OPEN ACCESS Freely available online

ISSN: 2319-8834
Global Journal of Interdisciplinary Social Sciences

Perspective

Palliative Care for Cancer Patients: Psychological Aspects

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INTRODUCTION

Through the course of their cancer experience, from diagnosis to end of life, cancer patients face severe psychological distress that swings on a continuum of feelings, including sadness, fear, melancholy, anxiety, panic, solitude, and can include existential and spiritual crisis. Disparities in operational definitions of distress, as well as other measuring and methodological difficulties, cause prevalence estimates of distress to vary. Anxiety disorders, mood disorders, and adjustment disorders were found to be the most common types of mental problems among cancer patients, accounting for 31.8% of cases over the course of four weeks, according to a recent large epidemiological study employing a standardised clinical interview. These findings align with meta-analyses that revealed a combined prevalence of 32% among cancer patients receiving acute treatment. In a meta-analysis of 94 studies, 24 of which were in palliative care, rates were found to be somewhat lower than those that were previously reported. Results from the meta-analysis of palliative care showed prevalence rates of depression at 16.5%, adjustment disorders at 15.4%, and anxiety disorders at 9.8%.This meta-analysis found no statistically significant differences between palliative care and non-palliative care settings, with 30% to 40% of patients reporting a combination of mood disorders.

Although the palliative care paradigm has always included psychological support for patients and careers, little has been written on the inclusion of clinical psychologists as members of the multidisciplinary palliative care team. The aim of this study was to add descriptive information about the incorporation of clinical psychology services within an interdisciplinary palliative care team to the literature.

DESCRIPTION

Since its inception in September 2013, when it had two licensed doctoral-level psychologists, the palliative care psychology programme at a major comprehensive cancer centre has grown significantly. It now has three licensed doctoral-level psychologists and four master's level counsellors. With 1644 unique inpatients (24% of palliative care inpatients) and 296 unique outpatients (19% of palliative care outpatients) served over the course of the 2.5 years study period, our palliative care team saw a significant increase in the psychology services offered by the three licensed psychologists, demonstrating the importance the interdisciplinary team places on providing psychological care for patients who need it. Although the gender of the psychology sample was slightly higher (56.7% in our sample compared with 49% to 50% in a recently published sample), this likely reflects the fact that women are more likely to acknowledge distress. The demographics and medical characteristics were comparable to those of palliative care patients treated at our institution. It should be made clear that the psychology team's consultation is meant to aid medical palliative care specialists in caring for particularly complex patients rather than to diminish the value of their psychological support. Future studies will discover the best method for referring people to psychology services and which individuals would benefit from them the most.

The majority of referrals were suitable as a result of the thorough screening and evaluation done by advanced practice providers and palliative care doctors prior to referral. For instance, whereas delirium is present in 30% of inpatient palliative care visits, there were very few referrals for patients with acute delirium.

CONCLUSION

Our referral process has a lot to gain from the palliative care medical team's ability to recognize suitable candidates for psychosocial therapies.

This multidisciplinary team method enables communication between psychologists and medical team members, providing diverse viewpoints on the patient's care as well as supporting team members, particularly for difficult and complex patients and families. The chance for a more in-depth emphasis on issues highlighted by the clinician is one of the possible benefits of integrating psychologists with doctoral degrees. For instance, the interdisciplinary palliative care team can use a team approach when somatization problems are suspected.

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Received: 27-Jan-2023, Manuscript No. GJISS-23-19686; **Editor assigned:** 31-Jan-2023, PreQC No. GJISS-23-19686 (PQ); **Reviewed:** 14-Feb-2023, QC No. GJISS-23-19686; **Revised:** 05-Apr-2023, Manuscript No. GJISS-23-19686 (R); **Published:** 12-Apr-2023, DOI: 10.35248/2319-8834.23.12.052

Citation: Laze M (2023) Palliative Care for Cancer Patients: Psychological Aspects. Global J Interdiscipl Soc Sci. 12:052.