Existential Issues in Palliative Care

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This article will address the complicated issue of existential distress in advanced cancer patients through discussion of some literature and studies.

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The role of physicians is to cure sometimes, to relieve often, to comfort always. (Anon, 16th Century). The goals of medical care in general include alleviation of suffering, optimization of quality of life until death and the provision of comfort in death.

Cassell defined suffering as a state of severe distress associated with events that threaten the intactness of the person i.e., any aspect of the person - physical, social, psychological or existential. According to Cherny, suffering is defined as an aversive emotional experience characterized by the perception of personal distress which is generated by adverse factors that undermine the quality of life. It is a phenomenon of conscious human experience. The intensity of the experience is determined by the number and severity of factors undermining the quality of life, the process of appraisal and perception. Patient distress, family distress, and health care provider distress are interrelated, and the perceived distress of any one may amplify the distress of the others. The potential for personal development and satisfaction in overcoming situations of adversity is well recognized.

The ability to rise from adversity is predicted on a perception of self-efficacy and the ability to cope with prevailing problems. The phenomenon of coping generates the potential for growth and reward. Coping does not occur if the demands of the situation are overwhelming. By understanding and addressing the factors that may potentially overwhelm the patient, the family, and health care providers, the necessary precondition for coping and growth are established. Suffering in advanced cancer patients cannot be eliminated, but if adequate relief is achieved, effective coping and growth occur. Inadequately relieved sufferings can present as uncontrolled physical symptoms, severe depression or anxiety, severe existential distress, care provider fatigue, and request for euthanasia or physician assisted suicide.

Distress can also occur when there are discrepancies among the involved parties in the desired goals of care, which are often complex and comprised of 3 broad categories: 1) prolonging survival, 2) optimizing comfort, 3) optimizing function. The relative priority of these goals provides an essential context for therapeutic decision making. The prioritization of these goals is a dynamic phenomenon that changes with the evolution of the disease, e.g. the provision of comfort usually assuming overriding priority as death approaches. It is important to identify the specific care needs of patient and family, and the strengths and weaknesses of available resources. A flexible care plan can then be developed with the coordination of various health care providers.

Existential Issues in Palliative Care  - Interviews with cancer patients2

Freedom, meaning and responsibility are the classic existential issues through the ages. Toward the end of life, existential issues tend to relate to autonomy and a dignified death, meanings and goals, communication, relationships, and guilt. These existential concerns are of great importance to patients approaching the end of their lives, but are seldom brought into focus in their treatment.

This qualitative study was performed on ten terminally ill patients, all diagnosed with advanced cancer and with curative treatment replaced by palliative care. The objective was to explore their reactions to questions concerning existential issues within the themes of dignity, autonomy, meaning, guilt, relationships and communication. An interview method using open ended questions was used. The results were as follows.

1) Dignity - each individual might have his or her own definition or at least sense of the word but there was no consensus. Respect was the central issue for some patients. The typical wordings were: I wish to be regarded and treated like a person, not like a patient; don’t wish to look disgusting, having uncontrolled vomiting and passing waste, feel embarrassed and ashamed.