

Family Caregivers and Palliative Care of Patients with Disorder in Consciousness

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Letter to Editor

Vegetative State (VS) and Minimally Conscious State (MCS) are chronic conditions that occur after severe brain injuries. The numbers of patients with these disorders are increasing because of progression in medical technology and cardiac pulmonary resuscitation techniques [1].

These patients discharge from hospital after having stabilized their medical condition, so after that, the palliative care responsibility is invested on family caregivers in countries such Iran [2].

Taking care of VS and MCS patients is a long-term process and Imposes many psychological, physical, and financial problems on family caregivers [2], on the other hand social support can decrease these burdens by providing a subjective feeling of belonging, acceptance and assistance in stressful situations [3].

Family caregivers need to receive social support in caring process, which they receive it from family members, acquaintances and nurses. Family members and acquaintances are most important sources of support for family caregivers in some area of caregiving like helping them in delivering care, in psychological and also financial issues. This support is a factor in reducing care problems and helping family caregivers cope with care difficulties [2].

Nurses, provide training about disease, problem solving and safe care skill at discharge time. But patients and even their family caregivers' need to continuous follow up at home. Nurses should help family caregivers take care of patient and also should consider the family caregivers' health. Moreover Patients with disorder in

consciousness need equipped clinics and supportive centers which deliver psychological and supportive services to them and their families [4].

But lack of the medical staff's support and lack of governmental supportive centers are one of the major concerns of family caregivers of these patients [2,4].

So health care professionals and government should cooperate in reducing care burden for family caregivers of VS and MCS patients actively and effectively, by providing financial and consulting services and equipping special centers for them.

Social support can facilitate caregiving and coping with difficulties in providing palliative care to VS and MCS patients, but unfortunately there are many shortages in their needed social support.

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