

Psychological Issues in Palliative Care

Charu Sukhlecha*

Critical Care Specialist, King George's Hospital, London, United Kingdom

Introduction

Terminal illness is a traumatic event which involves suffering eventually resulting in the development of assorted psychological symptoms in a patient including the family members. Though medical science technologies have attained supremacy in addressing terminal illness, it is mostly confined to the patient's physical pain symptoms alone. Secondly, lamentably very less healthcare services are accessible to terminally ill patients.

The diagnosis of a terminal illness is an agonizing moment for patients and their family as everyone's realities change within seconds since that moment. Patients are often immersed by an array of intense emotions, annihilating the rest of the conversation. All that was once certain becomes uncertain and the emotional and physical resources of the entire family are jeopardized. This suffering is a complex and subjective experience which requires understanding of physical, psychological, social, and spiritual requirements of patients in palliative care.

Upon learning about their illness, patients display various behaviors or emotions like denial or failure to accept the reality, despair or depression, anger, acute anxiety, fear of dying and separation from loved ones, uncertainty about the future, grief about current and anticipated losses, confusion, loss of sense over self-esteem, poor decision making towards treatment plan and policy. The journey from life to death is different for each person and family, and in the end, death is still a very personal and individual event. Moreover, a family's economic resources impact stress levels, availability of medical care and support in the home, access to medications, etc. In addition, there is a lack of accessibility to palliative care for major proportion of the global population.

Hence, it becomes increasingly essential for physicians to consider the emotional needs of a dying patient by identifying the psychological issues in them and determining the needs and opinions of family. The nature and extent of psychosocial assessments should largely outstretch symptomatic (pain) treatment and further explore the ideas or opinions which relate to settings and circumstances and domains of feelings, family, support, and finances. The patient should be scrutinized as "whole person" rather than simply paying attention to only the disease progression. Along with symptom assessment for pain, depression and anxiety, questions related to patient's thoughts and feelings about the illness, treatment and care; coping with emotions, functional changes in life, cultural and social impacts, spiritual aspects are important and play a key role in assessing the well-being of patients and families.

Each patient carries a characteristic way of coping and possess an array of strengths and vulnerabilities to the experience of a terminal illness. The objective of the therapy is to relieve patients and their family members from the emotional suffering during the progression of the terminal illness. The primary therapeutic response to psychological distress is to listen, using standard communication methodologies. Communication plays a vital role in establishing a relationship of trust between the physician and the patient. It helps explore expectations and goals for treatment and care, report on illness, listen to and validate concerns and needs of patients, and provide a room for conversation

about death. It also normalises patient's fear through honest, reassuring discussions.

Psychosocial rehabilitation is an intervention that drastically helps in the mental health and wellbeing of patients by minimising symptoms, support day-to-day life activities improve quality of life and prepare for end of life.

Each illness has its own set of practical challenges, as well as emotional meanings. Meaning-centered psychotherapy can reduce patient distress by highlighting the choices and help patients to adopt the best care and treatment suitable to them. Meaning allied with hope and positive attitude improves emotional outlook of patients as they may start looking at their disease realistically. Moreover, helping patients in managing their financial income for treatment expenses through any possible means can serve as the contributing factor in ameliorating patient quality of life.

Last but not the least, addressing the spiritual needs of patients and their family is cardinal. Spirituality is a complex, systemic and integrative personal perspective of human experience, which enables patients to look for possible meanings and purposes of life, feeling of connection to the invincible and find inner peace by way of questionnaires, reflection, contemplation, meditation or prayer. Spiritual psychotherapy is a form of modern holistic attitude towards illness that serves to ward off several undesirable emotional experiences in terminally ill patients. Spiritual support evokes communion with self, others, nature, and the transcendent being; is a response to a patient's individuality; enhances the sharing of beliefs and values; and assists patients to be at peace [1-9].

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*Corresponding author: Charu Sukhlecha, Critical Care Specialist, King George's Hospital, London, United Kingdom, E-mail: charusukhlecha@gmail.com

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