

Cancer: one Disease, many unmet Needs

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Cancer involves both the person living with and those who are somehow engaged in it from different aspects. In other words, not only the patient (at pre-treatment, during and post-treatment periods) endures many sufferings, but also his/ her family members, non-professional caregivers (NCGs), and health care team members (including surgeons, oncologists, radiotherapists, palliative care specialists, psychiatrists, clinical psychologists, social workers, and so on) are influenced by cancer.

The patient with cancer usually faces physical, mental, social, spiritual, and economical problems, many of which might not be addressed by health policy-makers in developing countries. Although there has been no scientific solution to SOME of cancer patients' sufferings up to now (such as some disabilities), it is important to identify those needs which could and must be met by health care system according to international standards and to differentiate this category of unmet needs from those resulting from unavoidable and unmanageable aftermaths.

Although unmet needs might be somewhat different in various cancer patients; considering the stage of life they are in, the cancer type, the health system providing care for them, and so on, the issue "unmet needs" is seen all over the world¹⁻³, of course with some differences in the nature and extent in various countries. The worse the condition of quality of care, the more unmet needs, even basic ones such as receiving information about the disease, its course and prognosis, treatment modalities, side effects and detecting and treating comorbid mental disorders.

Among cancer patients' unmet needs, relieving physical sufferings (such as pain), emotional support, managing side effects/ complications, social support, detecting and meeting spiritual problems, receiving understandable information, and sexuality needs are just some instances^{1, 2, 4}.

Some studies have shown that unmet socioeconomic and supportive care needs are associated with non-adherence to cancer treatment appointments (e.g., chemotherapy and/ or radiation treatment ones)⁵. In addition, it is important to bear in mind that even cancer "survivors" have needs to be met after the end of treatment⁶.

Regarding cancer patients' family, it should be considered that they usually play a significant role as a source of support for and caregiver to the patients. In fact, NCGs are usually people with family

or affective ties to the patient, providing care in a non-professional, unpaid manner. Allocating a great deal of time and energy to providing care for a cancer patient might have consequences concerning physical, mental, social, educational, and occupational states of NCGs, as well as their daily life while they themselves have faced an important life event; affliction of a family member/ a loved person with a life-threatening disease and the probability of losing him/ her.

In such circumstances, lack of a “comprehensive” cancer care system intensifies aftermaths of cancer for the patient’s family members and NCGs through neglecting the diverse needs of cancer patients (including homecare), as well as ignoring family members’ and NCGs’ while the care provided by NCGs decreases the usage of formal care resources and, as a result, decreases public spending. Putting aside the responsibility of health care system regarding wellbeing of the whole people, including NCGs, meeting NCGs’ needs (e.g., psychological, spiritual⁷, informational and so on) and supporting them from different aspects are essential in caring the “patients” themselves, especially in countries with shortage of human resources.

While cancer patients’ families themselves need professional help from different aspects, it is obvious that putting some burden of workload regarding the disease on them (such as disclosing cancer diagnosis to the patient, as is unfortunately done in some developing countries) is so tragic.

Enduring overwork regarding patients’ care (including his/ her complete homecare) by family members might lead to burn out and sometimes occasional destruction of the relationship between them and the patient.

In addition, physical or mental collapse of NCGs might cause the formation of some thoughts such as “when does he/ she die?” which in turn can lead to guilt feeling before and after the patient’s death. In other words, the consequences of a non-comprehensive or inefficient health care system influence the family members’ and NCG’s quality of life during providing care for the patient and its impacts might last in some cases for years.

Concerning professional caregivers, it is necessary to note that oncology is a ward, where the staffs face the existential issues “loss” and “death” repeatedly, events which each one of them or in a cumulative way might affect their mental and spiritual health. In fact, they are one of the three groups (cancer patients, their families and NCGs, and treatment team members) who should receive psychological services.

Adding other factors to this situation, such as heavy workload and not having enough time to address what are supposed their job duties and necessary for caring patients from their own point of view, which might lead to occupational dissatisfaction and even discontent with self, can make the condition worse.

In all, it is important that health policy makers and authorities believe that a good quality of care can be insured through providing required holistic services not only for cancer patients, but also for their family, and professional and non-professional cancer caregivers.

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