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SUPPORTIVE CARE IN ONCOLOGY

***Kheira REKAI*[1]*, Khadidja TERKI*[2]**

Establishment university hospital of Oran

1.INTRODUCTION

The World Health Organization defines "supportive care" as an approach that seeks to improve the quality of life for patients and their families when faced with the consequences of a life-threatening illness. [1,2] Supportive care, started early in disease management, improves quality of life, symptom control and, in some cases, can increase life expectancy. This is continuous, progressive, coordinated care provided by a multidisciplinary team. [3]
Palliative care is an integral part of the course throughout the illness, it is systematically discussed in a multidisciplinary meeting with the needs of supportive care, in particular in the management of pain to activate the competent teams early. [4]

2.THE OBJECTIVES OF THE SUPPORTIVE CARE OF THE WHO

Palliative cancer care makes it possible to

- Provide relief from pain and other annoying symptoms,
- Support life and consider death as a normal process,
- Integrate the psychological and spiritual aspects of patient care,
- Neither accelerate nor delay death,
- Offer a support system to help patients live as actively as possible until death,
- Offer a support system that helps the family cope during the patient's illness and their own grief,
- Use a team approach to meet the needs of patients and their families by including, if necessary, bereavement assistance,
- Improve the quality of life and perhaps also positively influence the course of the disease,
- Be applicable early in the course of the disease, in combination with other treatments that can prolong life, such as chemotherapy and radiotherapy,
- Include the investigations which are required in order to better understand the troublesome clinical complications and in order to be able to manage them. [5,6]

3.INDICATIONS OF SUPPORTIVE CARE

All people with a life-threatening serious illness can benefit from palliative care regardless of:

- Their cancerous pathology,
- Their age (from child to elderly),
- The time of progression of the disease (not only at the end of life).
- Support is also aimed at relatives and caregivers. [7]

4. SUPPORTIVE CARE TEAM

Palliative care calls on different professionals who work in close collaboration: doctors, nurses, psychologists, social workers, etc.

5.CHOICE OF THE MOMENT OF SUPPORTIVE CARE

The need for relief manifests itself throughout the course of a serious illness, not just at the end of life. More and more often palliative care is associated with treatments that fight against the disease (for example, chemotherapy or radiotherapy). They are delivered by the patient's healthcare team.
When the latter considers that the patient could benefit from additional support, it calls on a team specializing in palliative care. This team has particular expertise in the treatment of physical symptoms, psycho-social and spiritual support and communication. A partnership, centered on the patient's needs, is established between the two teams.

When curative treatments are stopped, we move on to exclusive comfort care. [8,9]

6.STRUCTURES FOR SUPPORTIVE CARE

With the doctor's agreement, patients can receive specialized palliative care in all the usual places of care:

- In hospitals: the intra-hospital mobile team: is accessible to all end-of-life patients. She intervenes with the patient at the request of the nursing nurse, doctor or family. [10]
- Residential units: are open to end-of-life patients for whom care is not possible either at home or in another hospital service. The patient is referred to a residential unit, following a decision of the medical team, with his agreement. [11,12]
- At home (and other residential places)
- Only the attending physician can call on a multidisciplinary support team.
- Day center and non-hospital therapeutic accommodation structures.
- To access palliative care in home substitute settings, you must contact the attending physician, who will check whether the admission criteria are met.
- Day centers for supportive care
- Palliative function in nursing homes for the elderly and nursing and care homes
- Therapeutic accommodation [11, 12,13]

7.CONCLUSIONS

Many people believe that palliative care means stopping treatment for the disease and near death. Therefore, this term frightens patients and their families and the tendency is to speak about it as late as possible. Currently, it is recommended to start palliative care as soon as the need for support and relief arises and not to reserve it for the last moments of life. Active treatments are stopped when they no longer provide the expected benefit. There is therefore no longer an automatic link between stopping treatment and initiating palliative care. [10,14]

Another misconception concerns the treatment of pain. Some people think that using strong painkillers will rob them of their consciousness, make them dependent, or hasten the end of their lives. In fact, studies have shown that early palliative care not only makes it possible to live better, but also in some cases to live longer! Pain treatment and palliative sedation should not be confused. This can be considered in the rare cases where the only way to relieve the patient is to induce a state of unconsciousness. This medical decision is never taken without the consent of the patient and their loved ones! [15,16]

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