



Psychosocial Care in Oncology

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Editorial

Psychosocial care in oncology settings refers to the systematic effort of oncology clinicians to support all those affected by cancer to cope and transcend the limitations posed by cancer diagnosis and treatment. While those affected by cancer is often used in reference to cancer patients and their families, psychosocial oncology recognizes that healthcare professionals who care for cancer patients as also being affected by cancer with need to access psychosocial care in terms of prevention and treatment of stress, burnout and compassion fatigue. The focus psychosocial care is on the behavioural, socio-cultural and psychobiological dimensions of the etiology, management and survivorship of cancer. A good number of cancer incidences have been linked with modifiable lifestyle choices and socio-cultural risk factors. Psychosocial oncology research outcomes and interventions at the community and individual level could help reduce cancer risk behaviours and thus the incidence of cancer. The conventional management of cancer is often hinged on treating the disease while leaving the person the behind. Current cancer care practices recognize the multidimensional distress and pain (psychological, physiological, financial and spiritual) associated with receiving cancer diagnosis and treatment. If unattended, psychosocial distress can impede treatment adherence resulting in poor outcomes and impair effective health-related decision making due to emotional upheavals and drugs or pain induced cognitive impairment [1,2]. Transition from active treatment to survivorship is often a time of increased psychological vulnerability and adjustment problems yet a time when patients are rarely given psychosocial support [3]. Psychosocial care providers in oncology are allied health professionals who identify (through screening and assessment), refer and/or treat those adversely affected by cancer. Current guidelines suggest all patients should be screened for distress at their initial visit, at appropriate intervals, and as clinically indicated if there are changes in disease status (NCCN, 2007) (i.e., remission, recurrence, or progression) [4]. Psychosocial oncologists drive initiatives that encourage routine screening for distress as a sixth vital sign in cancer patients and their families as a necessary first step to identifying those in need of support and/or referral for specialist care [5]. There are a number of brief and freely available psychosocial distress screeners that have been developed for use among clinicians in busy oncology clinics. One of the most popular distress screening tools is the distress thermometer and problem list available for adult and pediatric cancer population [6-8]. Based on screening outcome, further diagnostic evaluation and assessments may be conducted to guide the development and implementation of apt psychological, behavioral, psychopharmacological and/or instrumental support. Though psychosocial care for oncology patients is historically championed by mental health professionals, the provision of psychosocial care in oncology setting is not the exclusive responsibility of a single profession. The expertise required to provide psychosocial care to cancer patients depend on the nature of the needs and issues presented by those affected by cancer which can be varied and multifaceted. Supportive care is usually provided by all or a combination of oncologists, chaplains, physiotherapists/occupational therapists, dieticians, nurses, psychologists, social workers, psychiatrists, pain specialists and others that may emerge as the need arise. These professionals often work in multidisciplinary teams using an embedded or a consultancy model depending on hospital policy, characteristics of practice settings and/or clinicians preferences. It is essential that clinicians work cooperatively with mutual respect for each other as they provide a patient and family centered care with the ultimate goal to minimize illness-related distress and enhance coping and quality of life. Although incorporating psychosocial care into oncology settings is beneficial to the patient, his/her family and the healthcare system, this is not routinely done. A basic challenge to provision of psychosocial care in most oncology settings relate to little or no funding with a spillover effect on limited psychosocial staff strength. A stepped care approach to provision of psychosocial care services have been proposed to tackle this challenge. In this approach only the most distressed patients are offered specialist referral while the needs of patients with mild distress are addressed through more basic supportive interventions, often delivered by non-specialist health professionals [9]. Another challenge is the perceived stigma often attached to disclosing or accepting referral to mental health services [10]. Embedding mental

OPEN ACCESS

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Received Date: 09 Feb 2018

Accepted Date: 03 Mar 2018

Published Date: 13 Mar 2018

Citation:

Akin-Odanye EO. Psychosocial Care in Oncology. Clin Oncol. 2018; 3: 1436.

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health services as a vital treatment component for all cancer patients will go a long way in making the services easily accessible while also reducing stigma.

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