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The nursing and the stigma of palliative care in oncology units

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Abstract: In the services of Oncology and in the advanced stages of the disease, the fact of passing from the treatment to the palliative process entails difficult situations, both for patients and for health professionals. Because of this, in this presentation is addressed the stigma after the treatment failure and the inevitability of palliative care, deepening the need to improve the communicative process of the health care team to enhance the good caring practices.

Keywords: nursing – palliative care – cancer – communication – sigma

1 Introduction

Currently, the incidence of chronic diseases that lead to death is increasing, requiring a continuous progress in the development of the assistance of the health care services (Vilà, Celorrio, Sanz, Martínez, Díez, Puig, 2008) (Citado en Font-Ritort, Martos-Gutiérrez, Montoro-Lorite, & Mundet-Pons, 2016). The cancer is one of them; however, it is still considered a taboo subject among the health professionals, patients and family members (Martínez, Calatayud, 2005 y Pascual, 2014) (Citado en Font-Ritort, Martos-Gutiérrez, Montoro-Lorite, & Mundet-Pons, 2016). Therefore, they are pushed to adopt the conspiracy of silence as a tool for coping with cancer and the palliative care (Arranz, Barbero, Barreto, Bayés, 2003) (Citado en Font-Ritort, Martos-Gutiérrez, Montoro-Lorite, & Mundet-Pons, 2016). Such agreements bring negative consequences for the patient and the family as fear, anxiety isolation, among others. For the medical team, this produces a lack of knowledge of the patient's wishes to establish other care possibilities. Furthermore, this increase a number of symptoms that is preventable in some cases (Ruiz, Coca, 2008, Martin, 2011, Montoya, Schmidt, García, 2010 Fallowfield, Jenkins, Bereridge, 2002) (Citado en Bermejo, et al., 2012).

It must be considered that an alternative for patients, who suffers incurable cancer, is the palliative care. This has as one of its purposes, to improve and maintain an appropriate quality of life for the patients, while they are accompanied by his family and a multidisciplinary team that remedied their needs within this process (World Health Organization).

The stigma of cancer affects health professionals since they do not feel prepared to deal with the situation and assume the burden to tell the diagnosis to the patient. So, giving to the family or caregiver the responsibility for managing this information with the patient and the transcendental decision-making (Barbero, 2006).

Some studies show that this problem has a direct impact on the care provided to people in oncology health situation and the practice of health professionals. One of the observed studies reflected that 13% of patients had received information about their prognosis and 24% have complete information about their situation (Fumis, de-Camargo y del Giglio, 2012) (Citado en Espinoza-Suárez, del Mar, Milagros & Mejía Pérez, 2017). In Brazil was conducted other research showing that 92% of patients with cancer, 79.2% of healthcare professionals, and 74.7% of the families consider important to be informed about the terminal situation (Bellido, 2015, Fumis, de-Camargo y del Giglio, 2012) (Citado en Espinoza-Suárez, del Mar, Milagros & Mejía Pérez, 2017).

One of the reasons why is complex for medical and in general for health professionals to mitigate the taboo of cancer and palliative care is because it is difficult to recognize when the therapeutic interventions do not change the overall picture and there are no positive results for the patient (Gempeler Rueda, 2015).

However, the lack or inadequate communication brings with it inappropriate decision-making about the people in the situation of oncological disease. Medical professionals generally

do not maintain close and effective conversations with patients and family members, which can provide them tools for the conduct to be followed. On the other hand, the language is technical, little simple and imprecise, driving to a confusion of ideas to patients and family members (Gempeler Rueda, 2015).

In this regard, Spain nursing professionals, also have the legal responsibility to participate in these communication processes to the patients and family members, concerning the evolution of the patient covered by law 41/2002 of 14 November and the code of ethics of nursing. Furthermore, it is a request from the health team, since it recognizes their essential role in communication and knowledge about the patient. However, it is considered that the nursing professionals are not involved in the management of the bad news (Melero-Lacasia & García-Orellán, 2016). In addition, the nursing itself perceived that the function of communicating information about its evolution is a function exclusively of medical personnel (Pérez Fernández, Najarro Infante, Dulce García, Gallardo Jiménez, 2009).

2 Problem Formulation

The main objective of this presentation is to study based on scientific evidence the stigma of cancer among the population in general, and how affects the health professionals when it passes from the healing treatment to palliative care. A second objective is to show the situation of nursing in relation to the sanitary team, with respect to therapeutic communication in the oncology units.

3 Problem Solution

The role of health professionals during the palliative care stage is to seek the welfare of the patient and stay with him until the last moments. Therefore, physician and any health professional liability relate not only to live but also to die (Gómez y Grau, 2006) (Citado en Barroso, Grau, 2012). When patients and their families are facing a catastrophic or terminal illness, they require a guide that will help them make decisions. Ethical professionals, with the ability to communicate the truth of the diagnosis and prognosis, as well as the different alternatives, which would be beneficial for the patient, are required. Health staff, specifically the physician that understands the concept and accepts the illness and death, begins to practice a medicine based on humanization (Piñera, 2000) (Citado en Gempeler Rueda, 2015).

Healthcare professionals should carry out a critical reflection to recognize the moment in which a curative treatment must be suspended because cancer has progressed and there is no curative option. This is to prevent that patients and family members go through a prolonged hospitalization, submission to repetitive and distressing interventions and therefore increase of health care costs. Medicine cannot stop the natural process of death but can guarantee it take place with dignity and in the best possible way (Bayés, 2001, 2006, Callahan, 2000, Gómez, 2007) (Citado en Barroso, Grau, 2012).

On the other hand, it should highlight that supply information about the disease process is also a responsibility of the nursing professionals since they are part of the healthcare team and has a longer direct contact with the patient and their family. This is part of the empowerment and leadership that should exercise nursing in palliative care. Therefore, two-way communication is required to establish priority needs of the people and the appropriate interventions for them. These interventions should be concerted within a multidisciplinary team who must constantly evaluate all activities (Estefo y Paravic, 2010) (Citado en Melero-Lacasia & García-Orellán, 2016).

During the process of communication to the patient and their family is important a multidisciplinary coordination, with the aim of providing comprehensive care that meets the needs of them. Therefore, it is a priority in these cancer processes an assertive communication among health professionals (González, 2010).

4 Conclusion

In Oncology and palliative care services especially, nurses must lead communication to the patient. This is because, as shown through this presentation, nursing shares more time and closer contact with the patient than others professional team.

In the last stage of the life of a human being, treatment with curative purposes has to give way to palliative care, passing from cure to care. On the contrary, we remain in a futile therapy.

The coordinated action of the multidisciplinary team together with the family and the patient is what can allow, in the oncology units, to advance against taboos, stereotypes and ultimately develop palliative care for a dignified death.

It is essential that health staffs recognize the importance of reporting the bad news within the oncology services. In this way, it will be revealed different alternative and integral therapies for patients and families in order to improve and maintain a good quality of life.

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