

Short Communication





# The importance of hospice in the comfort of cancer patients

#### **Abstract**

**Introduction:** Hospice-an institution aimed at people with advanced and terminal illnesses, especially in the period when healing therapy becomes ineffective and palliative therapy is essential - improving the quality of life of the patient and their families, through prevention andrelief of suffering.

**Objective:** To analyze the importance of hospice as a patient care tool in palliative care. **Method:** This is a literature review, from the last 10 years, in the PubMed, VHLand Web of Science databases, using the descriptors "hospice"; palliative care; cancer patient, where 10 articles were selected, published between 2014 and 2023.

Results: Faced with the proximity of death, there is a need for a holistic intervention in patient care, including the familyat all stages, alleviating suffering and avoiding frivolous measures in the face of the irreversibility of the disease. Palliative medicine, addressed in hospice, promotes several benefits to the terminally ill patient, as the act of caring promotes comfort to the patient and, therefore, improving their quality of life, resulting in relief from physical, psychological, socialand spiritual needs, in addition to integrating into this care, the beliefs, values, cultural and religious practices of patients and their families

**Conclusion:** It is observed that the valorization of an infrastructure intended for patients with terminal illness is extremely important, given that humanized and multidisciplinary care is employed. In this way, the comprehensive conductcarried out by the hospice alleviates the suffering of the cancer patient during the last stage of their life.

Keywords: palliative care, hospice, oncology patient

Volume 14 Issue 6 - 2023

Maria Anthonia Novais Dias, Felipe Kevin Teixeira Gomes, Karina Andrade de Prince, Larissa Maria Novais Dias, Nayara Teixeira Gomes, Yasmin de Souza Santos

Faculdades Integradas do Norte de Minas (FUNORTE), Brazil

Correspondence: Maria Anthonia Novais Dias, Faculdades Integradas do Norte de Minas (FUNORTE), Avenida Osmane Barbosa, JK Montes Claros/MG, CEP: 39404-006, Montes Claros-MG, Brazil, Email mariaanthonia.dia@soufunorte.com.br

Received: December 05, 2023 | Published: December 19, 2023

## Introduction

Over the centuries, the understanding and practice of palliative care has evolved in response tosocial changes and advances in medicine. In the past, the focus was often on healing, neglectingthe emotional and spiritual aspects of human suffering in terminal situations. Over time, growing awareness of the importance of more compassionate approaches led to the development of palliative care as a specific discipline. Valuing quality of life over mere prolongation of life has become a priority. The multidisciplinary approach, involving doctors, nurses, psychologists, social workers and other professionals, has emerged as fundamental to meeting the complex needs of palliative patients.

That said, the Hospice dedicated to palliative care offers an environment that promotes physical and emotional comfort, with treatment taking a holistic and individualized approach, which recognizes the uniqueness of each patient, respecting their limits.3 The active participation of patients in decisions related to their care, the promotion of dignity and attention to spiritual aspects have been integrated into the practice of palliative care over time, reflecting a significant transition from disease-centered to personcentered treatment., recognizing the importance of assistance that not only treats physical symptoms, but also takes care of the patient's comprehensive well-being in their cultural and individual context. In this way, the construction of an adequate infrastructure dedicated to people at the end of life enhances the individual's sense of dignity, given that Hospice lies in its importance in promoting a holistic view of the patient and, therefore, improving quality of life during the final stages of the disease. Hospice provides care that alleviates physical, emotional and spiritual symptoms.4 This allows patients to face the end of life with dignity and comfort. Furthermore, by offering care within the family, hospice facilitates a more welcoming and personal environment for the patient, promoting emotional support not only to the patient, but also to family members, offering extensive support to the family, helping them to understand and deal with the end-of-life process, providing advice and practical assistance, respecting each individual's specific values and wishes, this includes cultural, spiritual and psychic considerations. As with palliative care in general, hospice involves a multidisciplinary team made up of doctors, nurses, social workers and chaplains, providing comprehensive assistance that goes beyond medical issues.

Hospice works to avoid unnecessary hospitalizations, avoiding invasive medical interventions when they are not aligned with the patient's wishes, playing a vital role in humanizing healthcare at the end of life, offering comprehensive support to both the patient and their family. This assistance model seeks to provide comfort, dignity and respect in the most challenging moments of the human journey.

### **Objective**

Recognize the relevance of Hospice as an essential resource in providing palliative care to patients.

## **Method**

This research is a narrative literature review based on previously selected studies, following the inclusion criteria: quasi-experimental studies, randomized controlled clinical trials, systematic reviews and case reports that recorded the importance of palliative care as comprehensive care tool for cancer patients. Studies that analyzed palliative care in an approach to non-cancer patients and those published more than 10 years ago were considered as exclusion criteria.<sup>5-7</sup> A systematic selection was made of studies published in journals





indexed in the Virtual Health Library (VHL), PubMed/MEDLINE and publications from the National Cancer Institute José Alencar Gomes da Silva (INCA), which is a Brazilian body that develops mechanisms of cancer care and control in Brazil. The descriptors used for the search followed the description of the MeSH/DeCS terms, they were "palliative care"; "hospice"; "holistic" and "oncology patient". There were no linguistic restrictions.

## **Results**

Hospice presents a type of care aimed at patients with illnesses without therapeutic possibilities of cure, with the objective of providing physical, psychological, social and spiritual well-being, through actions of comfort, pain relief and meeting the diverse needs of this patient, with a view to improving the quality of life, alleviating suffering, alleviating pain, promoting comfort, welcoming the patient in their entirety, in a holistic way, interacting in an empathetic way, offering quality to their days.<sup>8</sup>

In this way, an adequate infrastructure, Hospice, marked by ethical values and diligence towards the patient, in such a way that increases possible benefits and reduces risks, is extremely great, and should then face death as a natural process. Therefore, all meanings must be discussed with the patient, family and professional, to make the process of dying less impactful, with an atmosphere of peace, being aware that it is an irreversible process including birth, grow, decay and die, in order to minimize the effects of an unfavorable physiological situation caused by an incurable disease. In view of the above, the multidisciplinary and multidisciplinary approach to palliative care used in Hospice to assist patients without therapeutic possibilities of cure and in the terminal phase is notable.

Thus, palliative care, in care practice, in an appropriate and welcoming environment, is essential to constitute care in which humanized measures are adopted, aimed at terminally ill patients with no therapeutic possibilities for cure, both at the beginning of the disease and in its phase. final, based on the conception that the patient, even if he is terminally ill, can make life an experience of growth and fulfillment, because, in life, he is not limited to a physical body, in which, in the condition of terminally ill, nothing can be done, but you have the right to receive the best care, through assistance that provides comfort, well-being and helps physiological functions, respecting your individual needs.

Faced with the terminality process, it is necessary to consider not the patient's life expectancy, but rather the quality of life that should be dedicated to them. It is known that knowing that some individuals will die, despite efforts, is one of the most difficult realities for health professionals.9 Even if it is not possible to change this experience, it is possible to have a significant, lasting and qualified effect on the way in which the person lives until the moment of death, the way death happens and even the memories that remain of the death for the family. In this sense, in the process of experiencing such oncological terminality, the patient finds himself vulnerable, but often aware and oriented, which gives him the right to think about decisions related to his treatment process, ensuring him the principle of autonomy. 10 Still, it is necessary to reassess the risks and benefits of the treatment, based on the principle ofbeneficence. Furthermore, each clinical decision and its risks together with the cancer patient and family members become essential, providing them with the principle of non-maleficence and the resources to guarantee dignified support.

## **Conclusion**

The present study made it possible to approach the conceptual aspects and strategies adopted to promote palliative care aimed at terminally ill patients and highlighted the importance of care centered on the patient as a whole, and not just on their illness.

In this way, above all, the role of Hospice care linked to the patient's needs in all its dimensionswas emphasized, through the relief of pain and suffering of those affected by incurable diseasesand those in the terminal phase and their family. Regarding the strategies used to promote palliative care for terminally ill patients, the importance of valuing not only the biological aspects of the patient, but also other dimensions—psychological, social and spiritual—that make up the totality of the human being and that arise during the terminality process.

It highlights the importance of evaluating cancer pain in a multidisciplinary and multidisciplinary approach, in order to better understand pain and the person with pain as a whole, in order to identify the physical, psychological, social and spiritual aspects, as a basis for select and evaluate strategies and responses in the care of people with cancer disease and pain, since the assessment of total pain, if achieved, will certainly improve the quality of life and well-being of the cancer patient, as well as their family.

# **Acknowledgments**

None.

## **Conflicts of interest**

Authors declare that there is no conflict of interest.

#### References

- Tatum PE, Mills SS. Hospice and Palliative Care: An Overview. Med Clin North Am 2020;104(3):359–373.
- Farrar HM, Scott KE, Clifton S, et al. Social Model Hospice Home: A Concept Analysis. J Hosp Palliat Nurs. 2021;23(5):484

  –491.
- Wulandari BT, Rochmawati E. Effectiveness of dignity therapy on wellbeing among patients under palliative care: A systematic review and meta-analysis. *Int J Nurs Stud.* 2024;149:104624.
- 4. Hyden K, Gelfman L, Dionne-Odom JN, et al. Update in Hospice and Palliative Care. *J Palliat Med*. 2020;23(2):165–170.
- Joolaee S, Ho A, Serota K, et al. Medical assistance in dying legislation: Hospice palliative care providers' perspectives. *Nurs Ethics*. 2022;29(1):231–244.
- Grossoehme DH, Smith S, Cicozi K, et al. Simultaneous Home-Based Pediatric Hospice and Palliative Care: Characterizing the Population. J Palliat Med. 2023;26(4):554–558.
- 7. Brock KE, Allen KE, Barton C, et al. A Methodologic Approach to Conducting a Statewide Community Needs Assessment of Pediatric Palliative Care and Hospice Resources. *J Pain Symptom Manage*. 2020;60(3):531–538.e8.
- 8. Holden JH, Shamseddeen H, Johnson AW, et al. Palliative Care and Hospice Referrals in Patients with Decompensated Cirrhosis: What Factors Are Important? *J Palliat Med*. 2020;23(8):1066–1075.
- MacWilliams B, McArthur E. Hospice and Palliative Care-Men and Gender-Specific Roles. Nurs Clin North Am. 2023;58(4):607–615.
- Eigner DR, Breitreiter K, Carmack T, et al. 2023 AAFP/IAAHPC feline hospice and palliative care guidelines. *J Feline Med Surg.* 2023 ;25(9):1098612X231201683.