

## Importance of Hospice Care: An Examination of its Advantages for Cancer Patients at the Last Stage

Maria Wajid\*

Department of Psychology, Central University of Karnataka, Gulbarga, India

### Abstract

**Background:** With the aid of hospices, palliative care has demonstrated over time that it may assist prolong life. According to the research, most cancer patients receive a diagnosis when the disease is well advanced, and because there is no treatment for it, they will eventually need palliative care. However, the majority of developing nations, including India, have not succeeded in establishing hospices; as a result, many cancer patients continue to lack access to palliative treatment. To initiate better access to hospices, it is important to understand the benefits of the same. Therefore, the current study's objective is to investigate the benefits of hospice care from the viewpoints of advanced cancer patients who are housed in hospice facilities.

**Methods:** Exploratory research is the methodology used in the current investigation. 8 hospice patients from Bengaluru, India were chosen via purposive sampling, and semi-structured interviews were held with them to gather information. Thematic analysis was used to analyse these data. The data's obvious themes were determined by identifying any underlying trends.

**Results:** Four themes: pain management, altruism, a happy death, and overall satisfaction- were found during thematic analysis. There were certain sub-themes within various subjects, which have been demonstrated using actual quotes from the interviewees.

**Conclusion:** The results of this study indicate that hospice facilities are crucial in aiding patients in overcoming the trauma they experience during the advanced stages of cancer. Palliative care can be used to provide the patient with a sense of relief. This is made feasible by expanding the number of hospice facilities around the nation, where anybody can choose to get the treatment regardless of their financial situation. Palliative care will allow people to pass away with dignity.

**Keywords:** Hospice care; Cancer, Palliative care; Pain

### Introduction

One of the worst diseases in the world is cancer. There is no worse diagnosis for the majority of individuals than a cancer diagnosis, despite its enormous social consequences. In 2020, there will have been 10 million cancer-related deaths worldwide, according to the latest projections on the disease's global burden provided by the International Agency for Research on Cancer (IARC). By 2040, the projections are projected to increase further to 30.2 million cases. India alone has been responsible for 1.32 million illnesses and 8,520,000 deaths. By 2040, India is expected to be responsible for 2.09 million cases and 1.38 million fatalities. Patients will need palliative care at some time during their disease because they are identified in the latter stages and since there is no treatment [1]. When cancer reaches the terminal stage of the disease, curative treatment is not an option because there is no way to stop or reverse the disease [2]. The appropriate way to approach death is essential [3], and hospices may help. A decent death improves the medical field's orientation, strategy, and outcomes to a considerable extent by giving patients treatment depending on the severity of their condition and ensuring a good quality of life. As patients near the end of their lives, hospice patients get comprehensive care from professionals from a variety of fields. Patients must meet specific requirements in order to receive hospice care, such as being in the latter stages of their illness and having a life expectancy of no more than six months. In the US, eligibility for palliative care is based on need; there are no prognostic criteria; hospice eligibility is based on prediction of life expectancy, which is fewer than six months. In each of these terms, other countries are equivalent. The major goal of patient treatment is symptom control because it enhances the rest of their life. Family members of the patient are also involved in palliative

care. To ensure that the patients may live comfortably and with dignity, further steps are also performed [4]. In order to extend life, hospice care emphasizes lowering intense care. The quality of life might be significantly improved as the patient neared death by avoiding costly hospital stays and being admitted to a hospice [5].

The World Health Organization (WHO) states that palliative care is a method that enhances the quality of life for patients and their families dealing with a life-threatening illness by preventing and relieving suffering through early detection, accurate assessment, and treatment of pain and other problems, including physical, psychosocial, and spiritual issues. According to Too et al. [6], patients receiving palliative care reported improvements in their mood, quality of life, and pain control. The care service may be of use to 20 million patients worldwide in a given year. The number of nations choosing to provide palliative care services increased by 58 percent; 21 more nations have been added to the list since 2006. Africa has benefited much. Community-based foundations in the US provided the initial building blocks for the creation of palliative care facilities, the number of which has increased

\*Corresponding author: Maria Wajid, Department of Psychology, Central University of Karnataka, Gulbarga, India, E-mail: maria65@gmail.com

**Received:** 29-Jun-2022, Manuscript No. jpcm-22-70257; **Editor assigned:** 01-Jul-2022, PreQC No. jpcm-22-70257(PQ); **Reviewed:** 15-Jul-2022, QC No. jpcm-22-70257; **Revised:** 21-Jul-2022, Manuscript No. jpcm-22-70257(R); **Published:** 28-Jul-2022, DOI: 10.4172/2165-7386.1000468

**Citation:** Wajid M (2022) Importance of Hospice Care: An Examination of its Advantages for Cancer Patients at the Last Stage. J Palliat Care Med 12: 468.

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by 110 percent over the previous 30 years. Due to the great demand, this service was expanded to hospitals, where palliative care was available in every second out of three, an increase of 138% since 2000. A total of 136 of the 234 nations were found to have hospice-palliative care services in place, with 21 more countries adding these services since 2006. Giving patients a purpose in life whether it be by emphasizing their accomplishments or contemplating their impending death and giving it significance plays a crucial and significant part in their care. However, the majority of poor nations, including India, have not established hospices; as a result, many terminal cancer patients are denied palliative treatment throughout their latter stages of life. Hospices further assist the caregivers and/or family by offering bereavement services [7]. Giving extensive, multidisciplinary, and team-based palliative care to patients who are approaching the end of their lives is the goal and designation of hospice care. Every hospice has this as its main goal, and it also involves a level of care for the family. Studies have demonstrated that patients at hospices feel taken care of, their pain is lessened, and they are happier [6]. Understanding the advantages of hospice care is essential to having better facilities. There is not enough literature on this subject. Palliative care services for terminally ill patients may be developed, put into place, and monitored with the support of research from nations that have implemented hospice care successfully for large populations [8].

## Methods

**Study design:** In this qualitative study, information was gathered through interviews and analyzed thematically. Iteratively turning raw data into data with greater significance is what thematic analysis does. The data must be organized, codes must be located, themes and sub-themes must be identified, reviewed, defined, and reported [4]. As a result, the themes that clearly emerged from the data were selected using thematic analysis to identify the patterns.

**Participants:** Participants were chosen through the use of purposeful sampling from a Bengaluru hospice that offers palliative care to cancer patients who are at the end of their lives. Eight hospice patients were identified as eligible research participants after being screened; three men and five women were among those chosen. Lack of consistency in one's health, timidity, and reluctance to discuss their experience were the grounds for ineligibility. The following factors determined whether or not the participants were eligible:

Being able to communicate, being proficient in English or Kannada, being at least 18 years old, and having spent at least two months at the hospice will help patients better understand and appreciate the assistance they received from the organization. Patients must also be aware of the diagnosis and prognosis of their illness. Patients with mental illnesses including schizophrenia, dementia, and/or autism were not regarded as disqualified. The study was thoroughly described to the chosen participants, and a convenient time was set out to conduct the interviews. Additionally, demographic data was gathered, including age, gender, and religion.

## Discussion

Participants in this research described how their terminal disease caused physical discomfort and how it affected their mental health. According to Rumsey, 60 to 90 percent of those with advanced cancer suffer from terrible agony. This causes a variety of problems, including pain, tension, annoyance, and worry. The treatment of cancer requires both pain management and palliative care. The quality of life, relationships, and emotional support improve for hospice patients who

are in control of their pain, which also makes the family members feel less burdened. According to researchers, pain was the main cause of the patients' extreme suffering near the end of their lives. This results in additional emotions such as tiredness, sadness, psychological anguish, and self-isolation, all of which have an adverse effect on life quality. Patients and their loved ones experience a sense of helplessness when caring for the sick at home. Most carers are seen to be irritated, despondent, and powerless. As they deal with the patients' psychological feelings near the end of life, carers reportedly experience psychological stress [5]. According to studies, between 4 to 70 percent of carers experienced psychological discomfort, including anxiety and sadness.

For patients who are at the end of their lives, hospices may provide satisfaction. This study demonstrates that after getting support and care at the hospice, individuals developed a sense of altruism towards the end of life and want to provide joy to those around them. This could be their final opportunity to feel proud and satisfied. The majority of research participants agreed that one way they might benefit society after they passed away was to donate their organs. For those who donate organs, it's like a chance to improve their quality of life. One participant said that since everyone has a purpose, this may be the one they are achieving. It is encouraging to see that patients are really satisfied with care and express their thanks to the world and the needy, even if such concerns with terminally ill patients may not have a chance in reality.

Participants in this study also revealed a desire for moments of fulfillment before passing away. Although the patients' illnesses may have been difficult, their time at the hospice has improved their quality of life overall. Informants also remark that they were understood and cared for in a way that left them completely satisfied when they talked about their condition and concerns. Lowering the patient's gloomy feelings is another benefit of increasing the satisfaction rate [3]. According to recent study, having a happy outlook, having a calm mind, feeling satisfied, and being in good health are the main indicators of a high quality of life. A nice death can be attained through having a fulfilling life [5]. A good death was also affected by not burdening others and by being able to select the location of death since it eases their transition to death after finding peace in life.

In addition, hospice prioritizes both the living and the dying, making it the ideal kind of palliative care. A decent or good death is one that is free from needless hardship and suffering for patients, families, and carers; in general conformity with patients and families desires; and fairly compatible with clinical, cultural, and ethical norms, according to the Institute of Medicine. By easing the patient's dread of dying, encouraging a decent death also addresses the patient's psychological and spiritual needs. By assisting people in having a positive death, psychologists contribute to the increase of care offered to terminally ill patients and their families. The order of one's affairs, the timing of the death, the location of the death, and the quality of death [6] are all positively associated.

Building hospices will not put a financial strain on the government because palliative care is not a particularly expensive specialty compared to other specializations [2]. However, Kerala is the only state in India that has palliative care services. Palliative care is only offered in big urban areas, which excludes the rural people from using the service due to lack of knowledge, lack of insurance, poverty, and expensive transportation costs [1]. 841 of India's 908 palliative care services are located in Kerala. This demonstrates a disparity in the country's service availability (National Strategies for Palliative Care in India). People have been seen to benefit from palliative care in areas of India where it has been developed. Therefore, making hospice accessible will help

patients with terminal cancer attain quality of life and a peaceful death. These care facilities offer death a special significance.

### Limitations and future directions

Although every attempt was taken to perform this work with as few restrictions as possible, some nevertheless exist. Only one hospice in Bengaluru, India was included in this study. The sample is constrained since it might be challenging to get patients' agreement for things like being hesitant to participate, not knowing their diagnosis and prognosis, or having other health problems. It is advised that future research include more participants and caregiver perspectives from various hospices.

### Conclusion

This study has shown that hospice care has benefited cancer patients who are nearing the end of their lives. It is clear that the patient received a lot of assistance from the chosen hospice as a result of the comfort and relaxation it provided. The same may be done for larger populations of patients by opening more, easily accessible hospice facilities. Additional research showed that palliative care service providers are more economical than other medical institutions. Building such facilities will boost the number of patients using these services, provide them a dignified death, and help their family and carers.

### Conflict of Interest

Author declares no conflict of interest.

### Acknowledgement

Not applicable.

### References

1. National Health Mission (2020) National Programme for Palliative Care (NPPC). Ministry of Health and family Welfare, India.
2. Holland K (2018) Healthline.
3. Smith R (2000) A good death. *BMJ* 320(7228): 129-130.
4. Batchelor NH (2010) Palliative or hospice care? Understanding the similarities and differences. *Rehabil Nurs* 35(2): 60-64.
5. Zhang B, Nilsson ME, Prigerson HG (2012) Factors important to patients' quality of life at the end of life. *Arch Intern Med* 172(15): 1133-1142.
6. Too W, Watson M, Harding R, Seymour J (2015) Living with AIDS in Uganda: a qualitative study of patients' and families' experiences following referral to hospice. *BMC Palliat Care* 14(1): 67.
7. Meier DE (2011) Increased access to palliative care and hospice services: opportunities to improve value in health care. *Milbank Q* 89(3): 343-380.
8. Pampallona S, Bollini P (2004) Palliative care in developing countries. *J Pain Palliat Care Pharmacother* 17(4): 171-182.