

Therapeutic Life and Quantitative Evaluations in Palliative Care

Austin Iyer*

Department of Nursing, University of Manchester, Manchester, United Kingdom

DESCRIPTION

By reducing pain and other uncomfortable symptoms, including psychological and spiritual needs into patient care, enhancing quality of life and death without hastening or delaying death and where feasible, altering the course of a disease, palliative care strives to provide whole-person care. Previously reserved for the terminally sick, palliative care is now provided to patients with chronic, incurable illnesses as well. In some countries, this type of treatment is known as hospice care. Regardless of the patient's prognosis, palliative care professionals work to support patients and their families in completing life and preparing for death while still recognizing the patient as a unique human being.

Existing palliative and supportive care practices already properly address many of these goals, such as improving knowledge and use of pain management and other physical symptom management. Other goals, such as psychological and spiritual/existential issues, are not well addressed. After doing a needs analysis on more than 250 patients with advanced cancer who weren't receiving formal palliative care, researchers discovered that 40% of these patients had unmet psychological or emotional requirements. Another research found that less than 1% of patient conversations with their oncologist were on psychological or spiritual concerns. These crucial areas are likely to be neglected due to health professionals' feelings of inadequacy, a lack of time and expertise, the potential for professional self-exposure, and a perceived need to prioritize unresolved physical issues. There is a growing interest in specific treatments to target these areas due to the treatment gaps that currently exist in these fields. One approach to resolving existential/spiritual issues is the therapeutic life review. The goal of therapeutic life studies for older citizens is to bring about serenity by reflecting back on one's life, acknowledging achievements, and resolving problems. It's important to distinguish between recall and life evaluation.

Reminiscence is a descriptive action that involves considering one's life and thinking back on significant past occurrences (not recent or current events). Reminiscence can be done individually or in groups, and it can be organized or unstructured. It has been

shown to be effective in lowering depression in the senior population and enhances quality of life while also assisting with life adaptation. Contrarily, a life review is more of an analytical processes that entails analyzing, debating, and, if feasible, resolving or addressing disagreement.

Life review, a sort of reflection in which a person looks for significance in the past, may be helpful in assisting patients who are close to death with conflict resolution and task completion, resulting in a sense of peace. Life review interventions have been shown to be successful in reducing depression in elderly patients and those recovering from cerebral vascular accidents, enhancing self-esteem and life satisfaction in elderly veterans, enhancing quality of life in those with Acquired Immuno Deficiency Syndrome (AIDS), and preventing hopelessness in those who have just moved into residential aged care facilities. Since favorable results were reported by the authors of several researches, therapeutic life evaluations have been introduced to and favorably received by terminally ill patients. Therapeutic life reviews were recommended in a recent evaluation of non-pharmacological treatments for depression in end-of-life care. However, there haven't been any in-depth analyses of life review treatments in the context of palliative care published to yet to help with practice. To assist palliative care patients with existential and spiritual problems, we intended to conduct a systematic examination of quantitative assessments of therapeutic life review therapies.

CONCLUSION

Patients receiving palliative care may receive the treatments in one to eight sessions lasting 15 to 160 minutes each, days or months before they pass away. The interventions all came with a manual or a detailed description in the article, and they all required little to no training to implement. A legacy product that could be helpful to families in mourning was made as a result of several initiatives. In an area that is typically neglected, therapeutic life review treatments are proven to be a workable strategy for assisting palliative care patients in addressing their existential/spiritual components.

Correspondence to: Austin Iyer, Department of Nursing, University of Manchester, Manchester, United Kingdom, E-mail: austin05258@hotmail.com

Received: 11-Jul-2022, Manuscript No. JPCIC-22-21303; **Editor assigned:** 13-Jul-2022, Pre-QC No: JPCIC-22-21303 (PQ); **Reviewed:** 28-Jul-2022, QC No: JPCIC-22-21303; **Revised:** 03-Aug-2022, Manuscript No: JPCIC-22-21303 (R); **Published:** 10-Aug-2022, DOI: 10.35248/2471-9870.22.8.202

Citation: Iyer A (2022) Therapeutic Life and Quantitative Evaluations in Palliative Care. J Perioper Crit Intensive Care Nurs. 8:202

Copyright: © 2022 Iyer 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.