

## Palliative Care for Cancer Patients

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**Abstract:** Palliative Care is a developing speciality in India which needs to be highlighted to the general public who don't know about the benefits of it. There is a huge need to expand Palliative Care in the whole of India. Patients with advanced cancer often experience symptoms of diseases including pain, fatigue, insomnia, etc. and treatment that contribute to distress and diminish their quality of life (QOL). Palliative Care aims to relieve these symptoms. It considers the psychological and the spiritual aspects of patient care and offers a support system to help patients live as actively as possible until death. This review highlights the use of Palliative Care during treatment of cancer patients and also discusses about the importance of Palliative Care as a course for clinical students and junior doctors.

**Key Word:** Palliative Care; Cancer patients; Education; Pain syndrome; India.

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### I. Introduction

Cancer is the second-leading cause of death in the world<sup>1</sup>. After decades of research, researchers have found cure for some forms of Cancer. But, mostly, cancer is considered to be a fatal progressive illness<sup>2</sup>. Globally, about 1 in 6 deaths is due to cancer<sup>1</sup>. Approximately 70% of deaths from cancer occur in low- and middle-income countries<sup>3,4</sup>.

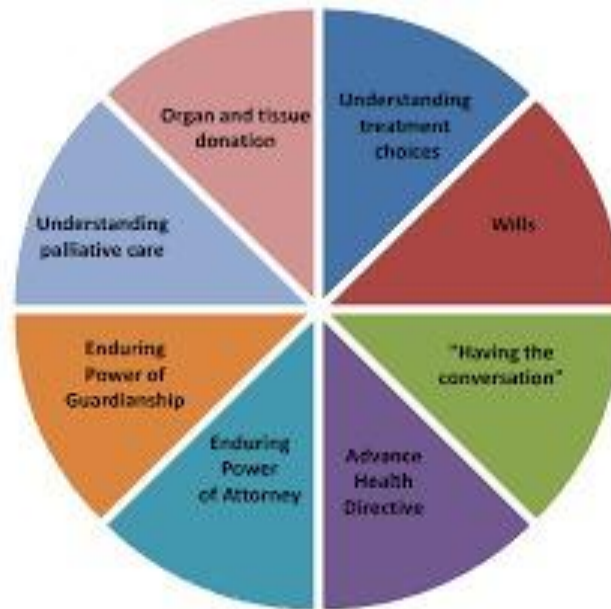
Cancer patients endure a significant burden of symptoms and side effects associated with the disease and its treatment. They suffer both mentally and physically<sup>4</sup>. In response to the deterioration of the quality of life for the patients and their family, in 2002, WHO introduced the concept of Palliative Care and defined it as “the approach to improve the quality of life for the patients and their families who are facing life threatening illnesses through the assessment and treatment of pain and other physical, psychological and spiritual problems.”<sup>4,5</sup>

The development of palliative care through effective, low cost approaches is usually the only feasible alternative to respond to the urgent needs of the sick and improve their quality of life<sup>6</sup>. The integration of palliative care with mainstream health care across the globe has grown in recent years<sup>7</sup>.

### II. What is Palliative Care?

Palliative care is the care given to improve the quality of life of patients who are suffering from life-threatening diseases such as cancer, AIDS, etc<sup>9</sup>. The goal is to prevent or treat, as early as possible, the symptoms and side effects of the disease and its treatment, in addition to any related psychological, social, and spiritual problems<sup>9</sup>. Patients diagnosed with a disease like cancer require not only physical control of disease and symptoms but also need help in coming to terms with their disease<sup>10</sup>. It is necessary to show that one should care about the patient as a person and not just concerned about physical symptoms<sup>10</sup>. Palliative care focuses on healing rather than curing<sup>11</sup>. It is patient oriented and not Disease-oriented. Palliative care ensures that both compassion and science work hand in hand for the betterment of the patient. Palliative care is also called comfort care, supportive care, and symptom management<sup>9</sup>.

**Components of Palliative Care:** The following components are the backbone of palliative care. They help in assisting the palliative care specialists.



**Figure 1.** <https://palliativecarewa.asn.au/advance-care-planning/components/>

**Team of palliative care specialist:** Palliative care is a team work who co-ordinate with each other for the well being of the patient and family. The team consists of<sup>9</sup>:

- 1) A primary oncologist
- 2) Palliative care specialist
- 3) Registered nurse trained in palliative care
- 4) Chaplain
- 5) Social worker
- 6) Pharmacist
- 7) Counselor
- 8) Occupational therapist
- 9) Physiotherapist

### III. Issues addressed in palliative care for cancer patients

The medical treatment for different types of cancer varies from person to person. Hence, the physical and emotional effects may also vary. A palliative care specialist take the following issues into account for each patient:

- ◆ Physical: Cancer treatment includes chemotherapy, Radiation therapy, targeted therapy and surgery. These treatments causes several possible side effects like fatigue, hair loss, nausea, vomiting, loss of appetite, shortness of breath, insomnia<sup>9</sup>.
- ◆ Emotional and Coping: During cancer diagnosis and cancer treatment, both patients and their families deal with emotional distress<sup>9</sup>. Palliative care team conducts systematic symptom evaluations, using standard tools such as Edmonton Symptom Assessment System<sup>12</sup>. This tool is designed to assist in the assessment of: pain, tiredness, nausea, depression, anxiety, drowsiness, appetite, well being, and shortness of breath<sup>12</sup>.
- ◆ Spiritual: Spirituality is the key component in the practice of palliative care because it promotes comfort and relief for patients with life-threatening diseases like cancer without therapeutic possibilities of cure, which contributes to improve their health situation and their lives<sup>13</sup>. It helps terminally ill patients to resist stress and physical and psychological discomforts, in such a way as to promote their well-being until the last moment of their lives<sup>13</sup>. Thus, it can help them, their relatives, nurses and other professionals working with palliative care to cope with situations of imminent death, or death itself, with more tranquility<sup>14</sup>.
- ◆ Caregiver Needs: Family members are in a unique position of both giving and needing support. Family members who witness the patient's distress may experience psychological anguish and guilt if they are unable to comfort the patient or obtain the necessary medical assistance to relieve the patient's suffering<sup>15</sup>. As well, the burden of caring may adversely affect family members who lack adequate resources or are poorly prepared for the caregiving role<sup>15</sup>. Families of patients are profoundly affected by the challenges of the illness. They manage daily caregiving expectations, alterations to their roles, and changing

responsibilities within the family<sup>15</sup>. They also confront shifts in their understanding of the meaning of life and relationships as they come to recognize the terminal end point of the patient's illness<sup>15</sup>. Palliative care specialists help families and friends cope and give them the support they need<sup>9</sup>.

- ◆ Financial Difficulties: Palliative care specialists can also assist with financial and legal worries, insurance questions, and employment concerns<sup>9</sup>. This also includes communication among family members, caregivers and members of the oncology care-team.

#### IV. Main symptoms in a terminal cancer patient

In cancer patients, the symptoms may be caused by primary malignancy, as well as by treatment (surgery, radiotherapy or chemotherapy), debility conditions (anemia, COPD etc) and concurrent second disorders<sup>16</sup>.

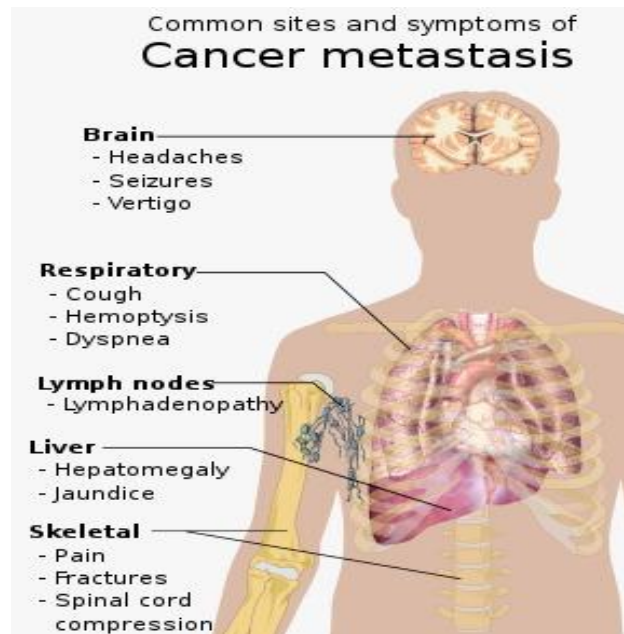


Figure 2. [https://en.wikipedia.org/wiki/Cancer\\_signs\\_and\\_symptoms](https://en.wikipedia.org/wiki/Cancer_signs_and_symptoms)

#### V. Cancer Pain Syndromes

Pain syndromes must be recognized to identify the specific cause for the pain which will in turn, help in guiding the specialists for further treatments or therapies.

##### Chronic pain syndromes in patients with cancer:

- Tumour-related nociceptive pain syndromes- Neoplastic invasion of bone, joint, muscle, or connective tissue can cause a persistent somatic pain; bone pain syndromes are the most common. The spine is the most common site of bone metastases and many patients with cancer have back pain. This leads to a potential damage of the spinal cord or nerve roots, and thereby produce substantial neurological compromise. With early diagnosis and treatment of the tumour, the neurological disorder can be prevented.<sup>16,17</sup>
- Tumour-related neuropathic pain syndromes- Neuropathic pain syndromes may be caused by tumour infiltration or compression of nerve, plexus, or roots, or by the remote effects of malignant disease on peripheral nerves. The syndromes are highly variable; patients may have aching pains or dysesthesias (abnormal pain sensations such as burning) anywhere in the dermatomal region innervated by the damaged neural structure.<sup>16,17</sup>
- Treatment-related pain syndromes-  
Nociceptive pain syndromes are related to:
  - Painful osteonecrosis
  - Painful lymphoedema
  - Painful gynaecomastia
  - Chronic abdominal pain
  - Radiation-induced chronic pelvic pain.<sup>16,17</sup>

Neuropathic pain syndrome-

Most Post treatment pain syndromes are neuropathic. Any surgical incision could lead to a neuropathic pain syndrome in a small proportion of patients.

- Postsurgical neuropathic pain syndromes
- Postradiotherapy pain syndrome
- Postchemotherapy pain syndromes.<sup>16,17</sup>

**Treatment for cancer pain syndromes:**

The patient may suffer from acute or chronic pain; which may be mild, moderate or severe. WHO has developed a three-step "ladder" for cancer pain relief in adults.<sup>16</sup>

**WHO's Pain Relief Ladder**



**Figure 3** <https://www.who.int/cancer/palliative/painladder/en/>

In the first step, the non-opioids are acetaminophen, nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen.

In the second step, the weak opioids are codeine, dihydrocodeine, meptazinol.

In the third step, the strong opioids include morphine, hydromorphone, methadone.

Tramadol may behave as a weak or strong opioid depending on the dose used.

**VI. Role of Radiotherapy In Palliative Care**

Radiation therapy is a type of cancer treatment that uses beams of intense energy to kill cancer cells and shrink tumors. Radiation therapy most often uses X-rays, but protons or other types of energy also can be used.<sup>18</sup> The aim of delivering palliative radiation therapy is to control symptoms of cancer and so giving the patient a better quality of life.

Palliative radiation is not suitable for all types of cancers – it depends on the particular type and the area that the cancer has spread to. Sometimes other treatments such as surgery, chemotherapy, or hormone therapy may be more helpful<sup>19</sup>.

Palliative radiation therapy is used for many different reasons including<sup>19</sup>:

- Relieve of bone pain
- Treating spinal cord and nerve compression
- To treat the symptoms of cancer within the brain
- Shrinking a tumour to relieve pressure or a blockage
- To stop bleeding.<sup>19</sup>

**VII. Medical Education in palliative care**

The need for medical education in palliative care is increasing day by day. The basic medical education, especially communication skills and bereavement care should be provided to the clinical students and junior doctors during their training period<sup>16</sup>. The cost of palliative care and the optimum place to deliver it, the symptoms of advanced cancer, pain relief and symptom control methods and quality of life in end-stage cancer patients are some aspects that should be an integral part of clinical residency programs<sup>20</sup>.

### VIII. Medicolegal Aspects

There is a need to improve access to pain-free end-of-life care<sup>16</sup>.The government of India created a National Program for Palliative Care(NPPC)in 2012<sup>21</sup>.In the year 2014,the Indian Parliament amended Narcotic Drugs and Psychotropic Substances Act,overcoming many of the legal barriers to opioid access<sup>21</sup>.

### IX. Conclusion

This review expands the existing knowledge regarding palliative care being essential care required for patients with serious health related suffering. It works with a team comprising of physicians,advanced practise nurses,experts in pain and symptom management,each having its own significance. Cancer, practically is a broad term becoming one of the most feared and deadly disease since last decades. Palliative care has not only added years to your life but provides a good quality of life to all cancer patients .Palliative care services have been in existence in India for many years ,there has been a steady progress in past few years .Kerala ,Indian state is cited as "beacon of hope" for providing palliative care services. Still ,India ranks at the bottom of quality of death. In India ,Four lakhs people are affected by cancer every year. Seeing this ,Indian Association of Palliative also runs a certificate course in Essentials of Palliative Care for doctors and nurses in India ,by distance education program through its 27 centers. Looking forward to many more plans of Indian Association of Palliative Care seeking the importance of palliative care in bringing Quality Of Life (QOL).

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