ISSN: 2755-0133

Journal of Medical & Clinical Nursing

SCIENTIFIC Research and Community

Case Report

Open Access

Affected Physical and Psychosocial Domain in Patient of Palliative Care (A Case Report)

Sharafat Ali

Post RN BScN (Aga khan university Karachi Pakistan), RN. BA (Sociology). RN Officer in Saidu Group of Teaching Hospital (SGTH) Saidu Sharif Swat, KPK, Pakistan

***Corresponding author**

Sharafat Ali, Post RN BScN (Aga khan university Karachi Pakistan), RN. BA (Sociology). RN Officer in Saidu Group of Teaching Hospital (SGTH) Saidu Sharif Swat KPK, Pakistan. E-mail: sharafat0501@gmail.com

Received: March 26, 2021; **Accepted:** April 06, 2021; **Published:** April 19, 2021

Introduction

Palliative care is an approach that improves the quality of life of patients and their families who facing the problems associated with life-threatening illness. The approach of palliative care also provide them and their families a support system to cope with their problems associated with life changes. Along with this it make efforts to prevent their suffering, early identification of their problems through proper assessment, treatment of their problems and fulfill patient needs mainly psychosocial and spiritual need[1]. There are four domains that are physical, psychological, social and spiritual that can be affected in palliative care patient. All of these four domains were affected in my patient. But here I will only focused on two major domains which were effected in my patient that are physical and psychosocial. This case report will discuss about physical and psychosocial domains.

History of Patient

During my palliative course clinical, I encountered a 70 year old male patient. He was admitted with chief complain of severe pain in tongue due to tongue Carcinoma. Patient had a history of COPD, mild left ventricular hypertrophy and a History of Road Traffic Accident (RTA). After RTA patient developed lower extremities paralysis, which made him unable to walk. Lower extremities paralysis made him completely bed bound and dependent on others. Metastasis of cancer into lungs developed ineffective breathing pattern. Immobility, dependency and incurable disease developed hopelessness, low self-esteem in patient. He also verbalized that he don't want to live more and he is a burden on his family. According to the patient's son, that my father had a small lesion on his left side of mouth which was reddish in color, we ignored it and didn't take care of it properly because we belongs to a very poor family. Furthermore, he expressed that my mother is also sick and I am the only person to earn for my family and there is no any other family members to take care of my father, because he is unable to do anything as he is on complete bed rest. Sometime, my father is complaining every time and saying that I am alone and useless and can't do anything for you people and even for my own self. After few days he got sever pain in his mouth we brought him to ziauddin hospital karachi, doctor advised for biopsy which was done in Aga khan university hospital laboratory. Biopsy report showed poorly differentiated carcinoma of tongue. Here in this bait-ul-sakoon hospital he has also received few cycles of chemotherapy and now we have admitted him for symptomatic treatment.

My feelings

After dealing with such type of patient a lot of feelings came into my mind. Firstly, I become very anxious by listening the financial issues of patient's family as patient elder son verbalized that there is no any other family member except me for earning money. Furthermore, He also verbalized that there is no one to take care of my father and mother. While communicating to patient I felt that how can we help such types of patients. I listen to their complains actively and give them psychological support. I reassure them that there are organizations which can provide them financial support. As according to that there are organizations which provide treatment free of cost[2]. Secondly, the thing which made me depressed was, patient verbalized that he is no long worthy for his family and is only a burden on family. I felt nervous that a person who was the active and earning person for his family gone to a state of dependency. When I was listening patient' these complains tears came in my eyes but I tried to tolerate it. I felt that if same type of situation occurs in my own family what will be my feelings in that situation. First, I was worried that how can I handle and satisfy patient's emotions and anxious concerns but by the use of therapeutic communication's skills, therapeutic touch and active listening, I helped him a lot. I also observed that the staff attitude toward patient and family was not professional in that hospital. According nurses in palliative care setting should give full support to patient, listen their needs, involved in patient care and do efforts to improve their quality of life[3]. Throughout the journey of palliative care, the family members, being with the patient, are also facing their own stresses and changing roles which may be directly or indirectly related to the patient's illness.

Affected Domains of Palliative care in my Patient

First of all I will discuss physical domain which was effected due to incurable disease process and other comorbid. Firstly, carcinoma developed extra cellular growth in tongue and buccal cavity which causes severe pain. This crushing, intolerable pain altered patient life therefore, he can't sleep, concentrate and unable to take rest. Pain is the common symptom and complain in cancer patients

as literature also says that, "Cancer pain affects about 48% of patients with early stage cancer and between 64% and 75% of patients with advanced disease". There are a number of reasons of pain in cancer patient, one of them is Chemotherapy-induced peripheral neuropathy which is caused by side effect of several commonly used antineoplastic agents [4]. So, I realized that pain is not only complain of this patient but it is the common symptom of all cancer patients. Secondly, extracellular growth of tongue and buccal cavity narrow the oral passage way. Which lead to difficulty in swallowing and pain during chewing. Thirdly, narrow oral passageway, lung metastasis and COPD alter the normal functions of lungs. Therefore he had difficulty in breathing and use accessary muscles during respiration.

The second domain which was effected was psychosocial domain due to disturbance in physical domain and terminal illness. There was hopelessness, every time patient was sad and verbalized that I am nearly to die and this is the end of my life. Patient was very depressed and was anxious about his health status and loss of his social role. . The family also undergoes the grief process before and after patient's death [5]. Every time he was asking in distress "why did it happen to me? I didn't hurt anybody in my life". Who will take care my children and family after me? Low self-esteem, as patient said that I am unable to do anything for my own and for my family. Every time Patient was thinking that I am burden on family, because I am unable to take care of my family, even to take care of own and I am also unable to earn for family[6].

Recommendations

- Give health education to family members related to patient care
- Give more information about disease process.
- Involve family members, relatives and friends in patient care.
- Provide physical and psychological support to patient and his family.
- Government should provide medical facilities and financial support.

Conclusion

In conclusion, incurable diseases destroy all domains of health and put the patient on palliative care. Palliative care not only focus on patients but also do interventions for his family. Physical and psychological issues are a distressing problems in a diseased person's life. Patient and his family life can be restored by the demonstration of positive measures.

References

1. Clinical practice guidelines for quality palliative care. (2 Ed.). Pittsburgh, PA: National Consensus Project for Quality Palliative Care. Retrieved from http://www.nationalconsensusproject.org/guideline.pdf
2. White K R, Coyne P J, White S G (2012) Are Hospice and Palliative Nurses Adequately Prepared for End-of-Life Care? - See more at: http://www.nursingcenter.com/lnc/static?pageid=1333191#sthash.brjbRl2n.dpuf.Journal of Hospice and Palliative Nursing 14: 133-140. Retrieved from http://www.nursingcenter.com/lnc/static?pageid=1333191
3. Judith A Adams , Donald E Bailey, Ruth A Anderson, Sharron L Docherty (2011) Nursing Roles and Strategies in End-of-Life Decision Making in Acute Care: A Systematic Review of the Literature. Nursing Research and Practice, 2011. Retrieved from http://www.hindawi.com/journals/nrp/2011/527834/
4. Seretny M, Currie G L, Sena E S, Ramnarine S, Grant R (2014) Incidence, prevalence, and predictors of chemotherapy-induced peripheral neuropathy: a systematic review and meta-analysis. PAIN® 155: 2461-2470.
5. Doris T M (2007) Care for the family in palliative care. HKSPM Newsletter 26.
6. Kelly B, McClement S, &Chochinov H M (2006)Measurement of psychological distress in palliative care.Palliative Medicine 20: 779-789.
7. Bennett,M I, Rayment C, Hjermstad M, Aass N, Caraceni A, Kaasa S (2012) Prevalence and aetiology of neuropathic pain in cancer patients: a systematic review. Pain 153: 359-365.