

## A Short Note on Nursing and Allied Health Care Professionals

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### Introduction

In Europe today, the number of people surviving cancer is rising, with 46.2 percent of those diagnosed living 10 years or longer after initial treatment, and this figure is much higher for particular illnesses, such as breast and prostate cancer. By 2030, it is expected that there would be over 4 million cancer survivors in the UK and 13.7 million in the US, with 59 percent of survivors aged 65 and up. Traditionally, the term survivor has been used to denote persons who have completed cancer treatment and have no detectable disease.

### Description

The growing number of people receiving long-term cancer treatment for months or years is challenging this understanding. As a result of this evolution, a survivor is now defined as someone who has lived with and beyond a cancer diagnosis and treatment. According to the National Coalition for Cancer Survivorship, "an individual diagnosed with cancer is a survivor from the time of diagnosis until the end of life." Beyond the diagnosis and treatment phases, Survivorship encompasses the physical, emotional, and economic aspects of cancer. In the United Kingdom, the National Cancer Survivorship Initiative championed survivorship care and resulted to the recovery package, which triages adult survivors' needs and coordinates treatment across secondary and primary health care. Similarly, developments in Europe have raised awareness of survivor needs and developed rehabilitation programmes that draw on the abilities of a wide range of non-medical practitioners [1,2].

It's difficult to recognise this prospective extended cancer management trajectory since it includes both those who have completed early therapy and have no active disease, as well as those who have advanced but not terminal disease. This broad definition has been recognised at a policy level for cancer survivors' continuity of care, but it hasn't addressed how to establish these, particularly the educational requirements for healthcare professionals in both primary and secondary care. Adult cancer patients are increasingly being cared for by a diverse spectrum of healthcare providers and staff groups, and this workforce will need to be adaptable to future care needs. Historically, cancer health care systems have been structured on acute sickness episodes and treatment delivery rather than the prevention and management of chronic illness problems that can occur as a result of the disease or therapy. Symptoms can appear months or years after therapy is completed, and evidence of an increased risk of comorbidities over time is developing. Osteoporosis, diabetes, and heart failure are more common in men and women with breast, prostate, and colorectal malignancies than in age-matched controls.

The traditional cancer service delivery model of centres of excellence for therapy and longer-term follow-up at regional centres is being questioned. Despite the fact that secondary services in the UK are generally focused on diagnosis and treatment, survivors have more inpatient episodes in the first year of care, as well as greater hospital activity 1–5 years following diagnosis, than individuals without cancer. Economic restrictions are putting more pressure on service providers, and the need for cost-effective and efficient services has put a strain on secondary care for cancer survivors, highlighting the need for

novel follow-up care models. Despite rising secondary care utilisation, a clear shift to primary care provider models of cancer services and commissioning of health and wellbeing methods with an emphasis on chronic illness and multiple morbidity management as well as rehabilitation has occurred. This set of services is known as a cancer recovery or survivorship package, and it is stratified by risk, such as the chance of an individual acquiring health problems as a result of their diagnosis and treatment, as well as actual and potential needs.

The survivorship package includes a comprehensive needs assessment, treatment summary and care plan, cancer care review, and health and wellness clinics that include physical exercise, education, information, and financial assistance. Understanding the complexities of cancer's impacts and treatment necessitates knowledge of risk assessment, early diagnosis of late effects, health promotion, and complex therapies [3-5].

### Conclusion

A number of systematic reviews have been published on the effectiveness of specialised nurse interventions in cancer patient management. These studies show that having a nurse on staff improves chronic health problem treatment while also increasing patient awareness and self-management. Nurse-led care and care coordination roles have been promoted as components of breast cancer services and more extensively in other malignancies based on this data. A significantly lesser number of research and reviews have looked into the role of community practitioners in cancer survivorship care and the provision of survivorship care by allied health professionals. According to patient surveys, people are unsure about their doctor's abilities.

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