

TERMINAL ILLNESS: A PSYCHOSOCIAL PERSPECTIVE

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ABSTRACT

This article describes terminal illness and in the way that can be understood and related from a psychosocial viewpoint. The diagnosis of terminal illness disturbs the person's biological, psychological, social and spiritual aspects of life. A person who is suddenly struck with news of his inevitable mortality approaching sooner than thought goes through several turbulences and disturbances. It has a great impact and affects both his internal as well as his external world. This pain is experienced differently by each person but has a universality of undergoing various kinds of psychological and social disturbances are the same. In dealing with this condition a person goes through several stages of awareness. The social circle of the affected person is also greatly impacted, and the near and dear ones play a big role in social and moral support of the patient. The frustrations and agonies of dealing with such a shock require courage and a sense of acceptance.

Key Words: Terminal Illness, Psychosocial Aspects, Palliative Care, Stress

INTRODUCTION

The term 'terminal phase' or 'mode' refers to the hours or days immediately preceding to death. Terminal illness is a medical term popularized in the 20th century to describe a disease that cannot be cured or adequately treated and that is reasonably expected to result in the death of the patient within a relatively short period of time. Terminal illness is defined as "the patients who suffer from advanced, progressive, and irreversible disease, and who fail to respond to curative therapy, having a short life expectancy in terms of days, weeks or a few months" This term is more commonly used for progressive diseases such as cancer or advanced heart disease than for trauma. In popular use, it indicates a disease, which will eventually end the life of the sufferer. The phenomenon have lot for terminally ill person in suffering either in chronicle pain and other psychosocial suffering including immediate effect to near and dare one, the person gets shut in thinking and planning for every issue because of lack of hope, anxiety and depression.

Psychosocial aspects can be understood if a person has the news that they are going to die in few months, these effects in three ways; one is anxiety of death, second chronic pain due to illness and third is heavy financial burden of treatment. For the management of the illnesses professionals have to be ready to address their physical problems, psychological problems and social problems so that a

holistic treatment can be done to patients for good quality of remaining life. The palliative care was developed in 1970's to address these problems in details. Behavioral, Cognitive behavioral, existential and other new prospective helps terminally ill person to reduced their suffering.

STRESS

Stress usually happen to patients, family and children after listening news of death. The future prospective of life shuts and they have to make arrangement of all the ongoing activities. Stress, distress and a variety of psychiatric illnesses, notably the affective disorders, are increasingly reported to be associated with immunosuppressant. Poor immune in the illness makes more complication for managing physical symptoms. Conscious fear of death is thought to occur only when there is serious breakdown of the individual's defenses, as in extreme psychopathology (Kastenbaum and Costa, 1977).¹ Fear of contracting illness such as AIDS & Ebola and management with patients also give stress to the family member.

Another stressful factor is financial stress as it has great impact on the quality of life of those who are suffering with terminal illness. A study was conducted a systematic search of four electronic, providing data on illness-related financial burden (stress), or perception of financial hardship (strain),

from patients with terminal cancer or their caregivers. Twenty-four papers were identified from 21 studies published in English between 1980 and 2006, the majority (14) of cross-sectional design. In these, out of 21 studies, 13 of these studies reported significant financial stress among the terminally ill patients (Johnson, J. O, et al. 2007).²

GRIEF AND MOURNING

Grief and mourning are common responses to the perceived losses associated with a serious medical illness. These include the loss of a sense of wellbeing, of bodily integrity, of future life possibilities, and of the ability to work, engage in personal relationships, and experience pleasure. Exploration of feelings related to these losses with patients with advanced disease may allow the process of mourning to proceed. In the initial phase of treatment, the goal is to establish an atmosphere in which the patient can speak openly about such difficult feelings. Gradually, the patient may come to trust that the therapist is able to listen and to act as a witness to his experience. This includes developing an understanding of the patient prior to the onset of illness as well as the patient's own unique response to illness. This longitudinal perspective helps to counteract the tendency of some patients to lose the sense of their prior identity and to think of themselves only in terms of their illness (Rodin *et al*, 2000).³

DEPRESSION

Depression is most common psychological problems in any terminal or chronic illness. Rates of depression among people living with HIV/AIDS are as high as 60%, as opposed to 5-10% of the general population. Approximately 25% of patients with advanced disease experience clinically significant depression. At the less severe end of the morbidity spectrum, all cancer patients experience some distress. In terminally ill patients psychological distress is very common and this highly correlated with poor quality of life (Portenoy RK. et al, 1994).⁴ More than 60% of cancer patients have reported experiencing distress. Derogatis and colleagues found that in patients of various stages in cancer 47% of patients were suffering from psychiatric disorders (Derogatis LR. et.al 1983)⁵. Of this 47%, 68% had adjustment disorders with depressed or anxious mood, 13% had major depression, and 8% had organic mental disorders. Studies have shown that patients with other terminal illnesses also have a greater incidence of psychiatric disorders than healthy persons (Cassem EH, 1995).⁶

FEAR & ANXIETY

The recognition of anxiety in the patient with advanced disease can be challenging. Physical or somatic manifestations of anxiety often overshadow psychological or cognitive ones in patients with advanced disease and may be the initial presenting symptoms. Anxiety in terminal illness commonly results from medical complications; however, psychological issues also may play a role (Holland JC, 1989).⁷ The decision on whether to treat anxiety during the terminal phase of illness should be based primarily on the patient's subjective level of distress. Other considerations include the contribution of anxiety to noncompliance with medical care, family and staff reactions to the patient's distress, and the balance between the risks and benefits of treatment. The management of anxiety in terminal illness typically involves the judicious use of psychotropic medications

SUICIDE

The risk of suicide is especially high for people who have mental health issues or chronic illness. A mixture of many psychosocial issues like stigma, guilt and depression including physical symptoms like chronic pain and near death symptoms makes patients vulnerable to suicide. At the initial level professional have to tackle suicide concern by taking suicide contract or assisted suicide if legal in those countries. Patients with oropharyngeal, lung, breast, gastrointestinal, and urogenital cancers appear to be at greater risk of suicide than those with disease at other sites (Boland et.al 1985).⁸ HIV illnesses have also been associated with increased suicide risk. Men with AIDS have been shown to have 20-36 times greater risk of suicide than men in the general population (Kizer et.al 1988).⁹ Euthanasia or assisted suicide is another big debatable question.

SEXUALITY

Terminal illness and end of life care interfere with sexual functioning in many ways as sexual health is the integration of somatic, emotional, intellectual, and social aspects in ways that are positively enriching and that will enhance personality, communication and love. It is widespread assumptions that individual with terminal illness have reduced sexual needs, and/or that it would be abnormal to have sexual urges when dealing with a life-threatening illness (Binder, E.B et.al. 2008).¹⁰ Various practitioners and researcher have emphasized the importance of assessing both patients and, if applicable, their partner in order to

best ascertain the nature of sexual concerns (Carter, et.al., 1999).¹¹

FAMILY & CHILD

The family can be a source of strong support or chronic stress, it can nurture or destroy, it can promote wellness or illness. Families face verity of problems like grief, financial issues and psychological problems. Children are more vulnerable in the case of terminal illness, if they are seeing death at the tender age they have stress about future concerns. For pediatric patients with HIV, the preceding stages have increased psychological stress. It is common to hear professionals working in cancer say that "cancer affects the whole family" when it occurs in one member.

CONCLUSION

Suffering is best viewed as a subjective phenomenon that can be influenced by biological, psychological, social and spiritual processes. Interventions in each of these areas can help to relieve patient suffering. Terminal illnesses are although are said to be non curative, the care in these illnesses is very important and a special care is needed to address patient's Bio-psychosocial need due to such illness. In palliative care specially trained physician, nurses, psychologist and social work are helping patients so that patients can live remaining life with quality of life and well-being. The professionals also address psychosocial issues of patients like depression, anxiety, family issues, financial concern & spiritual need. Death and dying issues must be addressed so that patients can die in peace and enjoy quality's life.

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