

INTRODUCTION TO THE ROLE OF PSYCHIATRIST IN THE MANAGEMENT OF TERMINALLY ILL PATIENTS

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“Cure her of that! Cans’t thou not minister to a mind diseased, pluck from the memory a rooted sorrow, raze out the written troubles of the brain” – Macbeth

Sir,

The word “palliative” is derived from the Latin word “palliere” which means “to cloak”. It refers to specialized medical care for people with serious illness and dying patients.¹ Palliative care does not aim to cure but to relieve pain and suffering.² Curative therapy and palliative care lie on a continuum.³ They have made pain and suffering that have become inevitable, more tolerable.

Palliative care is a highly structured healthcare specialty as well as a philosophy aimed at the care of patients with terminal or severely debilitating illness, from the time of its diagnosis till the death of the patient. Palliative treatment provides care mainly in three domains — in relieving emotional and physical suffering, improving and strengthening communication between the patient and the physician, and assurance of health care across various settings such as hospitals, home, hospices, etc.⁴

The World Health Organization has defined palliative care “as an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable

assessment and treatment of pain and other problems, physical, psychosocial and spiritual”⁵

The goal of palliation is therefore to improve the quality of life of both patients and their families by providing relief to pain and other distressing symptoms as well as to provide psychosocial and spiritual support. Hence, it is best administered by a multidimensional specialist team comprising the physician, psychiatrist, nursing staff, etc.⁶

In terminally ill patients, the psychiatrists play a major role in the diagnosis and management of psychiatric conditions like adjustment disorders, depression, anxiety, delirium, etc. They have a duty to talk with patients and families about end of life care and communicate bad news in the least distressing manner. It will always be best to clarify with the patients and the relatives their understanding of the gravity of the situation, to elicit their coping strategies, to give them the news if they want to hear it, and discuss the concerns about the progress of the illness and its prognosis with humane understanding. When the patient or relatives are in denial, the situation becomes difficult for the psychiatrist who may sometimes have to gently confront him or her in an emotionally supportive setting. Supportive psychotherapy helps patients to set and prioritize their goals.⁷

Another aspect is euthanasia, which is defined as “a physician’s deliberate act to cause a patient’s death by directly administering a lethal dose of medication

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or other agent". Netherlands, Belgium, and Luxembourg are among the countries which have legalized euthanasia. Many countries, including India, deem this illegal and unethical and hence it has been a topic of much controversy and debate. Physician-assisted suicide, legalized in Switzerland, Germany, and states of Washington and Oregon in the USA, is defined as "a physician's imparting information or providing means that enable a person to take his or her own life deliberately."^{3,7}

Grief is another issue which will have to be dealt with by the psychiatrist. Grief refers to the psychological, behavioral, social and physical reactions to the loss of someone or something that is closely linked to a person's identity. Grief is a natural but unique experience to the individual. Mourning is the process by which people adapt to the loss. Bereavement is the period after a loss during which grief is experienced and mourning occurs.⁷

Psychiatrists provide grief counseling and guide uncomplicated 'normal' grief to healthy completion with insight and adjustment. After the death of the terminally ill patient, the bereaved need compassionate care and attention and validation of their loss. Some relatives may harbor guilt over the death or feel that they should not be alive in a world without their dear one. Such thoughts and feelings need to be identified and addressed. Over the first months, expression of grief should be encouraged and the concerned persons reassured that it is a normal human reaction. Assessment of the social support and coping strategies will help to identify practical or financial problems they are facing. When normal grief is associated with psychiatric sequelae, it is called complicated grief. For major depressive disorder, early intervention is advised irrespective of bereavement status.⁷

Pediatric end of life care also begins when the illness is diagnosed and continues irrespective of the type of treatment. It is again based on the same multidisciplinary approach. Pain and other physical symptoms are addressed.

Psychiatrists must also watch out for caregiver burnout. Coping strategies like problem-solving skills must be taught. Therapist burnout syndrome has also been reported in palliative care workers.^{8,9}

In his book "Man's Search for Meaning", Viktor E Frankl talks about how each person can find meaning in their lives even in times of adversity. When life takes unexpected turns, and we end up in apparently hopeless situations, the main force which drives us for a living is this search for a meaning. Frankl's experiences in the concentration camp helped him develop the concept of logotherapy. He talks about how we can accept the challenge of changing ourselves when the situation cannot be changed. During the times of crisis, one can search for an inner meaning by creating a work, by loving somebody, and by choosing the appropriate attitude towards unavoidable suffering. He talks about how doctors should not think of themselves as "technicians" and patients as "machines". One should always look at "the human behind the disease!". These concepts are of paramount importance in the practice of palliative care to help patients find a meaning in their suffering.¹⁰

Ethical issues in palliative care include concepts like autonomy, according to which the patient has the right to choose and refuse treatment; and beneficence, according to which the doctor should act in the best interest of the patient. The concept of non-maleficence says, first do no harm. Justice is concerned with the distribution of health resources equitably. The right to dignity is there for all. Truthfulness, honesty, and the concept of informed consent are of utmost importance.¹¹

Palliative care is of paramount importance in improving the quality of life of terminally ill patients, and the psychiatrist has a major role as a member of the multidisciplinary palliative care team. It is based on a holistic approach and is highly structured. It stresses values that go beyond age, culture, religion, nationality, or race. It ensures dignity and comfort towards the end of life and is evolving and improving.

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