

: End of life; Palliative care; Symptom management; Death

Palliative care is described by the World Health Organization (WHO) as "an strategy that addresses physical, intellectual, emotional, social, and spiritual needs of patients, increases patient and family quality of life by addressing issues related to life-threatening disease" [1].

Although passing away is a natural part of life, it is sometimes viewed as a disease. As a result, a lot of individuals pass away in hospitals, in agony and alone [2]. A major goal of palliative care is to assist patients and their families in making crucial medical decisions by predicting, avoiding, diagnosing, and treating symptoms that patients with a serious or life-threatening disease encounter. Regardless of disease, palliative care's ultimate purpose is to enhance both the patient's and the family's quality of life. Although palliative care does not depend on prognosis, unlike hospice care, its function becomes more important as the end of life draws near and is more focused on active symptom treatment and psychosocial support.

A key component of palliative care when a patient is nearing the end of life is assisting patients and their families in understanding the nature of the illness and prognosis. Palliative care professionals also assist patients and their families in choosing the proper medical treatment and coordinating their objectives for care with those of the healthcare team. Finally, palliative care at the end of life includes determining the requirement for a medical proxy, advance directives, and resuscitation status [3].

Sometimes, the phrases palliative care and hospice care are used synonymously. When a patient's life expectancy is six months or fewer and curative or life-prolonging therapy is no longer necessary, hospice care is a system for delivering service. Therefore, it's crucial to recognize that while hospice offers palliative care, the two are distinct. The hospice service delivery system does not offer all therapeutic palliative care methods.

Any sickness has a total effect on a patient, integrating both the physical and emotional aspects. In this process, the entire human person is involved.

The patient suffering from a fatal, incurable condition like cancer

or organ failure would feel this process much more keenly. However, historically, medical professionals have prioritized the physical above the psychological. Unfortunately, under Cartesian dualism, body and thought were separated even though they are intertwined [4].

The golden rule of palliative care is to provide patients as much comfort and dignity as possible as they approach death [5]. It seeks to offer skilled symptom control together with compassionate care. The care method as a whole and the course of the patient's disease both take into account the relatives of HH patients [6,7].

In the treatment of cancer patients, palliative care collaborates with other specialities, most notably oncology. Early integration between these two specialities is necessary for the optimum patient treatment [8]. It is well acknowledged that adequate pain management permits patients to undergo oncological therapy more successfully.

The survival of breast cancer patients who get psychological therapy can improve [9]. Once more, psychotherapy has not been proven to be effective for individuals with gastrointestinal cancer [10,11].

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