

Pre experiences of the terminally ill individuals before treatment

Florance Jeyanthi Sevamalai*

INTRODUCTION

When a terminally ill individual achieve physical, psychological, social and spiritual contentment, then they are said to have achieved a good quality of life. The wants and needs of the terminally ill individual. They voiced out their fear of dying is with the way of dying rather than death itself [1]. They prefer a peaceful and dignified death, surrounded by their loved ones and not hooked on machines as they approach death. It is vital to listen and comply with the wishes of the terminally ill individuals. In this study, the participants were also concerned about being a burden to their family and willing to sacrifice or forgo treatment to spare financial burden. Family members play a vital role in this as they may be involved in the decision making of treatment.

When one is diagnosed with a terminal illness, the person will eventually come to terms with his/ her death but the family members are the ones who react to the situation. Both their personalities change towards the condition. This can lead to undesirable conflicts because both cannot understand and accept the reality. Physical changes due to illness can alter every aspect of these individuals [2].

TERMINAL ILLNESS

When one is diagnosed with terminal illness, they go through a tremendous psychological challenge which can result in emotional distress. They also experience personal growth and stronger relationship bonding during the course of the illness. All these are achievable if the symptoms and suffering are in control. Therefore, meeting the physical needs of a terminally ill individual becomes the utmost priority before addressing any other needs. There are many signs and symptoms a dying person would go through depending on their diagnosis. Pain or breathlessness are said to be the most feared symptoms by the terminally ill persons. Therefore, resolving physical symptoms will be the top priority in alleviating anxiety and fear [3]. Other commonly experienced symptoms that cause discomfort are nausea, vomiting, constipation, fatigue, loss of appetite, increased sleep patterns, loss of ability to function and loss of strength. Depression may set in as they progressively lose their ability to perform their daily activities. Individuals who are given reassurance that their end of life care will be as comfortable and painless as possible are able to face and accept their imminent death more readily. Exploring the thoughts and feelings in depth and breadth of the terminally ill persons in order to provide the 'care' that they need during their time of trial is important for care providers. It is important to realize that at some point their concern is not about getting cured but to come to terms with their illness and accept it. Understanding and exploring their innate needs can facilitate in meeting their goals [4].

Their emotions during this period of time are crucial to be addressed and validated and help them understand and accept their upcoming fate. Will their acceptance of death be easier for their loved ones to handle? What does a terminally ill person experiences and how does he/she face each stage of their remaining life. Despite many objections and rejections, Elizabeth Kubler Ross has studied the emotional upheaval a dying person may go through. She discovered 5 common reactions a person who is approaching death experiences-denial, anger, bargaining, depression and acceptance. These are the common reactions that a person goes through. However, these

emotions do not occur in that sequence and changes according to situation and condition of a person. These emotional reactions are commonly developed by an individual as a coping mechanism when they are facing a traumatic reality. This explains why emotional reaction of a terminally ill person can be complex and can fluctuate and care providers must be guided well in approaching these vulnerable people. A research on perspective of terminally illness in terminally ill patients was done, where the patients were interviewed to understand the context of their lives as they are approaching their end of life. This study was done to assist the healthcare providers in understanding the needs of hospice care and the underlying issues of end of life care. This study had helped to provide an insight to healthcare provider on what was the terminally ill person is experiencing and how it could help a healthcare provider to care for such patients. Advanced medical technology has its influence in prolonging the lives of terminally ill individuals. The issue on patients' desire on how they wish to die versus medical advancement that defies their wishes by prolonging life. Patients being so frail and vulnerable towards the end of their lives are not allowed to choose how they wish to die as decisions are made by their loved ones. In such situation, care providers can help in creating a platform for these individuals to empower and help them to make own decisions about how they wish to die. Dying patients do not have the liberty to decide what they want as they approach the frailty of their health towards the end of life [5].

Ideally, dying patients and their family would prefer to experience a good end-of-life care physically, psychologically, emotionally and socially. Failure to provide the necessary care may end with a distressful and painful experience, both for patient and the family members. Therefore, preparing a dying person psychologically and emotionally for their imminent death is vital in ensuring for family members to accept death and go through the bereavement period rather smoothly. A paradigm shift where death should be accepted as part of life and allow a peaceful and dignified death. The researcher believes that with right guidance and approach this can be achieved if we understand their needs. Care providers may play a vital role in preparing them for their end of life stage where understanding, listening to them and feeling what they feel can be important factors to address. It is important that terminally ill patient be counseled and addressed holistically and not just medically. Their emotions, psychological needs, future plans, personal issues should be discussed that the physicians who treating these persons should also play the role of counselor. A few examples of questions that can be asked were explained in this article. However, a doctor does not have much time in a single follow-up/appointment to address the emotional and psychological aspect of a terminally ill person where they rush patients through an appointment. Ideally a counselor's role plays an important part to address the concerns that these patients may have. By exploring the needs in terms of emotion, psychological, physical, and social and coupled with validation and motivation can help find some meaning in what is left of their life.

CONCLUSION

A study on the perspective of cancer patients on cancer and its treatment in Malaysia, reveals that majority of their participants related their condition to God's will regardless of their religion. They believe that this is a way to receive absolution from God for their sins. Religious belief is a strategy they

Department of Psychology, HELP University, Lumpur, Malaysia

Correspondence: Florance Jeyanthi Sevamalai, Department of Psychology, HELP University, Lumpur, Malaysia, E-mail: florance.jeyanthi@ramsaysimedarbyhealth.com

Received: August 09, 2019, Manuscript No. PULJNRP.19-1076; **Editor assigned:** August 16, 2019, PreQC No. PULJNRP.19-1076 (PQ); **Reviewed:** August 30, 2019, QC No. PULJNRP.19-1076; **Revised:** July 19, 2022, QI No. PULJNRP.19-1076; Manuscript No. PULJNRP.19-1076(R); **Published:** August 22, 2022, DOI: 10.37532/2632-251X.2022.6(7).1-2.



This open-access article is distributed under the terms of the Creative Commons Attribution Non-Commercial License (CC BY-NC) (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits reuse, distribution and reproduction of the article, provided that the original work is properly cited and the reuse is restricted to noncommercial purposes. For commercial reuse, contact reprints@pulsus.com

develop to cope with cancer. This explains how existential tradition helps to find balance between knowing the limits and tragic dimension of human existence and possibilities and opportunities of human life has plainly explained how culture, belief, practices and rituals are vital in caring for the terminally ill. In this article, a simple gesture of combing hair has brought such comfort and satisfaction to both the individual and their loved ones. By looking into the needs of a dying individual, the researcher hopes to create some meaning in the lives of these terminally ill individuals.

REFERENCES

1. Corey G. Theory and practice of counseling and psychotherapy. Cengage learning. 2011.
2. Creswell JW. Research design: Qualitative and quantitative approach. London: Publications. 1994.
3. Loh EC. Observed experiences: Cultural differences in caring for dying patients in Malaysia. *Int Arch Nurs Health Care*. 2015;1(006).
4. Nguyen K. Exploring patient perspective at end of life: qualitative interviews with terminally ill patients.
5. Woo, JA, Maytal, G, Stern, TA. Clinical challenges to the delivery of end-of-life care, primary care companion. *J Clin Psy*. 2006; 8(6): 367-372.