

ปัญหาของผู้ป่วยมะเร็งระยะสุดท้าย: ความท้าทายเพื่อการพัฒนาให้การดูแลแบบประคับประคองในอนาคต

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บทคัดย่อ

บทความนี้ได้เน้นถึงการดูแลแบบประคับประคองผู้ป่วยมะเร็งระยะสุดท้ายในทุกแง่มุม ทั้งในเรื่องความท้าทาย ข้อจำกัดที่บุคลากรทางการแพทย์ต้องเผชิญ ตลอดจนการนำเสนอนวัตกรรมเพื่อจัดการปัญหาที่ซับซ้อน โดยประเด็นแรก เป็นความท้าทายทางกายภาพ ได้แก่ การควบคุมดูแลอาการของผู้ป่วย ด้วยยาระงับปวดรวมถึงการใช้ยาที่มีความซับซ้อนในการบำบัด บทความยังเน้นถึงอารมณ์และสภาพจิตใจ ซึ่งเป็นความท้าทายที่บุคลากรทางการแพทย์ต้องใช้ความพยายามในการสื่อสารกับผู้ป่วย บนพื้นฐานของการให้เกียรติและคำนึงถึงศักดิ์ศรีของผู้ป่วยเป็นสำคัญ เพื่อรับมือกับความเศร้าโศก การสูญเสีย ความวิตกกังวล ความรู้สึกหมดอาลัยตายอยาก ตลอดจนความขัดแย้งภายในครอบครัวผู้ป่วย อีกทั้งการแจ้งข่าวร้าย การตัดสินใจในช่วงบั้นปลายชีวิต การวางแผนดูแลระยะยาว ล้วนเป็นปัญหาความท้าทายทางด้านจริยธรรมและคุณธรรมอันดีงามของสังคม นอกจากนี้ บทความนี้ยังได้กล่าวถึงผลกระทบของทีมผู้ให้การดูแลแบบประคับประคองผู้ป่วยระยะสุดท้าย ซึ่งต้องเผชิญกับความเหนื่อยหน่ายและอารมณ์อ่อนล้าในความเห็นอกเห็นใจที่มีต่อผู้ป่วย การอาศัยวิธีและแนวทางปฏิบัติเพื่อแก้ไข ด้วยนวัตกรรม การระงับความปวด การช่วยเหลือทางด้านจิตสังคม การให้บริการคำปรึกษาทางจริยธรรม การฝึกอบรมทักษะเพื่อการสื่อสาร และการดูแลผู้ป่วยแบบองค์รวม นับเป็นกลยุทธ์ที่ไม่เพียงช่วยแบ่งเบาความทุกข์ระทมของผู้ป่วยระยะสุดท้ายเท่านั้น ยังช่วยปลดปล่อยและเป็นกำลังใจให้บุคลากรทางการแพทย์ผู้ทำหน้าที่ใกล้ชิดผู้ป่วยอีกด้วย ท้ายที่สุดบทความนี้ยังได้กล่าวถึงทิศทางในอนาคต ความต้องการงานวิจัยและการศึกษาค้นคว้าต่อยอด ที่เน้นถึงแนวโน้มในการดูแลผู้ป่วยแบบประคับประคอง ให้ความสำคัญกับบทบาทของทีมผู้ดูแล ทางด้านการศึกษาความร่วมมือสนับสนุนจากทีมสหสาขาวิชาชีพ ทั้งนี้ เพื่อผลลัพธ์ที่ดีขึ้นในการดูแลผู้ป่วยมะเร็งระยะสุดท้าย

คำสำคัญ: สภาพการณ์ที่ต้องดิ้นรน; ผู้ป่วยมะเร็งระยะสุดท้าย; การดูแลแบบองค์รวม; การดูแลแบบประคับประคอง

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Problems of end stage cancer patients: Challenges for development of palliative care

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Abstract

This review article addresses palliative care within the context of end-stage cancer care, highlighting the challenges and constraints faced by palliative teams providing care to patients at advanced stages of cancer and presenting innovative solutions to navigate these complex issues. The first section explores physical challenges, focusing on pain management, symptom control, and the intricacies of medication management. Psychological and emotional challenges are also discussed, emphasizing coping with grief and loss, addressing anxiety and depression, and facilitating difficult conversations while preserving patient dignity. Ethical and moral dilemmas of end-of-life decision-making, advance care planning, and the imperative of maintaining patient dignity are examined. Issues of effective communication, including breaking bad news, facilitating challenging conversations, and managing family dynamics and conflicts, are explored. Furthermore, the profound impact of end-stage cancer care on palliative care, including the risk of burnout and compassion fatigue, is examined. Practices and solutions are presented, showcasing innovative pain management techniques, psychosocial support interventions, ethics consultation services, communication skills training, and holistic approaches to end-of-life care. These strategies not only alleviate patient suffering but also nurture the well-being of palliative care providers. Finally, the article touches on future directions and research needs, highlighting emerging trends in palliative care and areas requiring further investigation. The conclusion underscores the vital role of palliative care, emphasizing the importance of education, interdisciplinary collaboration, support, and research in achieving improved end-of-life care for cancer patients.

Keywords: compassion fatigue; end-stage cancer; holistic care; palliative care

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Introduction

End-stage cancer, often referred to as terminal cancer, represents the advanced and irreversible phase of cancer progression where curative treatment options have been exhausted, and the disease no longer responds to interventions aimed at cure or remission. Patients with end-stage cancer often confront a prognosis of limited survival, marked by significant physical debilitation and a high symptom burden. During this stage, the focus of care shifts from curative efforts to enhancing the patient's quality of life, managing symptoms, and providing emotional support during their end-of-life journey^{1,2}.

Palliative care plays a pivotal role in the holistic care of individuals with end-stage cancer. It is a specialized field of nursing that emphasizes providing comprehensive and compassionate care to alleviate suffering, enhance comfort, and support patients and their families through the challenges posed by terminal illness. Palliative care are instrumental in managing pain, addressing distressing symptoms, facilitating difficult conversations, and ensuring patients' physical and emotional needs are met. Their role extends beyond medical care to encompass psychosocial, spiritual, and ethical aspects of patient well-being, making them indispensable members of the healthcare team in the context of end-of-life care^{3,4}.

This review article aims to provide an in-depth exploration of the challenges encountered by palliative care when caring for patients with end-stage cancer, while also

highlighting innovative solutions and best practices in the field. The article will delve into the multifaceted challenges faced by palliative care teams in this demanding role, including physical symptom management, emotional support, ethical dilemmas, and effective communication. Furthermore, it will examine the impact of providing palliative care for end-stage cancer patients on healthcare professionals and the strategies employed to mitigate burnout and enhance interdisciplinary collaboration⁵.

Challenges in palliative care

Patients with end-stage cancer often experience a myriad of physical challenges that require skilled palliative care to alleviate their suffering and enhance their comfort.

Physical challenges

Pain represents one of the most prevalent and distressing symptoms experienced by patients with advanced cancer⁶. Palliative care are tasked with the intricate responsibility of assessing, managing, and administering pain medications to ensure effective pain relief while minimizing side effects and the risks of addiction⁷. Challenges may arise due to variations in patients' pain perceptions, opioid tolerance, or cultural beliefs about pain management. Furthermore, addressing breakthrough pain and providing continuous support to patients to maintain their pain at manageable levels is essential⁸.

In addition to pain, patients with end-stage cancer may endure a range of

distressing symptoms, including nausea, vomiting, dyspnea, fatigue, and constipation. Palliative nurses must adeptly recognize and prioritize these symptoms based on individual patient needs^{9,10}. Tailored interventions, encompassing both pharmacological and non-pharmacological approaches, are crucial for achieving adequate symptom control. Moreover, the presence of multiple coexisting symptoms can complicate treatment decisions, necessitating a holistic approach to care¹¹.

Furthermore, medications play a crucial role in symptom management and improving the patient's quality of life. However, the management of medications for end-stage cancer patients can be intricate. Palliative care must ensure the timely administration, accurate dosing, and appropriate administration of medications while considering potential drug interactions and side effects¹². Additionally, patient education and involvement in medication management, when feasible, can empower patients and their families to actively participate in their care decisions.

Psychological and emotional challenges

The psychological and emotional challenges faced by end-stage cancer patients can be as debilitating as their physical symptoms. End-stage cancer often brings a profound sense of grief and impending loss for both patients and their families¹³. Palliative care witnesses the emotional toll of this journey and must be prepared to provide empathetic and compassionate care. They may need to assist patients and families in navigating

the stages of grief and offer resources for counseling and support groups. Moreover, they should be skilled in providing anticipatory grief support as patients and families grapple with the impending loss of their loved one^{14,15}.

Anxiety and depression are common emotional challenges for end-stage cancer patients. The fear of impending death, pain, and the disruption of daily life can contribute to heightened anxiety and depressive symptoms¹⁶. Palliative care must be adept at recognizing signs of distress and collaborating with mental health professionals when necessary. They can employ therapeutic communication techniques, such as active listening and validation, to help patients express their feelings and fears. Additionally, judicious use of psychopharmacological interventions may be considered to alleviate severe anxiety or depression¹⁷.

Engaging in open and honest conversations about end-of-life issues is a critical aspect of palliative care. These discussions can be emotionally charged and challenging for patients, families, and healthcare providers. Palliative care must possess strong communication skills to facilitate such conversations sensitively¹⁸. This includes discussing goals of care, advance directives, and decisions about resuscitation and life-sustaining treatments. Effective communication not only helps patients make informed choices but also reduces anxiety and uncertainty among all parties involved.

Ethical and moral dilemmas

One of the most significant ethical challenges in palliative care is assisting patients and their families in making end-of-life decisions. These decisions may involve choices regarding life-sustaining treatments, resuscitation preferences, and the initiation or withdrawal of aggressive interventions¹⁹. Palliative care must facilitate these discussions while respecting patient autonomy and ensuring that decisions align with the patient's values and wishes. Ethical dilemmas can arise when patients lack capacity, have conflicting advance directives, or when family members disagree on the best course of action²⁰.

Advance care planning is a critical aspect of ethical palliative care. It involves assisting patients in documenting their preferences for future medical care, especially in cases where they may not be able to communicate their wishes. Palliative care play a significant role in initiating these conversations, ensuring that advance directives are clear and legally binding, and advocating for patients' choices when medical decisions need to be made. Ethical dilemmas may emerge when family members or healthcare providers have differing interpretations of an advance directive or disagree with a patient's choices²¹.

Maintaining patient dignity is a fundamental ethical principle in palliative care. For end-stage cancer patients, preserving dignity can be particularly challenging due to the progression of the disease and the loss of physical and cognitive abilities. Palliative

care must strive to preserve the patient's sense of self-worth and respect throughout the care journey. This includes providing culturally sensitive care, ensuring privacy, and addressing issues related to body image and personal hygiene with utmost sensitivity. Ethical dilemmas may arise when there are conflicts between maintaining dignity and providing necessary medical care or when patients express preferences that challenge traditional medical practices²².

Communication challenges

One of the most delicate aspects of palliative care is the task of delivering difficult news to patients and their families, which may include a diagnosis of end-stage cancer, discussing prognosis, and addressing treatment limitations. Palliative care must approach these conversations with empathy, sensitivity, and clarity. They should assess the patient's readiness to receive information and adapt their communication style accordingly. Breaking such news requires not only medical knowledge but also the ability to provide emotional support, answer questions truthfully, and offer resources for coping¹⁸.

Palliative care frequently find themselves facilitating discussions about end-of-life care, treatment goals, and advance care planning. These conversations can be emotionally charged and fraught with uncertainty. Palliative care must excel in guiding these discussions while promoting patient autonomy and ensuring that patients

and families fully comprehend the implications of their decisions²⁰. This involves active listening, posing open-ended questions, and addressing fears and concerns with empathy and respect.

Family dynamics and conflicts can further complicate communication in palliative care. Family members may hold differing opinions about the patient's care, leading to disagreements and tensions. Palliative care must navigate these family dynamics while keeping the patient's best interests in mind¹⁷. They may need to serve as mediators, provide education about the patient's condition, and offer emotional support to family members. Ensuring that all voices are heard and respected presents a significant challenge in fostering family-centered care.

Impact of end-stage cancer on palliative care teams

Palliative care teams play a vital role in providing comfort and support to patients with end-stage cancer. However, this demanding and emotionally charged work can have a significant impact on the healthcare professionals involved¹¹.

Burnout and compassion fatigue

Palliative care teams frequently encounter patients who are grappling with severe pain, distress, and emotional turmoil. Bearing witness to the suffering of patients and their families can have a profound impact on the emotional well-being of healthcare providers. Extended exposure to end-stage

cancer patients may ultimately lead to burnout among palliative care professionals²³. Burnout is characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment, all of which can significantly compromise the quality of care provided. Consequently, healthcare providers may also develop compassion fatigue, a form of secondary traumatic stress, wherein they become emotionally overwhelmed by their patients' suffering. This can result in a diminished capacity to empathize and provide the compassionate care that is so vital in palliative settings²⁴.

Interdisciplinary collaboration

Palliative care teams comprise diverse healthcare professionals, including physicians, nurses, social workers, psychologists, and chaplains. Coordinating care for patients with end-stage cancer can be challenging due to the complex nature of their illnesses. Effective communication and teamwork are crucial for addressing patients' physical, psychological, and spiritual needs. In some instances, role confusion and conflict may surface among team members, particularly if there is a lack of clarity regarding each member's responsibilities and contributions to patient care^{2,8}.

Support systems for palliative care nurses

Palliative care nurses are at the frontline of patient care and frequently develop profound emotional connections with their patients. They need robust emotional

support mechanisms to effectively deal with the loss of patients and the emotional challenges inherent in their work. Prioritizing self-care is essential to prevent burnout and compassion fatigue. This involves taking regular breaks, seeking counseling when necessary, and engaging in debriefing sessions with colleagues. Continuous education and training programs can equip palliative care nurses with the skills and knowledge required to deliver high-quality care and manage the emotional demands of their profession^{3,25}.

Promising practices and solutions

Innovative pain management techniques

Effective pain management stands as a cornerstone in palliative care. The implementation of innovative pain management techniques, such as personalized and holistic approaches, not only enhances patient comfort and quality of life but also significantly contributes to the emotional well-being of the palliative care team. Continuous education and training programs play a vital role in palliative care, equipping nurses with the latest skills and knowledge to provide optimal care. Additionally, training in resilience-building techniques is essential, helping nurses navigate the emotional challenges they encounter daily³.

Psychosocial support interventions

Palliative care teams are increasingly incorporating psychosocial support interventions into their care plans to address the emotional and psychological needs of

both patients and their families. This includes providing access to professional counselors or therapists to address issues such as anxiety, depression, and grief. Facilitating support groups for patients and families allows them to connect with others facing similar challenges, share experiences, and provide mutual support. Creative therapies are also integrated into care to help patients express their emotions, reduce stress, and enhance their overall quality of life¹⁷.

Ethics consultation services

In navigating complex ethical dilemmas, palliative care teams are turning to ethics consultants for guidance. Healthcare organizations may establish ethics committees or consultation services to offer expertise on challenging decisions, particularly those related to end-of-life care and treatment limitations. These consultations involve ethicists delving into the ethical dimensions of specific cases, ensuring that decisions align with patient values and ethical principles^{21,26}.

Communication skills training

Recognizing the central role of effective communication in palliative care, healthcare institutions are investing in communication skills training for their staff. These training sessions emphasize active listening, empathy, and building trust with patients and their families^{1,27}. Healthcare providers are prepared to deliver difficult news with sensitivity and compassion. Specialized training is also offered for palliative care teams to facilitate complex

conversations, including discussions on goals of care and advance care planning.

Holistic approaches to end-of-life care

Holistic approaches take into account the physical, psychological, social, and spiritual dimensions of care. Practices such as yoga, meditation, and aromatherapy are integrated into care plans to promote relaxation and enhance emotional well-being. Holistic care also involves recognizing and addressing the spiritual needs of patients and their families, potentially providing access to chaplains or spiritual counselors¹⁰. Furthermore, these approaches include involving the patient's family in care decisions and supporting their emotional needs, acknowledging the close interconnection between the patient's well-being and the family's well-being²⁸.

Empowering End-of-Life Decision-Making

Drafting a living will is crucial for ensuring patients' rights to make decisions about their end-of-life care preferences. By expressing one's wishes to die peacefully or refusing certain medical interventions like intubation or cardiac stimulation, individuals can pass away with dignity. This process should occur when the patient is fully conscious and personally able to articulate their preferences²⁹.

Currently, only a small fraction of individuals have crafted living wills, often resorting instead to advance directive care plans to guide treatment decisions during the final stages of life. This trend may stem

from inadequate awareness about the living will process, compounded by cultural taboos surrounding discussions of death³⁰.

In the context of terminal cancer patients, creating a living will gains heightened importance. However, challenges arise when patients lose consciousness during the final phase of their illness, leaving decision-making authority to relatives and medical professionals. This delegation may result in decisions that diverge from the patient's actual desires.

In conclusion, it's imperative to empower patients with knowledge about living wills, particularly within the framework of receiving care from palliative care teams. By fostering understanding and awareness, individuals can assert their autonomy and ensure that their end-of-life wishes are respected.

Future directions and research needs

Palliative care is evolving with a focus on personalized medicine, tailoring care to individual patient preferences. Telemedicine, wearable health tech, and cultural competence are growing trends, enhancing remote monitoring, communication, and acknowledging the importance of cultural aspects. Additionally, a holistic approach that includes social and spiritual dimensions is gaining prominence, with potential integration as complementary therapies in the future.

Despite significant progress in palliative care, there are critical areas that still require more research and development³¹. This

includes continued research into innovative pain management techniques and medications to optimize pain control while minimizing side effects. Additionally, further studies are needed to identify the most effective psychosocial support interventions for different patient populations and cultural contexts. The development of user-friendly and culturally sensitive advance care planning tools and decision aids to facilitate meaningful conversations and documentation of patient preferences is essential. Simultaneously, ongoing development of communication skills training programs for healthcare providers to navigate difficult conversations and ethically complex situations should be a priority³².

Moreover, research into the most effective support systems for healthcare providers to mitigate burnout, compassion fatigue, and emotional distress is critical. Additionally, more research is needed to address disparities in access to palliative care services, with a focus on ensuring equitable care for all patients, regardless of their socioeconomic status, race, ethnicity, or geographic location. Lastly, research on the development of patient and family education materials to empower individuals to actively participate in their care and make informed decisions is vital.

Conclusion

Palliative care, as emphasized throughout this article, lies at the heart of this mission. It becomes evident that this demanding field presents a range of

intricate physical, emotional, ethical, and communication challenges. The weight of responsibilities in pain management, psychosocial support, ethical decision-making, and communication complexities underscores the profound significance of this work.

Palliative care holds a central role in providing compassionate, comprehensive, and patient-centered care to individuals with end-stage cancer. The dedication and expertise of palliative nurses are central to enhancing the quality of life for patients during their final journey. Their unique ability to address not only the physical symptoms but also the emotional, social, and spiritual dimensions of care make them indispensable members of the healthcare team.

It is crucial to invest in education and training for healthcare providers, including palliative nurses, equipping them with the necessary skills and knowledge to deliver high-quality care. Promoting effective interdisciplinary collaboration is essential, recognizing that the expertise of various healthcare professionals is vital to comprehensive palliative care. Moreover, creating supportive environments for healthcare providers to address burnout and compassion fatigue ensures their well-being while they care for others. Encouraging and funding research in palliative care is a key to driving innovation, improving pain management, enhancing psychosocial support, and addressing the unique needs of diverse patient populations. Lastly, advocating for equitable access to palliative care services for all patients, regardless of their background

or socioeconomic status, is a fundamental step toward ensuring compassionate end-of-life care.

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