



## Palliative Care for Women's Cancer Care

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As per WHO the Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable treatment of pain and other problems, physical, social, psychosocial, and spiritual.

Palliative care not only assist patients with a serious life-threatening illness in achieving the goals like control of pain and other symptoms but it also helps to relieve the burden on family members and strengthen relationships, gain a realistic understanding of the nature of the illness and what to expect in the future, understand the pros and cons of available treatment, name decision makers in case of loss of decisional capacity, helps in advance planning and to place the financial affairs in order.

It addresses the person as a whole and involved in a holistic approach in preventing, offering treatment to the disease and its side effects. It also addresses the complete eco-system of the patient including the entire gamut of their social, cultural and emotional needs.

Women's health focuses on many health challenges and health conditions that are peculiar only to women or that impacts women differently than men. As per the International Agency for Research 2020 on Cancer, "globally female breast cancer has surpassed lung cancer as the most commonly diagnosed cancer, with an estimated 2.3 million new cases". Breast cancer represents approximately 25% of all the cancers diagnosed among women globally. Similarly Colorectal, lung, cervical and thyroid cancers are also common among women's and contributed more than 4 out of 10 cases of all

cancers (excluding non-melanoma skin cancer). Cervical cancer the fourth most common cancer in women is responsible for significant numbers new cases diagnosed every year. Cervical cancer patients experience various types of suffering like swelling in the legs, dull backache, vomiting because of bowel issues like constipation, bleeding, fatigue and loss of appetite etc. The suffering of the Cervical Cancer patients may require additional inputs of trained expertise, regular and affordable medicines and working equipment.

Since in low and middle-income countries, women's cancer cases are going up and are detected at a late stage, this often calls for a far advanced symptom management, treatment and, if possible, at-door step palliative care. Providing palliative care for women with cancer, particularly in rural areas, suffers from lack of skilled manpower resources, equipment and in some states even a lack of proper policy intervention. To make the palliative care accessible to those with advanced or incurable disease we need to create proper physical infrastructure including trained resources. This will create an enabling atmosphere to these women and their families. Availability of adequate opioid and related pain relief options for cancer-related pain is always a matter of concern. The multifarious challenges regarding availability, affordability of the opioid and the legislative unwillingness in this regard is a serious matter of concern for the care givers of the patient. This requires perseverance and continuous dialogue with all the stake holders for continued progress to improve accessibility and infrastructure for palliative care.

Cutting across different strata of society cancer causes pain, distress, and untold miseries, disrupt lives especially during the ter-

minimal stage of life. Among the most widely applicable pain-relief measures are palliative radiotherapy and surgery, analgesic medications and psychological support system. This calls for access to well-developed health care facilities; which are largely available in prominent urban areas of middle and high-income countries. In most of the low-income countries and in some areas of all countries the inadequacy of palliative care facilities are too glaring to ignore.

The global cancer burden is expected to be 28.4 million cases by 2040, which is a whopping 47% rise from 2020. It is expected that the impact of the associated human suffering will be more visible in coming decades. The low-income countries will suffer more as compared to lower-middle, upper-middle and high income countries. Breast cancer will be the single largest contributor among all cancers in women. The change is due to demographic shifts in population and will be further aggravated by increasing risk factors associated with globalization and an aspiring population. Many women cancer patients will die with unnecessary sufferings, if we fail to make affordable and accessible Palliative Care available at their door steps which is in sync with other cancer programmes. We will be failing as a society if we can't have an integrated approach to all Cancer treatment protocols and palliative Care. If we intend to control cancer globally then we must build a sustainable, locally supported and integrated infrastructure where cancer prevention measures and Palliative care are given equal focus along with cancer treatment.

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