

World Hospice and Palliative Care Day, 12th October 2024

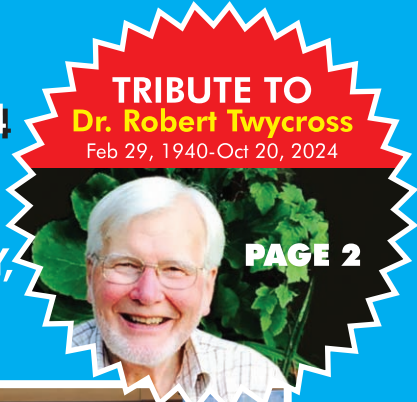
**TRIBUTE TO
Dr. Robert Twycross**
Feb 29, 1940-Oct 20, 2024

**SOUVENIR
SUPPLEMENT**
October 25th, 2024

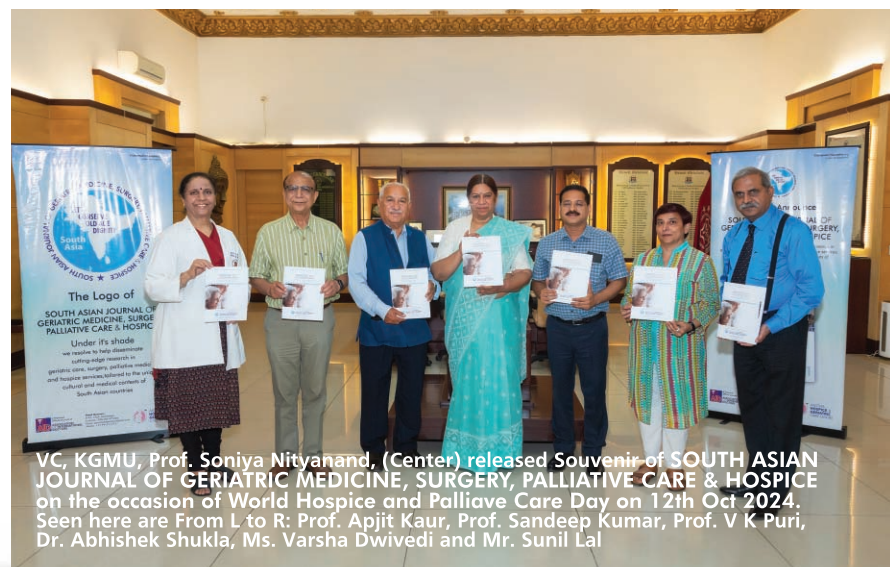


**SOUTH ASIAN JOURNAL OF
GERIATRIC MEDICINE, SURGERY,
PALLIATIVE CARE & HOSPICE**

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Felicitation of VC, KGMU, Prof. Soniya Nityanand (Third from left) by Prof. Sandeep Kumar, Editor-in-Chief, SOUTH ASIAN JOURNAL OF GERIATRIC MEDICINE, SURGERY, PALLIATIVE CARE & HOSPICE along with Editorial Board Members Prof. V K Puri and Dr. Abhishek Shukla on the occasion of their Souvenir release.



VC, KGMU, Prof. Soniya Nityanand, (Center) released Souvenir of SOUTH ASIAN JOURNAL OF GERIATRIC MEDICINE, SURGERY, PALLIATIVE CARE & HOSPICE on the occasion of World Hospice and Palliative Care Day on 12th Oct 2024. Seen here are From L to R: Prof. Apjit Kaur, Prof. Sandeep Kumar, Prof. V K Puri, Dr. Abhishek Shukla, Ms. Varsha Dwivedi and Mr. Sunil Lal



Unveiling Ceremony of our SOUVENIR by VC, KGMU

October 12, 2024. A Step Forward towards South Asian Journal of Geriatric Medicine, Surgery, Palliative care and Hospice.

On the occasion of World Palliative Care and Hospice Day, we had the honor of meeting with the esteemed Vice Chancellor of King George's Medical University (KGMU) Prof Soniya Nityanand to unveil our special Souvenir for global communication.

Under the aegis of our Editor-in-Chief, Prof Sandeep Kumar, Executive Editor Dr Abhishek Shukla and Member Editorial Board Dr VK Puri,

the brief event took place at the KGMU VC's office, highlighting the significance of a journal for geriatric and palliative care academic exchange within South Asian countries.

The Vice Chancellor expressed that the souvenir on the occasion of Palliative Day symbolizes the dedication of the medical fraternity in fostering global knowledge and support for those in need.

Associate Editor Ms Varsha Dwivedi and Creative Editor Mr Sunil Lal were also present as delegates.



REMEMBRANCE

Dr. Robert Twycross : The doyen of Palliative Care

By **Dr Sandeep Kumar**, MS FRCS PhD MMSc, Professor Surgery
Editor-in-Chief

As we gather to remember Dr. Robert Twycross, the impact he had on the field of palliative medicine is undeniable. His passing on October 20, 2024, is a significant loss not only for the healthcare community but for everyone who values compassion in medicine. Born on February 29, 1940, Dr. Twycross dedicated his life to advancing palliative care, ensuring that patients facing the most challenging moments of life received the respect and dignity they deserved.

I had the honor of being present at the inauguration of Aastha Hospice, Lucknow in 2004, where Dr. Twycross graced us with his presence. That day was a celebration of hope and healing, and Dr. Twycross was a shining example of what it means to lead with empathy and understanding. His drive to improve the lives of those with terminal illnesses was evident in every conversation he shared. It was during this visit that many of us were inspired to embrace the ideals of palliative care, driven by his belief in the importance of compassionate care that prioritizes the patient's experience.

What struck me most about Dr. Twycross was his remarkable ability to connect with people. He had a unique way of making everyone feel seen and heard,

His commitment to education and mentorship has left an indelible mark on the next generation of healthcare professionals.



Dr. Robert Twycross

(February 29, 1940- October 20, 2024)

whether they were patients, family members, or fellow healthcare providers. His insights went beyond clinical knowledge; he taught us the importance of emotional and spiritual support. He understood that palliative care is as much about the heart as it is about the mind, emphasizing the need to address the whole person in every aspect of care.

Dr. Twycross' legacy will live on through the countless lives he touched. His teachings and philosophy continue to resonate with all of us who have dedicated our careers to palliative medicine. We owe it to him to carry forward his vision of compassionate care, ensuring that every patient and family feels valued and supported. His commitment to education and mentorship has left an indelible mark on the next generation of healthcare professionals.

As we honor Dr. Twycross, let us remember not only the incredible achievements of his career but also the man he was, a compassionate soul who believed in the power of love and empathy in healing. His spirit will forever guide our efforts as we strive to make palliative care accessible to all. Rest in peace, Dr. Twycross, your influence will continue to shape our work and inspire future generations.

Tribute to Dr. Robert Twycross (February 29, 1940- October 20, 2024)

By **Dr Abhishek Shukla**, MD, FRCP (Edinburgh), FGSi, Msc (Clinical Geriatrics), Cardiff, PG Cert (Palliative Medicine), Cardiff, UK
Executive Editor

A Tribute to Dr. Robert Twycross: Pioneer, Mentor, and Compassionate Healer

Honoring a Life of Dedication to Palliative Care and Humanity

As I sit down to reflect on the footprint Dr. Robert Twycross has had left on my life and career, I find myself overwhelmed with gratitude and a sense of loss. The news of his passing on October 20, 2024, has reverberated through the palliative care community, leaving a void that cannot be filled. Born on February 29, 1940, Dr. Twycross was not just a pioneer in palliative medicine; he was a ray of hope and compassion for countless individuals, inspiring both healthcare professionals and patients alike.

I first encountered Dr. Twycross in 2002 at Sir Sobell House Hospice, Oxford, United Kingdom, as a wide-eyed medical student, when I was on my observership program, eager yet uncertain about my future in medicine. At that time, the field of palliative care was still largely ignored in India, a reality that was both disheartening and motivating. Meeting Dr. Twycross changed everything for me. His passion for patient-centered care ignited a fire in my soul, pushing me to consider a path that would allow me to



Dr. Robert Twycross with his wife, Deirdre Twycross, and our executive editor, Dr. Abhishek Shukla, during their visit to India in 2004 for the inauguration of Aastha Hospice, Lucknow, UP, INDIA

advocate for those in need. It was during our conversation that he planted the seeds of palliative care in my heart, emphasizing the importance of dignity, comfort, and humanity for patients facing the end of life. His words resonated deeply within me, awakening a sense of purpose I had never felt before. He was a man of remarkable intellect, yet he possessed an innate ability to communicate complicated medical concepts in a way that was accessible and relatable. He had a gift for making everyone around him feel valued and understood, whether they were fellow healthcare professionals, patients, or their families. His warmth and empathy inculcated an environment of trust, open dialogue and team work among

all members of the healthcare team.

Dr. Twycross was not only a visionary in the field, he became a mentor and guiding force in my life. He believed in my potential when I struggled to believe in myself. When I decided to pursue my Master's in Palliative Medicine at Cardiff University, he graciously agreed to serve as my referee, providing invaluable guidance and encouragement throughout the admission process. He had also nominated me for the prestigious Commonwealth Scholarship. His faith in my abilities became a keystone of my academic journey, and I can confidently say that without his support, I might not be where I am today.



A press conference during the 2004 inauguration of Aastha Hospice, Dr. Robert Twycross, visited India to lend his expertise and support.

In 2004, I had the immense honor of welcoming Dr. Twycross and his beloved wife, Deirdre, to India for the inauguration of Aastha Hospice, Lucknow. That day was monumental not only for our institution but for me personally, as it symbolized the culmination of our shared dream. Standing alongside Dr. Twycross, witnessing his joy and pride as we opened our doors to the community, I realized the true impact of his work. His dedication to palliative care was not just a professional pursuit; it was an expression of love for humanity.

Dr. Twycross taught me that palliative care is not merely about managing symptoms; it is about valuing the lives of patients and their families during some of their most challenging moments. His insights have been a guiding light in my career, empowering me to advocate for vulnerable patients and work towards expanding palliative care in India.

As we mourn the loss of Dr. Twycross, we also celebrate his extraordinary journey and the countless lives he touched. He leaves behind a legacy of kindness, wisdom, and dedication to those in need. I will forever be grateful for his mentorship, the lessons he imparted, and the effect he has had on my life and the lives of so many others.

In memory of Dr. Robert Twycross, I pledge to carry forward the torch of palliative

care that he lit in our hearts. His spirit will continue to guide us, inspiring us to be advocates for compassion and dignity in healthcare. While he may no longer be with us in body, his influence will live on in the work we do and the lives we touch.

Rest in peace, dear sir. Your legacy will forever inspire us to serve with the same passion and dedication you embodied throughout your remarkable life.



A memorable moment where Dr. Robert Twycross is seen conversing with patients, alongside Dr. Abhishek Shukla, during his visit to Aastha Hospice in 2004.

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SOUTH ASIAN JOURNAL OF GERIATRIC MEDICINE, SURGERY, PALLIATIVE CARE & HOSPICE

With a resolve to help disseminate cutting-edge research in geriatric care, surgery, palliative medicine, and hospice services, tailored to the unique cultural and medical contexts of South Asian countries

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SOUTH ASIAN

JOURNAL OF GERIATRIC MEDICINE, SURGERY, PALLIATIVE CARE & HOSPICE

Highlights of the Issue

Original Article

Caregiver burden in primary caregiver spouses of elderly patients with dementia: cognitive impairment

Rajen Verma, Siddharth David

This is a tentatively Conceived Sample Cover

In South Asia, the awareness and availability of specialized geriatric medicine and palliative care remain limited to less than 1% population, despite the rapidly aging population and growing need for compassionate geriatric and end-of-life care. Recognizing this gap, our journal seeks to bridge the divide by introducing global best practices and evidence-based approaches from Western healthcare systems to South Asian medical professionals and scholars.

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Note : Correspondence for representations from **Afghanistan, Bhutan, and Sri Lanka** with Health Ministries, Institutions and Doctors and Medical Authorities are on and positive responses awaited.

CALL FOR ABSTRACTS AND ARTICLES

We are pleased to announce a call for abstracts and full articles for consideration in the forthcoming issue of the South Asian Journal of Geriatric Medicine, Surgery, Palliative Care & Hospice. We invite esteemed researchers, scholars, and practitioners to submit their original work that contributes to the advancement of knowledge in Geriatric Medicine, Surgery, Palliative Care & Hospice.

Submission Guidelines:

Abstracts: Authors are requested to submit a concise abstract (150-300 words) outlining the purpose, methodology, key findings, and conclusions of their research.

Full Articles: Articles should adhere to our formatting guidelines. Detailed submission instructions are available on our website at sajournalofgeriatric.org

Submit your Original Research, Review Articles, Short reports or Letters, Case Studies, Methodologies to the **South Asian Journal of Geriatric Medicine, Surgery, Palliative Care & Hospice.**

Submission Process: Please Submit your articles via email sajournalofgeriatric@gmail.com

Shortly our online submission system would also be ready at sajournalofgeriatric.org

Last Date for Submission:

Submissions may be made on or before **7th December 2024**, as we plan to release the inaugural issue by the **first week of February 2025**.

Your contributions are invaluable. We look forward to receiving your esteemed submissions.

Benefits of Contributing:

Enhanced Visibility: Your research will be disseminated to a wide audience within Geriatric Medicine, Surgery, Palliative Care & Hospice.

Rigorous Peer Review: All submissions will undergo a thorough peer review process to ensure the highest quality of publication.

Professional Networking: Authors will have the opportunity to connect with fellow professionals and researchers in their field.

We look forward to receiving your contributions and to fostering the advancement of knowledge in our community.



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IF YOU CAN PREVENT SHINGLES SUFFERING, WHY WOULDN'T YOU?¹

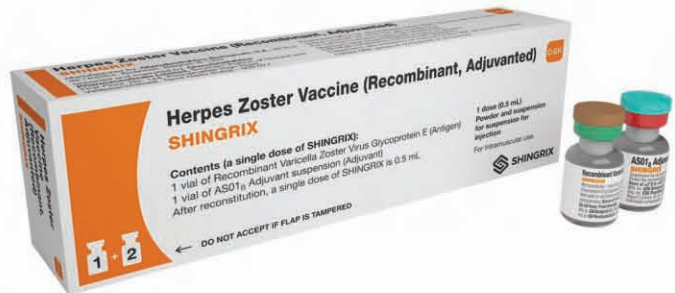


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SHINGRIX
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For prevention of Herpes zoster and post-herpetic neuralgia in adults >50 years of age

References :

1. GlaxoSmithKline, SHINGRIX European public assessment report, Annex I: Summary of product characteristics: EMA; [update October 2021; accessed August 2022]. 2. Stezova A, Diez-Domingo J, Al Shawafi K, et al; on behalf of Zoster-049 Study Group. Long-term protection against herpes zoster (HZ) by the adjuvanted recombinant zoster vaccine (RZV): interim efficacy, immunogenicity, and safety results up to 10 years after initial vaccination [draft manuscript]. Open Forum Infect Dis. 2022 Aug;1-19.
*Shingrix does not protect 100% individuals vaccinated. Median follow up of 3.1-4 years in ZOE 50/70.

Safety Information :

Shingrix Safety Information The most frequently reported adverse reactions were pain at the injection site (68.1% overall/dose; 3.8% severe/dose), myalgia (32.9% overall/dose; 2.9% severe/dose), fatigue (32.2% overall/dose; 3.0% severe/dose) and headache (26.3% overall/dose; 1.9% severe/dose). Most of these reactions were not long-lasting (median duration of 2 to 3 days). Reactions reported as severe lasted 1 to 2 days.

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ACTIVE INGREDIENT: Each 0.5 ml dose of reconstituted vaccine contains Varicella Zoster Virus glycoprotein E antigen 50 mcg adjuvanted with AS01B suspension containing plant extract Quilaja saponaria Molina fraction 21 (QS-21) 50 mcg, 3-O-desacyl-4'-monophosphoryl lipid A Ph. Eur. from Salmonella Minnesota 50 mcg. **INDICATION:** prevention of herpes zoster (HZ) and post-herpetic neuralgia (PHN), in adults 50 years of age or older when administered in two doses of 0.5 ml each two months apart. **DOSAGE AND ADMINISTRATION: Posology:** Primary vaccination schedule consists of two doses of 0.5 ml each: an initial dose followed by second dose 2 months later. If flexibility is necessary, second dose can be given between 2 and 6 months after first dose. Need for booster dose has not been established. Can be given with same schedule in those previously vaccinated with live attenuated HZ vaccine. Not indicated for prevention of primary varicella infection (chickenpox). **Paediatric Population:** Safety and efficacy in children and adolescents not established. **Method of Administration:** For intramuscular injection only, preferably in deltoid muscle. **CONTRA-INDICATIONS:** Hypersensitivity to active substances or to any of excipients. **SPECIAL WARNINGS and SPECIAL PRECAUTIONS: Prior to immunization:** Appropriate medical treatment and supervision be available in case of anaphylactic event. Postpone vaccination in subjects suffering from acute severe febrile illness. However, minor infection should not result in deferral. Protective immune response may not be elicited in all vaccinees. Vaccine is for prophylactic use only; not intended for treatment of established clinical disease. Do not administer intravascularly or intradermally. Subcutaneous route not recommended as may lead to an increase in transient local reactions. Give with caution to individuals with thrombocytopenia or any coagulation disorder as bleeding may occur following intramuscular injection. Syncope can occur as psychogenic response to needle injection. This can be accompanied by neurological signs such as transient visual disturbance, paraesthesia and tonic-clonic limb movements during recovery. Ensure procedure to avoid injury from fainting. No safety, immunogenicity or efficacy data for replacing a dose of SHINGRIX with a dose of another HZ vaccine. Limited data to support use in individuals with history of HZ and in frail individuals including those with multiple comorbidities. Evaluate risk-benefit on individual basis. **Systemic immunosuppressive medications and immunodeficiency:** Limited data available of safety and immunogenicity in immunocompromised subjects with human immunodeficiency virus (HIV) or haematopoietic stem cell transplant (HCT). Use in other immunosuppressive or immunodeficient conditions is under investigation. Adequate immune response may not be elicited in these individuals. Carefully consider potential benefits and risks for use in immunocompromised persons. **Interaction with other medicinal products and other forms of interaction:** Can be given concomitantly with unadjuvanted inactivated seasonal influenza vaccine, 23-valent pneumococcal polysaccharide vaccine (PPV23) or reduced antigen diphtheria-tetanus-acellular pertussis vaccine (dTpa). Administer concomitant vaccines at different injection sites. Adverse reactions of fever and shivering were more frequent when co-administered with PPV23. **Pregnancy and Lactation:** No data from use of SHINGRIX in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryonal/foetal development, parturition or post-natal development. Preferable to avoid SHINGRIX during pregnancy. Effect on breast-fed infants of administration to mothers has not been studied. Unknown whether SHINGRIX is excreted in human milk. Animal studies do not indicate direct or indirect effects with respect to fertility in males or females. **ADVERSE EFFECTS:** Safety profile presented based on pooled analysis of data generated in placebo-controlled clinical studies on 5,887 adults 50-69 years of age and 8,758 adults ≥ 70 years of age and from post-marketing surveillance data. **Very common (≥1/10):** injection site reactions (such as pain, redness, swelling), fatigue, chills, fever, headache, gastrointestinal symptoms (including nausea, vomiting, diarrhoea and/or abdominal pain), myalgia, **Common (≥1/100 to <1/10):** injection site pruritus, malaise, **Uncommon (≥1/1,000 to <1/100):** lymphadenopathy, arthralgia. **Rare (≥1/10,000 to <1/1,000):** hypersensitivity reactions including rash, urticaria, angioedema

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