

Quantitative Evaluations in Therapeutic Life Review in Palliative Care

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Introduction

Palliative care aims to provide whole-person care by alleviating pain and other distressing symptoms, integrating psychological and spiritual aspects of patient care, improving quality of life and death without hastening or postponing death, and, where possible, positively influencing the course of an illness [1]. Palliative care, which was once just for the dying, has expanded to encompass patients with chronic incurable illnesses, and in some countries is referred to as hospice care. Palliative care practitioners attempt to assist patients and their family finish life and prepare for death, regardless of the patient's prognosis, and acknowledge the patient as a human with a unique existence [2].

Many of these aims are adequately met by existing palliative and supportive care practise, such as increasing understanding and application of pain and other physical symptom management, for example. However, other objectives, such as psychological and spiritual/existential concerns, are underserved. Researchers found that 40 percent of patients with advanced cancer who were not receiving official palliative care had unmet psychological/emotional needs in a needs analysis of more than 250 patients with advanced cancer who were not receiving formal palliative care [3]. According to another study, less than 1% of patient discussions with their treating oncologist were focused on psychological or spiritual issues [4]. Health practitioners' feelings of inadequacy, a lack of time and skills, the possibility for self-exposure for professionals, and a perceived need to prioritise unresolved physical problems are all likely to contribute to the neglect of these critical areas. Because of the present gaps in treatment for these areas, there has been an increase in interest in particular interventions to address them [5].

The therapeutic life review is one method of addressing existential/spiritual difficulties. Therapeutic life review in the senior population is supposed to offer calm to the individual by looking back on one's life and appreciating successes as well as settling difficulties [6]. It's crucial to distinguish between life review and recollection. Reminiscence is a descriptive activity that entails reflecting on one's life and recalling notable former experiences (not recent or current events). Reminiscence can be systematic or unstructured, and it can be done alone or in groups. It is enjoyable, improves quality of life, and aids in life adaption, and has been demonstrated to be useful in reducing depression in the elderly population. Life review, on the other hand, is more of an evaluative process that involves examining, discussing, and, if possible, resolving or correcting conflict. Life review is a type of recollection in which the person seeks meaning in the events of his or her life; it may be useful in supporting patients approaching death with conflict resolution and task fulfilment, resulting in a sense of peace [7].

Life review interventions have been shown to be effective in reducing depression in elderly patients and those recovering from cerebral vascular accidents; improving self-esteem and life satisfaction in elderly veterans; improving quality of life in people living with acquired immunodeficiency syndrome (AIDS); and preventing despair in those newly relocated to residential aged care facilities. Therapeutic life reviews have been presented to and well appreciated by terminally ill patients and are gaining traction after encouraging effects were

reported by the authors of multiple studies. In a recent assessment of non-pharmacological therapies for depression in end-of-life care, therapeutic life reviews were suggested. However, no comprehensive studies of life review therapies in the context of palliative care have been published to far to guide practise. As a result, we wanted to perform a systematic assessment of quantitative evaluations of therapeutic life review therapies to help palliative care patients with existential and spiritual issues.

Conclusion

The treatments might be done with palliative care patients in one to eight sessions lasting 15-160 minutes each, days to months before their deaths. The interventions needed little to no training to carry out, and they all came with a handbook or a clear description in the article. Many interventions led in the creation of a legacy product that may be useful to grieving families. Therapeutic life review therapies are proving to be a feasible approach for helping palliative care patients address their existential/spiritual dimensions, which is an area that is frequently underserved.

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