


Chapter 17

Psycho–Oncology as a Tool of Palliative Care in Cancer: A Systematic Review

Mansha Dadhich

 <https://orcid.org/0009-0002-3757-7316>

Graphic Era University, India

Ravindra Singh

 <https://orcid.org/0000-0003-3062-1812>

Magadh University, India

Ravi P. Pandey

 <https://orcid.org/0000-0003-0421-9512>

Central University of Haryana, India

Sanjana Khanduri

 <https://orcid.org/0009-0003-2199-4016>

Graphic Era University, India

ABSTRACT

The field of cancer treatment and palliative care has demonstrated the interdependence of psychological factors. While discussing palliative care, the focus has typically been on the patient and family as they receive treatment for life-threatening illnesses like cancer. In this paper, the significant relationship between the dynamic psychological risk factors for cancer and psycho-oncology is discussed in detail. Applying the necessary knowledge and skills, psycho-oncology has proven beneficial in treating morbidity and identifying risk factors. The past relevant review papers related to the topic were investigated. Certain factors are considered to be accountable, including low social support, death anxiety, depression, anxiety, and emotional distress. Since it is becoming more widely acknowledged that behavioral, social, and psychological factors affect how well a treatment works, psycho-oncology shows benefits in palliative care. Important statistics and data analysis from previously researched papers show the validity and necessity of this research in the Cancer field.

DOI: 10.4018/979-8-3693-5400-1.ch017

1. INTRODUCTION

The term “health” refers to a multifaceted state of overall well-being that encompasses both physical and mental wellness. Numerous factors, such as our own behavior, our birth environment, and the genes we inherit, can affect our health. A healthy lifestyle greatly depends on access to healthcare. Palliative care is one type of health care available for serious medical conditions. It is a type of care that is based on patient and family-centred treatment ((Jan Stjernswärd et al., 2007). Palliative care emphasizes a comprehensive, transcultural, and holistic approach. It plays an important role in treating cancer, which is one of the most dangerous and common diseases in today’s time. Palliative care improves symptoms, most frequently pain, and improves the QoL for patients and their families, especially in the terminal disease phase (Elizabeth C. Gundersen. 2015). Cancer may have multiple etiological factors. The individual's genetic, environmental, or constitutional traits could be the main contributing factors. Palliative care was introduced in the early to mid-1980s, hence it is a relatively new concept in India (Rajagopal et al., 2003) & (Khosla et al., 2012).

Cancer has significantly impeded a patient’s life and impairs their fundamental abilities. Lifestyle factors that are linked to cancer include substance abuse, being obese, eating poorly, and having hormonal and reproductive issues (Donaldson M. S. 2024). While the duration period of cancer, there are different phases, which affect the lifestyle of the patients and their families. During these phases, the family members face various issues such as communication issues and tension of not being able to meet the needs of the family (Lewandowska et al., 2020) & (Hilaire D. M. (2013). This also demonstrates that cancer is a disease burden that affects people's emotional health and general well-being. Cancer is one of the most prevalent yet deadly illnesses. In India, it is extensively spread and needs to be addressed. The treatment is not available to many patients and only a very small population can avail it (Mukherjee et al., 2023). In India, 2,448 patients were treated by the breast cancer surgery team between during 2018 to 2020. Out of which 338 patients reached out for psycho-oncology support services (Mukherjee et al., 2023).

Various physical, cultural, and psychological domains are covered under palliative care. It is a multi-disciplinary notion as it emphasizes reducing pain and physical discomfort while taking the help of different sectors including spiritual care and social support (C.M. Puchalski. 2012). Cancer research started to focus more on psychological and QoL concerns during these years. It comprises centers that conducted clinical studies, psychological reactions, and coping mechanisms, and also those that looked at how such aspects as happiness or despair could affect survival chances (Holland, 1992). Psycho-oncology as a separate field, is already a leading area of activity included in the structure of palliative care. Psycho-Oncology is expanding possibilities for comprehending the extent of suffering and agonies of patients and their loved ones to improve the QoL, and creating conditions for care and support corresponding to needs. (Eychmueller et al., 2017) Since it was observed over the past couple of decades that mental health has been neglected while focusing on the care and treatment for cancer patients. Professionals of the field now have been suggesting to focus on psychosocial support along with the treatment (Mavrides & Pao, 2014).

The studies have emphasised that the palliative care team should include representatives from other psychological disciplines of the medical team for comprehensive care for both the patient and the family (Edlynn & Kaur, 2016). One consequence of the boundaries and interfaces of psychosocial issues with every domain of oncology, and the relatively recent development of a distinct body of knowledge. The current research database is that at every interface, psychological and social concerns might be integrated as elements of the other discipline, for example, epidemiology integrating behavioral dimensions, or

26 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/psycho-oncology-as-a-tool-of-palliative-care-in-cancer/375904

Related Content

Chronic Condition Management Using Remote Monitoring and Telehomecare

Maximillian E. Stachura, Ellen B. Bolch, Katherine F. Pietteand Joseph F. Ebberwein (2019). *Chronic Illness and Long-Term Care: Breakthroughs in Research and Practice* (pp. 669-686).

www.irma-international.org/chapter/chronic-condition-management-using-remote-monitoring-and-telehomecare/213375

Noninfectious Corneal Disorders

(2022). *Medical Atlas of Cornea and External Diseases in Middle Eastern Populations* (pp. 195-223).

www.irma-international.org/chapter/noninfectious-corneal-disorders/292539

The Road Ahead: Current Clinical Trials, Challenges, and Recommendations for Parkinson's Disease Therapies in Under-Resourced Settings

Christopher Oloruntoba Akintayo, Samuel O. Onyekweli, Gloria Osayamen Omoruyiand Joseph Oluwatomi Akintayo (2026). *Evolution and Innovation in Parkinson's Disease Therapies in Under-Resourced Settings* (pp. 335-388).

www.irma-international.org/chapter/the-road-ahead/404162

Integrated System for Continuous Monitoring of COPD

Kostas Giokas, Dimitra Iliopoulou, Ioannis Makrisand Dimitris Koutsouris (2016). *Handbook of Research on Trends in the Diagnosis and Treatment of Chronic Conditions* (pp. 536-553).

www.irma-international.org/chapter/integrated-system-for-continuous-monitoring-of-copd/136536

Healthy Avatars, Healthy People: Care Engagement Through the Shared Experience of Virtual Worlds

Stefano Tribertiand Alice Chirico (2017). *Transformative Healthcare Practice through Patient Engagement* (pp. 247-275).

www.irma-international.org/chapter/healthy-avatars-healthy-people/158994