

## Introduction

The WHO defines palliative care as a strategy to improve the quality of life for patients with terminal illnesses by preventing and reducing suffering through prompt detection, assessment, and management of pain and other distressing psycho-social and mental conditions. In fact, a patient may need the most psychological support after they are given a diagnosis. It even extends beyond a person's passing away, and is known as bereavement care.

Palliative care is urgently needed, particularly in a nation like India where the number of terminally ill patients has long been a cause for concern. With projections indicating that this number will continue to rise exponentially, it is now even more crucial that we shift our focus to offering those who need it high-quality hospice care. In this essay, the writers define both palliative care and hospice care while yet retaining their unique characteristics [1-4]. After laying the groundwork for the same, we go into the development of palliative care in this nation across time. We then go on to the current hospice care situation in India and attempt to view it through a more modern perspective. We also go into the effects of specific illnesses that have a particularly bad impact on people and necessitate more advanced end-of-life care. These include, but are not restricted to, advanced cancer, multidrug-resistant (MDR) TB, and HIV-AIDS (Human immunodeficiency virus-associated acquired immune deficiency syndrome). The topic of academic interventions to support hospice care in India is then discussed, along with how research and education might serve to advance end-of-life care throughout all spheres of life. In order to advance towards better

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