

Importance of Palliative Care on Hospitalization Rates in Leukemia Patients

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DESCRIPTION

Leukemia is a complex and aggressive cancer of the blood and bone marrow that often demands rigorous treatment approaches such as chemotherapy, targeted therapies and sometimes stem cell transplants. While many patients benefit from these treatments, others face relapsed or refractory disease. The struggles with disease progression, treatment side effects and emotional toll, palliative care emerges as a critical yet often underutilized element of comprehensive leukemia care.

Palliative care is commonly misunderstood as end-of-life care, but its scope is much broader. For leukemia patients, palliative care seeks to improve quality of life from diagnosis onward, managing symptoms, supporting emotional health. As the medical community places increasing emphasis on patient-centered care, palliative services are recognized not only as a means to ease suffering but also to complement curative treatments and improve overall outcomes.

Palliative care is a multidisciplinary approach designed to alleviate physical, emotional, and psychological distress in patients with serious illnesses. It is particularly crucial in leukemia, where treatment can be difficult, involving cycles of chemotherapy, radiation, and long-term hospital stays, sometimes followed by stem cell transplantation. These treatments, though potentially life-saving, often come with significant side effects such as fatigue, nausea, pain and infections that degrade the patient's quality of life. Importantly, palliative care can be provided alongside curative treatments, which means that patients can continue to pursue aggressive treatment while receiving palliative support to manage side effects and maintain well-being.

One of the most compelling arguments for early integration of palliative care in leukemia treatment is the potential for it to improve the patient's overall experience, even as they undergo aggressive treatments. Unlike other forms of cancer that progress over a predictable period, leukemia can be unpredictable, with patients cycling between remission and relapse. Treatments often need to be adjusted, and patients can experience significant toxicity that requires careful management.

Several studies have shown that early introduction of palliative care in cancer patients leads to better quality of life and, in some cases, even extends survival. Leukemia treatments, especially for acute forms like Acute Myeloid Leukemia (AML), are highly toxic. The intensity of chemotherapy or radiation often leads to debilitating side effects. Palliative care teams can work in tandem with oncologists to manage these effects more effectively, offering treatments for nausea, pain relief, and emotional support during this challenging period.

Leukemia patients are often immunocompromised due to both the disease and its treatment, leaving them vulnerable to infections. Long hospital stays are common, and the frequent hospitalizations can take a heavy toll on the patient's mental health. Palliative care can help manage the psychological stress associated with prolonged treatment and provide in-home support to reduce hospital visits when possible. Leukemia is not only a physical battle but also an emotional and psychological one. Feelings of anxiety, depression, and fear are common among patients and their families. Palliative care teams include social workers and psychologists who can provide counseling, mental health interventions.

Despite the evident benefits, palliative care in leukemia remains underutilized, largely due to widespread misconceptions. Many patients, and sometimes even healthcare providers, associate palliative care with giving up on curative treatments or as something that only comes into play during the final stages of life. However, palliative care is not synonymous with hospice. While hospice focuses exclusively on end-of-life care, palliative care can be integrated at any stage of the illness, regardless of whether the patient is still receiving active treatment. Healthcare providers have an important role in the integration of palliative care for leukemia patients. Oncologists, hematologists and other members of the care team should initiate conversations about palliative care early in the treatment process. It is essential to educate patients and families about the difference between palliative care and hospice, emphasizing that palliative care is not about ending treatment but about enhancing quality of life. One strategy that has gained traction is the use of routine palliative care screenings for leukemia patients, especially those undergoing aggressive treatments like stem cell transplants.

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