

## RESEARCH ARTICLE

### CARE OF A CLIENT WITH PALLIATIVE CARE NEED

\*Sachin Dwivedi, RN RM, M.Sc. (N) CTVN, CCEPC

King George's Medical University, College of Nursing, Lucknow U.P. India

Received 19<sup>th</sup> July, 2021; Accepted 24<sup>th</sup> August, 2021; Published 30<sup>th</sup> September, 2021

#### ABSTRACT

Palliative care is a specialized care area committed to deliver health care facilities to the patients with life-limiting illnesses (cancer, neurodegenerative disease, dementia) for prevention and relief of suffering, relieving pain and distress and to attain best possible quality of life for patient and their family. Palliative care aimed to impart holistic and client centred approach to relieve from pain and psychological, spiritual and emotional issues of patients and families. Palliative care is delivered by specially trained professionals such as Doctors, nurses, social workers, dietician, therapist and home health care groups. they incorporate together to meeting the need of clients and families for better client outcome. The utmost concern of client with terminal illness such as cancer is to sustenance quality of life and prolongation of survival. Patient with cancer encounter psychological issues mainly fear, stress, tension, physiological issues; nausea, vomiting, weakness, hair loss and social issue such as dependence role, social isolation and stigma. This article mainly reflecting the holistic need of cancer patient by introducing early palliative care approach for promoting comfort safeguarding patients.

**Key words:** Cancer, Holistic, Palliative Care, Spiritual, Wellbeing, Brief Report.

#### INTRODUCTION

Cancer is the prime cause of death globally and it is estimated nearly 10 million deaths in 2020. <sup>(1)</sup> Worldwide burden of cancer increasing day by day, it will reach 29.4 million cancer patients per year by 2040. <sup>(2)</sup> Over past decades every country seen a significant increase of cancer rate. Client suffering with terminal or life-limiting condition, require integrated healthcare approach for better health outcome and holistic wellbeing. World Health Organization stated that palliative care is a unique approach which aims to enhance the wellbeing of client with life-limiting diseases and support their families by early identification of client need, accurate assessment, relief from pain and promote wellbeing, and use of available therapeutics for managing health-related concern. Palliative care always strives to focus on collaborative, patients centered care approach, to dealing with psychosocial, physical, emotional and spiritual issue of the client. <sup>(3)</sup> Initiation of early palliative care not only enhance the quality of living of client but also reduces the burden of hospital related stress, unnecessary hospital visits and health care access.

**Case Summary:** A 57-year-old women suffering from pain in the abdomen, and visited a physician in the department of medicine. She not gets relief after taking prescribed treatment for a month, so after 2 months she was revisited with complaints of loose motion, mouth ulcer, and weakness. She has undergone treatment of condition but gets not relived. A tissue sample was taken by department of gastroenterology, but no evidence of malignancy was seen. After 1-month FNA is taken and reactive lymphoid hyperplasia is noted, and diagnosed as Extra-Nodal Marginal zone lymphoma (EMZL) stage-IV.

\*Corresponding Author: Sachin Dwivedi, RN RM, M.Sc. (N) CTVN, CCEPC,

King George's Medical University, College of Nursing, Lucknow U.P. India.

Marginal zone lymphomas are a non-Hodgkin type lymphoma, a low-grade, slow growing cancer mainly develop due to involvement of B cells. It developed at extra nodal site in context of antigenic stimulation by either due to autoimmune disorder or infection. They mainly found at edge of normal lymphoid tissues. The most common site of lymphoma is stomach. <sup>(4)</sup> During history, patients were reported pain in the abdomen, gradual loss of appetite, indigestion, and nausea. Under Physical assessment her weight was 59.3 kg (decrease 4.4 kg withing 1 month), oral ulcer with poor healing, feeling of dizziness, chronic diarrhea was also present. The client was admitted in tertiary care center and all the necessary diagnostic test were done and diagnosed to have Extra-Nodal Marginal zone lymphoma. For assessment of baseline information of client blood count and coagulation profile were performed to rule out impact of disease on different component of blood cells. In addition to that bone marrow aspiration, USG guided FNAC, blood and stool cultures, Colonoscopy, HRCT chest, and PET CT whole abdomen scan were taken.

**Outcome of patient management:** The management of client involved an integrated and collaborative team approach. The team comprises of Physician, nurses, physiotherapist, counsellor and social workers. For the correction of anemia blood transfusion was done. After initiation of chemotherapy client developed sudden onset of nausea and vomiting. So, for relieving side effect of chemotherapy antiemetics was prescribed. Client receiving combination of chemotherapy 6 R-CVP (Rituximab with vincristine and prednisone). Sometime she was unable to tolerate the chemotherapy drugs and couldn't sleep well due to severe pain. The family members were very supportive with the team to providing therapeutic counselling by the counsellor. For spiritual need of patient, her family member praises the Lord, playing devotional prayers would be strengthen will power of patient and diversion from pain management. Post therapy oncologist suggested for PET-CT and it revealed that partial metabolic response was seen so

they plan to keep patients on 2 monthly R-CVP therapy for 2 years.

### Aspect of care in client with palliative care need

**Physical care:** The patient was having weakness due to recurrent loose stool and poor appetite due to pain in abdomen. nurse encouraging client to engage in pain management by self and provide education and support to client and her family.<sup>(5)</sup> After impeccable assessment health care team use client centered approach to encouraged her to take plenty of fluid or fruit juices and semi-solid diet. Healthy dietary practices and maintenance of weight before treatment helps client to stay strong, lesser risk for infection, effective cope with side effects of chemotherapy in better way, and have more chance of receiving treatment without any further problems.<sup>(6)</sup> Taking proper rest will helpful to conserve the energy. Client is on prolong bed rest so changing the client positioning and alignment at regular interval will reducing the risk of pressure injuries and discomfort. Nurses using various supportive devices such as pillows, towel rolls, and blankets, along with repositioning, can help in providing comfort and safety of client.<sup>(7)</sup>

**Psychosocial care:** Psychosocial support always based on client's culture, customs, belief and spirituality. Knowing about client through patience listening is important tool of communication. Palliative care nurse has asked Open-ended questions that give freedom to patients to express her feeling and encourage talking. Giving knowledge and information about the present situation will be more benefited. Encouraging clients to express their feelings about the disease will help to gain cooperation, develop rapport, helpful in identifying psychological and emotional concerns of client and their family. Multidisciplinary team members such as physicians, nurses and social worker provided psychosocial care through developing therapeutic relationship with the client. They also have professional interaction regarding current condition, symptom management, alternative modalities and assistance.<sup>(8)</sup> Client and her family may have a negative attitude towards health associated issue such as fear, tension, and stress. Client need emotional support driven by palliative care team.<sup>(9)</sup>

**Spiritual care:** Spiritual wellbeing has vital implications for client's health and wellbeing. As a nurse addressing spiritual needs of client is essential aspect of care. After knowing the disease progression, she has faithless to god, as many times she asked Why god punished me? what mistakes I have done? Active listening is the best way to foster healing. Here palliative care nurse role is to support the patient's autonomy and try to understand her customs, cultures, religious beliefs, relief from suffering and restore a sense of meaning in life. Nurses distinguished the needs of the cognizance of spiritual care based on the aspect of spirituality, the client teaching and execution for spiritual care.<sup>(10)</sup> Individuals suffering with a life-limiting illness such as cancer may be most endangered to spiritual distress.<sup>(11)</sup> Palliative care nurse should identify the spiritual needs of client, cultural practice and belief for effective spiritual wellbeing.

**Issues of communication with patient and family:** Good and effective communication between client with cancer, family careers, and the health team members helps to enhance client's well-being and quality of life.

Communication techniques may enhance client's satisfaction with communication and their psychological health.<sup>(12)</sup> Disclosing about health-related concerns and decision making is significance throughout the treatment and care. Clients' family member was very anxious about how to tell the client about her present situation? How she will be cope with this uncertain condition? Disclosure of bad news is a tough task for the palliative care team as well as family member. Asking patient preference before disclosure is necessary as most patients prefer to know their diagnosis and about alternative and supportive therapy in detailed.<sup>(13)</sup> For breaking the bad news palliative care team using approach such as SPIKES protocol (Setting Up, Perception, Invitation, Knowledge, Emotion and Summary) which implemented in a satisfactory standard.<sup>(14-15)</sup> Patients have the right to know about her disease status and alternative modalities available for treatment.

**Ethical Issues:** Client repeatedly ask to family members to take her to home, she didn't cooperate to participate in any decision-making process. Early initiation of palliative care will enhance health outcomes, including Quality of living and End of life care.<sup>(16)</sup> Initiation of end-of-life care begins with discussions about disease current progression prognosis.<sup>(17)</sup> While disclosing bad news protecting patients right is necessary. Client have their own autonomy weather they want to receive such information or not.<sup>(18)</sup> Ethical dilemmas faced by health team members during disclosure of bad news, giving information about disease, pain control measures, and making decision for current active modalities such as chemotherapy, intravenous drugs and blood transfusions.

## DISCUSSION

A comprehensive holistic approach adopted to treat patients not only from physical discomfort but also addressing psychological, emotional, and spiritual needs. It was observed that client and her family member faced certain issues related to communication, physical comfort, psychological care and spirituality. Her husband understands about disease progression, prognosis and treatment as explained by treating physician. He feels anxious to tell to client about her disease condition. In India, every time it is the family member who ask the physician and the health care team to provide relevant information about the disease to them but not to disclose with the client.<sup>(19)</sup> Understanding the current situation for eliminating communication barrier, the palliative care team will collaborate with family member. Poor communication between health care providers and client family lead to poor quality care.<sup>(20)</sup> Spiritual care is necessary but neglected during care of client. Addressing the spiritual needs of patients is an important part of care.<sup>(21)</sup> Client with life-limiting disease and end-of-life problems have the desire to fulfill the spiritual need.<sup>(22)</sup> An instrument FACIT-Sp (Functional Assessment of Chronic Illness Therapy-Spiritual) was used to assess spiritual well-being in cancer patients for determine their spiritual strengths that may be important for a client-centered care.<sup>(23)</sup> It is necessary that palliative care team member do client assessment about spiritual issues, alleviate spiritual pain and promote a peaceful and meaningful life.

## Conclusion

Health care professionals were collaborated and coordinated as a team in managing the client case Extra-Nodal Marginal zone lymphoma. Generally, health care institutions implementing

necessary care, but palliative care aspect need to much addressed and people have very less aware about palliative care role in end-of-life care. There is need to sensitize skilled health care workers regarding palliative care practices by workshop and short courses that will help to determine the holistic need of client with life-limiting disease. Proper skill training and public awareness, bring the changes in practice as well as the quality care of patients with palliative care need.

## REFERENCES

- Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, et al. 2021. Global Cancer Observatory: Cancer Today. Lyon: International Agency for Research on Cancer; 2020 (<https://gco.iarc.fr/today>, (Accessed on 15 April, 2021))
- WHO report on cancer: setting priorities, investing wisely and providing care for all. Geneva: World Health Organization; 2020. from <https://www.who.int/health-topics/cancer> (Accessed on 16 April, 2021)
- World Health Organization, Palliative Care. 5 August 2020. from <https://www.who.int/news-room/fact-sheets/detail/palliative-care> (Accessed on 15 April, 2021)
- Lymphoma Action: Nodal marginal zone lymphoma. from <https://lymphoma-action.org.uk/types-lymphoma-non-hodgkin-lymphoma/nodal-marginal-zone-lymphoma> (Accessed on 20 April, 2021)
- Vallerand AH, Musto S, Polomano RC. Nursing's role in cancer pain management. *Curr Pain Headache Rep.* 2011 Aug;15(4):250-62. doi: 10.1007/s11916-011-0203-5. PMID: 21538044.
- Eating Hints: Before, during, and after Cancer Treatment, National Cancer Institute. from <https://www.cancer.gov/publications/patient-education> (Accessed on 20 April, 2021)
- Kaur, S., Singh, A., Tewari, M. K., & Kaur, T. (2018). Comparison of Two Intervention Strategies on Prevention of Bedsores among the Bedridden Patients: A Quasi-Experimental Community-based Trial. *Indian journal of palliative care*, 24(1), 28–34. [https://doi.org/10.4103/IJPC.IJPC\\_60\\_17](https://doi.org/10.4103/IJPC.IJPC_60_17)
- Richardson J. Health promotion in palliative care: the patients' perception of therapeutic interaction with the palliative nurse in the primary care setting. *J Adv Nurs* 2002;40:432e440
- Fan, S. Y., Lin, I. M., Hsieh, J. G., & Chang, C. J. (2017). Psychosocial Care Provided by Physicians and Nurses in Palliative Care: A Mixed Methods Study. *Journal of pain and symptom management*, 53(2), 216–223. <https://doi.org/10.1016/j.jpainsymman.2016.08.019>
- Kang, K.-A., Chun, J., Kim, H.Y. and Kim, H.-Y. (2021), Hospice palliative care nurses' perceptions of spiritual care and their spiritual care competence: A mixed-methods study. *J Clin Nurs*, 30: 961-974. <https://doi.org/10.1111/jocn.15638>
- Cheng, Q., Xu, X., Liu, X., Mao, T., & Chen, Y. (2018). Spiritual needs and their associated factors among cancer patients in China: a cross-sectional study. *Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer*, 26(10), 3405–3412. <https://doi.org/10.1007/s00520-018-4119-z>
- Hauk, H., Bernhard, J., McConnell, M. et al. Breaking bad news to cancer patients in times of COVID-19. *Support Care Cancer* (2021). <https://doi.org/10.1007/s00520-021-06167-z>
- Berkey, F. J., Wiedemer, J. P., & Vithalani, N. D. (2018). Delivering Bad or Life-Altering News. *American family physician*, 98(2), 99–104.
- Marschollek, P., Bąkowska, K., Bąkowski, W., Marschollek, K., & Tarkowski, R. (2019). Oncologists and Breaking Bad News-From the Informed Patients' Point of View. The Evaluation of the SPIKES Protocol Implementation. *Journal of cancer education : the official journal of the American Association for Cancer Education*, 34(2), 375–380. <https://doi.org/10.1007/s13187-017-1315-3>
- Baile WF, Buckman R, Lenzi R, Glober G, Beale EA, Kudelka AP (2000) SPIKES – A SixStep Protocol for Delivering Bad News: Application to the Patient with Cancer. *Oncologist* 5:302-311
- Howie, L., & Peppercorn, J. (2013). Early palliative care in cancer treatment: rationale, evidence and clinical implications. *Therapeutic advances in medical oncology*, 5(6), 318–323. <https://doi.org/10.1177/1758834013500375>
- Lee DH. Approach to end-of-life care. *Ochsner J.* 2002 Spring;4(2):98-103. PMID: 22822325; PMCID: PMC3399266.
- Constantin DA, Cioriceanu IH, ȚanȚu MM, Popa D, Bădău D, Burtea V, Nemet GC, Rogozea LM. Ethical dilemmas in communicating bad news following histopathology examination. *Rom J Morphol Embryol.* 2017;58(3):1121-1125. PMID: 29250700.
- Chaturvedi SK, Chandra PS. Palliative care in India. *Support Care Cancer.* 1998 Mar;6(2):81-4. doi: 10.1007/s005200050139. PMID: 9540164.
- Dudley N, Ritchie CS, Rehm RS, Chapman SA, Wallhagen MI. Facilitators and Barriers to Interdisciplinary Communication between Providers in Primary Care and Palliative Care. *J Palliat Med.* 2019 Mar;22(3):243-249. doi: 10.1089/jpm.2018.0231. Epub 2018 Nov 1. PMID: 30383468.
- Chen J, Lin Y, Yan J, Wu Y, Hu R. The effects of spiritual care on quality of life and spiritual well-being among patients with terminal illness: A systematic review. *Palliat Med.* 2018 Jul;32(7):1167-1179. doi: 10.1177/0269216318772267. Epub 2018 Apr 30. PMID: 29708010.
- Puchalski C, Ferrell B, Virani R, et al. Improving the quality of spiritual care as a dimension of palliative care: the report of the consensus conference. *J Palliat Med.* 2009;12:885–904.
- Rabitti, E., Cavuto, S., Iani, L. et al. The assessment of spiritual well-being in cancer patients with advanced disease: which are its meaningful dimensions?. *BMC Palliat Care* 19, 26 (2020). <https://doi.org/10.1186/s12904-020-0534-2>

\*\*\*\*\*