

# Palliative care for cancer patients | literature review



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## Literature Review

Cancer has become a global concern in the recent decades and various researches have raised the need for palliative care for cancer patients besides the treatment that they receive from their respective hospitals. Researches show that palliative care prolongs the life of patients more as compared on relying the treatments alone. According to research conducted by Julia Medew, patients who are suffering from lung cancer could enjoy longer, quality life and low depression where they bestowed palliative care immediately after they are diagnosed with lung cancer, as opposed to starting at the late stages of the disease. According to this study, Medew aimed that; the findings would change the views of both the patients and the doctors on the quality of palliative care (Medew, 2011). The care aims at improving the quality of life of the for patients with progressive, serious illnesses through paying high attention to the control of their symptoms and pain, recognizing their spiritual and psychological needs and providing the necessary support to the patients and their families.

Medew`s study divided 151 patients with lung cancer into two groups in order to clearly outline the quality of palliative care (Medew, 2011). The first group of lung cancer patients was to solely rely on the standard treatment that the patients would receive from the health facilities while the second group was to receive the same treatment that would be accompanied by immediate referral to palliative care within a time range of twelve weeks after diagnose. Consequently, the findings showed that, the average survival period of patients in the second group was around three months longer and <https://assignbuster.com/palliative-care-for-cancer-patients-literature-review/>

those patients reported living a high quality life and far much better moods as compared to the first group.

Moreover, this American study was seconded by Ian Haines, who was a Melbourne cancer specialist who recommended that, palliative care should be administered by doctors to cancer patients. This suggestion was made because most health professionals, cancer patients and many other individuals realized that palliative care can serve as the only default measure of managing cancer when all other measures have been exhausted. He also suggested that, if early referral of cancer patients to professional palliative care can be an expensive measure, the governments should subsidize by increasing the allocation of more funds to the ministry of health since its value outweighs the costs that may be associated with it (Medew, 2011).

Professor Haines also gave another case study that recently followed 333 cancer patients up to their death. The study also divided the patients into groups where one involved patients who were hospitalized to receive cancer treatments while the other group was treated and discharged in order to receive additional palliative care at their respective homes. The study findings showed that, patients in the first group died within a short time interval than those in the second group. In addition, those patients in the first group also experienced emotional and physical distress than those patients in the second group who died while receiving palliative care at their homes. The study concluded that, faster occurrence of deaths in patients who are admitted in health facilities was highly contributed by high extents of grief and more post-traumatic stress that arose from the family members and friends of those patients (Medew, 2011). His study also established that <https://assignbuster.com/palliative-care-for-cancer-patients-literature-review/>

early referral of patients to palliative care helps caregivers and patients to understand their treatment options better especially at the end of their life. Furthermore, this early referral helps to reduce debilitating expensive treatments such as chemotherapy and excessive utilization of limited medical resources.

In addition, most cancer patients are not used to palliative care in most countries and this unfamiliarity calls for the need for providing information to patients, their family members and friends sensitizing to them the quality of palliative care. According to research conducted by Ms. Etheredge, one of the officials of hospice palliative care society, she found that, palliative care frightens most individuals including cancer patients since most people are used to the tradition of patients being admitted to hospitals for treatment. Therefore, discharging cancer patients after treating them and then requiring them to seek palliative care at their respective homes elevate stress to patients since the latter concludes that they are being sent to meet their deaths at home. She suggested that, the governments should construct a cancer hospice in a strategic point since according to her, the environment where palliative care is provided matters most (Furse, 1999). She further suggested that, any other hospice to be constructed near to water and bus route since these are the two primary necessities that assist the caregivers and the families.

Moreover, she also seconded the decision of the health minister of Australia in launching the national palliative care awareness week that would inform people about the equity and access of this care (Brigid, 2011). During the launching of this palliative care awareness campaign, the health minister

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also outlined the palliative strategic plan to inform the services that palliative care offers. In addition, brochures printed in Greek, Chinese, Vietnamese, Italian and polishes were distributed to different people during that week outlining palliative care services. This distribution of brochures was to enhance the reach of palliative care information to more people especially those who both don't speak English and are not aware of the services provided by palliative care.

In addition, according to Mark Colvin, most of the cancer patients in Australia are not aware of the existence, quality and the services that are provided by palliative care centers because most doctors do not sensitize and refer these patients to palliative services. According to study that surveyed a sample of one thousand doctors all over the country and within the duration of one year, more than eight hundred doctors do not refer cancer patients to palliative care. Merrilyn stone, for example, was not referred to palliative care when she was initially diagnosed with breast cancer in 1990 (Barrett, 2004). This lack of referent made her to still firm her believe that palliative care is intended for the dying people and this made it harder for her to understand the value of palliative care when her condition came back eleven years later.

Moreover, according to Afaf Girgis, this lack of referring patients to palliative care during the early stages of cancer development enhances the perception of the community and the patients that palliative care is intended for individuals who are at the death`s door and this is much untrue. Girgis further outlines this lack of referring cancer patients to palliative care predisposes the patient to more and severe consequences when the disease

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progresses to its advanced stages. In the long run, the particular patients live less additional days, as opposed to when they would have been early referred to palliative care services (Barrett, 2004).

However, according to Rebecca Barrett, the study found that, very few health professionals who used to refer their patients to palliative care. In addition, in case these health professionals happen to refer cancer patients to palliative care, the latter was mostly intended to control pain but not for emotional or psychological support or legal and financial support.

Consecutively, according to Dr. Sundquist, most health professionals concentrate more on curing the cancer patients and most are unaware of the quality of palliative care. He further challenges this doctors' works and suggests that, the latter needs to understand more is needed to cancer patients besides treatment services (Barrett, 2004). Moreover, cancer patients need additional services that include practical and emotional support that involves palliative care.

Moreover, in Australia, Whyalla hospital developed project of constructing Whyalla cancer treatment Centre that would cancer services almost at par with the same treatment services that were offered in Adelaide. Initially, many cancer patients were forced to travel long distances in order to access cancer services at Adelaide hospital (Bruce, 2012). The construction of Whyalla cancer Centre aimed at reducing the transportation burden of cancer patients to long distances. According to whale news, the cancer center would offer a wide range of palliative services to the cancer patients especially those who were recently diagnosed with cancer. According to the chairman of his cancer project Mr. champion, the cancer Centre would offer <https://assignbuster.com/palliative-care-for-cancer-patients-literature-review/>

services such as creating space for training activities and research, counseling of cancer patients, chemotherapy, outpatient care services among others. Additionally, the Whyalla cancer Centre would operate in cooperation with the already established Adelaide health facility in order to share health professionals and other technical equipments. This cooperation statement was echoed by Mr. Champion who said “ the specialists will determine if the complexity of the cancer requires the patient to receive treatment in Adelaide or if they can remain in Whyalla.” (Bruce, 2012)

However, the recent researches show that most patients suffering from cancer would prefer to meet their deaths at their homes rather than at the health facilities. These researches recommend that health professionals should follow the wishes of cancer patients on where the latter wants to receive palliative care. In connection to this, Eurobodalla health services have provided ambulance protocols that would facilitate doctors to respond to the emergency calls from the homes of cancer patients (Oconnor, 2014). These services would enable cancer patients to receive palliative care at their homes as they wish.

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