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Battling with cancer is half the fight - living life is the other half

Abstract

Introduction

When a person is diagnosed with cancer and has reached the terminal stages of his illness he undergoes the most sufferings in his life. The purpose of this study was to explore the problems faced by the terminally ill cancer patients.

Materials and methods: The research approach was qualitative and the research design one-on-one interview. The study was done using semi-structured interview. The size of the sample was fifteen terminally ill cancer patients who were admitted in Holy Cross Hospice at Cochin. Thematic and narrative analysis was done.

Results: The six common themes running through all the narratives were identified; Concern for physical problems, Body-image problems; Anxiety and Depression; Social withdrawal; Spiritual Problems and Desire for Hastened Death.

Discussion: This article would create greater awareness among all the concerned people working with terminally ill cancer patients on what intervention strategies should be utilized to improve their quality of life, as well as, how the belief in God can help gain a more positivistic outlook towards death and the core role spirituality and the belief in karma can play in the counseling of the patients and their families.

Conclusion: Cancer patients in their terminal stages undergo lots of huddles in all aspects of their life. The health professionals should have an understanding of this and include measures to relieve these problems to provide them comfort and peace.

Keywords: *body image, depression, anxiety, terminal illness, karma.*

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INTRODUCTION

In simple terms, cancer is a group of more than 100 diseases that develop over time and involve the uncontrolled division of the body's cells. Although cancer can develop in virtually any of the body's tissues, and each type of cancer has its unique features, the basic processes that produce cancer are quite similar in all forms of the disease¹. According to WHO, Cancer is a leading cause of death worldwide, accounting for nearly 10 million deaths in 2020, or nearly one in six deaths. The most common cancers are breast, lung, colon rectum, and prostate cancers. Around one-third of deaths from cancer are due to tobacco use, high body mass index, alcohol consumption, low fruit and vegetable intake, and lack of physical activity. In addition, air pollution is an important risk factor for lung cancer. Cancer-causing infections, such as human papillomavirus (HPV) and hepatitis, are responsible for approximately 30% of cancer cases in low and lower-middle income countries. Many cancers can be cured if detected early and treated effectively. The projected cancer burden in India during 2022 was 26.7 million. Kerala has roughly 35,000 new cancer cases every year. Every individual diagnosed with cancer will experience a plethora of problems, but most patients do report significant difficulties, such as depression, anxiety, delirium, and body image disturbances. The fear of death or recurrence of cancer may develop into suicidal ideations. The risk for suicide may be greater in the advanced stages of the illness and with patients experiencing significant fatigue. The terminally ill cancer patients also undergo the end of life issues. This period of a person's life is one of the most traumatic phases; he can become so depressed or anxious that it can disrupt his life irreversibly. Quality of life is an essential factor that needs improvement. To lift the status to a remarkable stage, we must first dive into the problems that the population faces, after which the appropriate steps for a contingent plan can be taken. Patients' quality of life can be improved by working on psychosocial factors that bring distress to the patients. Moreover, adapting to the nature of illness and utilizing the health care facility promptly will help. Additionally, medical care can be reshaped to fit a patient's needs better³. The objective of this study was to explore the problems faced by the terminally ill cancer patients.

MATERIALS AND METHODS

The research approach was qualitative and the research design adopted for this study was narrative. The population was terminally ill cancer patients of all types of cancer. The setting of the study was Holy Cross Hospice at Cochin. The sample and the sampling technique were fifteen terminally ill cancer patients who were admitted with purposive sampling. The tools used were socio-demographic Proforma and a semi-structured one-to-one interview by the investigator with a set of questions. The socio-demographic variables include age, gender, educational status, and marital status of participants.

Firstly, there was an attempt to establish rapport with the respondents. The investigator facilitated narrative telling in interviews and explained the purpose of the study. The researcher has taken written consent from each participant. The information regarding socio-demographic variables was collected first and the interview was carried out comfortably. The ordering of questions was less important; the interviewer was freer to probe interesting areas that arose; the interview followed the respondents' interests or concerns. An attempt was made to encourage those who were studied, to attend to, and talk about important moments in their lives, by providing a facilitating context in the interview. The whole interview was tape-recorded and then transcribed. It began with a rough transcription, a first draft of the entire interview that got the words and other striking features of the conversation written. Narrative and thematic analysis of data was done.

RESULT

Thematic analysis is used to analyze the data. It is the most commonly used method of analysis in qualitative research. It is most useful in capturing the complexities of meaning within a textual data set. Of the 107 words or phrases coded, problems experienced by the terminally ill cancer patients were categorized in different themes. The thematic analysis is organized under six headings. 1) Concern with Physical problems 2) Body- Image Problems 3) Anxiety and Depression 4) Social withdrawal 5) Spiritual Problems and 6) Desire for hastened death .

The major part of the participants were females (80%), had a median age of 43 years (range 24-68). Their

diagnosis of cancer is of five types.

Table 1: Demographic details of the interview participants

Variables	Characteristics	f	%
Educational status	Secondary school	1	6.6%
	Undergraduate	5	33.3%
	Graduate	8	53.3%
	Masters	1	6.6%
Cancer Types	Breast	5	33.3%
	Brain	2	13.3%
	Uterine	3	20 %
	Stomach	4	26.6%
	Lung	1	6.6%
Marital status	Married	12	80 %
	Unmarried	3	20 %
	Divorcee	0	

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Table 2: Characteristics of terminally ill cancer patients – analysis of the interview

SL No	Code	Sample Written Quotes
1	Physical problems	I am very much tired Having pain and Weight loss Difficulty in doing the daily routines. Need to depend on others. Impaired physical activity. I have lost all my energy. Can't take any stress Unable to have a good night sleep because of pain
2	Body-Image Problems	Hair loss, Ugly face body image disturbances
3	Anxiety and Depression problems	I feel angry and irritated Moody and depressed. Feelings of loneliness. I am having anxiety I am not interested Feeling sad and worried, Frustrated and not happy. Easily irritated and impatient
4	Social Withdrawal problems	I am not interested in friendship. Disturbed family relationship
5	Spiritual problems	Feelings of helplessness and hopelessness. I am not at peace with myself and others. I am disinterested in spiritual matters. Angry with God. There are times I question God why me?
6	Desire for Hastened Death	At times thinking of ending the life itself. Feels like if I were dying"

DISCUSSION

The one thing, that persisted through all the narratives, was tiredness. In listening to the terminally ill patients, their problems are endless. There are similar studies in which patient's experience issues like fatigue, neuro-cognitive impairment, and mood disturbances, physical, social, and psychological consequences⁴. Another qualitative study recommends a need for practice tools and health professional education to support the patient's condition⁵. Those patients who have good support from the family also have faith in God and have got a glimpse of hope and happiness. This hope is that maintains them through days, weeks, or months of suffering. Those who are hopeless want to end their life. Hence these themes all reveal that terminal cancer patients have certain special needs that have to be addressed and they need help not only medically but also a lot of emotional support.

CONCLUSION

Along with the patient's self-report of the symptoms, a multi dimensional approach is useful to elicit more information. This article would create greater awareness among all the concerned people working with terminally ill cancer patients on what intervention strategies should be utilized to help them and to take measures to improve their quality of life as well as, how the belief in God can help gain a more positivistic outlook towards death and the core role spirituality and the belief in karma can play in the counseling of the patients and their families.

Declaration by author: This is my original research work

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