



HEALING HEARTS & COMMUNITIES

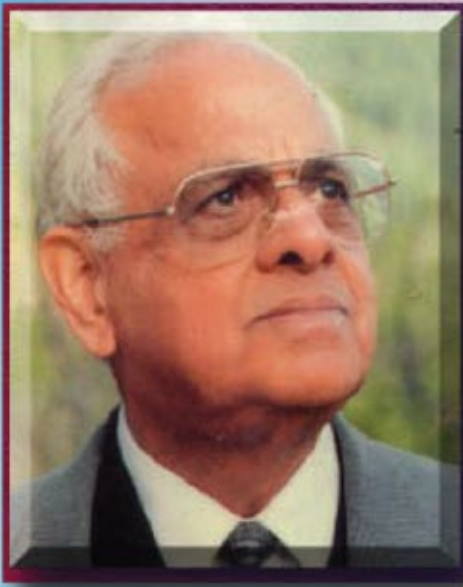
WORLD HOSPICE & PALLIATIVE CARE DAY **8 OCT 2022**



HEALING HEARTS & COMMUNITIES

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चडिी चोंच भर ले गई, नदी ना घटयो नीर, दान दएि धन ना घटे, कह गए संत कबीर

When a sparrow takes a beakful from the river, the level of the river does not come down. Likewise, giving charity does not reduce your wealth. So said Saint Kabir

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Message for World Hospice & Palliative Care Day 2022

Dear friends,

This year's theme for World Hospice & Palliative Care Day – Healing Hearts and Communities – has in mind the losses that people all over the world have suffered during the covid-19 pandemic. The sudden and unexpected brutality of the early phases of the pandemic left many people feeling both bereft and unable to cope or process their grief. The burnout we have witnessed among care providers and the rise in mental health issues at large is testimony to this.

We use this occasion to thank our CanSupport team of staff and volunteers for having stood their ground during this crisis and helped patients and their families navigate the new challenging situation despite the personal risk involved. We also acknowledge the help we received from donors who generously provided the personal protective equipment, masks, sanitizers, oxygen concentrators, etc., that were essential to keep our services running as well as meet the needs of those under our care.

Let us use this occasion to all join together as a caring community to assist those who still need our support and who are hurting from the loss of a loved one because of cancer, covid or any other life limiting condition.

Warm regards,

A handwritten signature in blue ink, appearing to read 'Harmala Gupta'.

Harmala Gupta
Founder-President
CanSupport

CanSupport – Recipient of Public Health Champion Award from World Health Organization

VISION:

Our vision is of a caring and supportive society where people with cancer and their families live with dignity, hope and comfort.

MISSION:

Our mission is to enable people with advanced cancer and their families to make informed choices and decisions and to receive appropriate physical, emotional, social and spiritual support.

OUR FOCUS:

CanSupport grew out of the personal experience of Ms. Harmala Gupta, a survivor of Hodgkin's lymphoma. Our focus is on providing palliative and supportive care services to cancer patients and their families. Our wide-ranging programs are designed to help patients of all ages and cancers throughout their cancer journey; right from the day of diagnosis, across all curative therapies and as a continuum of care adapting to the unique needs in case cancer progresses into its terminal phase. The support extends even after the death of the patient through bereavement and rehabilitative support to the families. All our services are free.

OUR AREAS OF OPERATION:

Our Direct Services are currently in 5 States of India: Delhi, Haryana, UP and Punjab, and Jharkhand while Indirect Services through training and education of other organisations in provision of palliative care based on our Model are countrywide.

OUR FREE SERVICES

(a) Home Based Palliative Care Services: Pioneering Home Based Palliative Care in Northern India with 6 patients in 1997, CanSupport is now the largest stand-alone Home Based Palliative Care organization in the country, providing care to 6000 patients and their family caregivers annually through 30 multidisciplinary teams of highly trained & committed professionals. Home Care is directed at patients with advanced cancer and their families. Multi-disciplinary teams of qualified doctors, nurses and counselors routinely visit patients registered with them at their homes, offering:

- Factual information to facilitate informed choices & decisions about goals of care
- Medications for pain and symptom management aimed at maximizing comfort and improving quality of life
- Comprehensive nursing care

- Guidance & support to achieve control and dignity in activities of daily living
- Hands-on skills for family caregivers to take care of their patients effectively at home
- Psychological, emotional and spiritual support & guidance to patients and families bereavement care and counseling
- Community mobilization for socio-economic rehabilitation
- Home Care:
 - » 21,000 patients plus their family caregivers served annually.
 - » 82% patients with physical pain score less than 3 on 10.
 - » 93% patients with well managed wounds and other nursing requirements.
 - » 90% patients with psychosocial pain score less than 3 on 10.
 - » 85% deaths at home (place of choice of death).
 - » 93% deaths reported as good deaths.
 - » 99% caregivers reported improved coping skills.
 - » 94% satisfaction with care reported through validated questionnaires.
 - » About 9700 destitute families received economic rehabilitation support.
 - » Total critical care cost saved for 5195 patients under average Home Care duration of 184 days in FY 2021-22= Rs 250.92 Crore.

(b) Outpatient Clinics: CanSupport runs 5 daily Pain & Palliative Care Outpatient Clinics in Delhi and Punjab (including one Mobile Clinic in Delhi). The clinics allows intervention early in the cancer trajectory and continuity of care enabling improved patient outcomes. Effective management of side effects allows patients to cope with and complete their therapies and reduce unnecessary hospitalizations. Comprehensive nursing care complemented with psychosocial and spiritual support to patients as well as their caregivers preserves the holistic nature of the care even in an outpatient set up.

– 5 Outpatient Clinics & One Mobile Clinic, 60 patients/day, 15,000+ patients visits/year.

(c) Day Care Services: Since 2002, the Home Care team has been supported by a group of committed and skilled volunteers to run the Day Care Programmes for children and adults. While children participate in a host of creative activities under supervision, parents share experiences with each other and receive emotional support in a group setting. Adult Day Care activities allow a positive environment to bond and relax, seek advice regarding disease from trained volunteers as well as receive alternative healing therapies like yoga, Reiki, breathing exercises, meditation, etc.

- » 4 Day Care Programs for patients under treatment and their caregivers offering healing therapies and peer support in a safe and positive environment.
- » 100 beneficiaries per Day Care, 15,000 beneficiaries per year.

(e) CanSupport Helpline: The Helpline (011-41010539) runs from Monday to Friday (9:30 am to 5:30 pm). It provides information and emotional support to cancer patients and their family members. This is a confidential service that breaks barriers of distance and seeks to empower the caller. It is manned by trained counselors and acts as a referral source to CanSupport's programs. It is a service that breaks the barrier of distance and seeks to meet the needs of the caller.

- » Manned by skilled counselors, offering information, service referrals and emotional support to callers
- » Triage for covid support.
- » About 800+ calls per month, approx. 10,000 call annually.

(f) Financial and Other Resource Facilitation: CanSupport mobilizes financial aid for BPL Patients for their cancer treatments and associated costs of investigations, expensive medicines, supplies and equipment resources through state and national government schemes as well as networking with organisations that provide such resources. Other resources include medical equipment, limb prostheses, blood, wigs, etc.

» Mobilisation of Rs 6 crore worth of resources for 10,000+ patients annually.

(g) Education, Training & Research

- National Training Centre in Palliative Care for:
 - » End of Life Nursing Consortium Education for training in Palliative Care Nursing
 - » National Fellowship in Palliative Medicine
 - » National Fellowship in Palliative Nursing
- Certificate courses in palliative medicine, nursing and counseling.
- Annual Foundation Course in Palliative Care for Medical Professionals and counselors in collaboration with the Institute Rotary Cancer Hospital, AIIMS.
- Short-term education workshops and long-term training courses for healthcare professionals, social workers and volunteers.
- Cancer and Palliative awareness in educational institutions, factories, corporate houses and other workplaces.
- Evidence based research papers in palliative care.



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We are proud to partner with CanSupport and we truly appreciate their initiative to help people with cancer and their families to live with dignity, hope and comfort. CanSupport's palliative care teams have been extending tremendous support not only to the patient but also to their caregivers.

We have been extending our support to this noble cause which is very dear to our heart and will continue to contribute our best to the team. We wish all the luck to the team in their mission."

Akhil Choudhary

CEO & Managing Partner

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What is Palliative Care?



Palliative care is care meant to improve the quality of life of patients who have a serious or life-threatening disease, such as cancer. It can be given with or without curative care. Palliative care is an approach to care that addresses the person as a whole, not just their disease. The goal is to prevent or treat, as early as possible, the symptoms and side effects of the disease and its treatment, in addition to any related psychological, social, and spiritual problems. Patients may receive palliative care in the hospital, an outpatient clinic, a long-term care facility, or at home. Anyone can receive palliative care regardless of their age or stage of disease.

Palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.

Addressing suffering involves taking care of issues beyond physical symptoms. Palliative care uses a team approach to support patients and their caregivers. This includes addressing practical needs and providing bereavement counselling. It offers a support system to help patients live as actively as possible until death.

Palliative care is explicitly recognized under the human right to health. It should be provided through person-centered and integrated health services that pay special attention to the specific needs and preferences of individuals.

Palliative care is required for a wide range of diseases. The majority of adults in need of palliative care have chronic diseases such as cardiovascular diseases (38.5%), cancer (34%), chronic respiratory diseases (10.3%), AIDS (5.7%) and diabetes (4.6%). Many other conditions may require palliative care, including kidney failure, chronic liver disease, multiple sclerosis, Parkinson's disease, rheumatoid arthritis, neurological disease, dementia, congenital anomalies and drug-resistant tuberculosis.

Pain and difficulty in breathing are two of the most frequent and serious symptoms experienced by patients in need of palliative care. For example, 80% of patients with AIDS or cancer, and 67% of patients with cardiovascular disease or chronic obstructive pulmonary disease will experience moderate to severe pain at the end of their lives. Opioids are essential for managing pain.


Opioids can also alleviate other common distressing physical symptoms including breathlessness. Controlling such symptoms at an early stage is an ethical duty to relieve suffering and to respect a person's dignity.


Palliative care is most effective when considered early in the course of the illness. Early palliative care not only improves quality of life for patients but also reduces unnecessary hospitalizations and use of health-care services.



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STORY OF RAVINDER: PALLIATIVE CARE TREATS THE PERSON NOT THE DISEASE

Manjeet knows first-hand what it's like to care for an aging parent. She is the immediate caregiver of Ravinder, her 68-year-old mother-in-law, who was diagnosed with breast cancer.

“My mother-in-law was 68 years old, and was perfectly healthy and independent,” Manjeet said. “She cooked, watched tv, played with her grandchildren, went to the Gurudwara every Sunday, knitted, did everything, totally independent. She was totally up and about.”

On Diwali last year, Ravinder made mithai for all her close and extended family. Just two months post Diwali she felt some pain and noticed a lump on her breast. We took her to a hospital and she was diagnosed with breast cancer. Her quality of life quickly crumbled. “To see her down like this was really, really hard,” recalled Manjeet.

Ravinder was in out and of the hospital and her quality of life continued to deteriorate. Chemotherapy sessions were taking a toll on her and she was getting weaker by the day. That's when Manjeet learnt about CanSupport's home based palliative care service in Amritsar. Desperate to improve her mother in law's quality of life, Manjeet called on CanSupport's cancer helpline.

The team from CanSupport sat down with Manjeet and her mother-in-law to discuss their goals for her care and what quality of life meant to them.

“Once we understood that, we could help steer the mediations that were being suggested or the course of care that we should take to support that view of her quality of life.” Dr Mohan shared.

With regular home visits by the home care team from CanSupport, Ravinder's health and quality of life both began to improve. But that is only part of the story. Palliative care not only treats seriously ill patients, but it also treats their families. Manjeet, battling with caregiver fatigue, needed support too.

“Palliative care brought a sense of comfort to Manjeet, who was in a stage of very significant caregiver burnout, a very common scenario for children taking care of their parents or parents taking care of their children, depending on the situation,” says Dr Mohan.

Through the support of the multidisciplinary team, including spiritual support and psychosocial support, Manjeet was able to express her challenges and develop goals for her own care, in addition to her mother's. Manjeet felt comforted by the whole-person approach that the palliative care team brought to her and her family.

“They were doing what was necessary to help my mother and to help me, my husband and my kids,” explained Manjeet. “They not only helped but were also compassionate. They were probably one of the most compassionate people that I have dealt with, and that made our family's journey with cancer less daunting.” Today, Manjeet and her mother-in-law are doing well, a reality Manjeet attributes to palliative care.



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- ✓ **Improves** Quality of life, interpersonal relationships and Survival rates
- ✓ **Makes** Patients understand that with Positive attitude, strong willpower and **Medical Support they can live a comfortable, independent and dignified life for months to years to decades**
- ✓ **Relieves** suffering of family members and care givers.
- ✓ **Minimizes** hospitalization, investigations, drugs and procedures to save cost.

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Our Team specializes in relieving Pain and other nagging/ disturbing/ distressing symptoms; This is done as under:

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ADDING LIFE TO DAYS

Palliative care is a specialized medical care provided by a specially-trained team of doctors, nurses, counselors and other specialists who work together with patients and families to provide an extra layer of support. It is effective at any age and at any stage in a serious illness and can be provided along with curative treatment.

Therefore, in times of no curative treatment, it does not mean that taking care of the patient ends, there is always something we can do.

RELIEVING PAIN AND DISCOMFORT

Incurable illnesses can bring much discomfort to patients and it is extremely important to relieve their suffering and support them. That is the focus on palliative care - taking away pain, relieving symptoms such as nausea, itching, anxiety, sleeplessness, breathlessness and others. Furthermore, psychological, spiritual and social support are other pillars of the holistic approach of palliative care.

RESTRICTING INTERVENTIONS BASED ON RISK-BENEFIT RATIO

Many procedures and treatments can cause a range of side effects and pain. It is crucial to evaluate the risk-benefit ratio for each patient and procedure. If there are not significant improvements from such treatments and the side effects are extensive, then there is no point in subjecting the patient to it.

FEWER HOSPITALIZATIONS, MORE TREATMENT AT HOME

When good palliative care is established, the patient and their family are aware and well informed. They know how to manage the symptoms and they understand that certain interventions will not be helpful. Therefore, the number of hospitalizations is remarkably smaller, as the patient receives more treatments at home, surrounded by loved ones.

MANAGING ANXIETY AND DEPRESSION

Scientific research links anxiety and depression to a worse quality of life and medical outcome, specially among cancer patients. In the presence of anxiety and depression, all the experiences are perceived in a different way. Pain is intensified and life can be unbearable. Thus it is essential to address mental health and to manage it properly. Besides medical prescriptions, many interventions have shown improving results, such as psychotherapy, psychoeducation, meditation, yoga, dance and development of spirituality. In palliative care, mental well-being is as important as physical well-being. For that reason, every activity able to improve quality of life is welcome.

SPIRITUALITY AS A WAY TO IMPROVE QUALITY OF LIFE

Spirituality does not necessarily mean religiosity, but the search for a deeper meaning and satisfaction in life - being in peace, connected to something bigger than ourselves, finding our purpose. Spiritual well-being has been associated to better health outcomes and also to a better quality of life. Therefore, a holistic approach which addresses all these aspects can be of great value for terminally-ill patients, helping them deal with their feelings and fears.

Palliative care is about dignity and humanity in the most vulnerable time of life - the end of it. It's about bringing peace and comfort. Maybe we cannot add days to their lives, but we can definitely add life to their days.

- Article by Dr. Vanessa C. Portugal, Summer Intern

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Dispelling Myths About Use of Morphine for Pain Management

Myth No. 1 - Morphine causes addiction

Patients taking oral morphine for pain control are NOT psychologically dependent on the drug.

Myth No. 2 – Morphine causes harmful respiratory depression

Pain is a physiological antagonist of the central depressant effects of opioids. Morphine does not cause clinically significant respiratory depression in patients in pain, if titrated properly.

Myth No. 3 – Morphine causes excessive sedation

Morphine, if titrated properly, will not cause over sedation. An initial drowsiness can occur that almost always resolves after a few days.

Myth No. 4 – Does of morphine cannot be increased beyond a certain level

There is no ceiling or upper limit to the amount of morphine that can be used safely. The titration of morphine is done according to the severity of pain.

Myth No. 5 – Morphine should only be started when pain is very severe

There is no need to wait until pain is severe to start morphine. It is generally indicated in patients with pain which does not respond to the optimized combined use of a non-opioid and a weak opioid.

Myth No. 6 – Starting morphine means that the end is near

It is not the stage of a terminal illness but the degree of pain which dictates when morphine should be started.

Myth No. 7 – Morphine has a lot of side effects

All opioids cause nausea, drowsiness, and constipation. However these side effects disappear after 4-5 days except for constipation which can be easily managed through stool softeners and laxatives.

Myth No. 8 – Morphine hastens death

There is no evidence that morphine hastens death when properly titrated to the patient's pain. If death does occur soon after a dose of morphine is given, death would most likely have come anyway, and morphine allowed the patient to experience death with more comfort.



**“ There is an end to cure;
there is no end to care.”**

How to help a Grieving Friend

Watching a friend grieve the death of a loved one is hard. You might not know what to say or do. You might fear saying the wrong thing and decide to say nothing at all. This, of course, can leave your friend feeling abandoned in her time of need.

So what can you say or do when a friend is grieving? Here are some suggestions to help you help your friend.

Just Listen

It sounds so simple, doesn't it? Just listen to your friend. But it's actually a lot more difficult than you think. Listening involves devoting your full attention to what someone else is saying without talking. It's natural for us to hear what someone is saying and then want to interject our own thoughts or opinions. This is not what your friend needs.

Your friend just wants to feel listened to. She'll feel more comfortable opening up to you if she feels like you won't judge her or offer your own advice. Allow her to share her thoughts and feelings with you while resisting the urge to offer her your opinions or advice.

But what if listening to your friend leaves you feeling uncomfortable? Empathizing with a friend's grief can be difficult and might bring to surface your own fears of death. If you find yourself overwhelmed, it's okay to take a step back. There are other ways you can help.

Offer a Hug

Physical contact can be very therapeutic. Offering your friend a hug or just putting your arm around her lets her know you're there for her. Women are generally more comfortable with this type of physical contact than men but if your friend is a man, a soft touch on his back or forearm will have the same effect.

Some people aren't comfortable with any physical contact and that's okay. It could be that your friend doesn't feel ready for it yet and that's okay too. If you offer a hug or gentle touch and your friend turns it down, don't feel discouraged. There are other ways you can show you care.

Be Present

Your friend may not feel ready to talk and might not want to be hugged. She might want to be alone with her grief for a time and that's okay. If that's the case, just being present is enough. Let her know that it's okay if she doesn't want to talk right now but that you'll be there when and if she does.



HIRANYAM M. RAJSONS

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Offer Practical Help

You may not be able to say or do anything to lessen your friend's grief but you can help her in practical ways. Some ideas that she may appreciate:

- Organize a group of people to bring her family meals
- Watch her children for an afternoon
- Pick up some of her duties at work for awhile
- Bring her groceries

By relieving some of the burden of daily life, you'll be giving your friend the gift of time.

Be Yourself

If your friend has lost a loved one, their whole world has changed. They need to be able to count on the few things that haven't changed, like your friendship. You might be tempted to tread carefully around your friend, dampening your humor or avoiding certain topics. Don't change because you think it's what she needs or wants. Continue to be yourself and, if your friend feels up to it, continue doing the things you enjoy doing together.

Keep in mind that grief lessens over time but never goes away. A piece of your friend is forever changed but your friendship can continue to thrive. Offering her your time and energy is a gift that she will be forever grateful for.

Angela Morrow, RN

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Frequently Asked Questions (FAQs) about Palliative Care

Q1. What is Palliative Care?

Ans. Palliative Care is specialized medical care for people with serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

Palliative Care is provided by a specially trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness, and it can be provided with curative treatment.

Q2. What is Home Based Palliative Care?

Ans. Home Based Palliative Care is care that is offered by a multidisciplinary team of professionals trained in Palliative Care at the home of the patient.

Q3. Does Palliative Care mean I will die soon?

Ans. When most people hear the term palliative care, they fear that it means their doctor has given up hope or they are going to die soon. This is certainly not the case for everyone referred to palliative care. This fear is one reason that some people don't access palliative care services early – or at all. Palliative care aims to maintain quality of life for people with a life-limiting illness. It is about living in a way that is meaningful to you, within the limits of your illness. It's not simply about dying.

Some people live comfortably for months or years after a diagnosis of advanced cancer, and can be supported by palliative care as needed. For others, the cancer advances quickly so that their care is focused on end-of-life needs soon after their referral to a palliative care service. Whatever stage you're at, your palliative care team will adjust your care to meet your changing needs.

Q4. When can I start Palliative Care?

Ans. Depending on your needs, you may use palliative care from time to time or you may use it regularly for a few weeks or months. Some people receive palliative care for several years. This is because improved cancer treatments can sometimes stop or slow the spread of advanced disease and relieve symptoms for a number of years. The cancer may then be considered a chronic (long-lasting) disease.

There is no need to wait until you need end-of-life care, as research shows having palliative care early on improves quality of life for people with cancer.

Q5. Does Palliative shorten or lengthen life?

Ans. Palliative care treats death and dying as a normal part of life. It does not try to shorten life, nor does it try to make life longer. Instead, the palliative care team provides services to improve your quality of life throughout the advanced stages of illness. This may include managing pain and other symptoms. Some studies show that if symptoms such as pain are controlled, people will feel better and may live longer.

Q6. What can I expect from palliative care?

In short, you can expect that your quality of life will be improved. You will have relief from symptoms such as pain, shortness of breath, fatigue, constipation, nausea, loss of appetite and difficulty sleeping. You can also expect close communication and more control over your care.

Palliative care will help you carry on with daily life. It will improve your ability to go through medical treatments. And it will help you to match your goals to your treatment choices.

Q7. If I have Palliative Care, can I still have cancer treatment?

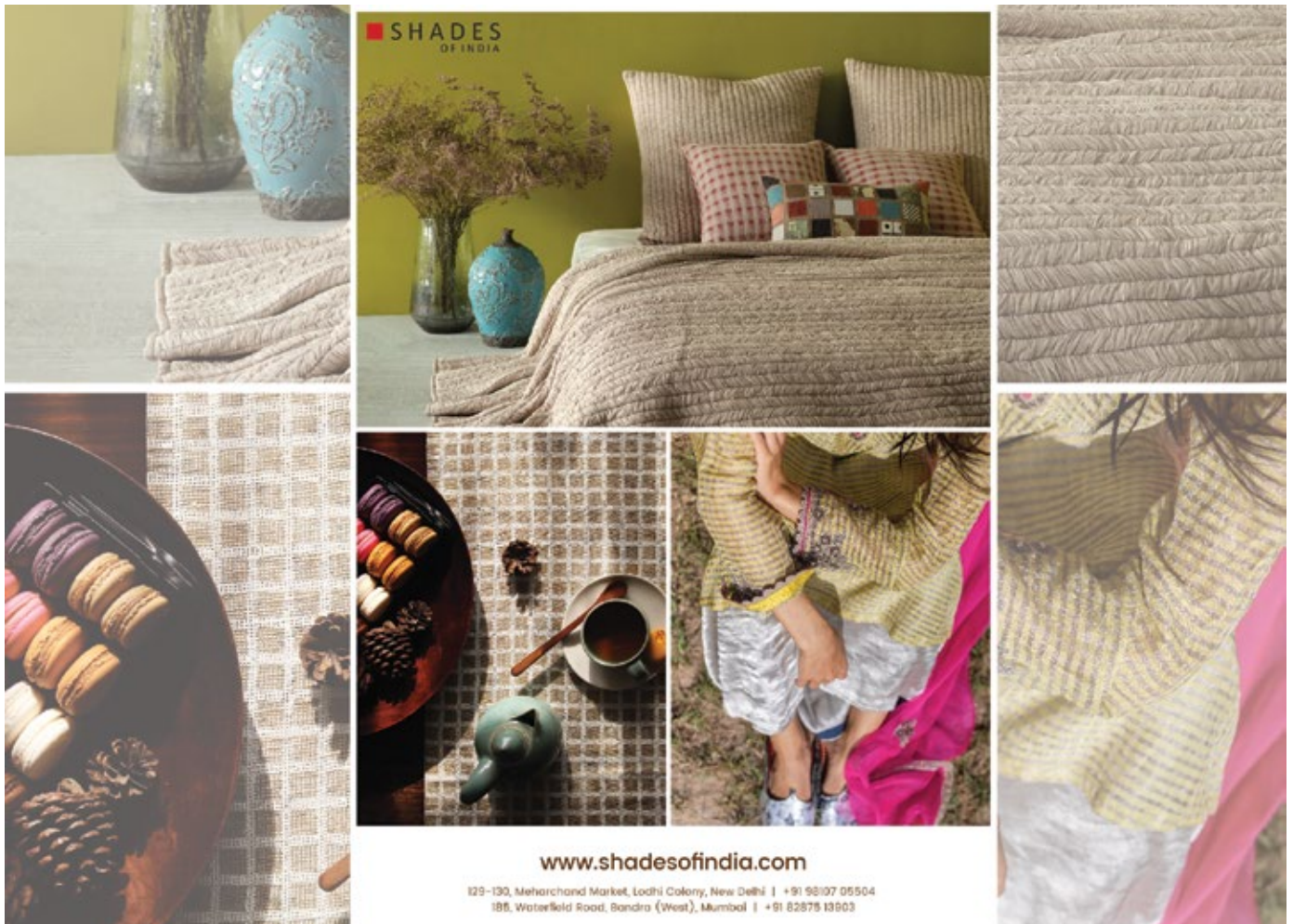
Ans If you have palliative care, you can still have active treatment to shrink the cancer or stop it growing. The palliative care team will work with your cancer specialists to manage side effects from treatment and maintain your quality of life. Cancer treatments such as surgery, drug therapies and radiation therapy may also be used as part of palliative treatment. In this case, the aim is not to cure the cancer but to control the cancer or relieve symptoms.

Q8. If I have Palliative Care, will I lose my independence?

Ans. This is a common concern for people. Depending on your condition, you may need a little help with a few things or more help with lots of daily tasks. This is likely to change over time.

Your palliative care team will discuss practical ways you can maintain a sense of independence for as long as possible. They may suggest modifications or services to help you stay at home (such as installing handrails or a ramp). They may also recommend or loan you equipment to help conserve your energy (such as a walking frame).

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For many people, maintaining control over day-to-day decisions is important – the team will respect your wishes if you don't want to take up their suggestions. If you feel you are losing your independence, you might feel angry and fear what the future holds.

Q9. Who is in the Palliative Care team?

Ans. Palliative Care team is a multidisciplinary team made up of a doctor nurse and counsellor who offer symptom management and psychosocial support.

Q10. Where can I get Palliative Care?

Ans. You can have palliative care in different places, including:

- your own home
- at a residential aged care facility or other out-of-home facility
- in a hospital
- at a specialist palliative care unit (hospice).

Many people want to receive care at home because it is a familiar environment close to family and friends. If you are cared for at home, you and your caregivers both benefit.

Depending on your situation, it may not be possible to stay at home, even with home help. Hospitals and palliative care units are designed for short-term stays, usually for people nearing end of life.

Q 11. Who else, besides the patient, can benefit?

Everyone involved! Patients as well as family caregivers are the special focus of palliative care. Your doctors and nurses benefit too, because they know they are meeting your needs by providing care and treatment that reduces your suffering and improves your quality of life.

Q 12. How does palliative care help me choose the best treatment option?

The palliative care team will also spend time talking and listening to you and your family. They will make sure you completely understand all of your treatment options and choices. By deeply exploring your personal goals, the palliative care team will help you match those goals to the options. They will also make sure that all of your doctors are coordinated and know and understand what you want. This gives you more control over your care.



**“ Do not count the days;
make the days count.”**

- Muhammad Ali, Boxer

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Healing Hearts and Communities

A Music Concert by Dr Radhika Chopra to celebrate World Hospice and Palliative Care Day

About Dr Radhika Chopra

Dr Radhika Chopra is a Delhi-based Ghazal singer holding a Doctorate in Indian Classical Music. Born in Jammu, she is a rare gem from the crown of India. She graduated from Government College for Women Jammu, after which she joined the Faculty of Music and Fine Arts, Delhi University, for her post-graduation in Hindustani classical music. She learned Thumri, Dadra, and Ghazal from the most eminent guru, Padamshree Smt. Shanti Hiranand, a renowned disciple of Begum Akhtar. A highly accomplished artist, she renders the most intricate and sophisticated Ghazal, Dadra, and Thumri compositions with utmost ease and brilliance.



Radhika's versatility reflects in her varied repertoire of Bhajans, film & Punjabi Folk songs, and Sufiana kalam. The highest authorities have recognized Dr. Radhika Chopra's accomplishments in the field of Indian music. She is a top-grade artist of All India Radio. She is also an empanelled artist of ICCR (Indian Council for Cultural Relations) and has performed internationally to promote traditional Ghazal gayki. The Indian Ministry of Culture has commissioned her to commemorate legendary figures of the Indian subcontinent, including Ghalib, Kundan Lal Saigal, and Begum Akhtar.

Dr Chopra has performed innumerable shows in her career and also shared the stage with iconic Indian artists such as Jagjit Singh, Anup Jalota, Pankaj Udhas, Chandan Das, Talat Aziz, Penaz Masani, et al. Over the years she has been bestowed with a plethora of awards by various foundations & organizations for her incredible contribution to the field of music. She is the recipient of the Ghazal Bahar 'Begum Akhtar Award 2021'. In 2018, the PHD Chamber of Commerce and Industry recognized Dr Chopra for her 'Outstanding contribution towards Promotion of Art & Culture' at the PHD Art & Culture Samman. In the same year, Dr Radhika Chopra was presented the 'Lifetime Achievement Award' by the Rotary Club of Delhi. She received the 'Harmony India Award 2020' presented by the Harmony Cultural Foundation, 'Pride of Nation Excellence Award 2019' presented by Respect India Foundation, the Art Karat 'Award for Excellence 2018', and recently she was awarded the Excellence Award for Music by the Rotary Club, Bangalore.

Radhika Chopra has performed at all the major Music Festivals of India, such as 'Jahan-E-Khusrau,' 'Jashn-e-Rekhta,' 'Jashn-e-Adab,' 'Jashn-e-Urdu,' 'Ghazal Bahaar', 'MTV India Music Summit,' 'Durgiana festival,' 'Music Festivals by respective State Governments' to name a few.

Dr Radhika Chopra accompanists on stage - Nafis Ahmed on Harmonium, Murad Ali on Sarnagi and Manoj Nagar on Tabla.

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