

# PALLIATIVE CARE IN CANCER: A REVIEW OF PRESENT, PROGRESS AND FUTURE TRENDS

## Abstract

Palliative care and hospices developed promptly since the late 1960s and in India 1980s. It is also known as end of life care (EoLC) which is specialized palliative care improves quality of life and gives care with satisfaction especially for advanced cancer patient and it originated to seeing death of people from acute to chronic conditions of cancer and other diseases. It gives emphasis on improving quality of life of patients. Palliative care is designed for terminally ill person and for their families. Palliative care is given in cancer, dementia, heart failure, chronic obstructive pulmonary disease, and Parkinson's disease etc whereas in some countries palliative care given especially given in cancer such as United Kingdom through hospices and support teams. It can be said that mainly it is related to oncology. Goal of palliative care is to prevent or treat symptoms and side effects of disease of individual soon as possible on the basis of physical, social, and spiritual problems. Any person can receive it without hesitate about age and stage of disease. It can be received in hospitals, a long term care facility centre, an outpatient clinic, or at home under supervision of certified health care provider. Cancer patient receive many treatment such as chemo therapy, radio therapy, surgery, medicines etc, but palliative care provide people and their families more comfortable.

**Material Method** there had been 35 research papers and review paper collected from Pubmed, Google scholar, etc using these Key words: cancer, palliative care, WHO, recent trends, all research paper studied carefully, and all observations and finding has written very carefully and with proper references almost 30 paper used.

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**Conclusion:** Palliative care is one of the best health services, and continuous efforts should give to overcome from all hurdles of successful implementation of palliative care service. Multidisciplinary educational initiative for knowledge of patient's care, research endeavors, and other initiatives can improve palliative care. It needs to be start for create awareness and training in Palliative care. Palliative care is mainly associated with oncology. Patient diagnosed with cancer need physical, social, and spiritual care which provided by Palliative care centers which is as effective can improve quality of life of patient and becomes strength of their families.

**Keywords:** Cancer, Palliative Care, WHO, Recent Trends,

## I. INTRODUCTION

Concept of hospices and palliative care has developed rapidly since late 1960s. This is defined as subject of activity since 1970s delivered by multidisciplinary team. Many dimensions of palliative care service developed but it has been closely related to oncology<sup>1</sup>. Palliative care focuses on patients who are suffering from diseases like cancer, dementia, and heart failure, chronic obstructive pulmonary disease, Parkinson's disease etc and need psychosocial support<sup>2</sup>. It improves the quality of life of patients as well as their families who are caring patient with lot of challenges associated with life threatening illness which can be physical, psychological, social or spiritual. In 1989 the WHO first defined term palliative care<sup>3</sup>. Its most updated definition of palliative care is published in 2002<sup>4</sup>. According to WHO, every year 56.8 million people, including 25.7 million people in last year needed palliative care. Only 14% people from needy received it worldwide<sup>5</sup>. According to WHO survey which is focused on some diseases like diabetes, hypertension which was conducted in year 2019 among 194 members with funds for palliative care which was available in 68% countries from that only 40% countries reported that service reached just half of patient need<sup>6</sup>. In United Kingdom Palliative care is specially provided for cancer patients through support team and hospices. Early delivery of palliative care decreases extra expense and loss of time such as unnecessary hospital admissions and use of health required service. It has variety of services which is provided by experts such as physicians, nurses, volunteers to support patient and their family, paramedics, physiotherapists etc to support patient and their caregivers. Palliative care team support patient in such way so that they can live actively as possible until his/ her death. Palliative care comes under the human right to health. It should be provide every needy person through individual centered and integrated health services that will be personal centered for their specific need and preference<sup>5</sup>.

## II. DEFINITION OF PALLIATIVE CARE

According to WHO, Palliative care is an approach to improve quality of life (QOL) of patients along with their families who are facing challenges related to living healthy life and illness, with the help of prevention and relief of sufferings<sup>5,7,8</sup>. Oxford handbook of palliative care definition is similar as WHO.

## III. PALLIATIVE CARE SUPPORT

1. It provided to enhance quality of life of patient.
2. Provide Pain relief treatments and any disturbing symptoms.
3. It endorses that the life and the death is normal process.
4. Death is neither called faster nor postpone.
5. Palliative care integrates psychological and spiritual dimensions of care of patient.
6. It provide support patient to live active as possible until death.
7. It give support to patient as well as patients family cope during their love ones illness and at the time their separation.
8. To address the need of patients and their family during palliative care they use team approach etc<sup>9</sup>.

The earlier introduction of palliative care for cancer patients recommended by the World Health Organization at (WHO) any stage<sup>10</sup>. Previous studies among cancer patients

or non cancer patients gave favorable effects related to their health care such as hospital stay period, in hospital death, and charges of hospitals<sup>11</sup>. In a recent meta-analysis it is found that palliative care of hospital reduces length of stay in hospitals and in hospital death in intensive care unit<sup>11</sup>.

#### IV. HISTORY OF PALLIATIVE CARE IN INDIA

Palliative care is new concept in India which was introduced in the mid of 1980s science that time palliative care services, hospices developed with help and efforts of committed peoples such as Indian health experts, volunteers, and international collaborated peoples<sup>12</sup>. Government of India started National Cancer Control Program in 1975 and after few years in 1984 this initiative was modified to make it as basic service of pain relief at primary health care level unfortunately it was not succeed further<sup>13</sup>. Science 1980s to 1990s there were some palliative care center of cancer started to stabilize in cities such as Mumbai, Ahmadabad, Bangalore, Trivandrum and Delhi<sup>14</sup>. In 1980s Gujarat initiated for palliative center at department of Anesthesiology, In Gujarat Cancer Research Institute and In Mumbai Professor D'Souza started first hospice named Shanti Avedana Ashram in 1986<sup>15,16</sup>. There is no national palliative care policy till now. According review of McDermott *et. all.* 138 organizations are there who providing palliative care in present time in 16 states and union territories<sup>12</sup>. This service focused on large cities regional cancer centers except Kerala where palliative care service is widely spread through public and private hospitals and hospices, NGOs<sup>17</sup>. These hospices and palliative care centers found in regional cancer centers, private hospices, government and private clinics, day and home care services etc<sup>17</sup>.

#### V. PALLIATIVE CARE FOR PEOPLE WITH CANCER

After being diagnose with cancer people are living longer life because of effective treatment even who are with at progressive and incurable cancer patients<sup>18,19</sup>. During cancer treatment some symptoms are likely to developed in patient such as depressed mood, anxiety, pain, fatigue, loss of appetite, dyspnea etc which affects the quality of life of patients<sup>20,21,22</sup>. To over come from all these symptoms and enhance quality of life of patient's high quality of palliative cancer care is needed<sup>23</sup>. In palliative care centre health care professionals working on patients quality of life (QoL), physical functioning (PF), emotional functioning (EF), to achieve best possible health outcome for patients<sup>22</sup>.

#### VI. ISSUES ADDRESSED IN PALLIATIVE CARE

Treatment effect of cancer varies person to person whether it is physical or mental. A Palliative care specialist takes many aspects for treating patients individually such as physical, spiritual, emotional and coping, Practical needs, caregiver needs<sup>24</sup>.

1. **Physical Issues:** pain, fatigue, loss of appetite, insomnia, nausea, vomiting, dyspnea etc.
2. **Spiritual Issues:** Patients and their family becomes hopeless from life when cancer is diagnosed they continuously pray and regret from God that why this happened to me or with my love one what, why, how much life remain etc constantly stirring in mind to overcome this thought palliative care experts can help people to understand things their

values and belief so that they can get sense of peace to reach a point of acceptance which can be a right way for that condition<sup>25, 26</sup>.

- 3. Emotional and Coping** Cancer diagnosed patient and families at the treatment and diagnosis time deal with emotions, depression, fear, and anxiety palliative care experts can give them right way to cope with everything<sup>26</sup>.
- 4. Practical Needs** Financial and legal worries also important aspects to assist patient and family members by the palliative care providers<sup>25</sup>.
- 5. Caregiver Needs** There are many challenges which a caregiver face such as patients need which is continually changing with time and treatment, caregiver has many other responsibility like job, household duty, taking care of other family members. Sometimes sudden medical need of patient arose, inadequate support from society many other things are there which is challenging to fulfill a caregiver alone. A palliative care expert can help to cope with all these problems and provide support can care<sup>25,26</sup>

## VII. PREPARATION FOR FUTURE NEEDS AND TRENDS

In India there is high quality palliative care is needed but many hurdles are there on the way of patients and their families to get it due to heterogeneity of different culture, social, geographical, medical backgrounds because one approach is not acceptable everywhere<sup>15</sup>. Having diversity in India, each state and their districts needed different policy as per local need. Central government should develop an umbrella policy for palliative care, hospices, knowledge about it and education<sup>15</sup>. Palliative care includes nursing, psychology, social work, medicine, nutrition, rehabilitation these should be provide in depth knowledge in Institution. It requires commitment, passion and hunger to learn about palliative care, for this online presentation, meetings, seminars etc required so that people can explore and aware about this<sup>27</sup>. Palliative care centers should be designed as per Indian culture and situations. Indian government, Indian association of palliative care and WHO should collaborate for future development of palliative care in India.<sup>15,27</sup>

## VIII. MATERIAL METHOD

There had been 35 research papers and review paper collected from Pubmed, Google scholar, etc using these Key words: cancer, palliative care, WHO, recent trends, all research paper studied carefully, and all observations and finding has written very carefully and with proper references almost 30 paper used.

## IX. DISCUSSION

Palliative care is an end of life care which is effective not only for patient but their family also. In some part of India culturally inspired model has been used. End of life care needs skills, knowledge regarding treatment, psychological and hands on practice for care of ill patient and for their family. It is helpful to patient in end of life days. According to a research analysis palliative care will develop more in upcoming 25 years<sup>27</sup>. Present palliative care needs some projected changes and special focus on educating Palliative care professionals at advanced level so that individual can get benefits of this living at any

geographic area<sup>28</sup>. The Indian Government, and Indian association of Palliative care along with WHO should give further optimism regarding its future development<sup>7, 27, 29</sup>.

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