

# Palliative Care for Cancer Patients Facing Dilemma

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Doctors providing oncology services have a significant role in referring patients to palliative care. One of the causes of low referral is the unavailability of palliative care needs criteria.

In Indonesia, the referral of cancer patients to palliative care is still low. In 2015, WHO designated palliative care as one of the six priority programs for the management of NCDs (WHO, 2015), but palliative care has yet to develop well up until now.

In 2014, more than 29 million patients who died required palliative care. As many as 94 percent were adult patients, and 34 percent of them died of cancer.

Twenty million people worldwide of palliative care needs don't even get the treatment. The need for palliative care for cancer patients in the future will certainly increase as the incidence and mortality rate of disease rise.

"80 percent of palliative care needs are in developing countries, but palliative care is available mostly in developed countries," said Dr. Maria Astheria Witjaksono, MPALLC(FU), PC physician, Head of Palliative Care Unit at "Dharmais" National Cancer Center, Thursday (11/2).

According to Maria Astheria, integrated palliative care in oncology provides many benefits for patients, families, and health services, including financing-wise. Unfortunately, it has not been optimal, as seen from the low number of referrals.

In oncology, the absence of referral criteria for standardized palliative care has led to the confusion of who needs palliative care and uncertainty over the right time. It results in the difficulty of diagnosing the terminal or end-of-life stage, leading to low referral to palliative care.

“Therefore, this dissertation aims to explore doctor significance when referring patients to palliative care, find out its implications in the palliative care-related decision makings, compile criteria for palliative care, and measure the application effect of these criteria on the quality of adult patients with cancer who require palliative care,” she said while defending her dissertation entitled Criteria for Palliative Care Needs in the Management of Cancer Patients in Indonesia: A Multidisciplinary Study.

Her research results show that there are two meanings for doctors in oncology when giving palliative care referrals, namely professional and personal. Both can be motivational or inhibitory for palliative care referrals.

The conflict between these two creates a dilemma in the referrals. The criteria for palliative care in adult cancer patients are arranged in an instrument of palliative care needs identification, which has two indicators, namely 15 medical indicators and five non-medical indicators. The application of palliative care needs identification instrument can improve services for adult cancer patients of palliative care needs, namely improving quality of life (mean 0.17, SD+ 1.57 vs 1.53 SD+ 1.88, p-value < 0.001), increasing patients with DNR status (28% vs 92,5%, p-value < 0.001), and reduced terminal visits to the ER (24% vs 20%, p-value < 0.001).

“The validity of the instrument has been tested, and its application has been shown to improve the quality of life, the number of DNR status, and decrease the emergency room visits of terminal cancer patients. Hopefully, the application of these criteria can solve the dilemma of doctors regarding palliative care referrals and improve palliative care for cancer patients,” she said.

She hoped these results could be of use for various parties to improve the quality of management of adult cancer patients requiring palliative care. Besides, it is necessary to socialize this instrument to health workers in hospitals.

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