

MOVING CLOSER TO THE GROUND

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The Rhythm of an Ordinary Day

Located in the coastal town of Kozhikode in southern India, the Institute of Palliative Medicine is grounded in the conviction that relief from suffering and living a dignified life—towards its end and in death—are fundamental human rights. The institute’s patient care services, which include outpatient, inpatient, and home-based care, are offered for free, and its work extends to building compassionate communities that place caregiving at their core. These services run alongside a constant rhythm of other activities: educational, communal, spontaneous. A closer look at an ordinary day helps to make these activities, and the communities that form around them, visible.

A regular day at the institute unfolds predictably, almost ritualistically. The doors open at 7:00 AM, first to the kitchen and facilities teams who quietly set the tone for what follows. By 8:00 AM, outpatient staff begin to gather; by 8:30 AM, the ward opens and settles into motion.

The inpatient ward, meanwhile, never fully pauses. Morning shift changes overlap with night shift handovers; the home-care team reviews schedules and departs by 9:30 AM; administrative desks come alive; volunteers disperse across outpatient and inpatient areas; and patients and caregivers begin to arrive. Familiar families move with ease, sometimes searching for the volunteer who walked with them during previous visits. New registrants pause at reception, then are gently guided onward. This apparent clockwork has slowly evolved through years of trial, adjustment, and persistence.

As the day stretches on, the campus fills with students, interns, trainees, and observers. The day progresses with almost ritualist tea breaks and a hearty lunch. Outpatient services wind down by late afternoon, staff begin to leave, and the inpatient ward shifts into its night rhythm. These transitions are unremarkable, yet essential—small acts that quietly hold the system together.

It is against this steady choreography that particular moments stand out, asking to be examined closely.

A Radio, and the Shape of Care

One such moment was experienced by a colleague during a routine home visit. The institute's home care programme runs six days a week, reaching nearly 500 patients across Kozhikode. Whilst all visits feature memorable moments, this one stands out because of a simple radio. Murali, who lives with his wife in a single room at his sister's home, has lived with diabetic peripheral vascular disease for many years. Once active, his world has gradually narrowed—now bedbound, with his eyesight slowly receding. Yet he recognises the home-care vehicle instantly by sound alone.

During one visit, after wounds had been dressed and medications adjusted, the nurses lingered—as they often do—talking casually. Murali mentioned that his old radio had stopped working. Nearly obsolete in an age of smartphones, the radio was for him a companion: a source of music, news, and connection to a world beyond his room. What seemed trivial to most was central to his sense of agency and belonging.

When the team returned to the institute, this detail travelled, not just among nurses, but through volunteers as well. The next day, a volunteer arrived with a new radio. Handing it to the home-care nurse, all she said was, “This is for Murali.”

In moments like these, the sense of community crystallises and a koan-like question emerges: where does a team begin, and where does it end? Here, care moves fluidly across roles—nurse, driver, volunteer, patient, family member—without needing formal coordination. Community reveals itself not as structure, but as a response.

Unexpected Companions in Care

Back on campus, patient care over the past year has unfolded alongside a major renovation—the institute's first since its founding. Construction dust, scaffolding, and freshly completed spaces exist side by side.

I recall a chance conversation with the project's lead electrical engineer. He remarked, almost incredulously, that he had never worked at such a site before. Decisions that were routine elsewhere—drilling, hammering, wiring—required repeated deliberation here. Labourers, he noticed, often paused mid-task, glancing toward patient rooms to gauge whether the noise might disturb someone resting nearby.

Over his year-long association with us, the engineer invited every staff member personally to his wedding. The following day, he sponsored lunch in our kitchen—a meal shared by patients, families, staff, and volunteers alike. As the renovation wound down, we hosted the architects, engineers, and labourers for an evening of gratitude. Laughter, singing, and shared food softened boundaries that had already begun to blur. Community, here, had quietly expanded to include those who arrived with tools. This expansion brings along its own nuances of how far community can stretch, and what tending to it requires from those at its centre.

Blooming in Care

Among our largest and most visible communities of volunteers are university students, who feel at home navigating our campus. On one particular day, the campus buzzed as usual, but this time, alongside the familiar university faces, a group of high school students had come to visit. After a brief tour, these students gathered for an introduction to palliative care. The teenagers listened intently as we spoke about suffering and care. When asked whether they knew someone at home who needed care, nods rippled across the room. Then one boy raised his hand and asked, “What can I do?”

A month later, at their school carnival, these students ran a stall raising funds for our organisation. One student, we learned, had sold an expensive perfume to contribute to the collection. This small act signified something larger: an instinct, perhaps, of what community asks of us all—not grand gestures, but a willingness to give what one has.

Meanwhile, the older student volunteers had a clear task: reorganising our hall in preparation for an upcoming conference. A huddle formed near the main building: staff, acquaintances, and a group of eager young volunteers. Together, they moved to the hall, sorted through a mountain of items, and ferried everything back using trolleys. There was music, laughter, playful stumbles, confusion, troubleshooting, and quick resolutions. Students paused to exchange jokes with nurses, guided families to the outpatient ward, and dashed into the kitchen to request a milkshake instead of the usual tea. Before heading back home, they lingered until sundown.

Through their continued presence within our palliative care space, these students provide psychosocial care for patients and families, contribute to training and education, and organize campus activities and fundraising campaigns. They continuously contribute to spontaneous ventures, such as transforming our old home care bus into a coffee shop. Interestingly, this student community is in constant flux. Graduates move on to new frontiers, making way for those who follow. Yet, what is striking is how few truly leave.

Watching them, I find myself less curious about why they are here and more attentive to what they are helping to create: a more compassionate world, both within and beyond our palliative care space. In them, I find deep conviction for the present and hope for the future.

Becoming, Through Community

These ordinary rhythms, happenings, and connections merge to form a larger expression of community—one that does not announce itself but simply is.

Within the Institute of Palliative Medicine, community is a heterogeneous constellation: families across socio-economic contexts; healthcare professionals; students from law, medicine, nursing, social work, and the arts; retirees who once led colleges or police departments; non-clinical staff; visiting academics; political figures who come and go. The list contracts and expands rhythmically, much like a beating heart. The unifying pulse is care.

In a space with such porous boundaries—where people enter and exit frequently—I used to wonder how accountability and responsibility were factored. During an early conversation, my mentor offered an idea that has stayed to become more concrete over time: human beings, one could argue, are moved to act in the face of suffering; most often when environments enable them to do so. Perhaps, especially so, in radical spaces that are open to everyone—spaces where one is welcome not only to look around, but also encouraged to look inward; to explore, together, how connection may be made, held, and shared.

I am now convinced that community is nurtured through small intentions and everyday actions. There may be many ways to prepare this dish, but the recipe almost always includes openness, collective intention, and shared meaning. This sense of community, however, is not one of constant warmth or effortless harmony. With heterogeneity comes difference, tension, and negotiation. Yet what emerges is hard earned intimacy. Community can only be sustained by attending to these nuances. It takes multiple actors to allow roots to entangle deep and the canopy of care to spread wide.

Very often, as I walk onto campus each morning, I find myself reflecting on what draws me here. Leaving behind a decade in physical sciences, I entered these new spaces of care with conviction, but also with looming uncertainty. Over time, a quiet awe has settled in. It is directed toward this spirit of community—amongst so many diverse actors, each holding unique potential, and moving together. What this community has offered me is purpose in increments: of learning how to do and be, together.

Perhaps this, finally, is what community has instilled in me—a sense of becoming, shaped not alone, but in relation. ■

Biographical Note

I came to palliative care from chemistry. After nearly a decade in academic and research science, I found myself drawn toward questions that perhaps laboratories could not quite hold. I am currently associated with the Institute of Palliative Medicine – WHO Collaborating Centre, Kozhikode, where I contribute to collaborations and research projects while slowly learning to volunteer in palliative care.

This piece is also an expression of gratitude—to the institute and the community it has grown—and to Saif Mohammed, whose camaraderie has a profound impact on me as I find my footing in this space.