

Palliative Care's Influence on Alleviating Pain and Its Consequences in Shaping Quality of Life for Outpatients with Colon Cancer

Simoff Michael*

Department of Radiotherapy, Henry Ford Health System, Detroit, USA

Abstract

Colon cancer, a prevalent malignancy worldwide, poses significant challenges to patients, particularly in terms of managing pain and maintaining a high quality of life. Palliative care has emerged as a critical component in addressing the multidimensional impact of colon cancer, with a focus on pain management and enhancing overall well-being. This mini-review explores the impact of palliative care on mitigating pain and its associated effects, ultimately influencing the quality of life among colon cancer outpatients. By examining recent literature, clinical studies, and advancements in palliative care practices, this article aims to provide insights into the evolving role of palliative care in the context of colon cancer, offering perspectives on pain management strategies, psychosocial support, and the broader implications for patient-centered care.

Keywords: Palliative care; Colon cancer; Pain management; Quality of life; Psychosocial support; Patient-centered care; Cancer care

Introduction

Colon cancer stands as a significant global health concern, contributing to substantial morbidity and mortality rates. While advancements in treatment have positively influenced survival outcomes, the persistent burden of symptoms, particularly pain, remains a formidable challenge for colon cancer outpatients. Palliative care, traditionally associated with end-of-life scenarios, has evolved to become a fundamental component in addressing the complex needs of cancer patients across the entire disease trajectory [1]. This mini-review endeavors to delve into the impact of palliative care on mitigating pain and its associated effects, shedding light on how it enhances the overall quality of life for individuals dealing with colon cancer. Palliative care for colon cancer adopts a holistic approach, centering its efforts on effective pain management. Recognizing the multifaceted nature of pain, which encompasses physical, emotional, and psychological components, palliative care employs a comprehensive strategy. Recent studies underscore the importance of integrating both pharmacological and non-pharmacological interventions to address pain in colon cancer outpatients. Palliative care embraces the judicious use of medications to alleviate pain [2]. Opioids, with their potent analgesic properties, are commonly employed to manage moderate to severe pain. Adjuvant medications, such as antidepressants and anticonvulsants, are often utilized to enhance the overall effectiveness of pain relief while addressing specific pain components, such as neuropathic pain. Palliative care recognizes that effective pain management extends beyond medications. Non-pharmacological interventions play a crucial role in tailoring strategies to meet the individual needs of each patient. Physical therapy, encompassing exercises and rehabilitation, aims to improve physical function and alleviate pain. Additionally, relaxation techniques, mindfulness, and other complementary therapies contribute to the overall well-being of colon cancer outpatients.

Comprehensive care and quality of life

The integration of palliative care into the management of colon cancer extends beyond pain relief. A key focus is on providing comprehensive care that addresses the broader spectrum of physical, emotional, and psychosocial aspects [3,4]. By adopting such a holistic approach, palliative care strives to enhance the overall quality of life for colon cancer outpatients.

Emotional and psychological support: Colon cancer outpatients often grapple with emotional distress, anxiety, and depression. Palliative care teams, comprised of psychologists, social workers, and counselors, collaborate to offer psychosocial support. This extends beyond the patient to involve their families, recognizing the interconnected nature of emotion. Cancer, including colon cancer, extends its impact beyond the physical realm, affecting the psychosocial well-being of patients. Palliative care recognizes the intricate interplay between the psychosocial dimensions of cancer and the overall quality of life [5]. For colon cancer outpatients, the emotional toll of the diagnosis, coupled with existential concerns, often leads to anxiety and depression. Palliative care teams, comprising a multidisciplinary collaboration of psychologists, social workers, and counselors, play a pivotal role in providing psychosocial support. Palliative care acknowledges that addressing cancer goes beyond treating the physical symptoms. Emotional well-being is a crucial aspect of a patient's experience. Psychologists within the palliative care team engage patients in therapeutic interventions, offering a space to express fears, anxieties, and uncertainties related to their cancer journey. By providing a platform for emotional expression, palliative care contributes to a more comprehensive and nuanced approach to patient care. Social workers and counselors work collaboratively with psychologists to address the broader psychosocial aspects of cancer [6]. They provide practical assistance, addressing financial concerns, offering guidance on support services, and facilitating communication within families. This collaborative approach recognizes that psychosocial support is not a one-size-fits-all solution and requires a tailored strategy to meet the unique needs of each patient.

The psychosocial support offered by palliative care extends beyond

*Corresponding author: Simoff Michael, Department of Radiotherapy, Henry Ford Health System, Detroit, USA, E-mail: Simoffm@hfhs.org

Received: 30-Oct-2023, Manuscript No. jpcm-23-120759; **Editor assigned:** 01-Nov-2023, PreQC No. jpcm-23-120759(PQ); **Reviewed:** 15-Nov-2023, QC No. jpcm-23-120759; **Revised:** 21-Nov-2023, Manuscript No. jpcm-23-120759(R); **Published:** 28-Nov-2023, DOI: 10.4172/2165-7386.1000586

Citation: Michael S (2023) Palliative Care's Influence on Alleviating Pain and Its Consequences in Shaping Quality of Life for Outpatients with Colon Cancer. J Palliat Care Med 13: 586.

Copyright: © 2023 Michael 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.

immediate emotional relief. By addressing the profound impact of cancer on the mental and emotional well-being of colon cancer outpatients, palliative care contributes significantly to an improved overall quality of life. Patients are better equipped to navigate the emotional challenges associated with their illness, fostering a more positive and resilient outlook. Palliative care philosophy places patient-centered care at its core, recognizing the importance of tailoring interventions to align with the values, preferences, and goals of individual patients [7]. In the context of colon cancer, this approach becomes especially crucial, considering the complexity of the disease and its impact on various facets of a patient's life. Patient-centered care in palliative settings encourages shared decision-making. Healthcare providers actively involve patients in discussions about their treatment plans, pain management strategies, and end-of-life care preferences. This collaborative approach ensures that the patient's voice is heard, and their choices are respected, fostering a sense of autonomy and control over their care.

Advanced care planning: Palliative care emphasizes the importance of advanced care planning, allowing patients to express their wishes regarding the type of care they wish to receive in the future. This proactive approach ensures that the patient's values and preferences guide decision-making, particularly in critical moments [8,9]. By involving patients in these discussions, palliative care teams empower individuals to actively shape their healthcare journey. Patient-centered palliative care hinges on open and transparent communication. Healthcare providers engage in honest conversations about the prognosis, potential challenges, and available treatment options. This open dialogue not only informs patients about their condition but also enables them to make informed choices. It establishes a foundation of trust between patients, their families, and the healthcare team.

Empowerment and positive quality of life: Actively involving patients in their care empowers them to navigate the complexities of pain management, treatment decisions, and end-of-life planning. This empowerment contributes to a positive quality of life by instilling a sense of control and involvement in the decision-making process [10]. Patients are better equipped to cope with the challenges of their illness, fostering a more meaningful and dignified experience. In essence, psychosocial support and patient-centered care within the realm of palliative care for colon cancer outpatients go hand in hand, contributing not only to the alleviation of immediate concerns but also to a more profound and positive experience throughout the cancer journey.

Challenges and future directions

Limited awareness and misconceptions: Despite the well-documented benefits of palliative care, one of the persistent challenges lies in the limited awareness among both healthcare providers and patients. Palliative care is often misunderstood as synonymous with end-of-life care, contributing to misconceptions about its role and appropriateness throughout the cancer trajectory. Healthcare providers may delay or avoid recommending palliative care due to concerns about signalling the end of curative treatment [11]. Patients, on the other hand, may resist palliative care services, fearing it implies giving up on the pursuit of a cure. Addressing these misconceptions is crucial for ensuring timely access to the comprehensive care that palliative services provide.

Integration into standard oncological practices: Another challenge is the integration of palliative care into standard oncological practices. There exists a historical separation between curative and

palliative approaches, often resulting in a delayed initiation of palliative care services [12]. Breaking down this barrier and emphasizing the complementary nature of palliative care throughout the cancer care continuum is essential. Ensuring that palliative care is considered as an integral part of cancer management from the time of diagnosis can significantly enhance its impact on symptom management, psychosocial support, and overall patient well-being.

Access disparities: Disparities in access to palliative care services pose a significant challenge. Accessibility is influenced by factors such as geographical location, healthcare infrastructure, and socioeconomic status. Rural areas, in particular, may face challenges in providing specialized palliative care services. Ensuring equitable access for all patients, regardless of their location or socioeconomic background, is imperative [13]. This requires strategic planning, increased resources, and policy initiatives to bridge existing gaps in service availability.

Stigma associated with palliative care: A persistent challenge is the stigma associated with palliative care. The term itself can evoke fear and misunderstanding, contributing to reluctance among both patients and healthcare providers [14]. Overcoming this stigma necessitates a concerted effort in educating the public and healthcare professionals about the true nature and benefits of palliative care. Rebranding and reframing the language used to describe these services can play a vital role in reducing stigma and encouraging early acceptance.

Future directions

1. Future directions in palliative care for colon cancer should prioritize early integration into the cancer care continuum. Emphasizing the role of palliative care as a complementary and supportive intervention from the point of diagnosis can help dispel misconceptions and facilitate a smoother transition into palliative services. Education initiatives for healthcare providers and the public should underscore the benefits of early integration, focusing on improved symptom management, enhanced quality of life, and better psychosocial support [15].

2. Research efforts should be directed toward refining and expanding the scope of palliative care interventions, with a specific focus on tailoring services to the unique needs of colon cancer outpatients. Understanding the distinct challenges faced by this patient population, such as treatment-related side effects, long-term survivorship issues, and the impact on daily functioning, will inform the development of targeted interventions. Research should explore innovative approaches, including technology-based solutions and community-based models, to ensure that palliative care is adaptable and responsive to the evolving needs of patients.

3. Future directions should prioritize fostering interdisciplinary collaboration within palliative care teams. Integrating oncologists, nurses, psychologists, social workers, and other healthcare professionals is essential for providing comprehensive care. Training programs should emphasize the importance of collaborative practice, ensuring that healthcare professionals are equipped with the skills to work seamlessly across disciplines. This collaborative approach will enhance the effectiveness of palliative care interventions and contribute to a more holistic patient experience.

4. Advocacy efforts are critical for promoting the integration of palliative care into standard oncological practices. Stakeholders, including healthcare organizations, patient advocacy groups, and policymakers, should work collaboratively to develop and implement policies that prioritize early access to palliative care. Financial incentives

and reimbursement structures should align with the value of palliative care in improving patient outcomes, encouraging healthcare providers to actively incorporate these services into routine cancer care.

Conclusion

In summary, palliative care emerges as an indispensable element in alleviating pain and its consequential impacts among colon cancer outpatients, playing a pivotal role in shaping the overall quality of life. Through the adoption of a holistic paradigm that seamlessly incorporates pain management, psychosocial support, and patient-centered care, palliative teams contribute to a compassionate and comprehensive model of healthcare. This mini-review, while acknowledging existing challenges and delineating avenues for future research and practice, underscores the dynamic evolution of palliative care in enhancing outcomes for individuals navigating colon cancer. Ultimately, the imperative integration of palliative care into standard oncological practices is essential, heralding a transformative and patient-centered approach to the holistic care of colon cancer.

Acknowledgement

Not applicable.

Conflict of interest

Author declares no conflict of interest.

References

1. Köktürk Dalcalı B, Taş AS (2021) What Intern Nursing Students in Turkey Think About Death and End-of-Life Care? A Qualitative Exploration. *J Relig Health* 60: 4417-4434.
2. Mathew-Geevarughese SE, Corzo O, Figuracion E (2019) Cultural, Religious, and Spiritual Issues in Palliative Care. *Primary care* 46: 399-413.
3. Palevsky PM (2018) Endpoints for Clinical Trials of Acute Kidney Injury. *Nephron* 140: 111-1115.
4. Zuber K, David J (2018) The ABCs of chronic kidney disease. *JAAPA* 31: 17-25.
5. Moresco RN, Bochi GV, Stein CS, De Carvalho JAM, Cembranel BM, et al. (2018) Urinary kidney injury molecule-1 in renal disease. *Clin Chim Acta* 487: 15-21.
6. Lippe M, Johnson B, Mohr SB, Kraemer KR (2018) Palliative care educational interventions for prelicensure health-care students: an integrative review. *Am J Hosp Palliat Care* 35: 1235-1244.
7. Martins Pereira S, Hernández-Marrero P, Pasman HR, Capelas ML, Larkin P, et al. (2021) Nursing education on palliative care across Europe: Results and recommendations from the EAPC Taskforce on preparation for practice in palliative care nursing across the EU based on an online-survey and country reports. *Palliat Med* 35: 130-141.
8. Oluyase AO, Hocaoglu M, Cripps RL, Maddocks M, Walshe C, et al. (2021) The challenges of caring for people dying from COVID-19: a multinational, observational study (CovPall). *J Pain Symptom Manage* 62: 460-470.
9. Radbruch L, De Lima L, Knaut F, Wenk R, Ali Z, et al. (2020) Redefining Palliative Care-A New Consensus-Based Definition. *J Pain Symptom Manag* 60: 754-764.
10. Crabbs TA (2018) Acute Kidney Injury (AKI)-The Toxicologic Pathologist's Constant Companion. *Toxicol Pathol* 46: 918-919.
11. Chawla L, Bellomo R, Bihorac A (2017) Acute kidney disease, and renal recovery: consensus report of the Acute Disease Quality Initiative (ADQI) 16 Workgroup. *Nat Rev Nephrol* 13: 241-257.
12. Lopes IM, Guarda T, Oliveira P (2020) General Data Protection Regulation in Health Clinics. *J Med Syst* 44: 1-9.
13. Senderovich H, McFadyen K (2020) Palliative Care: Too Good to Be True?. *Rambam Maimonides Med J* 11: 34.
14. D'Antonio J (2017) End-of-life nursing care and education: end of-life nursing education: past and present. *J Christ Nurs* 34: 34-38.
15. Muroya Y, He X, Fan L, Wang S, Xu R, et al. (2018) Enhanced renal ischemia reperfusion injury in aging and diabetes. *Am J Physiol Renal Physiol* 315: 1843-1854.