
CORRESPONDENCE

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MEETING THE SOCIAL, EMOTIONAL AND PSYCHOLOGICAL NEEDS OF PATIENTS IN A PALLIATIVE CARE SETTING

In the early 1980s, the primary focus of palliative care was to provide pain and symptom relief. However, later the scope of palliative care was extended towards a more holistic approach of care with a major emphasis on improving the quality of life of the patients and their families¹. The health care professionals recognized that while providing pain and symptom relief measures, the physical, emotional, and spiritual needs of the patient should also be given prime importance.

Pakistan is a developing country where the major focus of health remains towards curative and preventive aspects of care and a very minimal attention has been given to the palliative care services. This is mainly due to multiple reasons such as lack of health care resources/facilities, litigation (regarding morphine availability), lack of emphasis and training on palliative care in the medical and nursing education curricula, poor socio economic status, etc². In Karachi which is the most populated city of Pakistan, there are only two cancer care hospices with 15-20 bed capacity area present. Both these facilities are running under charitable organizations with access to limited medical and nursing resources.

During one of our clinical rotations as part of our nursing curricula in the Post RN BScN program, the faculty took the students to a palliative care hospice setting with the care focus not limited to only pain and symptom control but also providing physical, psychological and spiritual comfort to the patients suffering from terminal stages of cancer. It was a 20 bedded palliative care setting for both adult male and female patients admitted with end stage diagnosis of cancer. Most of the patients coming to the setting belong to the low socio economic status. The services provided in the hospital were free of charge. The nurse patient ratio was one nurse to 10 patients. There was one psychologist who used to counsel patient on referral basis and ran the clinics in the evening only for two hours once a week.

On the first day of visit, we saw the patients lying on their beds with the one attendant on every bed. There were no interactions among the patients and everyone seemed anxious and distressed due to the symptoms and pain related to their illness. There were two assigned nurses in the whole facility who were mainly responsible for looking after the physical aspects of care like giving medications and carrying out the physician's orders and documentation. There was one resident mostly seen on the counter, visited the patient only when called or during consultant's rounds. There was one ward aid with whom the patients were more comfortable talking to as she was always smiling and chatting with the patients regarding their daily activities, household worries and concerns. There was one TV in each cubicle of 5 patient which was also most of the time turned off. When we the nursing students started interacting to the patients, initially they were quite reluctant to talk but later on, they started verbalizing their concerns. Listening to the patients and their families concerns and implementation of other supportive measures such as giving hygiene care, carrying out relaxation exercises, use of humor, guided imagery and other diversional activities resulted in transition in their lives. These also aided in relieving their pain and suffering. Eventually, these enhanced their participation in activities of daily living and they started socializing and interacting more with other patients and their families. Likewise, on the occasion of Eid day and New Year, they made greeting cards for their loved ones which assisted them in conveying their unsaid feelings and wishes to their families. In response to these interventions, the patients and their families verbalized that they want to enjoy their lives but it is the pain and anguish due to disease, imposing restrictions in several aspects and a source of distress amongst them. They added that these activities enhanced their perceptions of looking at things differently and had given a new hope, direction and meaning to their lives. Moreover, it aided to ease to their sufferings and raised their comfort level and satisfaction.

The faculty and students strongly felt that the palliative care services need to be strengthened and care should not be limited to just pain control and symptom relief but an integrated, culturally sensitive holistic approach to care should be emphasized for the patients as well as their families among the health care professionals. Supportive and non pharmacological measures should be made an essential part of care and need to be prioritized over the routine aspect of care especially in a palliative care setting.

REFERENCES

1. World Health Organization. New guide on palliative care services for people living with advanced cancer. [Online]. 2007 [cited on 2011 April 15]. Available from URL: <http://www.who.int/mediacentre/news/notes/2007/np31/en/index.html>
2. Abbas SQ, Abbas SZ. Palliative medicine: an emerging discipline. J Pak Med Assoc 2002; 68:1-4.

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MOON THERAPY

Stress and stress related conditions are amongst the most common conditions encountered in daily life and practice. Several mind-body therapies like muscular relaxation, guided imagery, biofeedback, cognitive therapy, yoga have been proven effective for the treatment of such conditions but generally require therapist, training and availability. Pharmacotherapy carries the risk of side effects, addiction and cost factor¹.

Many people with depression do not get treatment or delay getting treatment. Reasons may be that they do not like antidepressants or limited availability of specialized psychological treatments². A review of 15 trials found that relaxation was better than no treatment or minimal treatment, but not as effective as psychological therapies like cognitive-behavior therapy. Relaxation techniques have potential as a simple first-line psychological treatment for depression². Guided imagery involves the use of one's imagination to create mental images that distract attention³. A pleasant environment may be better than a person imagining a pleasant condition as in guided imagery, which requires imagining abilities. Creative therapies like music, art, and dance therapies improve overall wellbeing. Aroma therapy and pleasant environment like soft music shifts the autonomic balance towards parasympathetic activity and helps to stay relaxed⁴.

Most of us agree that a full moon is attractive and a beauty to watch. Many resorts and spa have massage

therapies under moonlight and are popular. Yoga also has *chandranamaskar* (moon salutation) done under moonlight. Chandra namaskar helps you in channelizing the lunar energy; which has cool, relaxing, and creative qualities⁵. Watching moonlight for 15-20 minutes especially around the full moon should have a relaxing effect on the mind and also the body. This method of moon therapy can be practiced anywhere, easy, natural, cost effective and without any major side effects. This can easily be combined with any other current modalities of treatment or to augment its effects. Many studies conclude that the best outcome is when you intervene early and when both pharmacological and psychological treatments are combined for which moon therapy is apt. Moon therapy is proposed as a novel, natural and cost effective treatment which is promotive, preventive, curative or complementary therapy to stay relaxed.

REFERENCES

1. Victor S, John A, James G. Mind-Body Therapy for Headache. Am Fam Physician 2007;76:1518-22.
2. Jorm AF, Morgan AJ, Hetrick SE. Relaxation for depression. Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No.: CD007142. DOI:10.1002/14651858.CD007142.pub2
3. Kwekkeboom KL, Hau H, Wanta B, Bumpus M. Patients' Perceptions of the Effectiveness of Guided Imagery and Progressive Muscle Relaxation Interventions Used for Cancer Pain., Complement Ther Clin Pract 2008;14: 185-94.
4. Peng SM, Koo M, Yu ZR. Effects of music and essential oil inhalation on cardiac autonomic balance in healthy individuals. J Altern Complement Med 2009;15:53-7
5. The art of living. [Online]. 2011 [cited on 2011 March 16]. Available from URL: <http://ru.artofliving.org>.

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