

Psycho-social and spiritual support for quality life

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Abstract

Background: Palliative care is a approach that improves the standard of lifetime of patients (children and adults) and their families who are faced with problems related to a life-threatening disease by preventing and alleviating suffering for thanks to the first detection, careful assessment and treatment of pain and other physical symptoms, also because the provision of psychosocial and spiritual support. Psychosocial and spiritual support shouldn't be stopped with the death of the patient; it should continue during the amount of mourning.

Keywords: Multidisciplinary team, Palliative care, Palliative patients, Clinical trail designs

INTRODUCTION

The most expressive, sharp and emotional, from my point of view, is that the process of working with a palliative patient with an oncological diagnosis. When an individual finds out about his diagnosis, often already at the stage, which doesn't provides a chance of success within the cure and any significant continuation of life, the person already "mentally dies" Finding a palliative care specialist, psychologist, cleric next to him at this moment can play a decisive role within the quality of his future period of life. A multidisciplinary team of like-minded specialists may be a clincher within the quality of life for a palliative patient. Every day, in your work with patients, your vision of the planet , of life, of what really has value also changes.

In recent years, on foreign educational platforms, more and more articles and examples have appeared that palliative medicine sets new standards, new markers of quality palliative care appear. one among the primary places is that the indicator - "Good death", good death, quality of death. Despite the discord that this phrase causes in us, it includes the whole essence of high-quality palliative care, the standard of labor and therefore the efforts of the whole multidisciplinary team, each employee. This indicator becomes a determining one when assessing the standard of palliative look after leading organizations like EAPC, IAPCN (European Association of Palliative Care, World Association of Palliative Care).

METHADODOLOGY

At the instant , our domestic health care system isn't experiencing the simplest moment of its existence. Reform, a radical breakdown of the Soviet system, the transition to new working conditions and new standards, all this is often complex and unsure . In an attempt to preserve the "beds", "shtaty" and other attributes of the past years of our medication , healthcare managers and managers often have the temptation to hold up the "palliative ward" sign and report on the creation of palliative "beds". This often happens on the bottom . During an audit of such departments and beds, it seems that actually there's no doubt of any palliative care during this case. Just an effort to "survive as a medical facility."

Result

Now in our country, palliative medicine is merely born and is at the very beginning of its development path. we've all the "childhood diseases" of the formation of a replacement medicine , which in most cases works only because of individuals, palliative enthusiasts, non-governmental organizations, charitable foundations and volunteers. i feel we'll successfully pass this stage, it just takes time, more time. Gradually, with the arrival in our society of an increasing number of data resources about palliative care, the initiatives of our foreign colleagues, their successes, a chance appears to positively influence the processes happening in our society. There was a chance to widely cover human rights not just for an honest life, but also for an honest death. More recently, within the whole society within the territory of the post-Soviet space, the theme of death, the theme of death was taboo, something indecent.

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Received: December 12, 2021; Accepted: January 08, 2021; Published: January 27, 2021

Citation: Maksym B (2021) Psycho-social and spiritual support for quality life. In J Sch Cogn Psychol. DOI: 10.35248/2329-8901.19.7.215

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In my opinion, the most challenge faced by a doctor providing palliative care within the countries of the previous Soviet Union is that the huge number of myths and legends that accompany morphine, pain, attitude to pain and to a patient with pain. Every day, with each new patient, one has got to break down the barriers to adequate pain relief. Education, perseverance in acquiring new knowledge and skills in palliative medicine, will certainly change things for the higher. I'm sure that. Time will confidently and inevitably put everything in its place, and that we continue our work.

DISCUSSION

Patients of our institution mainly have oncological diagnosis. Over 90% of our patients have pain together of the leading symptoms that accompanies the top of life. Pain management, pain management is one among the leading priorities of our center. Every day, in your work with patients, your vision of the planet, of life, of what really has value also changes. An understanding comes of how quickly time flies and the way little you've got to assist an individual, to alleviate his physical and spiritual suffering.

With everyday hustle and bustle, within the maelstrom of life, within the worries and everyday trifles, we ditch the essence of life. Often we seek and check out to succeed in either ephemeral peaks or illusions. We don't know ourselves and don't remember who we are, we are scared of "tomorrow" and that we regret "yesterday".

CONCLUSION

We cannot answer the questions of what life is and what death is. It seems to us that we live forever and never die. As a result, we live life on the fly and don't believe death.

In my opinion, in high-quality palliative care, the problems of physical pain, the problems of ethics and morality, the spiritual aspect and therefore the philosophical component of what we call life and death are inextricably intertwined.

My patients inquire from me an equivalent question - doctor, is that all? Doctor, is that this my one-way ticket? I honestly answer, yes - this is often a one-way ticket. we've it with everyone who lives, a one-way ticket. It's just that you simply have already got a date open, but often people change places, dates.

Yes, an incurable diagnosis may be a "ticket with an open date and a method," only the road should be as comfortable as possible, without physical, moral and spiritual suffering. Death must be good. "Good death"

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