

# Psychological Fidelity: Nurses and Nursing for Terminally Ill Cancer Affected Individuals

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## Abstract

Cancer is a non-communicable disease that brings conformational changes among healthier connections of brain in terms of psychological stability. This disrupts congenial feelings between different relationships of a Family. Cancer is a metastatic disorder disorders healthier connection in and between people which will be established purely on the aspects of psychological enumeration of perceptions. Psychological faith plays a vital role in establishing better preview in relationships between family members and in and around people having connection with them. In this article we presented the interactive psychological and nursing modularity which paves the way for the increased longevity to survive in terminally ill cancer patient.

**Keywords:** Cancer; Psychological; Metastatic disorder; Nursing; Terminally ill cancer patient

## Introduction

One of the increased global burden threatening diseases is Cancer which is increasing Day by Day. Nearly, of about 14.1 million cancer cases were recorded around the world by 2012. Of these, 7.4 million cases were in men and 6.7 million in women. This number is expected to increase to 24 million by 2035. Lung cancer, the most common cancer that contributes 13% of the total number of new cases diagnosed in 2012 worldwide. Likewise, Breast cancer (women only) the second most common cancer (1.7 million) and Colorectal cancer, the third most common cancer (nearly 1.4 million) new cases were diagnosed in 2012 [1].

Cancer probabilities are increasing day by day and is the second common disease in India with maximum mortality rate of 0.3 million deaths per year [2]. Failure expression of clinical therapies in treating cancer patients is due to recurrence or relapse. Recurrence properties extrapolate intra and inter tumor heterogeneity of cancer between same or different cancer patients or within the tumor of different types. The facial expression of cancer doesn't show any correlation between phenotype and genotype.

Failure of conventional therapies is the root cause for the progression of the cancer. Intrinsic revelation states that Cancer metastasis is due to subclonal diversification of normal cells into subsets of stem like cells. These cells can be termed as cancer stem cells or cancer initiating cells. These diversified cells can differentially activate and escape from the resistant mechanisms causes tumor heterogeneity. Because of these metastatic fuelling which is malignant, expresses its persistence towards treatment and provokes drug-resistant recurrence. Frequent recurrence and those patients which are having higher probability of cancer stem cells can be termed as terminally ill cancer patients.

For the treatment of the cancer, two strategically developments are necessary. One, general management of the patient should be performed in a multidisciplinary approach especially who are having primary tumors needs surgical intervention. Second, more emphasis and deep studies about Cancer Stem Cells (CSC) induced hypoxia thereby identification of factors involved during tumor angiogenesis will break the stem cell plasticity and its therapeutic control.

As a part of general management of the patient, caring the patients plays a significant role in their life expectancy development. Nursing in about caring the patients, serving terminally ill cancer patient who admitted in organization is one of the difficult tasks.

Patients admitted for palliative care usually suffering with last stage in different Carcinomas and they are ready to be expired without fixed time boundaries. Early integration of palliative care principles will be helpful to improve the life expectancy in patients with advanced cancer [3,4]. Palliative care may include prevention and relief of suffering by early identification and impeccable assessment, treatment through life-prolonging treatments (chemotherapy or radiation therapy) [5]. Focus on Palliative home care services was significantly developed between 2005 and 2012. Palliative home care teams had increased from 0.55 to 1.13 per 100,000 citizens and found Sweden had been highest in Europe making the maximum coverage.

Physical distress is less pivotal than mental distress during the adverse drug treatments after investigation that needs more attention. In replica, focus on making the patient as target than the terminally ill life is needed. This makes us to give first priority towards respecting individual needs which has diverse meets of demands in terms of their assets, priorities, rigorous decision making and right intervention [6]. Palliative care Nursing prioritizes significant mental health and quality-of-life benefits, suggesting the value of integrating symptom management interventions into routine care. Moreover, mental health services can play a key role in primary palliative care, especially for those with advanced diseases [7].

## Literature Review

### Personal interaction and presentation

With a series of interactions with the terminally ill cancer patient until the moment of their death, nursing the patient will give sweet memories by leaving footprints of many experiences. As a part of nursing the patient, many memorable and unforgettable incidents will become a great experience on part during others. Patient's care

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relies on the parameters of their traditionalism, familial interactions and their counteracting impact, name, fame and their background even from the time of their forefathers. Hierarchical decadency might impact patient's traditional, discipline and systematic in implementations also shows significant influence on psychological fragility. Turning all their likes and dislikes might be another reason to make the patients psychologically healthier irrespective of palliative drug altered state dominations. During palliative journey with the patients till their retirement unto death they must never left their traditional daily activities, dietary restrictions and faith which makes them to survive by developing strong will power.

### Factors influence journey with psychological fidelity

**History:** Terminally ill patients and their nature of work till the last day may themselves explain the kind of tensions and irregular day wise habits they faced [8]. This might be one of the faces of a coin in their life. Due to irregular timings and disturbance of regular habits, opens another face of the coin that makes them to be exposed for treatment in altered state. Healthier age dominates the disease condition in the form of their will power and confidence. This was the first seed to be planted in the mind of the nurses as to cure and fight against disease is not the only way giving right diagnosis and relevant medication during treatment. Psychological fidelity plays major role for patient's total recovery.

**Ailments other than carcinoma:** Consider getting cancer and might its advancement to last stage of palliative care is not the lifetime enemy. They should consider as side effect, another face of the life coin. They should digest and mentally decide to stay along with till the end of the life. They should realize that it's just an ailment and not the enemy. This makes them to understand that they should stay along with ailment as family member till the end of his death. From birth, they are having abnormalities as congenital, physiological, and anatomical and so on. Apart from other face of the coin of life as during their second stage, these abnormalities create lacunae in their psychological pot makes psychological strength as an ailment. The duty of the nurses during their palliative care is not to be mentally disturbed by retaining their confidence and their psychological fidelity based on their likes and dislikes. This pays more attention in the form of gaining the throne of their life to survive for some more time.

**Personal drift:** An unexpected effect on their life in some cases might be in the form of losing their close companions in the form of objective, married or in other financial forms. People will tries to choose an alternative for continuation of their life even though they lose their close companions. Drifting them on unknown sunken ship in the form of carcinoma and advanced stage will be another battle for them to overcome the psychological fidelity. This makes a lot of impact on their personal, psychological and physical impairment.

### Discussion

Preparation and survival is one step and preparing minds to survive is another step. Extrapolating life expectancy, the above one is another angle of terminally ill patients of their life. Carcinoma patients after confirmed diagnosis by senior oncologists and confirming the time of survivality is the time of struggle and stage of initial psychological fidelity. That stage of distress proves life expectancy either increase or decreased states. Conveying the state of the condition of patient is another big challenge in terms of their psychological acceptance. Without conveying to the patient creates immense pressure and pain from different angles. One issue always strengthens in terms of caring terminally ill patients in improving life expectancy is not to lose

confidence and the Life will be always ruined only by psychological strength. I used to interact with so many cancer affected patients and I used to understand the pain of their disease and the degree that eats their psychological strengthness.

Due to periodical recurrence of cancers as the property, in spite of going regular treatment without fail, oncologists usually suggests them pain relieving therapies because of difficulties in proceeding further treatment. Now a days, pain relieving centers are coming where a ray of hope for them to survive for some more days. Pain relieving centers are a home for patients like terminally ill patient's hope of near and dearness. They need only love and affection by creating family environment [9]. These homes yells mind of nurses and family that due to their last days, must be always with them and don't left them even for a second. At these homes, Nurses role is more significant as making the concept of home environment and giving them love and affection through their family members. Nurses will be the part of another world of life expectancy towards the patients as patient's family will be in tears of ocean in as sorrowfulness. Determination and mind strength of the nurses without any deviation will always keeps the terminally ill patient with relief in pain and continuing with smiles of death journey.

### Conclusion

Relationship with the every terminally ill patient will always very closest and unforgettable chapter in the Nurses life and provoked them to do some good work to the society with new intention. This approach will always make them to understand the pain of the patients. Consider that as an opportunity to understand the metastatic pains created by a disease in relationships and familial interactions which makes fragile psychologically in spite of fidelity. In conclusion, I would like to express that disease assumption is a big disease as we are going to lose psychological strength day by day. We must not lose our Psychological strength at any point of our life especially as we are weak or suffering with any long/ short term diseases. Modules interms of separate model palliative Day care Units must be included as course work in nursing education that improves the way of treating the terminally ill cancer patients.

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