



## Study of Quality of Life in Palliative Care Cancer Patients

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### Abstract

**Introduction :** There is no single, accepted definition of what quality of life is. It is usually believed to be a multidimensional construct that assesses various facets or "domains" of life, such as functional, psychological, social, and physical well-being. However, the idea is inherently arbitrary because it depends on the patient's "appraisal" of how well they are now performing in relation to their ideal level of functioning. The Functional assessment of Cancer Therapy (FACT-G) scale is regarded to be the most acceptable scale to check the (QOL) of the cancer patients. The main aim of the study is to check the Quality of Life in oropharyngeal cancer patients. The objectives of the study are to evaluate the scores and check if palliative care can improvise the patients Quality of Life. Methodology: This was a observational type of study in simple random sampling technique was used . This study was conducted in Krishna Vishwa Vidyapeeth in the oncology department , palliative care unit for a duration of 6 months . A total of 50 oropharyngeal patients were included in the study who filled up the questionnaire .The questionnaire comprised of 4 different section with a total number of 27 questions. The questionnaire was given to the patient individually and filled and then the responses were analyzed using the Instat software. Results : Responses were given by 50 respondents where the results showed that 45% of the patients were content with the Quality of Life they have after being detected and some being operated for oropharyngeal cancers with the benefits of palliative care treatment.

**Conclusion:** The study concludes that only moderate level of patients are aware and benefited through the palliative care while there is much need to spread awareness and knowledge about the benefits that palliative care can have on patients Quality of Life.

Keywords: Quality of Life, Palliative care, oropharyngeal cancer , study

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### 1. INTRODUCTION

There is no single, accepted definition of what quality of life is. It is usually believed to be a multidimensional construct that assesses various facets or "domains" of life, such as functional, psychological, social, and physical well-being. However, the idea is inherently arbitrary because it depends on the patient's "appraisal" of how well they are now performing in relation to their ideal level of functioning. QoL is now a required component of evaluating novel medicines and plays an increasingly significant role in treatment decisions. It is one of the top research goals in clinical trial settings as a result.[1] Palliative care is described by the World Health Organization (WHO) as "an approach that improves the quality of life of patients and their families who are dealing with problems related to life-threatening illness

through the prevention and relief of suffering through early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual .2] Cancer rehabilitation has been split into four categories based on the physical and individual demands of cancer patients. Preventive, rehabilitative, supportive, and palliative care are the four types of rehabilitation at various stages of cancer.[13]

The necessity for palliative care is no longer associated with death because to scientific advancements that have successfully transformed many rapidly deadly tumours into chronic diseases with which patients may now live for years. Instead, all patients with serious or advanced illnesses should get palliative care, regardless of their prognosis or whether they have received disease-specific treatment. Research shows that palliative care enhances quality of life, symptom discomfort, patient and family well-being, and in some circumstances survival. Additionally, palliative care lessens the need for unneeded hospitalisations, diagnostic and therapeutic procedures, and intensive care that is not necessary. Professionals in hospice and palliative care are skilled in managing symptoms and possess the communication abilities required to support discussions with patients and families about treatment alternatives, preferences, and care objectives. Particularly, hospice specialists concentrate on providing care for patients who have consciously decided to stop receiving curative treatment and whose life expectancy is clearly restricted.[3]

A holistic approach is a crucial foundational principle. A "whole-person" rather than "organ specialist" approach is used in palliative medicine. Profession plays more emphasis on providing patients with active treatment than passive care. Despite the fact that much can be done to enhance their wellbeing, they are frequently ignored. Their standard of living does not have to be subpar. Palliative care physicians find it challenging to give palliative care outside hospital . The palliative day care facility offers minor medical treatments along with peer support, social/recreational activities, respite care, and tailored rehabilitation. Various therapeutic techniques as a way to help patients focus their minds and attention away from their sickness, therapies including relaxation, music therapy ,physiotherapy and art therapy are especially helpful in day care settings.[4] These carers, who are mostly family members, carry the majority of the financial and emotional difficulties of care without receiving any payment . The significance of their function is not only found in the fact that they take on the role of primary healthcare providers, but also in the fact that they enable those receiving care to remain in their social networks, minimising the need for formal resources and postponing or preventing their admission into institutions of care. The physical, mental, and social issues faced by those who provide care to ill persons have been identified as the caregiver's burden; this causes disruption in their lives and has repercussions can include medical illnesses, psychological diagnoses, and low quality of life . Thus, the majority of research emphasise the detrimental impact that the burden of being a carer has on the carer's health, including the emergence of anxiety , depression , and deterioration of health-related quality of life.[5]

Cancer is an aging-related illness and a leading factor in morbidity and mortality in the elderly. Most diseases are more likely to affect men and women over 60 years of age. Notwithstanding the obstacles and difficulties, understanding and assessing QOL in palliative care has advanced. It's crucial to keep in mind that as functional constraints and reality become accepted, an elderly person's expectations frequently change.[4]

Oropharyngeal cancers pose a serious public health issue in India. In addition to dealing with a potentially fatal condition, patients with tongue cancer also have to cope with how the disease and the necessary surgical operation may affect their quality of life (QOL). As a result, it is now widely believed that evaluating the effectiveness of treatment for oral tongue squamous cell carcinoma must place a high priority on health-related QOL. Clinical studies are increasingly using QOL as an end point because it is a crucial predictor of treatment success. Because social interaction and emotional expression heavily rely on the structural and functional integrity of the head and neck region. This is especially true for cancers of the mouth and throat. These patients struggle with a life-threatening illness in addition to how the illness and its treatment affect their appearance and vital bodily functions like eating, swallowing, and speaking. Reduced physical functioning as well as communication and social interaction issues, may result from this. In these people, depression is common.[7]

As far as we are aware, there is no precise definition of elderly patients in medical literature. Aged patients are divided into three groups by the National Institute on Aging: 65-74 years; "young old," 75-84 years "older old," and 85 years and more "oldest old." [8] The degree to which a patient accepts and comes to terms with a terminal illness will depend on their personality, religious background, and cultural upbringing, as well as the support and counselling they receive from carers and medical staff. Support for older adults' psychological, social, and spiritual needs is crucial at all times. The quality of an elderly patient's remaining days of life might be negatively impacted by worries related to dying alone and abandonment, what happens after death, and the moment of death itself. When an older patient is dealing with an incurable condition, special attention must be paid to their counselling needs.[4] Due to the functional and aesthetic ramifications of treating tumours in this area, managing malignancies of the mouth cavity is complicated. A number of the crucial head and neck functions, including breathing, speaking, deglutition, sight, smell, taste, and mastication, can be compromised either momentarily or permanently by trauma. Additionally, how others see us depends on our facial and oral appearances; the tumour itself may have a serious impact on our sense of self and confidence.[6]

Smoking and excessive alcohol consumption (more than five standard drinks per day) are considered to be the main risk factors for the emergence of oral SCC. Alcohol consumption of more than 50 grammes per day increases the relative risk of oral SCC formation. Chewing betel nuts is a significant risk factor for the development of oral cancer in subcontinental countries, where diagnoses of oral cancer account for approximately 50% of all cancer diagnoses. A different class of patients, usually middle-aged females who don't drink or smoke, is also recognised. Each oral cancer patient provides the treating physician with a distinct set of difficult, intricate, and interdisciplinary therapeutic issues, the resolutions to which have an impact on the patient's survival and quality of life.[9]

There is conflict between the requirement to gather general health status data that is mostly independent of the type of sickness or treatment being administered and the need to gather health status data that is particular to a given illness or treatment when analysing health-related QL in cancer patients. The Functional assessment of Cancer Therapy (FACT-G) scale is regarded to be the most acceptable scale to check the (QOL) of the cancer patients. As there are 4 main points which help in taking the patients overall evaluation. Including physical wellbeing, social/family wellbeing, relationship with the doctor, emotional

wellbeing and functional wellbeing where the patients activities of daily living also helps in telling the patients current health status.[10] Assessment of sexual needs is said to be prevented in part by a lack of information and poor communication skills. . According to some data, healthcare workers must do their part by promoting an environment where patients feel comfortable talking about their sexual needs.[11]

In conclusion, the FACT-G satisfies or surpasses all criteria for use in oncology clinical trials, including ease of administration, concision, validity, and responsiveness to clinical change. using it in a therapeutic setting trial enhances the ability to judge the relative importance of various QOL components from the viewpoint of the patient.[10]

## **2. METHOD**

This observational study was carried out in 50 patients who were undertaking palliative care. This study was carried out through different means some by circulating the hard copy of the forms and some by sending the google forms through different social media.

### **Sampling Method :**

Random Sampling Method was used and forms were sent to those who were diagnosed with Oropharyngeal Cancer .

### **Inclusion Criteria :**

Male and female diagnosed with Oropharyngeal Cancer with age group 60 to 75 years

### **Exclusion Criteria :**

Individuals with any other form of cancer , AIDS .

### **Sample Size:**

It was calculated using the formula  $4pq/L2$ . The sample size calculated was 49 .

### **Research Tool and data collection:**

Data was collected by circulating the questionnaire Functional Assessment of Cancer Therapy (FACT-G) scale and was circulated among with patients suffering from Oropharyngeal Cancer between the age group 60 to 75 years . The scale was even translated in Marathi for the convenience of the respondents .

### **Ethical Committee approval:**

The study was approved by Institutional Ethics Committee of Krishna Vishwa Vidyapeeth , Karad . An explanation about the study and the questionnaire was given to the respondents and informed consent was obtained from them. They had the authority to not participate in the questionnaire. All the respondents participated voluntarily and their confidentiality was maintained throughout the study .

### **Questionnaire:**

The Functional Assessment of Cancer Therapy (FACT-G) scale was used which is a authorized scale used to access the Quality of Life in Cancer patients . The scale was divided into demographic data which gave the information of the respondents like the name , age , gender . The scale has been divided into 4 sections 1. Physical Well-Being 2. Social/Family Well-Being 3. Emotional Well-Being 4. Functional Well-Being .The scale in total has 27 questions Informed consent was taken from the participants before filling out the questionnaire .Each question showed the patients current Quality of Life and helped in accessing the need of Palliative Care in these patients

After collection of the data ,it was entered into a Microsoft Excel sheet and was analysed using Instat app. The data was presented as counts and percentages according to the question. A P<0.0001 was obtained which is considered to be significant.

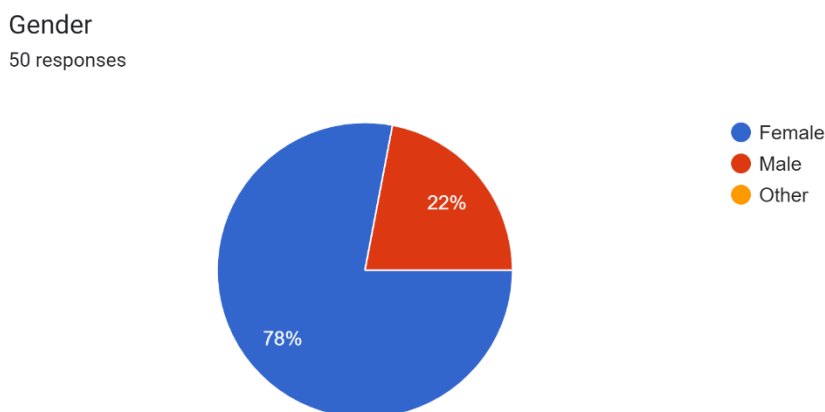
**3. RESULT**

The purpose of the study is to check the Quality of Life in Palliative Care patients. There were in all 27 questions , 7 questions based on the physical well being next 7 based on the social/family well being which also has a questions where the respondents were given the choice of not answering which asked regarding the sex life of the patient 6 questions based on emotional well being and 7 based on the functional wellbeing of the patient .

The responses were given by all 50 respondents diagnosed with Oropharyngeal Cancer undergoing palliative care.

Out of total 27 questions 8 questions were selected for analysing the data. The data collected was analysed by the statistician using Instat application .The prevalence rate of the study showed that 45% patients Quality of Life improved through the palliative care .

On the basis of gender : 22% shows male and 78% shows female



On the basis of FACT -G questionnaire

**TABLE :1**

**Illustrates Physical Wellbeing**

- 1.I have lack of energy
- 2. I feel ill

| Not at all | A little bit | Somewhat | Quite a bit | Very much |
|------------|--------------|----------|-------------|-----------|
| 12%        | 38%          | 30.6%    | 14%         | 6%        |
| 14%        | 26%          | 32%      | 20%         | 8%        |

**TABLE :2**

**Illustrates Social Wellbeing**

- 3. My family has accepted my illness
- 4. I feel close to my partner

| Not at all | A little bit | Somewhat | Quite a bit | Very much |
|------------|--------------|----------|-------------|-----------|
| 0%         | 28%          | 6%       | 38%         | 27%       |
| 10%        | 9%           | 8%       | 45%         | 28%       |

**TABLE:3****Illustrates Emotional Wellbeing**

5. I am losing hope in the fight against my illness

6. I worry about dying

| Not at all | A little bit | Somewhat | Quite a bit | Very much |
|------------|--------------|----------|-------------|-----------|
| 2%         | 36%          | 33%      | 16%         | 12%       |
| 4%         | 4%           | 14%      | 18%         | 59%       |

**TABLE:4****Illustrates Functional Wellbeing**

7. I am able to work (include work at home )

8. I am content with Quality of Life right now

| Not at all | A little bit | Somewhat | Quite a bit | Very much |
|------------|--------------|----------|-------------|-----------|
| 8%         | 38%          | 16%      | 33%         | 4%        |
| 8%         | 46%          | 32%      | 6%          | 6%        |

**4. DISCUSSION**

The primary aim of the study was to check the Quality of Life in Oropharyngeal Cancer patients receiving palliative care in Krishna Vishwa Vidyapeeth. Palliative Care was accepted to be too much western idea but the enormous amount of useful results the treatment shows is accepted globally. The main agenda that lies behind is not only the care but also to add more life to the days and eventually better the survival of the patient. Palliative care was not recognized much before but its enormous benefits has increased the approach of people towards it. The study conducted at Krishna Vishwa Vidyapeeth showed that the physical and emotional well being in the patients were most affected . It is noteworthy that the patients who started early palliative care as an outpatient showed good results in their Quality of their living. Through frequent screening and early participation, signs like pain and despair could easily be identified. Pain, chewing, swallowing, taste, saliva production, recreation, speaking, physical attractiveness, overall activity, and shoulder pain were all considered. The surgical location caused pain. [7] There was a previous study carried out in Africa which showed certain results that the prevalence was highest for certain symptoms like feeling sad, pain, lack of energy. And also that the patient burden of cancer is now high, and if epidemiological estimates are true, the burden of advanced malignant disease will become a substantial public health and therapeutic concern.[12]

The most prevalent symptom among cancer patients is fatigue. Patients with advanced cancer frequently experience overwhelming weariness. Because of its ubiquity, it is frequently cited as the most bothersome symptom that causes the most disturbance with everyday life. Fatigue is connected with psychological disturbance, symptom distress, and decreased functional status in cancer patients.[16] Breathing exercises, relaxation techniques and certain assistive devices . Physical therapists' actions in hospice and palliative care can be divided into three categories: direct patient treatment, education of the patient-family care

unit and colleague health professionals, and teamwork. The acute care hospital is the most typical location for physical therapy care.[13]

QOL is an important indicator of treatment outcome and is used increasingly as an end point in clinical trials. Patients with head and neck cancer are prone to psychological problems because social interaction and emotional expression depend to a great extent upon the structural and functional integrity of the head and neck region. This is particularly true for cancer of the oral cavity and oropharynx. These patients struggle with a life-threatening illness in addition to how the illness and its treatment affect their appearance and vital bodily functions like eating, swallowing, and speaking. This could result in diminished physical and role functioning, as well as communication and social interaction issues. In these patients, depression is common.[14]

Providing comfort measures, such as changing positions and enhancing hygiene, helps patients minimise their concentration on their physical discomfort and makes them more capable of remaining socially and emotionally engaged. From a palliative perspective. Most patients consider self-esteem and personal image to be crucial parts of care. They want to be physically clean and devoid of odours and bodily fluids, and they want to appear normal despite the fact that they are dying. The QoL of terminally ill patients fell mostly due to diminishing physical functioning, whereas their social and spiritual functioning remained reasonably high.[16]

The study showed that 45% patients Quality of Life has been improved through Palliative care. Patients' overall activities improved because, prior to treatment, they were unable to perform their routine job duties; however, upon inquiry, it was discovered that this lack of activity was due to the combined effect of mental stress caused by cancer and pain, which was alleviated after treatment. As most physical domains steadily improved, so did patients' QOL.[15]

## 5. CONCLUSION

The study concludes that only moderate level of patients are aware and benefited through the palliative care while there is much need to spread awareness and knowledge about the benefits that palliative care can have on patients Quality of Life. Where physiotherapy can benefit in ways like direct care of the patient, patient education and even good knowledge to the caregivers or the family where betterment of Quality of Life remains the main motive for the patients.

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