

Review Article

A Good Ending—Holistic Care for Patients with Head and Neck Cancers

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Abstract.

Terminal head and neck cancer is one of the most distressing ways a person may die as it affects the patient's quality of life widely. The comprehensive multidisciplinary management of patients' physical, psychosocial, and spiritual needs will enhance the possibility of patients and their families obtaining the best quality of life. This includes adequate symptom control, being treated as a whole person and achieving a sense of completion. By such holistic care, patients will experience a peaceful ending.

Keywords : Head and neck cancers, Hospice palliative care, Quality of life, Good death

綜合評論

頭頸部癌症患者的安寧療護

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中文摘要

末期頭頸部癌症對生活品質的廣泛影響，使其成為最痛苦的死亡之一。完整而全方位的照顧，針對患者身心靈需求的提供，特別是足夠的症狀控制、整體性的評估及

治療，使病患得到身心靈的整合，將可大幅提高病患及家屬的生活品質。透過全人照顧的方式，善終將是可以期待的。

關鍵字: 頭頸部癌、安寧緩和醫療、生活品質、善終

INTRODUCTION

Hospice care is an active total care of patients with progressive, far-advanced disease and a short life expectancy to achieve the best quality of life for patients and their families through the control of physical symptoms, psychosocial and spiritual problems [1]. The model of care is holistic, since the experience of patients is dependent on the interaction of physical, psychological, social, and spiritual factors. Because every patient is unique, optimal care needs to be individually tailored, though patients with the same cancer may face similar problems. There is currently little material available about the care of the final phase of life in patients with head and neck cancer.

In spite of extensive progress in oncology treatment, cure rates for head and neck cancer have only increased slightly during the past few decades. As local control has improved with the use of multimodality therapy, failure patterns have changed, with an increased proportion of patients who fail distantly. This is the cause of death in nearly a third of patients [2, 3]. Second primaries in the head and neck region are common, in perhaps one in eight patients, and are associated with a poor prognosis [4]. In cases of recurrent or residual disease of head and neck cancer, the efficacy of salvage treatment is mostly limited, and only effective for a short period of time [5-7]. Due to disease-related factors (recurrent tumor site, fungating malodorous tumors, body-image change), the adverse

effects of treatments (morbidity), and patient-related factors (psychological problems, substance dependence, lack of economic or family support), patients with head and neck cancer present particular challenges to health care professionals. Thus, management of this disease in the terminal phase is best provided by an interdisciplinary team.

In this article, we review the literature on the terminal phase of head and neck cancer patients, and provide information about the specific physical, psychosocial, and spiritual distress faced by such patients and their families, as well as the challenging complex problems encountered by professional care givers. This may enable each member in a comprehensive care team to cooperate well in the provision of real “total” care for those patients.

PATIENTS

Terminal head and neck cancer is one of the most unpleasant ways a person may die [8] since the structures of the head and neck are disfigured by tumor, previous surgical interventions and side effects of radiotherapy, and the dying process is slow, lingering, and painful [9]. Most patients want to experience a ‘good death’. Though the concept of a good death varies between individuals, especially between health care professionals and patients [10-12], the maintenance of dignity, freedom from distressing symptoms, and a comfortable death have always been considered top priorities by patients and their families when they recognize that their disease is incurable [12-15]. Steinhauser et al. identified several factors important for a good death, including adequate symptom control, clear decisions about management, being treated as a ‘whole person’, making preparation for death, and achieving a sense of completion [16]. The following

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