

Psychosocial Disparities in Cancer Care: The International Federation of Psycho-Oncology Societies Report

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Introduction

Cancer is a complex and devastating disease that affects millions of individuals worldwide. Beyond the physical toll it takes on patients, cancer also has profound psychosocial implications. The emotional, psychological, and social aspects of cancer care are crucial in improving the overall well-being and quality of life for cancer patients. However, a recent report by the International Federation of Psycho-Oncology Societies (IFPOS) has shed light on significant psychosocial disparities in cancer care across the globe. This article delves into the key findings of the IFPOS report and underscores the urgent need for addressing these disparities. Cancer care encompasses a wide range of medical, psychological, and supportive services aimed at providing holistic care to individuals diagnosed with cancer.

Description

With advancements in cancer research and treatment, the focus on comprehensive cancer care has grown, recognizing the importance of addressing not only the physical aspects of the disease but also the psychosocial and emotional well-being of patients. This article explores the various components of cancer care and emphasizes the significance of a multidisciplinary approach to support patients throughout their cancer journey. Medical interventions are at the forefront of cancer care, with a primary focus on diagnosis, treatment, and disease management. Oncologists and other medical professionals play a crucial role in providing personalized treatment plans, which may include surgery, radiation therapy, chemotherapy, immunotherapy, targeted therapy, or a combination of these approaches. The goal is to eliminate or control the cancer while minimizing the impact on the patient's overall health. Recognizing the emotional and psychological challenges that come with a cancer diagnosis, psychosocial support is an integral part of cancer care. Psychologists, social workers, counselors, and other mental health professionals provide emotional support, counseling, and therapy to help patients cope with the emotional distress, anxiety, depression, and fear associated with cancer [1,2].

They address the psychosocial impact on patients, their families, and caregivers, facilitating better emotional well-being and quality of life throughout the cancer journey. Palliative care aims to enhance the quality of life for patients with advanced cancer, focusing on managing symptoms, relieving pain, and providing comfort. It is not limited to end-of-life care but can be initiated at any stage of the disease. Palliative care teams work closely with patients, their families, and other healthcare providers to provide comprehensive support, addressing physical, emotional, and spiritual needs. Palliative care also recognizes the importance of communication and shared decision-making, ensuring that patients' values and preferences guide their care. The IFPOS report reveals that psychosocial disparities in cancer care are prevalent in both

high-income and low-to-middle-income countries. These disparities manifest in several ways, including limited access to psychosocial support services, inadequate screening for distress, insufficient mental health resources, and a lack of integration of psychosocial care into standard cancer treatment protocols. These gaps in care disproportionately affect vulnerable populations, such as individuals from lower socioeconomic backgrounds, ethnic minorities, and those living in remote or rural areas [3].

One of the primary concerns highlighted in the report is the limited availability and accessibility of psychosocial support services for cancer patients. While some high-income countries have well-established psycho-oncology programs, many low-to-middle-income countries lack such resources. This disparity leads to a significant proportion of cancer patients not receiving the necessary emotional and psychological support they require throughout their cancer journey. Distress is a common occurrence among cancer patients, encompassing a range of emotional and psychological challenges. The IFPOS report highlights the need for systematic distress screening and assessment in cancer care settings. However, such screening tools are not consistently implemented across all healthcare systems globally. As a result, distress often goes unnoticed and untreated, leading to increased suffering and reduced treatment outcomes. The report also draws attention to the scarcity of mental health resources within cancer care. The psychosocial impact of cancer can extend beyond the immediate treatment phase, requiring ongoing mental health support. Unfortunately, mental health services are often insufficiently integrated into cancer care programs, leading to fragmented and inadequate support for patients struggling with anxiety, depression, and other mental health conditions [4].

Psychosocial care should be an integral part of comprehensive cancer care. However, the IFPOS report reveals that the integration of psychosocial services into standard cancer treatment protocols is inconsistent and sporadic. The lack of coordination between oncology and mental health services hinders the holistic care approach needed for addressing the psychosocial needs of cancer patients. To bridge the psychosocial disparities in cancer care, the IFPOS report emphasizes the importance of multidisciplinary collaboration, increased funding for psycho-oncology services, and policy changes at the national and international levels [5].

Conclusion

The IFPOS report on psychosocial disparities in cancer care highlights the urgent need for global action to address these gaps. Cancer is not just a physical disease but also has profound psychological and social implications. By acknowledging and prioritizing the psychosocial needs of cancer patients.

Acknowledgement

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Conflict of Interest

No potential conflict of interest was reported by the authors.

References

1. Lehnbecher, Thomas, Brian T. Fisher, Bob Phillips and Melissa Beauchemin et al.

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- "Clinical practice guideline for systemic antifungal prophylaxis in pediatric patients with cancer and hematopoietic stem-cell transplantation recipients." *J Clin Oncol* 38 (2020): 3205.
2. Chau, Maggie M., Kathryn Daveson, Jan-Willem C. Alffenaar and Amanda Gwee, et al. "Consensus guidelines for optimising antifungal drug delivery and monitoring to avoid toxicity and improve outcomes in patients with haematological malignancy and haemopoietic stem cell transplant recipients, 2021." *Intern Med J* 51 (2021): 37-66.
 3. El Rouby, Nihal, John J. Lima and Julie A. Johnson. "Proton pump inhibitors: From CYP2C19 pharmacogenetics to precision medicine." *Expert Opin Drug Metab Toxicol* 14 (2018): 447-460.
 4. Hussain, Mustafa I., Tera L. Reynolds and Kai Zheng. "Medication safety alert fatigue may be reduced via interaction design and clinical role tailoring: A systematic review." *J Am Med Inform Assoc* 26 (2019): 1141-1149.
 5. Gonzalez, Daniel and Jaydeep Sinha. "Pediatric drug-drug interaction evaluation: Drug, patient population and methodological considerations." *J Clin Pharmacol* 61 (2021): S175-S187.

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