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Editorial Open Access

The Cinderella Syndrome – Psychological Symptoms as a Poor Relation in the Palliative Care Family

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Editorial

The emotional health and wellbeing of patients with a palliative diagnosis is evidenced as being a recurring clinical symptom that is often talked about and yet rarely addressed. I sat in a presentation yesterday on heart failure and palliative care in which the clinician spoke about depression and anxiety as a clinical symptom yet did not go on to address the management of this or even how this is recognized by clinicians. The rest of the presentation was medication management to address the physical symptoms of heart failure at end of life. This type of omission is not unusual. I recently saw a report by the Global Health Institute on palliative care which omitted the impact on a patient's emotional health and wellbeing completely.

The psychological effect of a terminal diagnosis is profound and will be relevant in some measure to every patient. Yet a patient is often not just an individual, they are connected to a web of relationships that are concerned and affected by such a prognosis. As clinicians, we need to be competent in the delivery of interventions that support these patients and their families. Yet often it is the case that anyone can have a 'go' which leads to bad practice and symptom escalation.

The routine screening of patients with a palliative diagnosis is also rare, with clinicians talking about 'gut feelings' to describe how they know the symptomatic status of their patient. Would any other aspect of symptom control determine protocols and interventions in such a way? The wide spread use of a recognized and validated screening tool is required to help the identification of levels of distress to occur. Such a tool exists in the Distress Thermometer and yet there is often resistance to its use with patients. My experience is that once such a tool is established and used as a screening protocol, clinicians are empowered in their understanding and will access relevant support as required. One clinician recently told me of her use of such a screening tool as empowering for her in the conversations she has with patients, for those affected who can see what it is they are achieving via the tool and for others clinically involved in seamless support of the patient.

Until there is routine screening of patients' emotional health and wellbeing, a competency framework from which clinicians know the scope of practice they can undertake, and this scope of practice is supported and supervised by consultant clinicians, we are failing to achieve an acceptable quality standard. This adversely affects a patient's experience of the palliation we give. This clearly needs to change to enable us to achieve and to deliver what is a human right - the symptom management of psychological distress of this patient group.