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#### Introduction

Relatives frequently provide assistance or care for patients with life-limiting illnesses, and so serve as vital sources of information for them. They have a significant influence on the patient's well-being, care situation, and quality of life, but they are also impacted by the patient's sickness in terms of their own unique burdens and requirements [1, 2]. During the course of the patient's condition, from diagnosis to death, and during grief, a variety of emotional, physical, and economic variables add to the families' burden. The families' psychological load can even outweigh the patient's suffering as the patient approaches death [3]. Palliative care strives to enhance not just the ill person's quality of life, but also the quality of life of their relatives and friends. However, compared to the patients' wants and concerns, far less is known about the family. A growing number of studies have focused on the challenges and demands of relatives and family caregivers during palliative and hospice care, as well as during bereavement [4]. In addition, preliminary research has looked at supportive strategies for family at various stages of the disease [3]. The goal of this book is to give a current review of the literature. A review of recent worldwide studies was conducted in order to gain a better understanding of relatives' issues and requirements during palliative and hospice care for patients with life-limiting illnesses.

This narrative review includes all relevant peer-reviewed publications published within the last two years on psychological morbidity and burden, quality of life, existential distress, preparedness/self-efficacy, supportive needs, supportive interventions, and the role of specialist palliative and hospice care in patients with advanced incurable diseases throughout the disease trajectory. Excessiveness was avoided by excluding studies concentrating on relatives' issues and requirements during grieving due to the wide range of topics covered. The term "relatives" was used in this research review to cover friends, family, and informal carers of patients. All sorts

anxiety in 72 percent and a high risk of depression in 69 percent using various measures. Furthermore, 51% of family caregivers [7] reported significant levels of somatization. Jennifer Temel's group investigated psychological morbidity in patients and family caregiver dyads in early palliative care for patients with newly diagnosed advanced lung or non-colorectal gastrointestinal cancer in a randomised controlled research. Patients reported higher depression symptoms, whereas caregivers reported more anxious symptoms, according to the findings. Anxiety and depression symptoms in dyads were shown to be positively related [8]. Younger age, female gender, relationship to the patient, the caregiving role played, satisfaction with health care professionals, shorter nighttime sleep, less physical activity, family functioning, and low engagement in self-care practices were all associated with family caregivers psychological morbidity. In 173 carers of advanced lung cancer patients, death fear was linked to dysfunctional attitudes.

(Psychological) Burden as a Whole Anxiety, sadness, patient age, gender, and changes in meaning all appear to influence overall psychological load in families. Williams et al. revealed in a qualitative research that the stress of female family carers might also be induced by adherence to stereotyped gender norms that impact women as main caregivers [9]. Family caregivers' self-efficacy was found to be the biggest indicator for their psychological load along the patients' whole illness trajectory in patients with newly diagnosed lung cancer. In 50 informal carers of patients with advanced cancer, perceived competence, resilience, and positive elements of caring were the strongest predictors of burden. The Importance of the Care Setting and the Use of Assisting Services The psychological burden appears to be associated with managing the patients' psychological or psychiatric symptoms in family caregivers of patients receiving palliative or hospice home care, as mediated by caregivers use of escape-avoidance coping responses, their own poor health status, and being the patient's spouse. According to Kobayakawa et al., 11% of carers have visited psychiatrists