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Psychological Interventions in Palliative Care

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Abstract

The goal of this review is to offer an update on new research on psychological therapies in palliative (mostly cancer) care, with an emphasis on physical, psychological, spiritual, and social elements. Recent discoveries: There are some potential psychological therapies for physical issues such weariness, pain, dyspnea, and sleeplessness, but more study is needed. In terms of psychological components, recent evaluations have found that cognitive behavioral-based therapies, mindfulness-based interventions, and meaning-based interventions can reduce depression and anxiety symptoms to varying degrees. Spiritual dimensions and existential anguish were also addressed using meaning-based or dignity-based methods. Social Support treatments, end-of-life dialogues, and advanced care planning all address social components that are important in palliative care. All of these psychological therapies must adhere to a certain set of guidelines. Of Palliative care, in particular, has a short session length and flexibility in terms of intervention location, a low questionnaire burden, and a high attrition rate due to patients' poor medical states or deaths.

Keywords: Advance healthcare directives; Euthanasia; Healthcare professionals; Palliative care; Palliative psychology; Death education

Introduction

Palliative care emphasizes a holistic, transcultural, comprehensive, and patient-centered approach, bolstering the bio psychosocial-spiritual model, which was developed in response to the need to address the totality of a patient's relational existence – physical, psychological, social, and spiritual [1]. The development of the bio psychosocial model to incorporate spiritual concerns of patients, according to Sulmasy (2002), would make healthcare practitioners aware that they should attend to the needs of patients as full individuals. Persons may be thought of as creatures in connections; however, disease can be seen of as a disturbance in biological ties, which impacts all of a person's other relational features. As a result, truly holistic health care must include the whole patient, including his or her physical, psychological, social, and spiritual well-being. Spirituality is one of the most important aspects of quality of life and cultural preservation [2]. As a result, spiritual health is an important part of palliative and end-of-life care. However, most palliative care research combines spirituality with religion, despite the fact that spirituality is a larger belief system than religion. Overall, spirituality may be characterized as a path of self-discovery that allows a person to experience life's transcendent meaning, articulated as a search for the holy (God, nature, family, etc.), or anything that provides a person a feeling of meaning and purpose. Spirituality is personal, but it is also linked to people and the environment around us, as it moves via the quest for meaning [3].

Religion, on the other hand, is defined as an outward expression/practice of a specific spiritual knowledge or a structured system of ideas, values, rules of conduct, and rituals. Beliefs in health and religion, for example, might be rethought as a structure of emotion that is contingently linked to discursive practices and narratives. Religion is covenant religious communities that may help people find the sacred and encourage virtue. It has an unintentional impact on health through social support and improved health behaviors, enhances positive psychological states (e.g. faith, hope, inner peace), provides psychological strength for acquiring/maintaining positive health behaviors, and has an unintentional impact on health through distant healing or intercessory prayer [4]. Existential views, which relate to what it means to be a human being and provide a person with a purpose or ultimate meaning, such as connection with loved ones or creative expression, play a significant part in everyone's existence

Conclusion

This study extends current knowledge about psychology utilization to palliative care outpatients receiving care within a collaborative care model. Directions for future research include further investigation of care models that optimize enabling strategies to enhance access to these services, and examination of patient-reported barriers to receiving this care.

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