



IMPACT OF PALLIATIVE CARE COUNSELLING AND CAREGIVER SATISFACTION. A TERTIARY CENTRE BASED STUDY

Palliative Medicine

Dr. Nipun Lamba*	Asst. Professor. Dept. of Palliative Medicine., Mahatma Gandhi Medical College & Hospital, Jaipur. *Corresponding Author
Dr. Anukriti Pareek	Post Graduate Resident. Dept. of Palliative Medicine., Mahatma Gandhi Medical College & Hospital, Jaipur.
Dr. Ruchika Makkar	Senior Resident. Dept. of Palliative Medicine, Mahatma Gandhi Medical College & Hospital, Jaipur.
Dr. Sudha Sarna	PHOD. Dept. of Palliative Medicine, Mahatma Gandhi Medical College & Hospital, Jaipur.
Mrs. Angana Goswami	Social Worker, Mahatma Gandhi Medical College & Hospital, Jaipur.

ABSTRACT

Background: Counselling in advance cancer patients and caregivers holds an important place. It improves communication, builds trust and helps patients and caregivers to cope up with the stress of illness. **Study Design:** This prospective observational study was carried out in 100 patients who were suffering from advanced cancer and their caregivers. SSPS 20 software was used for statistical analysis. **Result:** After Session one the caregivers who received counselling has satisfaction score of 3.02 ± 2.42 as compared to who did not received counselling 3.43 ± 2.16 p value >0.05 after session two the caregivers who received counselling has satisfaction score of 6.14 ± 2.74 as compared to who did not received counselling 4.01 ± 1.21 p value < 0.05 . After Session three the caregivers who received counselling has satisfaction score of 7.84 ± 2.37 as compared to who did not received counselling 4.92 ± 1.58 p value < 0.05 . **Conclusion:** Palliative care counselling of caregivers resulted in better satisfaction score and improved communication and understanding, there was less incidence of depression and psychosocial distress among caregivers as compared to those who do not receive palliative care counselling.

KEYWORDS

caregiver, palliative care, cancer, counselling.

INTRODUCTION

Palliative care is an approach which reduces suffering of not only patients but families as well. Good communication is a powerful tool in improving patients and caregivers understanding of illness and treatment and helping them navigating through the journey of cancer treatment. Counselling and communication can either relieve patient and caregivers stress or it may induce stress in patients and caregivers. Active listening connects physician with the family. Breaking bad news is an important aspect of oncology and palliative care practice. SPIKES Protocol (setting the context, understanding patient perception, obtaining patient invitation, giving knowledge, addressing emotions) helps us in conveying bad news effectively.

Palliative care physicians are known to be better counselors and other specialties often seek their help in conveying bad news.

Counselling of caregivers is as important as that of patients, because in our setting they are the main decision makers for the patients, and caregivers themselves suffer from psychosocial distress, depression, anxiety which makes them unable to carry their life well and also their work for the patient gets affected.

MATERIAL AND METHODS:

This study was conducted after taking due approval from institutional ethics committee and informed consent from the patients and their caregivers. In this randomized study, we have included 100 patients who were undergoing cancer treatment in our institute and compared caregiver satisfaction scores with or without palliative care counselling sessions.

After three counselling sessions, we asked them to rate their experience on a scale of 1 to 10. One being the lowest and ten being the highest score. And that we statistically calculated the significance using SSPS 20 software.

We have divided patients into two groups Group A – 50 caregivers of patients who received palliative care counselling.

Group B – 50 caregivers of patients who did not receive palliative care counselling.

Inclusion Criteria

1. The caregivers of patients undergoing advanced cancer treatment.
2. The person who is directly involved in caregiving of patient

Exclusions

1. Caregivers who do not wish to undergo palliative care counselling sessions.

RESULTS

Table 1: Demographics

	Group A	Group B	P value
Patient's Age	46 ± 7.83	49 ± 9.21	> 0.05
Caregiver Age	37.87 ± 8.25	41.24 ± 7.32	> 0.05
Gender(M/F)	32/18	29/21	

Table 2: Caregiver Satisfaction Score After Palliative Care Counselling

	Group A	Group B	P value
Session 1	3.02 ± 2.42	3.43 ± 2.16	> 0.05
Session 2	6.14 ± 2.74	4.01 ± 1.21	< 0.05
Session 3	7.84 ± 2.37	4.92 ± 1.58	< 0.05

Table 3: Characteristics Of Caregivers

	Group A	Group B
Do patient and caregiver live together	42/50	39/50
Incidence of depression among caregivers	11/50	18/50

DISCUSSION

In patients suffering from advanced malignancy, addressing not only the disease but all aspects of care like psychosocial, spiritual, emotional and cognitive of not only patients but also of caregivers is also important. It's not only the patient but caregiver as well who goes through all the suffering during the course of cancer treatment.

Palliative care counselling which includes all the aspects of patient care, helps the patients and caregivers to have better understanding of the illness and enables them developing coping skills and helps in building trust among patient's family and treating physicians.

Caregiver takes care of patients during entire illness and do all kinds of work. [1] We place patients best interest in mind and try to respect his

autonomy, but sometimes during this process, we forget to meet the needs of caregivers, who suffer alone with nobody to support them.^[2,3,4] The assessment of caregivers need is as important as assessment of patients need. The caregiver should be assessed together with the patient and also separately.^[6]

Even after the demise of the patient caregivers need support as they often go in depression, financial distress, social isolation.^[7,8,9,10]

Patient's caregiver need more psychosocial support while taking care of their loved ones, as incidence of depression, anxiety and psychosocial burden is more in them and they also have their palliative care needs during their patient's illness.^[11,12,13,14]

Caregivers tend keep helping and taking care of their patient as much as possible without giving themselves much attention, they consider their work a duty towards the patient.^[15,16,17,18]

We found that as counselling sessions proceeded the satisfaction score of caregivers improved during first counselling the satisfaction score of caregivers were not that significant. But as second or third counselling sessions proceeded the satisfaction scores of caregivers significantly improved. Their faith in physician and treatment got better and they were able to cope better with their present situation.

CONCLUSION:

In our study, we observed that caregivers who underwent palliative care counselling sessions along with curative treatment for their patients, were more satisfied with the treatment, they had better understand of their patient's illness and they were able to cope better with their situation along with providing due care to their patients in need.

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