

**RESEARCH ARTICLE**

# Palliative Care Support for Cancer Patients: Short commentary Article

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**INTRODUCTION**

The World Health Organization [WHO] defines palliative care as a method that enhances the standard of living of the patients and the families fronting issues aligned with serious diseases via elimination and relief of suffering by means of early identification, accurate evaluation, and treatment of pain and if there is further trouble such as physical, psychosocial, and spiritual [1].

Can Support is North India’s largest home-based palliative care service provider and a WHO awarded the organization. Can Support is providing free palliative and supportive care services to cancer patients since 1996. Can Support believe that pain relief and palliative care are an integral part of healthcare? Cancer survivor Ms. Harmala Gupta founded Can support in 1996. It is now India’s largest palliative care program [2].The organization’s goal is to make it available all over India.

**METHOD**

Descriptive design was used for this research because it focuses on the and why the phenomenon for example what is palliative care and why is it important. Quantifying the participants and observing them through home visits [3]. The study duration was from 4<sup>th</sup> Octoberto 29<sup>th</sup> October 2021at can support address Noida office address. H. No-1678, Arun vihar, first floor, sector-37, near golf course metro station organization, can support operates 13 centers around the Delhi area (South, West, East, Northwest,

Northeast, Bawana, Gurgaon, Faridabad, Ghaziabad, Noida, Old Delhi, and Tughlakabad). The current staffs includes 24 multidisciplinary teams, each consisting of a physician, nurse, and counselor responsible for giving home-based palliative care and also nurse facilities for changing and dressing patient wounds and external injuries. Noida team was one of the centers of the organization in which the study was carried out.

The number of participants was 20 through the team of experts from the research organization headed by Ms. Anamika. She trained the team for the study. Patients directly report to the service support center. Where the Consent forms were designed and managed by the head of the team. We visited the homes of the patients one after the other, and the mode of assessment was an in-depth interview [IDI]. Through open-ended questionnaire format, where the participants can express themselves in won words without forgetting and altering any information from the patient’s point of view [4].

The cancer patients especially those living below the poverty line [BPL] were visited. All teams are having one doctor, one nurse, and one counselor. On the 4<sup>th</sup> October 2021,we went to the home of patients for visiting every day for one month. Consent of the patients was sought and investigation about the condition of the patients and their cancer history was carried out.

**Results:** On an interview with the patients.

Table 1: Shows the patients responses on the field

Questions	Patient Age	Diseases	Response	Outcome
Patient 1 How is your health	Demographic information Operation on the breast 35/f	Cancer of the breast	Good and with pain, need	Felt better
Patient 2	D	Bone cancer	Tension and worries	Unsatisfied and

**RESEARCH ARTICLE**

How are you doing?How's your stress levelrecently?	31/ operation on the right leg Date:2013		due to his operation failed	tension
Patient 3 What can we help you?	68/f	Abdominal cancer	Constipation	Felt better after giving enema
Patient 4 How are you feeling?	60/m	Gallbladder cancer	Slight pain,	Slight pain
Patient 5 How are you doing?	50/m	Mouth cancer	Better	improved
Patient 6how are you feeling?	35/f	Mouth cancer cannot talk	Feeling pain	Problem swallowing
Patient 7 Isthere anything you want to say?	75/f	Dementia	Cannot recognize known people	Temporary memory loss
Patient 8 4. Have you been eating and sleeping?	65/m	Prostate cancer	Have moderate Bone pain and Trouble urinating.	Decreased force in the stream of urine.

**DISCUSSION**

The Doctor of the team prescribed painkiller drugs due to severe pain, according to the history report with the condition of the patients and the first patient's pain reduced. In support of the above response, it is evident that management of cancer pain has not been working as it should according to Damani A et.al. [5]. Regardless, the second patient had worries and tension due to the fact that his operation failed.

Painkiller drugs given them by the doctor according to the stage of the pain of the patient's were Tab- tramadol, and If they had severe pain she prescribed Tab- Morphine. If patients had an open wound, the nurses dressed it. Then the counselor also gave some instructions for changing their lifestyle. The third patient had constipation after a nurse give her medicine [enema]she felt better. The organization gives support to the patients and their families and helps to relieve their symptoms by giving pain killer and if the patient had an open wound a nurse

dress and clean the wound but they are not involving operations and other kinds of treatment.[6].

**CONCLUSION**

During the study period there were several other cancer patients and some with mental problems such as dementia, the patients were included at any age. The team of experts for the home-based palliative care in north India, took the responsibility for these cancer patients especially those living below the poverty line [BPL]and their families to minimize symptoms and ease their sufferings and give some instructions for their lifestyle and eating habits. Theteam of professionals managed the acre for patients during these visits. Which is not limited to mental, physical, and psychological support to the patients and their families? Labeling suffering entails maintaining issues that exceed physical symptoms. Palliative care employs a group of procedures to assist patients and their safe-keepers. The communication article conveys practical necessities and offer mourning aid to the affected population. It provides a reinforcing framework to guide

**RESEARCH ARTICLE**

patient stay as enthusiastically as practicable until disappearance.

Palliative care is mainly meant to advance the well-being of the patients and their families facing challenges related to dangerous disease and deadly sickness through safeguard and ease of discomfort by employing advanced recognition, evaluation, and therapy and other issues such as physical, psychosocial, and spiritual. Finally, more research is needed on palliative care to completely alleviate the suffering and pain of the affected population.

**REFERENCES**

- [1] Pastrana T, Jünger S, Ostgathe C, Elsner F, Radbruch L. A matter of definition—key elements identified in a discourse analysis of definitions of palliative care. *Palliative medicine*. 2008 Apr;22(3):222-32.
- [2] Yeager A, LaVigne AW, Rajvanshi A, Mahato B, Mohan R, Sharma R, Grover S. CanSupport: a model for home-based palliative care delivery in India. *Annals of palliative medicine*. 2016 Jul 1;5(3):166-71.
- [3] Dulock HL. Research design: Descriptive research. *Journal of Pediatric Oncology Nursing*. 1993 Oct;10(4):154-7.
- [4] Sinclair MA. Questionnaire design. *Applied Ergonomics*. 1975 Jun 1;6(2):73-80.
- [5] Damani A, Ghoshal A, Salins N, Bhatnagar S, Sanghavi PR, Viswanath V, Ostwal S, Chinchalkar G, Vallath N. Approaches and best practices for managing cancer pain within the constraints of the COVID-19 pandemic in India. *Indian Journal of Palliative Care*. 2020 Jun;26(Suppl 1): S106.
- [6] Antony L, George LS, Jose TT. Stress, coping, and lived experiences among caregivers of cancer patients on palliative care: A mixed method research. *Indian journal of palliative care*. 2018 Jul;24(3):313.