

# Managing Life with Cancer: Merging Inheriting and Palliative Therapy in Contemporary Oncology

Allanson Zola \*

Department of Oncology, Leiden University Medical Centre, Leiden, The Netherlands

## DESCRIPTION

Oncology, the branch of medicine dealing with cancer, has witnessed remarkable advancements in recent decades, leading to better outcomes and prolonged survival rates for many patients. However, cancer and its treatment often come with significant physical, emotional, and psychological challenges that demand attention beyond the primary focus on curing the disease. This is where palliative care and survivorship come into play. Palliative care focuses on alleviating symptoms, improving quality of life, and addressing the emotional and spiritual needs of patients and their families. Survivorship, on the other hand, deals with the long-term challenges faced by individuals who have completed cancer treatment. Together, these aspects of oncology provide a more holistic approach to cancer care, ensuring that patients live well, not just longer.

## Palliative care in oncology

Palliative care in oncology is a specialized medical care focused on providing relief from the symptoms and stress of cancer. It is designed to improve the quality of life for both the patient and the family, regardless of the stage of the disease or prognosis. While it is commonly associated with end-of-life care, palliative care can be initiated at any stage of cancer treatment, and research has shown that early integration can significantly improve outcomes.

Palliative care is interdisciplinary in nature, involving doctors, nurses, social workers, chaplains, and other healthcare professionals who work together to address a patient's physical, emotional, and spiritual needs. This collaborative approach ensures that all aspects of the patient's well-being are considered.

## Physical symptoms management

One of the primary goals of palliative care is to manage the physical symptoms associated with cancer and its treatment. Cancer can cause pain, fatigue, nausea, vomiting, shortness of breath, and loss of appetite, among other symptoms. The side effects of treatments such as chemotherapy, radiation, and

surgery can also be debilitating. Palliative care teams use a variety of interventions to alleviate these symptoms, including medications, physical therapy, nutrition counseling, and alternative therapies such as acupuncture and massage.

Pain management is a foundation of palliative care. In oncology, cancer-related pain can result from tumor growth, treatment side effects, or nerve damage. The World Health Organization (WHO) has established a pain management ladder that is widely used in palliative care to guide the appropriate use of analgesics, from non-opioids to opioids, depending on the severity of pain.

## Emotional and psychological support

Cancer is not just a physical illness; it has a profound emotional and psychological impact on patients and their families. Anxiety, depression, fear of the future, and existential distress are common. Palliative care providers are trained to offer counseling and emotional support to help patients cope with these challenges. Psychosocial interventions such as cognitive-behavioral therapy, mindfulness, and relaxation techniques can help patients manage stress and improve their mental well-being.

Family members also experience emotional strain when a loved one is diagnosed with cancer. Palliative care extends support to families by offering guidance on how to communicate effectively, make decisions, and navigate the complexities of caregiving. This holistic approach strengthens the family unit and provides a foundation for shared decision-making.

## Spiritual care

Spiritual care is another essential component of palliative care. Cancer often raises existential questions about the meaning of life, suffering, and death. For some patients, these questions may lead to a spiritual crisis or a renewed interest in religious or spiritual practices. Palliative care teams include chaplains or spiritual care providers who can help patients search their beliefs, find meaning in their experience, and achieve a sense of peace, regardless of religious affiliation. Addressing spiritual needs can significantly enhance a patient's sense of well-being and provide comfort during difficult times.

**Correspondence To:** Allanson Zola, Department of Oncology, Leiden University Medical Centre, Leiden, The Netherlands, E-mail: zllson@lumc.nl

**Received:** 19-Aug-2024, Manuscript No. JCRIO-24-34289; **Editor assigned:** 21-Aug-2024, PreQC No. JCRIO-24-34289 (PQ); **Reviewed:** 04-Sep-2024, QC No. JCRIO-24-34289; **Revised:** 11-Sep-2024, Manuscript No. JCRIO-24-34289 (R); **Published:** 18-Sep-2024, DOI: 10.35248/2684-1266.24.10.225

**Citation:** Zola A (2024). Managing Life with Cancer: Merging Inheriting and Palliative Therapy in Contemporary Oncology. J Can Immunoconcol. 10:225.

**Copyright:** © 2024 Zola A. 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.

## End of life care

For patients with advanced or metastatic cancer, palliative care often transitions into end-of-life care. The goal at this stage is to ensure that patients live their final days with dignity, comfort, and peace. End of life care includes symptom management, emotional support, and assistance with advance care planning, such as creating a living will or designating a healthcare proxy.

Hospice care is a specialized form of palliative care for patients nearing the end of life. It focuses on providing comfort rather than curative treatment and is typically offered when life expectancy is six months or less. Hospice care can be provided at home, in a hospice facility, or in a hospital, depending on the patient's needs and preferences.