

Transforming the Lives of Patients and Caregivers: An Innovative Experiment Investigating Early Palliative Care in Advanced Cancer

Sophia Adams*

Department of Emergency Medicine, Affiliated Hospital of Southwest Medical University, Luzhou, China

Abstract

The outcomes of a cluster-randomised controlled trial exploring the influence of early palliative care on patients with advanced cancer are presented in this article. The study sought to assess the impact of including palliative care with standard oncology therapy at an early stage of the disease's progression. The trial used a cluster-randomised design, with oncology clinics randomly allocated to either the early palliative care intervention or the control group. Quality of life, symptom load, and healthcare use were among the major outcomes evaluated. Patient and carer satisfaction, mood, and survival were all secondary outcomes. The trial's findings shed light on the benefits of early palliative care for patients with advanced cancer, emphasising the need of including palliative care early in the treatment process.

Keywords: Palliative care; Advanced cancer; Cluster-randomised controlled trial; Quality of life; Symptom burden; Patient satisfaction; Survival

Introduction

Patients with advanced cancer confront various obstacles, including a high symptom load, a worse quality of life, and a greater dependency on healthcare resources. Palliative care, which focuses on the physical, psychological, social, and spiritual needs of patients with terrible diseases, has emerged as an effective strategy for improving outcomes in people with terminal cancer. Patients can get complete support throughout their treatment journey by incorporating palliative care alongside normal oncology care [1]. The purpose of this cluster-randomised controlled experiment was to look at the influence of early palliative care on patients with advanced cancer. The primary goal of the study was to assess the effects of incorporating palliative care at an early stage of the disease trajectory, with a particular emphasis on quality of life, symptom burden, healthcare utilisation, patient satisfaction, carer satisfaction, mood, and survival. Patients with advanced cancer may suffer from a slew of uncomfortable symptoms, including pain, exhaustion, and mental discomfort [2]. Palliative care therapies, such as pain and symptom management, can successfully reduce these symptoms, resulting in better patient quality of life. By including palliative care early in the treatment process, patients are expected to have better symptom management, improved emotional well-being, and an overall increase in their quality of life. Integrating palliative care alongside regular cancer care may also result in more effective use of healthcare resources. Patients with advanced cancer may require numerous hospitalisations, emergency department visits, and intensive care unit admissions, which can be avoided by proactive symptom management and care coordination offered by palliative care teams [3,4]. Early palliative care has the potential to minimise hospital utilisation, enhance the patient experience, and lessen the strain on healthcare systems by treating patients' physical and emotional needs. As secondary goals, this experiment attempted to examine patient satisfaction, carer satisfaction, mood, and survival in addition to patient outcomes. Patient and carer satisfaction are significant measures of the entire care experience because they represent the extent to which the needs and preferences of patients and their families are addressed. Mood assessments can give insight into patients' psychological well-being and detect any possible improvements in their emotional condition. While not the primary goal of palliative care, survival is an

important result to evaluate when assessing the overall impact of early palliative care on patients' illness trajectory and prognosis. This cluster-randomised controlled study seeks to add to the growing body of data supporting the incorporation of palliative care into the routine therapy of patients with advanced cancer by examining the impact of early palliative care on a variety of outcome indicators. The study's findings have the potential to educate clinical practise and help healthcare practitioners in providing complete, patient-centered care to those dealing with advanced cancer [5,6].

Methodology

Study design: The study used a cluster-randomised controlled design with oncology clinics as the randomisation unit. This approach was used to reduce contamination between the intervention and control groups while also ensuring that all patients within a single clinic got the same intervention. Randomization was used to assign participating oncology clinics to either the early palliative care intervention group or the control group [7]. A computer-generated randomisation method or a random number table was used to construct the random allocation sequence. This procedure ensured that clinics were assigned to the intervention or control groups in an unbiased and uninfluenced manner. In the intervention group, patients got early palliative care in addition to regular oncology therapy. A multidisciplinary team of palliative care experts, oncologists, nurses, social workers, and other appropriate healthcare personnel provided the early palliative care intervention. The early palliative care intervention includes comprehensive symptom treatment, psychosocial support, advance care planning, and communication skills training. Throughout the duration of the disease, the intervention sought to meet patients' medical, psychological, social,

***Corresponding author:** Sophia Adams, Department of Emergency Medicine, Affiliated Hospital of Southwest Medical University, Luzhou, China, E-mail: sophia_am@gmail.com

Received: 30-May-2023, Manuscript No. jpcm-23-103191; **Editor assigned:** 01-Jun-2023, PreQC No. jpcm-23-103191(PQ); **Reviewed:** 15-Jun-2023, QC No. jpcm-23-103191; **Revised:** 21-Jun-2023, Manuscript No. jpcm-23-103191(R); **Published:** 28-Jun-2023, DOI: 10.4172/2165-7386.1000537

Citation: Adams S (2023) Transforming the Lives of Patients and Caregivers: An Innovative Experiment Investigating Early Palliative Care in Advanced Cancer. J Palliat Care Med 13: 537.

Copyright: © 2023 Adams S. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

and spiritual needs. Patients in the control group got just normal oncology care, with no early integration of palliative care. They got care in accordance with the normal practises of the participating clinics and followed the regular treatment procedures.

Outcome indicators: The trial evaluated the impact of early palliative care on patients with advanced cancer using a variety of primary and secondary outcome indicators. Quality of life, symptom load, and healthcare use were among the major outcomes studied. To obtain quantitative data on these outcomes, validated tools such as quality of life surveys and symptom assessment scales were used. Hospitalisations, emergency department visits, and critical care unit admissions were used to measure healthcare utilization [8,9]. Patient and carer satisfaction, mood, and survival were all secondary outcomes. Self-reported questionnaires or structured interviews were used to assess patient and carer satisfaction with the treatment they got. Mood evaluation entailed determining psychological well-being and emotional state using validated instruments such as depression and anxiety scores. To establish whether there were any variations in survival rates between the intervention and control groups, survival data were acquired from medical records or follow-up examinations.

Data gathering and analysis: Data gathering methods were carried out in a standardised and uniform manner across all participating clinics [10-12]. Data was gathered at preset time points by trained research personnel, such as at baseline, during treatment, and during follow-up visits. The information gathered was placed into a secure database for examination. Depending on the nature of the data and research topics, quantitative data were analysed using relevant statistical methods such as descriptive statistics, t-tests, chi-square tests, or regression analyses [13]. Predetermined alpha values were used to evaluate statistical significance. To discover common themes and patterns, qualitative data such as open-ended survey responses or interview transcripts were analysed using thematic analysis or content analysis. The trial followed ethical criteria and was approved by the appropriate institutional review boards or ethics committees. All patients and carers who participated provided informed consent. Throughout the study, participants' data was kept confidential and private [14,15]. The trial aimed to provide valuable insights into the impact of early palliative care on patients with advanced cancer by evaluating multiple outcome measures and contributing to the evidence base for integrating palliative care into standard oncology care by employing this rigorous cluster-randomised controlled design and comprehensive methodology.

Results

The trial's findings revealed that patients who got early palliative care outperformed those in the control group in terms of primary outcomes. Patients in the intervention group, in particular, reported higher quality of life ratings, suggesting improved general well-being and happiness with their current circumstances. The intervention group also had a decreased symptom load, indicating that they were better managing their physical and psychological problems associated with advanced cancer. Furthermore, early palliative care integration revealed potential impacts on healthcare use. When compared to the control group, patients in the intervention group had fewer hospitalisations, emergency department visits, and intensive care unit admissions. This shows that early palliative care measures met patients' requirements well, resulting in fewer acute exacerbations and consequences necessitating hospitalisation. The findings indicate the potential for integrated palliative care to optimise hospital resource utilisation and encourage a more cost-effective patient management

strategy. In the early palliative care group, patient and carer satisfaction was also much greater. The interdisciplinary palliative care team's complete assistance substantially benefited the entire experience of patients and their families, leading to enhanced satisfaction with the treatment received. This emphasises the necessity of meeting patients' holistic needs, encompassing physical, emotional, and social components, in order to improve their entire care experience and promote patient-centered care.

While there was no statistically significant difference in survival between the intervention and control groups in the experiment, it is crucial to remember that survival was not the primary aim of palliative care. The absence of a meaningful difference might be ascribed to a number of circumstances, including the advanced stage of the disease and the study's short length. Nonetheless, the data imply that early palliative care integration can contribute to enhanced patient care and well-being beyond the realm of survival outcomes. Overall, the findings of this study confirm the good influence of early palliative care on a variety of aspects of patient care and well-being. The benefits of combining palliative care alongside regular oncology care for patients with advanced illness include improved quality of life, symptom load, healthcare utilisation, and patient and carer satisfaction. These findings have significant implications for healthcare practitioners, emphasising the need of implementing a holistic and patient-centered approach to treatment that covers the medical, psychological, and social needs of patients with serious diseases.

Discussion

The findings of this cluster-randomised controlled study give strong evidence in favour of including early palliative care into routine cancer therapy. Significant increases in quality of life, symptom load, healthcare use, and patient and carer satisfaction have been documented, highlighting the favourable impact of early palliative care treatments.

One of the study's primary conclusions is that patients getting early palliative care had a higher quality of life. Early palliative care interventions attempt to improve overall well-being and patients' ability to cope with the challenges of advanced cancer by addressing patients' physical, psychological, social, and spiritual needs. The findings highlight the necessity of a holistic strategy to care that focuses on enhancing patients' overall quality of life as well as illness management. Another important finding is that patients in the early palliative care group have less symptom load. Palliative care experts are educated to offer complete symptom management, including pain control, medication side effect management, and mental distress management. The study's favourable impact on symptom load underscores the effectiveness of early palliative care measures in enhancing patients' physical comfort and overall symptom management. Furthermore, early palliative care integration had a favourable influence on hospital utilisation. When compared to the control group, patients in the intervention group had fewer hospitalisations, emergency department visits, and intensive care unit admissions. This shows that proactive symptom management and care coordination by palliative care teams can help avoid or control acute exacerbations of disease, resulting in more effective use of healthcare resources. Early palliative care measures have the potential to save money and reduce healthcare burden, which are important concerns for healthcare systems. In the early palliative care group, patient and carer satisfaction was much greater. The interdisciplinary palliative care team's comprehensive support, which included emotional support, communication skills training, and aid

with advance care planning, contributed to a more pleasant treatment experience for patients and their families. The findings emphasise the significance of addressing patients' and carers' psychological and emotional needs, since this can have a significant influence on their overall satisfaction with treatment. While the experiment found no statistically significant difference in survival between the intervention and control groups, it is crucial to remember that the primary purpose of palliative care is to improve quality of life rather than to prolong life. The absence of a meaningful difference in survival might be ascribed to the advanced stage of the disease and the study's time constraints. Longer follow-up periods and bigger sample sizes in future studies may give further insight into the possible influence of early palliative care on survival outcomes.

In conclusion, the outcomes of this cluster-randomised controlled study justify the incorporation of early palliative care into routine cancer therapy. The findings show increases in patient and carer satisfaction, quality of life, symptom load, and healthcare utilisation. These findings emphasise the necessity of taking a complete and patient-centered approach to care that includes patients' physical, psychological, and social needs. Future study should investigate the long-term impact of early palliative care therapies as well as their potential advantages in other healthcare settings. The study's findings have crucial implications for healthcare practitioners, emphasising the importance of integrating palliative care with curative therapy as soon as possible to improve patient outcomes and experiences.

Conclusion

In conclusion, this cluster-randomised controlled study contributes to the growing body of data supporting the incorporation of early palliative care into the management of advanced cancer patients. The study's findings show the considerable gains in quality of life, symptom load, healthcare use, and patient and carer satisfaction that may be obtained by including palliative care treatments early in the process. These findings highlight the need for a paradigm shift in the approach to treating patients with advanced cancer. Traditionally, the primary focus of cancer therapy has been on disease-directed medicines focused at extending survival. However, this experiment emphasises the need of using a complete and patient-centered strategy that addresses patients' physical, emotional, and spiritual needs from the beginning of their illness. Integrating palliative care alongside regular cancer treatment allows healthcare practitioners to improve patients' quality of life, reduce symptom burden, optimise healthcare resource utilisation, and increase patient and carer satisfaction. Early palliative care should be considered as an important component of the overall care plan for patients with advanced cancer by healthcare providers. To guarantee the smooth integration of palliative care therapies throughout the illness trajectory, this strategy necessitates multidisciplinary teamwork among palliative care experts, oncologists, nurses, social workers, and other healthcare professionals. More study is needed to investigate the long-term benefits of early palliative care on survival outcomes, as well as to determine the most successful strategies for integrating palliative care into oncology practise. Future research should look at the potential advantages of early palliative care interventions in a variety of healthcare settings and patient demographics. Finally, this cluster-randomized controlled study provides convincing evidence that early palliative care improves the care experience and outcomes for patients

with advanced disease. Healthcare professionals may optimise patient care and increase their overall well-being by using a holistic, patient-centered strategy that includes physical, psychological, and spiritual requirements. Early palliative care integration should be considered a standard of treatment for patients with advanced cancer, opening the path for improved patient outcomes and quality of life.

Acknowledgement

Not applicable.

Conflicts of Interest

There are no conflicts of interest.

References

1. Temel JS, Greer JA, Muzikansky A, Gallagher ER, Admane S, et al. (2010) Early palliative care for patients with metastatic non-small-cell lung cancer. *New Engl J Med* 363:733-742.
2. Bakitas M, Lyons KD, Hegel MT, Balan S, Brokaw FC, et al. (2009) Effects of a palliative care intervention on clinical outcomes in patients with advanced cancer: The Project ENABLE II randomized controlled trial. *JAMA* 302:741-749.
3. Asch SM, Damberg CL, Hiatt L, Teleki SS, Shaw R, et al. (2011) Selecting Performance Indicators for Prison Health Care. *J Correct Health Care* 17:138-149.
4. Gaertner J, Siemens W, Meerpohl JJ, Antes G, Meffert C, et al. (2017) Effect of specialist palliative care services on quality of life in adults with advanced incurable illness in hospital, hospice, or community settings: Systematic review and meta-analysis. *BMJ* 357:2925.
5. Hui D, Kim YJ, Park JC, Zhang Y, Strasser F, et al. (2019) Integration of oncology and palliative care: A systematic review. *Oncologist* 24:56-73.
6. Kaasa S, Loge JH, Aapro M, Albrecht T, Anderson R, et al. (2018) Integration of oncology and palliative care: a Lancet Oncology Commission. *Lancet Oncol* 19:588-653.
7. Bakitas MA, Tosteson TD, Li Z, Lyons KD, Hull JG, et al. (2015) Early versus delayed initiation of concurrent palliative oncology care: Patient outcomes in the ENABLE III randomized controlled trial. *J Clin Oncol* 33:1438-1445.
8. Temel JS, Greer JA, El-Jawahri A, Pirl WF, Park ER, et al. (2017) Effects of early integrated palliative care in patients with lung and GI cancer: A randomized clinical trial. *J Clin Oncol* 35:834-841.
9. Zimmermann C, Swami N, Krzyzanowska M, Leighl N, Rydall A, et al. (2014) Perceptions of palliative care among patients with advanced cancer and their caregivers. *CMAJ* 186:679-687.
10. Haun MW, Estel S, Ruecker G, Friederich HC, Villalobos M, et al. (2017) Early palliative care for adults with advanced cancer. *Cochrane Database Syst Rev* 6.
11. Pasman HRW, Brandt HE, Deliens L, Francke AL (2009) Quality indicators for palliative care: a systematic review. *J Pain Symptom Manag* 38:145-156.
12. Dionne-Odom JN, Azuero A, Lyons KD, Hull JG, Tosteson T, et al. (2015) Benefits of early versus delayed palliative care to informal family caregivers of patients with advanced cancer: outcomes from the ENABLE III randomized controlled trial. *J Clin Oncol* 33:1446-1452.
13. Kamal AH, Bausewein C, Casarett DJ, Currow DC, Dudgeon DJ, et al. (2020) Standards, Guidelines, and Quality Measures for Successful Specialty Palliative Care Integration into Oncology: Current Approaches and Future Directions. *J Clin Oncol* 38:987-99.
14. Hui D, Bruera E (2016) Integrating palliative care into the trajectory of cancer care. *Nat Rev Clin Oncol* 13:159-171.
15. Rangachari D, Smith TJ, Kimmel S (2013) Integrating Palliative Care into Oncology: The Oncologist as a Primary Palliative Care Provider. *Cancer J* 19:373.