will be provided with best facilities.

These are the basic problems which in our society are faced during the care of the patient in this context one of my other respondent was of same view in this regard when I asked him that why you have not selected any other private hospital and came to government hospital for the care and he says that,

“Because it is expensive our monthly expenses would not be paid if we always relied on the private hospitals every time we had such a problem.”

He was saying that he is suffering from pain in legs since 7 years so it is not easy for him to go for checkup in private hospital. He said that due to pain he comes to hospital three to four times in month if he goes to the private he is not having that much income to spend on that is why he selected government hospital. He further said that he is living in joint family so he has to look after other things of the house too not only himself.

9 NARRATIVES OF THE PATIENTS

9.1 Case Study 1

Name: Rasheeda

Age: 38

Gender: Female

One case study is of my respondent, Rasheeda, aged 38. Rasheeda belongs to Sahiwal Punjab. Rasheeda is married and has one daughter aged 2, her husband works at a garments factory and she herself works as a house caretaker for different families. Rasheeda has two other siblings, one brother and one sister. Her brother recently died due to an illness (The respondent did not wish to disclose the nature of the illness). She narrates it as: "My brother was only thirty two years old, quite young. He started getting ill a lot, sometimes he would get a cold that would last for weeks, sometimes he would get diarrhea that would also last for weeks. Initially we thought it was cancer because he also had some tumors growing in his body. The blood tests revealed another disease; we started treating him for it. The treatment included pills and injections and test for signs of improvements. We could not afford the private hospitals so we got treated him in government hospitals, sometimes even asking for loan from various relatives and people. It was very expensive. He did not show much signs of improvement; his health was declining day by day. Finally one day he collapsed and slipped into a coma. He was in a coma for fifteen days; all of us family members had a special prayer for him so he could have an easy death. He died afterwards"

It was interesting to note that the family collectively prayed not so he could heal or get better but that his death would be easy. When asked why they not prayed for his health she responded, "We knew his chances of survival were very less, we could not bear to see him in pain we wanted it to be easy for him and it did become easy after the prayer. The suffering he endured will be rewarded in the afterlife and that is all what we want for him."

It is important to note that there seems to be no religious implications to this concept but rather only cultural as Islam does not mention or narrate about an easy death but instead encourages prayers as a form of healing, even as working miracles.

9.2 Case Study 2

Name: Azhar

Age: 42

Gender: Male

One of my respondents noted about his brother who was patient of cancer at the PIMS hospital. He has 1 sister and 3 brothers. All were having their own government jobs and well settled in Islamabad. His brother who was a cancer patient he was in Islamabad police. At start he was not much ill, but after his marriage he started living in separate house with his wife, after that he grew ill more rapidly. At the start he went to some ordinary doctor they said to him he has stomach problem. But as he started medication the problem become more critical.

After all he consulted to his elder brother who was working in the ministry of power. He suggested him for blood test as through blood test everything will be clear. After the test report the actual disease was diagnosed, the problem was the cancer at mid stage in his bladder. He started proper treatment of cancer at PIMS; he was of the view that treatment was very good at hospital. After some medication doctor suggested the cancer injection to the patient. He was being injected 2 injections, he was improving in his health doctor discharged him from hospital but asked for weekly checkup. Some days later he had typhoid fever, at that time cancer went on its next stage. Now he was admitted in the hospital for the second time. He wasn't in good condition in 24 hours, he remained awake for hardly 4 to 5 hours. He was in lethargic condition.

He also said that they also believed in spiritual healing all type of healing treatment was also going along modern treatment. They said that all the family members were praying for him and also making Nayaz and other things of Manat. They also gave "sadqa" for the good health of the patient.

It is said that this family was religious and modern too. But some aspect is the religious and spirituals healing were the strong effect of the parents of the patient upon the family.

9.3 Case Study 3

Name Khateja

Age 53

Gender: female

She is house wife, she has 3 brother and 2 sisters they are from Banigala Islamabad. They settled in Islamabad, but from Faisalabad Punjab Pakistan, she is the attendant of his father at the hospital his father is diabetic patient and is been treated at the PIMS hospital Islamabad. A private doctor referred him to this hospital.

My father is business man, he was suffering from diabetes since 10 years, and his treatment was continued from that time he was taking insulin and medicine of diabetes. Before a month he felt pain in his backbone, at that time we admitted him in private hospital but we didn't feel any progress in the health and proper look after of the patient in that hospital after that a doctor referred him to this hospital. Here we are feeling much better as compared to the behavior of private hospital, doctor properly checks the patient and at the time as well. Here we found better educated surgeon doctors and specialists.

They all believed in modern care and proper medication of the patient. When I asked her that do you believe in shrine or spiritual healing, she replied that they don't believe in such things. His father was ill since 10 years and they are treating him with proper medication from the doctor. He intake insulin since 10 to 11 years, but they didn't go any healer.

10 SUMMARY AND CONCLUSION

10.1 Summary

Everyone has their different roles to perform in the society and when he falls ill he cannot perform his duties properly. Disease is a painful experience so patient himself and people near him try that he should get rid of disease as soon as possible. For the purpose every culture has developed medical system. These medical systems are mainly categorized into two main medical systems; one is old or indigenous medical system other is modern and western medical system. Both medical systems are at work together in our country. My research is about palliative care which is scientific and laboratory based method of treatment.

My research focuses on the modern care of the patients but on the other hand the traditional care system as well. Hospital, doctors, nursing staff and other paramedics are the essential elements of modern medical system. Doctors after a long institutional training are appointed in hospital to treat the people.

Due to urbanization and industrialization modern medical system is popular and practiced along with indigenous medical system in our country. Modern medical system is generally practice in hospitals. But there are many people who believe in indigenous healing till now. Hospitals are many kinds, government hospitals, private hospitals, memorial hospitals, organizational hospitals and charity hospital etc.

Government hospitals are established and run by government itself. Government hospitals are established to provide people with health facilities, because it is the duty of government to provide people better facilities. A government hospital provides health facilities to the people. Government hospitals are generally not established for profit making but to provide health facilities to people on as cheap expenses as possible. Every poor people prefer for the treatment in government hospital because these people cannot afford the treatment in private hospitals.

There are many factors which are involved behind the decision of selection of the government hospitals. Socio-economic status of the patient, literacy rate, perception of the health, the nature of the patient's disease, facilities in hospital. Patients have different perception about hospitals. These are some factors which are involved in the selection of the hospital.

There are all the staff in government hospital perceive the patients differently. In government hospital where they are provided with medical facilities on cheaper rates a patients have to purchases only medicine and equipment used for operation in government hospitals.

The study was conducted in Pakistan Institute of Medical sciences (PIMS), Islamabad. PIMS is situated in sector G-8/3, Ibn-e-Sina road, Islamabad. It is a 592 bedded hospital and has 22 medical and surgical specialists. It was formally inaugurated by the Prime Minister Muhammad Khan Junejo in September 1987.its covered area is approximately 356976sq.ft. The main objective of the PIMS is to provide medical facilities to the community of Rawalpindi and Islamabad as a National Referral Hospital for Northern areas, and also the northern areas of the Punjab. It has outpatients and inpatients departments, which are fully equipped. It has its own excellent diagnostic facilities i.e. Radiology, Pathology, Blood Bank, Angiography, Scanning, Stress Electrocardiography, EMG and Nerve Contraction, bronchoscope, Endoscopy and other GI procedure. PIMS has fully equipped Accidental and Emergency Center, Intensive Care Unit (ICU) Coronary Care Unit (CCU) Operation Theater (OT), and private ward with most modern and necessary facilities. The hospital has dialysis unit for Nephrology patients and a Head Injury Unit in Neurosurgery.

PIMS hospital is a very large hospital and therefore more patients come to PIMS hospital because of large number of patients and staff. It is not easy to treat all the patients properly and manage the hospital.

The focus of my study was upon the terminally patients and need palliative care in the hospital, which are considered very sensitive patients. Who need more attention and care because they knew that they are near to death.

10.2 Conclusion

I conducted that study in PIMS on the patients who are terminally ill and need palliative care. PIMS hospital is a good some other factors in hospital which cause the difference in attitude and performance of doctor and other staff. In palliative care other staff is needed to be discussed here because doctors cannot be treating a patient alone they depend on all the team with them.

I would like to say that patients depend a lot on the doctors as well as on the guardians, because people believe in other factor of culture and indigenous healers.

Care givers staff behavior is not good with patients and guardians. Nurses cannot come at the time of need. They also said that the other staff of the hospital is not good with patient's guardians. The majority of the patients were not satisfied with overall hygienic conditions of the wards. The government should take action of the hospital unhygienic condition of the hospital, because due to the unhygienic condition of the hospital patients are not feeling better. Majority of the patients were satisfied with the behavior of the doctors.

The study was also focused on cultural factors that influence the care patterns, what are the care patterns perform in the hospital and home. The traditional treatment is also run with modern treatment. It is based on believes of the people and the cultural practices. It is seen in the hospital people use spiritual healing along with modern care. Like use of an Amulet and water etc. there is also public opinion plays an important role in care of the elders, a man who can walk on his own he is considered as a healthy man in our society so is has their own impact.

It is mentioned that care patterns are highly influenced by culture, education of the people, religion and economic status of patients. Religion is very important in Pakistan either it is Islam or any other, it is very important for the people. Some of my respondent were Christians they also supported religious treatment and teaching. People were of the view that the spiritual and indigenous healing is cheaper than the modern care so they prefer it on the modern care. But also it is lesser known due to lesser knowledge about the care in villages. The indicators and reliability of an Amulet also play an important role in palliative care.

Economic status is very important in every society; there is much impact of the economy on the care of the patients. Access and affordability was important for the care patients, because palliative care is cost affected. Concept of private and government hospitals are also there.

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ANNEXURE

Glossary

Sunat	Sunnah
Hakeem	Homeopathic Doctor
Peers	Spiritual Healers
Parchi	Token
Illaj	Treatment
Ayat	Verse of Quran
Sadqa	Charity
Hafiz	
Qowat	Strength
Dua	pray
Nazar	Evil eye
Taveez	Amulet
Jadoo	Black magic
Rehmat	Blessing of Allah
Jism	Body
Mazaar	Shrine
Daam	
Mazdor	Labor
Nayaz	Religious food
Manat	votive
Aqiqa	

Interview guide

1. Name	
2. Age	
3. Gender	
4. Education	
5. Socio-Economic status	
6. Provenance	

7. How is this hospital?
8. Who suggest you to come to this hospital?
9. Why you did not go to private hospital?
10. How many sibling are you?
11. Do you think that with time older people's care is changing?
12. Do you think with time our traditions are changing?
13. Do you think we are taking good care of our elders?
14. You are treating patients from a saint I mean amulet etc.?
15. What knowledge do you have of culture narrative about caring of the elder?
16. How much does your culture encourage the care of elders?
17. Is there specific age, when reached that culturally the elders are supposed to be cared for?
18. Does your culture favour professional care (Hospital, Care takers) or prefer a more known environment (home)?
19. Is there Taboo in your culture regarding medicine or professional medical procedures?
20. How much morals and values of old or elderly people play into them rejecting medical or palliative care?
21. What role do you think religion plays in terminally ill patient and what narratives does it used for such situation?
22. What role does social pressure play in providing proper or good medical care to the elders?
23. Have you ever visited to shrine for healing:
24. Did cost, access, service affect your decision

25. What kind of response do you get from the healer personnel?
26. Do you feel you received good treatment?
27. Why do most people prefer shrines for healing?
28. Can faith healers treat all illness:
29. What are your perceptions about the role of shrine in regards to problem that brought you here?
30. How did you decide to come to the shrine?
31. What path has an individual taken before coming to shrine?
32. Most useful aspect of being in the shrine?
33. What is your income?
34. How many people in your family?
35. What is the main source of your income?
36. According to your country economy which social class do you belong? (low, middle, upper)
37. Which hospitals do you prefer? (Government, private)
38. Do you think the expenses of a treatment are directly related to its quality?
39. Are you willing to pay all expenses of treatment even if they are more than expected?