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Study on Psycho-Oncology Care In Medicine – Crucial Part of Oncology Treatment (With Specific Research & Survey Conducted Among Oncology Patients)

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Abstract

This paper presents the status of Psycho-oncological care as a most important part of oncology treatment. It will reflect upon the latest emerging treatments for oncology and the contribution of psychiatric care with it. I have conducted a study on the patients in the oncology ward and the palliative care ward who undergoes through a series of traumatic disorders which we term it as a part of cancer but actually it is the response of the society towards them. The paper explains the futuristic prospect as a crucial role of psychiatric care in oncology treatment. The data data study based on the survey explains it's futuristic and present importance.

Keywords – Psycho-oncology, psychiatric, oncology, counselors, palliative care.

Introduction

Psycho-oncology is known as the core stream of the oncology practice. It dates back to its history since 1950's but it has been formally recognized and gaining it's importance now in the recent times. The research on this subject is quite impressive and contributing a lot to the field of clinical practice. The treatment of cancers is a difficult task of a medical practioner but the contribution of counselors and psychiatrists by the proper and motivating counseling to the patient has helped a lot in overcoming from the different stages of the disease. Before the 1950's the existence of psychologists and counselors were nowhere in the role for the cancer treatment. But the intensive modern treatments have changed the view of treatment. The field of psycho-oncology involves social workers, psychiatrists, nurses, counselors, and thus the phases of treatment of this life threatening disease has become mentally easy and acceptable socially. This paper is confined to address the scenario of medical practice and treatment of cancer by the contribution of counseling and psychiatric help to the patient undergoing the various traumas. Some part of this study has been done from the review articles (Pandey 2004; Venkateswaran & Kumar 2006) and a deep core discussion with the psychiatric medical practioners and the social workers taking care emotionally to the patients of palliative ward. The present report shows the ongoing contribution of psycho-oncology in the treatment of cancer and palliative care and will also show it's future prospects and how important it is further.

Method

The already published Psycho-oncology research literature from India was surveyed for addressing the purpose of the present study. The electronic databases utilized were IndMed, PubMed, MedKnow. In addition to this I have also taken help of the various psycho-oncology

books. I have taken help from the Psychological reviews and abstracts from the year 1996-2000. The keywords I used to search on electronic databases includes: cancer, palliative care, psyco-oncology, psychiatrist, counseling, India. Most important study I have gained from the patients in the palliative care ward during my random visit to the palliative care centre situated in Delhi and the wards of the various stages of cancer at various hospitals like Apollo hospital, Command hospital and base hospital, research and referral. My most of the study is interpreted from these surveys and counseling conducted over these places and was quite heart touching and thus got to know the importance of psychiatric care for a cancer patient. The surveyed study is classified into distinct categories on the basis of addressed topic. However the report signifies the future prospects and present scenario but it does not cover a detailed description from all over India in this field.

Results And Discussion – Prevention , Awareness, Cure.

Psychological Distress

The role of psychological and social factors have helped in building of social awareness for cancer patients,. The building of various theoretical models to explain the healthy living which can prevent the cancer or detect the early stages have been gaining importance due to the counseling and social activists. However the emotionally and mentally weak patient who does not get the needed support from the nearby family members have gained helped and confidence from counselors and psychiatrists or social activists. This statement is based on my survey where I found a female patient suffering from breast cancer detected in the initial stages but due to malignant tumor formations even after various chemotherapies she was supposed to get rid off her breast, due to which she broke down in her feminine confidence and faced a inferiority complex from family members and husband. But due to the proper counseling sessions for that patient by the counselor as well as psychiatric care helped her overcome from this mental trauma. I faced one more case of cancer for which reason was ignorance of self being due to overload of professional and family life. On the whole these two cases while counseling denoted that- awareness of initial stages is very much important which people lack due to busy life, psychiatric care and proper counseling sessions helped the patient more effectively with medicine to overcome from the traumatic phases during the disease. However the palliative patients are most importantly required for this counseling and psychiatric care as they are already away from family and knowing that they are on the last stage of cancer that cannot be cured. The information gained from the heterogeneous data (Alexander, Dinesh &Vidyasagar, 1993; Chakravorty et al., 1993;Chandra et al., 1998a; Mishra et al., 2006). suggests that in comparison to the previous awareness for this field of psycho-oncology today its gaining importance and very much necessary for the wholesome treatment of the patient with the medicines this is because of today's busy unhealthy lifestyle.

Model Building

The scope of various programs that are been organized by the social activists, psychiatrists, researchers model building for this purpose, have helped in cancer prevention and early stage

detection. Their role have a great capacity to influence people for proper vaccination to prevent such life threatening disease and proper healthy living habits. However there are two categories of cases that have come forward- one is where the caregivers or the family members do not want to disclose about the disease and treatment to the patient whereas another one where patient is known well about the disease and treatment. In the first case the cases of mental trauma are recognized at the later stage whereas in the second case the patient is mentally prepared from the initial treatment period, however the studies revealed that the diagnosis and the exact situations should be revealed to the patients time to time with proper counseling and care ((Purakkal; Pulassery, & Ravindran, 2004a). The social, moral, emotial and psychiatric care with medicine versus only the medical treatment without these factors can be well examined and understood with the trajectory curve. The study signifies that the first case patients are recoverable 70% whereas the second case are just 40%. This curve is based on the study of the patients treatment from the initial stages to the cure, and also on the personal experiences shared by the patients to the psychiatrists and counselors. However in the case of the palliative patients the trajectory curve path is highly upward only with the psychiatric care. The maximum research of psycho-oncology is based on quality of life, stress factors, depression (Budrukkar et al., 2006; Chaukar et al., 2005;Chaturvedi et al., 1994; Koshy et al., 2004;Pandey et al., 2004; Saxena, Mendoza & Cleeland 1999; Thomas et al., 2004;Vidhubala et al., 2005) . Other tools like surroundings, cultural appropriateness are also helpful in the psycho-oncology research.

Present & Future Status

Based on the survey and various articles study it is also reported that peace of mind, spiritual and social satisfaction were considered to be very important factors for two third of cancer patients and the value of satisfaction was directly proportional to the level of functioning of the treatment. In the present study it is also observed that divorced or widowed person or low income category or any other kind of pain with the presence of tumors reported direct relation with psychological distress. Most percentage of patients suffers from a psychological distress that they are a burden on their family, reason of financial loss and they are being punished by god in the form of this disease. For such patients talking to counselors or psychiatrists, religious activity, were the most common and required mechanism in about 80% of patients. Environment has also been reported to be a very important factor in coping from the illness. Close to nature and in clean environment the patient feels more happy and satisfying than in a closed type where they feel to be helpless as a patient. Gender stress is also noticed where female feel broken if suffering from breast or reproductive organs cancer , it breaks her feminine confidence. The lack and ignorance of awareness is one such reason for women suffering from such cancers. Whereas in the case of palliative care patients the main concerns of depression are personality decrement, social withdrawal, disease viewed as a sin , desire for death as thinking all this and burden on everyone. So the setting up of palliative care ward is increasing its importance in India now. I

have seen in this survey where palliative care ward is fully and properly set up in a open close to nature environment and they are given proper medical benefits and requirements and they are turned close to god given love care and every care they are needed with. There are various

NGO's , social activists and counselors working on this and with the equal contribution of medical practioners.

Positive thinking, purpose in life and strong loving caring support of the family is very much needed for a cancer patient which nowadays psychiatric care and counseling are playing well instead, (Ramanakumar, Balakrishna & Ramarao,2005). If we come to the family they account for very less percentage as a contributor for a cancer patient although they are regarded as a backbone of the family. They just support by money but emotional part is absent. I have seen it and realized it while taking and counseling with the patients. This factor breaks the patient a lot from emotional part and thus medical treatments take long time. Whereas it is vice versa in the either case. Sometimes the family don't even understand the pain that the patient is suffering due to chemo radiation therapies. They become the reason of anxiety in the family. For this various person in the team of the counselors and psychiatrists are being trained who makes understand the family members the phases a patient goes through, so that family can pay attention. Various education programs are also conducted for family of cancer patients. Such groups are sometimes volunteers who act not for personal benefit but to support love n care and emotions in the people. They do not get any monetary benefit from this but emotional benefits of satisfaction are more than that

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Summary Of Data Collected In Survey

Stage of cancer patient	**Type of problem faced**	**Factors**	**Result/Progress**
Initial stage	Not detectable		
Initial stage	Detectable. Personally unacceptable, shocking.	Female-ignorant for personal health, Male-busy in profession	Mental traumas at initial stage, so medicines affect less. Stess.
Later stages(maybe2,3,etc)	Feels unwanted burden,feels result of karma,feels to end life soon.	Not emotional support by family or partner, not understanding of pain.financial.	Disease condition worsens, medines affect less.
Palliative patients	Feels unwanted burden,feels result of karma,feels to end life soon.	Ignorance of family, know that they have to die due to this disease.financial factor.	Does not love the left out life , die early than expected.

Initial stage-if given counseling and psychiatric care	--	--	Recovers from the initial stage itsef soon.
Later stages if counseled, psychiatric care	--	--	Feels internally good and medicines affect more in a better way., have hope for life.
Palliative patients-counselled,psychiatric care,	--	--	Enjoys the rest of the left life with love and happiness.
Awareness programs and special education given for psycho-oncology	--	--	Results in better awareness and its importance and requirements.

Conclusion

The present problem in the better emergence of psycho-oncology is the issue of financial inclusions. The treatment of cancer with medicines and therapies itself pays a lot but these activities of counseling and educational awareness program social activities for the patients and families of the sufferer requires money for which there are still debts required. As people are not too much tilted towards this psycho care instead they can spend on medical care and food. So it needs attention and awareness. Due to this psycho-oncology has remained a isolated field. Efforts are concentrated by the help of clinicians and researchers to throw light on this relative subject and make people aware from to and fro. Psycho-oncology is itself a field which is not only specific oriented but is a practice of a whole social community. The awareness and social counseling from the knowledge bearers is very much needed for this field as the status of psycho-oncology in India still needs light. Only medicine individually cannot cure the life threatening diseases so easily it needs emotional care proper counseling and psychiatric care. We cannot state a patient mentally unfit but is under various traumatic conditions during such diseases. India still needs work and awareness on this field of Oncology which will definitely help in early recovery of cancer patients and longevity of palliative patients.

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Palliative care ward

Oncology Ward

PGI

Medical Practioners & Psychiatrists, Counselors, Social Activists.

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