

Special Article

Cancer Diagnosed Individuals: Palliative Care**Kevser Sevgi Unal, RN, PhD**

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Abstract

Cancer is a serious health problem all over the world, with high rates of mortality and morbidity, affecting the individual, the family, and society in every aspect. Patients, families and caregivers who are currently diagnosed and treated for cancer should receive evidence-based and quality care in psychosocial and supportive care. Cancer diagnosis is a stressful incident for patients. In order to overcome the emotional and social problems experienced by individuals, psychological support carries significant importance in the treatment of cancer patients. When the individual is diagnosed, caregivers, who are part of the treatment team during the treatment process and meeting the requirements, should use the psycho-social approaches in the patient and family assistance process to increase the patient's compliance with treatment.

Key Words: Palliative Care, Nursing, Cancer**Introduction**

Research demonstrates that psychosocial intervention and training lead to lower levels of anxiety and less experience of mental disorders, nausea, vomiting and pain. Cancer patients have experienced different physical, psychological, social and economic problems during the treatment process, starting from the diagnosis stage (Centeno et al. 2007). Among these problems, physical symptoms such as pain, nausea, vomiting, fatigue, constipation, loss of appetite take place on the top. In addition to the physical issues, psychological problems including apprehension, fear, anxiety, desperation, hopelessness, exhaustion and depression are also frequently seen in patients.

Moreover, patients have to cope with many social and economic problems throughout the disease process. These problems adversely affect the patients' life quality when they cannot be effectively managed. Palliative care is one of the most important building blocks of fighting cancer. Palliative care directly affects people's quality of life (Gomez-Batiste et al 2009).

Palliative care services not only increase the quality of life but are also extremely cost

effective for hospital and country economies. Especially considering the fact that cancer patients are often referred to emergency departments, long-term hospital admissions and even doing many unnecessary surveys, invasive procedures and the chemotherapy drugs they have received up to the last moment that have no contribution to their lifespan and possible side effects of these drugs, it will once again be understood how comforting palliative care is for both physicians and patients.

The main purpose is to increase the quality of life of the patients and to ensure that they are able to achieve a more comfortable and peaceful life before death by separating out the cases of terminal turnover (Kaasa 2006). Every patient has the right to spend their last days in a certain quality and peace. Thus, nowadays palliative care is considered to be among the human rights values.

Dealing with Symptoms/Difficulties Encountered During Cancer Treatment

Palliative care begins when a diagnosis is made and continues independently of whether the patient receives treatment for the disease. The main aim is to protect and improve quality of life,

to facilitate the transition from life to death when it is inevitable.

In this context, the correct control of the patients' pain, the treatment of symptoms such as decubitus ulcers or acid-bases, and the informing of all the family members in this regard will remove unnecessary apprehensions and anxieties; in consequence it will prevent these patients from unnecessarily occupying hospital beds repeatedly and for long periods (Centeno C et al 2007; Gómez-Batiste et al. 2009).

Life style change, role change, economic difficulties, increased care for the patient, uncertainty about the future, and anxiety that may arise in the patient and his/her family faced with fear form the ground for depression.

Although social support includes economic opportunities, business environment, other social environments, etc., the strongest social support for cancer patients is the support of their relatives. For this reason, it is necessary to encourage family support when giving psychological support to the individual (Kaasa 2006).

Cancer diagnosis, treatment methods and their meanings create feelings of severe anxiety and desperation in the patient and cause intense unrest and sadness based on the patient's knowledge about cancer and patient's attributing a meaning to cancer (Mount B et al. 2006).

For all kind of life-threatening diagnosis; not only medical but also cultural, economic, and religious processes within the palliative care that must be initiated for patients and their relatives from the time of diagnosis. On the other hand, palliative care services are not limited to clinical services such as pain and symptom management.

Palliative care collectively evaluates and takes aim at solving all problems of patients and their relatives. Therefore, it involves not only clinical evaluation but also services such as religious aid, economic support and psychosocial aid. Hence, the main purpose is to combat all existing worries and to improve the quality of life by solving them.

Researches have shown that 96% of newly diagnosed patients with various cancers (breast, colonic, head and neck, lung, prostate, skin, kidney) have at least one symptom such as fatigue, pain, sleeping problem (Bingley & Clark 2009). In a systematic review of 46 symptomatic cases of 26,223 cancer patients conducted by

Teunissen et al. (2007), 37 different symptoms in the entire patient population were determined and it was shown that more than 10% of all patients experienced all of these symptoms. More than 50% of the patients were found to have symptoms of pain, fatigue, energy loss, weakness and loss of appetite. It has also been shown that the frequency of symptoms was higher with interrogation (Bingley & Clark 2009).

'Symptom is everything' in the palliative care method in cancer patients (Teunissen 2015).

It must be believed firstly in the patient's discourse in a subject especially that is very specific and affects the quality of life such as pain. Determination of the pathophysiology of the pain (nociceptive or neuropathic) is also of great importance in the treatment approach (Sarihan 2012). In order for cancer pain to be effectively controlled, the pain must be assessed extensively and then treatment plan should be performed (Sarihan 2012). The purpose of palliative care in medicine is not to investigate the cause of the symptom, but to treat and improve the symptom itself.

The patient should be informed about the causes of the pain, treatment targets and the treatments to be applied should be discussed and joint decision should be taken with patients and their relatives, and the patient should be actively involved in the management of the pain (<http://www.patient.co.uk>).

The patient and family should actively participate in pain control. When the severity of the pain is determined, the primary source should be the patient, and the observations of the patient's relatives should be utilized. The physician should answer the questions of the patient and the family, eliminate their fear, explain that the pain can be removed in large proportions (Arslan et al.2013). If the patient is conscious, the patient is allowed to take an active role and evaluate his/her own pain. However, if the patient is not able to assess the pain, then observational pain scales should be employed (<http://www.patient.co.uk/>).

Symptom Management in Palliative Care

Palliative care is the provision of services including the relief of pain and other symptoms of the patient, nutritional support, psychological and social support by a multidisciplinary team created by different professional groups. Palliative care is a form of care that focuses on

eliminating patient suffering and increasing quality of life.

A person with a life-threatening disease is confronted with a variety of problems during the entire treatment process and the last period of his/her life that constant care is required. If these problems can be solved completely or partially, the quality of life of the patient will increase. This is actually the main objective of palliative care services (Sucakli 2014).

Many issues such as personal care and hygiene (bedding, shower, washing hair, oral care, etc.), nutrition, relieve oneself, moving and exercise, bed position etc. of the patient are important for the quality of life of the patient and these are covered by palliative care services. Health personnel undertaking the care of the patient and patient relatives should be trained under this purpose and these care should be checked periodically by the physician (Sucakli 2014; Kocaman et al. 2013).

Conclusions

It seems that most of the cancer patients in the first place in terms of palliative care need, even in the period when they are newly diagnosed, have physical supportive care requirements related to the symptoms of the disease (Kocaman et al. 2013).

Effective symptom control and increased quality of life can be achieved by the widespread use of palliative care services and educated people. Health professionals who provide palliative care support to the patient are also responsible for making plans for emotional and physical empowerment of the family and preparing patients' relatives for the mourning process (Taylor & Brown S, Mary 2004; Centeno et al. 2007).

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