

# Early palliative care of patients with lung cancer

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Diagnosing of cancer often causes anxiety, fear of death, negative emotions due to serious prognosis in the patient. Over the past few years, the chances of survival for patients with malignant neoplasms have increased significantly. Cancer does not associate only with death. It is increasingly thought of as chronic illness [1]. The incidence of lung cancer was very low at the beginning of the 20th century. Unfortunately, the morbidity is growing rapidly. According to the GLOBOCAN report, 1.8 million new cases were reported in 2012, representing 12.9% of all cancer cases in 2012. The majority of new cases among men and women have been reported in North America. The World Health Organization reported that lung cancer caused 1.59 million deaths in 2012 worldwide [2].

In about 50% of cases lung cancer is diagnosed at an advanced stage when it is not eligible for radical treatment at the time of diagnosis. The general goal is to cure or prolong life without symptoms of the disease, reduce side effects, improve the quality of life and benefit of survivors. The second goal is to emphasize the importance of good communication skills while satisfying the needs of the patient and his family since the diagnosis [3,4].

At present, home or residential palliative care is available to patients who experience symptoms of persistent severe resting breathing, severe pain, chronic cough, marked decreased physical and intellectual activity, cachexia and fatigue syndrome, anxiety and depression. It is important that the patient be aware of the impending death, have the opportunity to say goodbye to the loved ones, complete all of her/his affairs, and meet his spiritual needs. It is important not to use persistent therapy lengthening the time of dying unnecessarily [5].

One of the obstacles to wider acceptance of early palliative care is the presumption that abstinence from aggressive treatment in favor of this procedure will shorten the patient's life. Patients are often wrongly faced with the difficult choice between improving quality of life and the cost of life [6]. About 25% of patients referred to palliative care too late in the last week of life. This is related to the anxiety of people caring for the patient not to fall into depression. Palliative care is often associated with poor prognosis and near death. The recommendations of the Council of Europe related to palliative care indicate the need for early referring the patient to palliative care centers, even when causative treatment is given for this patient with chronic, progressive, life-limiting illness [7]. Hospice is the most common place where such care is provided.

Studies show that the introduction of early palliative care, including standard oncology care, can prolong survival, especially in patients with advanced lung cancer [8-10]. Other authors have assessed the impact of palliative care in patients with lung cancer from the time of diagnosis and after twelve weeks of treatment. Participants in the

study were offered only standard oncology care or the introduction of palliative care with standard oncology care. The quality of life in the palliative care group is higher than in patients treated with standard oncology care alone. Patients in the palliative care regimen at the end of life require less aggressive treatment and their survival time is longer. In addition, the less symptomatic group has depressive symptoms [11]. Other researchers have suggested that palliative care in patients with lung cancer should be implemented in conjunction with standard oncology care as soon as diagnosis is made. Early implementation of palliative care improves quality of life, survivability, mood, and relieves the coexisting symptoms. The introduction of palliative care causes the patient to refer the patient to hospice care and reduces the use of in vain intensive care [12,13].

Among oncologists interview about their perception of lung cancer was made. The focus was on the relationship of clinician physicians to palliative care, the perception of this care by patients, and the barriers and benefits of early palliative care. Its early inclusion in patients for incurable lung cancer is important for physicians. To facilitate this, further education is needed on the role and benefits of early palliative care [14].

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