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Case Report

What is happening to me!! I really don't know. How to tackle this question?

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Cancer is a word which produces a certain amount of fear, especially in the hearts of those diagnosed with it. Though the advances in medical science have rendered certain types of cancer curable, majority of the malignancies still have a poor long term prognosis (Barchielli 1985, 1987; MLG Janssen-Heijnen et al., 2007). This can be especially in India due to late diagnosis, wrong treatment, inadequate treatment, lack of facilities, noncompliance and poverty and so on. This in the end leads to a confused, miserable patient who has neither any idea of what is happening to him nor what will happen to him (Twycross and Lichter, 1999). Below are 3 case histories which reflect the plight of the cancer patients who come to us seeking help for pain and distress.

Key words: Cancer, prognosis, chemotherapy.

Case - 1

An 18 year old teenager had a fall from his cycle on the eve of diwali. Within 4 months he had an above knee amputation following chemotherapy as the persistent leg pain in his legs turned out to be malignant osteosarcoma. Lung metastasis was detected just 3 months later and he has persistent loculated pleural effusion.

Case - 2

A 44 year old from Mangolpuri, the sole bread winner of his family was diagnosed with carcinoma base of tongue 6 months back. As his disease advanced, oropharyngeal edema with tongue ulcers had made even drinking water an impossible task for him.

Case - 3

A 35 year old milk seller living in Delhi learned that he had carcinoma anal canal since 4 months. An inferior venacaval thrombus was revealed in the CT scan done. Within 1 week the patient developed anuria and became dialysis dependent. As no surgery, chemotherapy nor radiotherapy was feasible for him, he was told the extent and nature of illness. He was given symptomatic treatment with regular dialysis and sent home. He died after two weeks.

These are just 3 examples of the patients whom we encounter everyday in our practice. They are confused about the illness, the treatment they are receiving, the treatment which they feel is being denied to them and their disease which is just not improving inspite of the drugs or interventions being done on them.

Their faith in the medical system and the health care providers is lost when they learn that their disease is at the terminal phase with limited or no options for further treatment. They tend to view everything in a negative manner after that as they tend to feel that life has nothing good to offer them any more.

We as medical personnel sometimes may not also be able to help them much as we ourselves may be in the dark regarding the course of the disease. The state of the patient and his family who is undergoing this is so sad that words cannot describe their feeling of helplessness. Elegant care of the patient and family dealing with cancer cachexia toward the end of life requires a broad approach that addresses the following fundamental questions: What is happening to me? What is going to happen to me? What can be done to help?

A few kind words, some time spent with them, explain-

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ing to the best possible extent in simple words in a language comprehended by the patient regarding the disease status may go a long way in helping the patient (Chapman and Gavrin, 1993). Initially explaining to the patient regarding the disease status, options for treatment, possibility of cure if any, side effects and disability occurring after treatment, life expectancy and the care which will be provided during the end stages if explained clearly and in a gentle manner to the patient will help the patient and his family to cope with his disease condition better (Gina and David, 2002).

Though a cure may not be possible, the overwhelming feeling of helplessness and doom surrounding the patient may be alleviated to a major extent. Feelings of depression and anxiety are common reactions of individuals as they approach the terminal phase of an illness. Denial and acceptance of dying among patients fluctuated during the period of dying and appeared to form an important aspect of their coping process. Denial and acceptance appeared to be used to avoid threats as well as to preserve existing relationships within the context of open awareness (Stedeford, 1984).

If we are able to create for them the therapeutic triad consisting of empathy, warmth and genuineness it greatly helps in their psychological upliftment. This also helps to form a supportive relationship.

i) Encourage a positive attitude to develop in the patient and his caregivers.
ii) Encourage them to notice the blessings they still have in their life. At the same time, it is important to be realistic about the seriousness of their problems. These patients must not feel that their problems are being ignored or belittled. Because psychological distress happens frequently at the end of life, maintenance or development of a sense of spiritual wellbeing might be a crucial aspect in coping with terminal illness (Hinton, 1963).
iii) Providing religious material and interaction with learned persons of same religion will provide a considerable peace of mind to the suffering individual and his family (Lamerton, 1973).
iv) Try to develop a genuine relation with the patient based on trust and openness which is real and not a professional facade.

Though a cure may not be possible, the overwhelming feeling of helplessness and doom surrounding the patient may be alleviated to a major extent as they get to feel more in control of themselves. Terminal patients are faced with losing everything. They are losing their sense of immortality as they see their bodies deteriorate. They lose their social identity as they can no longer work. They lose their independence as they can no longer function, this leads to a profound emptiness all the way to one's core (uchholz, 1993).

The patient and his family must work and make sense of their suffering as the professional careers can only help them in this process. Assuring the patient that palliative care and pain relief will be provided till death and that his last days will be made as comfortable as possible will go a long way in reassuring the patient and his family (Lamerton, 1973).

We must always try to convey to the patient and his family via our words and actions Dame Cicely Saunders message; you matter because you are you. You matter to the last moment of your life and we will do all we can not only to help you die peacefully, but to live until you die (Twycross and Lichter 1999).

Foot note

As I am sending this article for publication these 3 patients whose case history we have detailed above are no longer with us. We sincerely hope that, through our efforts these patients were comfortable in the last few days they were with us.

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