



Review Article

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Palliative Care and Its Impact on the Quality of Life of Cancer Patients: A Review

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ABSTRACT

Cancer is one of the main causes of disability and death all over the world and its frequency is increasing day by day. Considering that various treatments are not effective in the final stages of cancer patients' lives and also considering the increasing importance of palliative care in controlling pain and creating peace and well-being, it is necessary to conduct studies in this field to determine the effect of care to identify palliative effects on different dimensions of life of cancer patients. Therefore, the researchers decided to conduct a review to determine the impact of palliative care on the quality of life of cancer patients. In this study, the keywords Cancer, Palliative, Sedative, Patient, Care, and Quality were searched in the data center of the scientific databases PubMed, Scopus, and Science Direct. The results obtained from various studies showed that providing palliative care for cancer patients in all age groups is necessary to provide client-centered care. In the current study, the topic of early palliative care and that palliative care should be started as soon as possible so that the maximum benefit can reach the patients and the care of the elderly was of great importance. Palliative care will lead to speeding up recovery, reducing the duration of hospitalization, and reducing hospital and treatment costs. Establishing and strengthening supporting institutions, creating a culture to adapt to all kinds of problems, and providing palliative care for cancer patients seems necessary.

Key words: Cancer, Palliative care, Cancer patients, Quality of life

INTRODUCTION

Cancer is one of the main causes of disability and death all over the world and its frequency is increasing day by day [1] and it is the second cause of death in the world after cardiovascular diseases. Every year, seven million people in the world die from cancer [2, 3]. Cancer is one of the most important disorders that severely affects people's health and quality of life [4, 5].

One of the factors affecting the quality of life in cancer patients is not only the physiological changes made during the illness but also the mental-psychological condition and the individual's reaction to the results of diagnostic tests and the prognosis of the disease and the stages of sadness, grief, and anger, all of which affect the quality of life. The patient has an effect [6-8]. Quality of life is a multidimensional and complex concept that is associated with indicators such as life satisfaction, physical health, social health, hope, social etiquette, and the mental health of the patient. In cancer patients, like other chronic diseases, the primary goal of nursing care and the health care team is to improve individual performance and maximize the quality of life [1, 9, 10]. The basic principles of providing palliative care emphasize frequent and honest communication, regular evaluation of clinical symptoms, spiritual assessments, and basic coordination of hospital services and nursing care [11-13].

The presence of nurses at the patient's bedside and loving them fulfills the spiritual needs of the patients, and on the other hand, it also helps the nurses to better understand the needs of their patients [14, 15]. The experience of caregiving or the death of a family member has a positive effect on providing end-of-life care to dying patients and their families. The positive view of nurses toward end-of-life care will lead to nurses' interest in acquiring knowledge and skills and, as a result, more understanding of the supportive behaviors of providing end-of-life care [16].

The results of a qualitative study in Scotland showed that several cancer patients who did not have religious beliefs during their lifetime were looking for a superior force in the end stages of their lives to improve their quality of life by connecting with that force [8]. Several researchers in Italy, studying cancer patients between the ages of 18 and 65, concluded that the most important factor affecting the quality of life of these patients is anxiety. Other factors affecting quality of life include age over fifty years, low education level, and unemployment. They stated that providing palliative care by nurses reduces the anxiety level of patients [17].

Research results indicated that many efforts have been made to promote palliative care with the approach of interprofessional education programs [18-20]. In the study of Farin *et al.* it was shown that the implementation of online interprofessional educational programs improves palliative care [21]. Considering that various treatments are not effective in the final stages of cancer patients' lives [22, 23] and also considering the increasing importance of palliative care in controlling pain and creating peace and well-being, it is necessary to conduct studies in this field to determine the effect of care to identify palliative effects on different dimensions of life of cancer patients. Therefore, the researchers decided to conduct a review to determine the impact of palliative care on the quality of life of cancer patients.

MATERIALS AND METHODS

The present study is a review study in which quantitative studies were examined and qualitative studies were excluded. In this study, the keywords Cancer, Palliative, Sedative, Patient, Care, and Quality were searched in the data center of the scientific databases PubMed, Scopus, and Science Direct. The mentioned databases and databases were defined in such a way that first, we determined the concepts and keywords related to the subject under study and then by simple and advanced search using AND, OR, and NOT operators based on publication date and title. The time range was used for the electronic search. Accordingly, all the articles searched were between the years 2000 and 2023. The review criteria included question selection, determining the input criteria, finding studies, selecting studies, evaluating the quality of studies, extracting data, and analyzing and presenting the results [24].

RESULTS AND DISCUSSION

Among the reviewed articles, Yamagishi *et al.* [25], and Rangachari and Smith [12] are related to palliative care interventions in the lives of cancer patients. Dionne-Odom *et al.* [26] discussed rapid palliative care, and the article by Rosenberg and Wolfe [27] discussed palliative care in adolescents and young adults. Adolescents and young adults with cancer are a unique and challenging group of patients with developmental and psychosocial needs, whose cancer may go unrecognized or untreated during their lifetime.

Palliative care refers to the complete care of these patients and its purpose is to improve the quality of life by controlling symptoms and reducing physical, social, psychological, and spiritual pain [27]. Also, Himmelstein [28] has reviewed the ethical challenges of pediatric care, and the article by Rutger *et al.* [29] was about improving palliative care for children with quality care recommendations for diagnosing and relieving symptoms in pediatric palliative care. Balducci *et al.*'s [30] article referring to palliative care in elderly patients, setting goals in elderly patients may be complicated by communication problems related to hearing, cognition, expectation, and culture. Cancer pain is a major barrier to maintaining functional independence, curbing fatigue, disability, and death. Palliative care is essential for client-centered care of elderly cancer patients. The diversity of this population in terms of life expectancy, tolerance, treatment, performance, disability, and social support determines personal treatment plans [30].

Ferrell *et al.*'s [4] article specifically addressed faith in care and emphasized that quality palliative care is only possible if spiritual concerns are addressed. Spiritual intervention can make a positive change in the life and experience of a cancer patient [28]. Barbera *et al.* [6] discussed the positive impact of the quality of care on the lives of cancer patients. Also, two articles by Farin and Nagel [21] and Rose *et al.* [22] discussed the importance of quality of life and how cancer patients live.

The article by Wittenberg-Lyles *et al.* [18] examined palliative care communication training and in the articles by Schuit and Sleijfer [31], cancer patients paid. Two articles by Zimmermann *et al.* [32] and Dionne-Odom *et al.* [26] examined primary palliative care and acceleration of palliative care, the results of which showed that palliative care should be started as soon as possible so that its maximum benefit reaches the patient's caregivers. The number of 3 articles by Mok and Chu [33], Shahnazari [34], and Tornoe *et al.* [35] on the importance of nurses and the effect of proper professional and mini communication on the trust of nurses and the great effect of this communication on the treatment process and making patients stronger. Nurses have the potential to alleviate pain and suffering through a comforting presence and create a deep connection with patients and their families.

CONCLUSION

Decreasing physical and mental health in cancer patients affects their quality of life and can cause job loss, family breakup, interpersonal communication disruption, and inability to fulfill personal, family, and social responsibilities. Accordingly, in a study conducted by Rangachari and Smith [12], they stated the importance of palliative care in improving the performance of cancer patients.

In a study by Zimmermann *et al.* [32], among patients with lung cancer, early palliative care resulted in significant improvements in quality of life and mood compared to patients receiving standard care. Patients who received primary palliative care had less invasive care at the end of life and lived longer. In patients with advanced cancers, the quality of life decreases, which tends to worsen until the end of life. In the above study, researchers evaluated the effect of early palliative care in patients with advanced cancer in several aspects of quality of life [32]. Also, the research results of Dionne-Odom *et al.* [26] show that concurrent oncology palliative care should be started as soon as possible so that its maximum benefits reach caregivers and patients. Palliative care continues from the time of illness and regardless of the type of treatment [36, 37]. In another study, American researchers examined 398 cancer patients and stated that when the level of mental health decreases after a cancer diagnosis, the performance of patients in other areas of quality of life is also jeopardized [24].

Feelings of powerlessness and helplessness are common in patients with terminal illnesses. A survey of 103 patients receiving palliative care confirmed that the feeling of losing control and being ignored, isolation, and uncertainty is the basis for creating a feeling of weakness and mental disability [38, 39].

In a study conducted by El-Jawahri *et al.* [40] on 160 patients with leukemia, it was found that palliative care increases the quality of life and reduces depression in these patients. In a study by Borimezhad *et al.* [41], it was stated that the concept of palliative care has characteristics in both the end-of-life approach and the universal approach. The characteristics of the concept in the approach to the end of life by improving the quality of life of the patient and his family, improving the physical, mental, and social well-being of the patient, supporting him, and paying attention to the well-known spirituality in the general approach, emphasizing the characteristics of the concept on providing this care for all stages of life All patients were at all levels of the disease and not only at the end of life [41].

In the analysis of the concept of palliative care in the United States of America, Meghani [42] stated that the term palliative care is not only used for providing care to patients at the end of life but is also generally used to improve the quality of life of all patients. In a study conducted by Barbera *et al.* [6] titled "Quality of end-of-life cancer care in Canada", it was reported that among 200,285 cancer patients, 54% died in hospital, of which 7.8% of them received aggressive care and 45.3% supportive-palliative care at the time of death and had a calmer death.

When taking care of patients at the end of life, palliative care should be used for them, because at this time, treatment measures are no longer effective. These cares begin when the diagnosis of a life-threatening illness is made and continue until recovery or even death and mourning. Nursing care at the end of life should be focused on the comfort of the patient and should avoid intensive care and unnecessary control of vital signs, additional tests, and any treatment that disturbs the comfort of the patient [34]. Considering the importance of the role of a caregiver, the presence of nurses at the bedside of patients and loving them fulfills the spiritual needs of patients, and on the other hand, it also helps nurses to better understand the needs of their patients [42].

Proper professional communication and communication based on trust are among the very important requirements. In this regard, Chiu and Mok believe that when the nurse-patient relationship is based on trust, patients do not see nurses as just care providers, but consider them a part of the family or a good friend. Since trust brings the nurse and the patient to their goals, it can be an important element in the field of palliative care [33]. Nurses have the potential to reduce pain and suffering through a comforting presence and create a deep connection with patients and their families, and therefore nurses can make their patients stronger and encourage

them to experience a meaningful life [35]. Nurses' attitudes towards death and caring for the dying should be consistent with their goals. Nurses can have a positive attitude towards death and caring for dying people when they have a humanitarian relationship with people in society [43, 44].

In the study of Banazadeh *et al.* [16], it was also found that nurses who experienced the death of family members or close friends reported the importance of supportive behaviors more than those who did not have such an experience. The caregiving experience or the death of a family member has a positive effect on providing end-of-life care to dying patients and their families. The positive view of nurses toward end-of-life care will make nurses interested in acquiring knowledge and increasing their skills, and as a result, will have a greater understanding of the supportive behaviors of providing end-of-life care [16]. People who have had the experience of caring for friends or acquaintances understand better and more the importance of palliative-supportive care. Considering that in most of the research reviewed in this study, palliative care had a significant effect on increasing the quality and life expectancy of cancer patients, therefore, it is necessary to adopt measures in the field of controlling the complications of the disease, treating and using palliative care and calming and improving the quality of life of cancer patients is strongly felt; so that improving and enhancing the quality of life should be considered as one of the primary goals in cancer treatment; because life expectancy is one of the basic needs of cancer patients to improve their health and quality of life.

Providing palliative care to cancer patients increases their quality of life; because it helps these patients feel capable of overcoming their illness. Palliative care can be effective in functional, cognitive, and social roles, as well as reducing some signs and symptoms of the disease, and has a significant impact on improving survival and controlling symptoms, reducing anxiety and depression, reducing the use of unnecessary chemotherapy at the end of life, it improves family satisfaction and quality of life. Also, palliative care will speed up recovery, reduce hospitalization time, and reduce hospital and treatment costs. Establishing and strengthening supporting institutions, creating a culture to adapt to the various problems of these patients, and providing palliative care for cancer patients seem necessary. By identifying the needs of cancer patients, nurses can provide suitable situations for their recovery.

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