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Editorial

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Palliative Care and Its Importance for Cancer Patients

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Aim of Palliative Care

Palliative care is active, holistic therapy and care for people with incurable diseases and a short life expectancy [1, 2]. Physical pain and other uncomfortable symptoms must be alleviated, as must efforts to address psychological, social, spiritual, and existential issues. Palliative care aims to improve the quality of life and well-being of both patients and close family members.

Do health-care workers have the confidence and time to listen to the terminally sick, who frequently have thoughts and requests in their final days? Talking about the death can help everyone feel safer and less anxious. Unpleasant symptoms are common among dying patients in hospitals during their final days.

Improved treatment of physical, psychological, spiritual, and existential ailments is required to provide dignity for the terminally ill's final days and dying. It may be difficult for health care providers to open up to palliative patients about the short time they have left to live and death. Dignity in dying is linked to having someone around them at the time of death. It is critical that the dying person have enough pain medication as well as assistance in coping with anxiety, anxieties, and physical symptoms. Cooperation among patients, close family members, and medical workers is required to achieve this.

Despite the fact that dying patients' needs and desires vary, there are several assumptions that describe "excellent care" for the dying, such as relief from emotional and physical pain, social support, continuity of care, and good communication between physicians and nurses [3, 4]. Satisfaction with care is a common measure for evaluating palliative care [5].

Several types of palliative care, such as home care and hospice, have emerged in recent decades. There have been few randomised trials comparing such a programme to traditional treatment so far. Based on available research, it's difficult to draw firm conclusions regarding what kind of impact such treatments might have on patients' and close family members' satisfaction with palliative care [6].

A cluster randomised trial was conducted at the Palliative Medicine Unit (PMU) at the University of Trondheim in Norway to assess the importance of palliative care and treatment vs. traditional treatment, with the results reported in multiple journals [6,7]. Original research published in the Journal of Pain and Symptom Management [6] and Quality of Life Research is the foundation for this essay. The FAMCARE (Family Satisfaction with Care) Scale [8] was used to measure satisfaction with palliative care and to track the care that patients and their families received.

The PMU programme takes a holistic, multi-disciplinary approach to treatment that includes physical, psychological, social, and existential components, with special attention paid to the patients' and families' situations and needs in order to maintain their integrity. In light of this, we investigated whether family members of patients at the PMU (the intervention group) were more satisfied with their care and treatment than family members of patients receiving typical therapy in ordinary cancer units.

Discussion

There could be a variety of reasons for this, such as patients' reluctance to give negative feedback on the treatment and care they receive at the hospital where they are patients, or the instrument employed isn't sensitive enough to detect changes in satisfaction over time. Another reason could be that such studies frequently employ a retrospective design, as was also used in our investigation [7], making it impossible to rule out the possibility that recall improves over time. It has been suggested that satisfaction study is of little use because of this apparent methodological flaw. However, we discovered a substantial difference between the respondents who were family members of patients in the intervention group and the respondents who were family members of patients in the control group [7]. The household members in the first group reported much higher levels of satisfaction with their care than those in the control group. Especially in terms of prognosis and therapeutic knowledge, Pain alleviation, as well as the availability of physicians for patients and their families as well as symptom treatment.

There is little doubt that focusing on the patient's overall situation is critical in determining how satisfied close family members are with palliative care and treatment. Such a holistic approach may be able to detect problems and challenges that patients and family members face early on and assist them in finding solutions [9].

Because information, communication, and attention appear to be important in palliative cancer treatment [7], and because the intervention programme demonstrated that more patients can die at home [10], we have good reasons to continue and develop palliative care provided by hospices, as well as to continue research that may improve palliative care.

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Conflict of Interest

Author declares no conflict of interest.

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