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### RESEARCH ARTICLE

#### PSYCHOLOGICAL ISSUES WITH TERMINALLY ILL PATIENTS

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#### Abstract

Terminally ill patients may be sophisticated and/or demanding health care consumers; they also may be bitter, cynical, and difficult to engage in conversation. Terminally ill patients often are on complicated drug regimens requiring detailed instruction and monitoring. Treat terminally ill patients with respect and work with them to achieve optimal therapeutic efficacy within the complexities of their illnesses and the health care environment. Terminally ill patients may need help dealing with complex medication regimens. Terminally ill patients need close monitoring and reassurance about their medication regimens. Some terminally ill patients require large and frequent doses of narcotics; work with the patient and the patient's family to legitimize the use of these medications and minimize the hassles associated with obtaining narcotics.

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#### Introduction:-

Terminal illness is used to describe patients with advanced disease and a drastically reduced lifespan, with perhaps months or weeks to live. Inevitably the range and severity of physical symptoms will have increased, and will be having a profound effect on how the patient lives his life. General symptoms such as fatigue, pain and sleeplessness will all be taking their toll, and even patients who have coped well find the final insidious decline taxing their psychological reserve. According to the WHO definition, palliative care is an approach that improves the quality of life of patients and families facing life threatening illness, through the prevention and relief of suffering by means of early identification, assessment and treatment of pain and other physical, psychosocial or spiritual problems.

Palliative care providers look at the patient not only from a biological perspective but also from a psychological, social and spiritual perspective. By incorporating all these dimensions into their evaluation and treatment recommendations, palliative care providers offer a comprehensive model of caring known as holistic care. Patient's experience is unique and affected by personal, familial and cultural factors, an individualized holistic care plan is usually developed based on the patient and family's needs and values. Despite some variability, there are common issues faced by patients who have a terminal illness.

#### Psychosocial issues

The psychological issues commonly experienced by terminally ill cancer patients include:

- 1) Fear and anxiety: Anxiety is the subjective feeling of dread over anticipated events, such as the feeling of imminent death. When facing a terminal illness, most patients express fear of losing their functionality and independence. The uncertainty about the future is also another source of anxiety. Although the thought of death in itself can cause anxiety, most patients tend to be more fearful of the actual dying process or the potential

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suffering endured throughout their illness. Their anxiety can manifest as various symptoms such trouble sleeping, restlessness, agitation, fatigue, upset stomach, muscle tension or even shortness of breath.

- 2) Depression: It is normal for people with a terminal illness to feel scared, sad and anxious. These are natural grieving reactions. However, in some people normal grieving might progress with time to clinical depression that requires treatment. People with a prior history of clinical depression and those who have persistent depressive symptoms or recurring suicidal thoughts are at higher risk of developing clinical depression.
- 3) Being a burden to others: This is one of the most commonly expressed concerns among terminally ill cancer patients. As the disease progresses and the person's functionality declines, he/she will become more dependent on others for help with daily activities and basic needs. In addition, the patient may also be concerned about the financial burden of their medical care on their caregiver(s) and family. The inability to fulfil social roles such as parenting can also be associated with feeling like a burden. The sense of being a burden to others can make some people wish for a quicker death.
- 4) Financial issues: Patients with a terminal illness, such as cancer, are often forced to quit their job due to the physical limitations caused by their disease. Loss of income, health coverage or social security can make it challenging for people to cover their care costs. At times, family members may also be forced to give up work in order to stay home to care for their loved one.
- 5) Familial relationships: Because of limitations caused by their disease, some patients may not be able to fulfil their family responsibilities. Therefore, other family members may have to step forward and assume these responsibilities. On other hand, some families may struggle with adjusting to the new situation and disagreements or conflicts can arise with time. Common source of conflicts includes disagreements related to goals of care or caregiving responsibilities. Because the family dynamic has a strong impact on the psychological well-being of the patient, family meetings are organized on a regular basis by the palliative care team to address potential sources of conflicts and help family members agree on decisions that serve the best interest of the patient.

### **Conclusion:-**

Psychologists' work focuses on equipping individuals to live healthy, meaningful lives throughout the life span. While much of psychology seeks to prevent and address physical and mental health issues with the hope of a long life ahead, the work of psychologists is just as important when it's possible—or even likely—that a person won't recover from illness.

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