

reported by the authors of multiple studies. In a recent assessment of non-pharmacological therapies for depression in end-of-life care,

## Introduction

Palliative care aims to provide whole-person care by alleviating pain and other distressing symptoms, integrating psychological and spiritual aspects of patient care, improving quality of life and death without hastening or postponing death, and, where possible, positively influencing the course of an illness [1]. Palliative care, which was once just for the dying, has expanded to encompass patients with chronic incurable illnesses, and in some countries is referred to as hospice care. Palliative care practitioners attempt to assist patients and their family finish life and prepare for death, regardless of the patient's prognosis, and acknowledge the patient as a human with a unique existence [2].

Many of these aims are adequately met by existing palliative and supportive care practices, such as increasing understanding and application of pain and other physical symptom management, for example. However, other objectives, such as psychological and spiritual/existential concerns, are underserved. Researchers found that 40 percent of patients with advanced cancer who were not receiving formal palliative care had unmet psychological/emotional needs in a needs analysis of more than 250 patients with advanced cancer who were not receiving formal palliative care [3]. According to another study, less than 1% of patient discussions with their treating oncologist were focused on psychological or spiritual issues [4]. Health practitioners' feelings of inadequacy, a lack of time and skills, the pressure of time, and the pressure of death are barriers to providing palliative care. Reminiscence is a descriptive activity that entails reflecting on one's life and recalling notable former experiences (not recent or current events). Reminiscence can be systematic or unstructured, and it can be done alone or in groups. It is enjoyable, improves quality of life, and aids in life adaptation, and has been demonstrated to be useful in reducing depression in the elderly population. Life review, on the other hand, is more of an evaluative process that involves examining, discussing, and, if possible, resolving or correcting conflict. Life review is a type of recollection in which the person seeks meaning in the events of his or her life; it may be useful in supporting patients approaching death with conflict resolution and task fulfillment, resulting in a sense of peace [7].

Life review interventions have been shown to be effective in reducing depression in elderly patients and those recovering from cerebral vascular accidents; improving self-esteem and life satisfaction in elderly veterans; improving quality of life in people living with acquired immunodeficiency syndrome (AIDS); and preventing despair in those newly relocated to residential aged care facilities. Therapeutic life reviews have been presented to and well appreciated by terminally ill patients and are gaining traction as more encouraging effects were