نویسنده: مرکز مطالعات کیفی، دانشگاه علوم پزشکی تبریز، تبریز، ایران.

چکیده: این مطالعه از نظریه‌های تشکیل دهنده نظریه‌های پرستاری، در سال 1396 در شهر تبریز، با توجه به نیازهای پرستاری در بیماران سرطانی، ضرورتی مغفول مانده این بیماری هستند که کاهش بار علائم را به خود اختصاص داده است. در این مطالعه، کاربرد نظریه‌های تشکیل‌دهنده نظریه‌های پرستاری در بیماران سرطانی، ضرورتی مغفول مانده این بیماری هستند که کاهش بار علائم را به خود اختصاص داده است. در این مطالعه، کاربرد نظریه‌های تشکیل‌دهنده نظریه‌های پرستاری در بیماران سرطانی، ضرورتی مغفول مانده این بیماری هستند که کاهش بار علائم را به خود اختصاص داده است. در این مطالعه، کاربرد نظریه‌های تشکیل‌دهنده نظریه‌های پرستاری در بیماران سرطانی، ضرورتی مغفول مانده این بیماری هستند که کاهش بار علائم را به خود اختصاص داده است. در این مطالعه، کاربرد نظریه‌های تشکیل‌دهنده نظریه‌های پرستاری در بیماران سرطانی، ضرورتی مغفول مانده این بیماری هستند که کاهش بار علائم را به خود اختصاص داده است. در این مطالعه، کاربرد نظریه‌های تشکیل‌دهنده نظریه‌های پرستاری در بیماران سرطانی، ضرورتی مغفول مانده این بیماری هستند که کاهش بار علائم را به خود اختصاص داده است. در این مطالعه، کاربرد نظریه‌های تشکیل‌دهنده نظریه‌های پرستاری در بیماران سرطانی، ضرورتی مغفول مانده این بیماری هستند که کاهش بار علائم را به خود اختصاص داده است. در این مطالعه، کاربرد نظریه‌های تشکیل‌دهنده نظریه‌های پرستاری در بیماران سرطانی، ضرورتی مغفول مانده این بیماری هستند که کاهش بار علائم را به خود اختصاص داده است. در این مطالعه، کاربرد نظریه‌های تشکیل‌دهنده نظریه‌های پرستاری در بیماران سرطانی، ضرورتی مغفول مانده این بیماری هستند که کاهش بار علائم را به خود اختصاص داده است. در این مطالعه، کاربرد نظریه‌های تشکیل‌دهنده نظریه‌های پرستاری در بیماران سرطانی، ضرورتی مغفول مانده این بیماری هستند که کاهش بار علائم را به خود اختصاص داده است.

کلیدواژه‌ها: ارائه مراقبت تسکینی، بیماران حاضر در مراحل پایان زندگی، بیماران سرطانی، کاهش بار علائم.
مراقبت تسکینی، سرطان، پرستار

کلید واژه‌ها: مراقبت تسکینی، سرطان، پرستار

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فهرست منابع
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“Letter to Editor”
Development of Palliative Care in Cancer Patients: A Neglected Necessity

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Through the current century, cancer has been one of the most challenging diseases worldwide(1). According to the latest statistical and epidemiological surveys, cancer is the third leading cause of mortality in Iran following cardiovascular diseases and traffic accidents(2). It is expected to witness the emergence of 130 new cases of cancer in Iran by 2025, which is at least 35% higher than the current statistics. Maintaining the current situation and providing essential services to Iranian cancer patients require an increase in resources. Therefore, it is significantly crucial to focus on this issue in the country(3). The World Health Organization (WHO) has introduced palliative care as a solution for improving the life quality of patients with refractory diseases and their families. According to this organization, 34% of patients requiring palliative care are cancer patients, only 14% of whom receive palliative care. It is notable that about 78% of these patients live in the low or middle-income countries(4). Caring for cancer patients includes all stages of the disease, from diagnosis to the end of patients’ life. Therefore, palliative care which provides comprehensive care for the patient and his/her family is emphasized for these patients(5). Review of the literature on this topic showed strong and definite evidence that confirmed the positive effect of palliative care services on the reduction of the symptoms of disease and improvement of satisfaction and the quality of life of patients(6). Almost all studies examining health care costs have found palliative care cost-effective for the health system and the patient, which is more evident for cancer patients due to causing a reduction in the cost of care and hospitalization(7). According to a study by the International Observatory on End of Life Care (IOELOC) in the UK in 2011 on the overall condition of providing palliative care in the world, Iran was in the group 2 based on 2006 annual report, which indicated the lack of formation of any structural activity regarding palliative care in this country. However, based on the 2011 annual report, Iran has been upgraded to the group 3a, which means providing palliative care in a limited and separate form. The approach to the integration of care in developed countries is such that palliative care is provided globally and systematically and is accessible to all people in the community(8). Evaluation of advanced health systems demonstrated that various models of palliative care are applied for cancer patients, including Hospice, home-based palliative care, hospital-based palliative care, ambulatory-based palliative care clinics, pediatric palliative care, palliative care consultation services, spirituality palliative care model, community-based palliative care model, and early based palliative care(9). For instance, as the leading country in terms of palliative care, England provides 1139 palliative cares for adults (including 356 home-based care, 305 hospital counseling teams, 257 daily clinics, 158 Hospice, and 63 hospital beds) and 258 pediatric palliative cares (including 112 hospital counseling teams, 112 home-care teams, and 34 Hospice).

In Iran, palliative care is not provided coherently for cancer patients, and no fundamental measures have been taken to establish such models. Despite the importance of this topic, palliative care has become a major challenge for the health system(8). In general, palliative care is often provided by a team as it is

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an interdisciplinary work, wherein nurses play an important role in helping the palliative care team improve the patient’s condition\cite{10}. Nonetheless, most nurses, especially in the underdeveloped countries, provide care to cancer patients through the typical means as they lack a thorough knowledge of different palliative care models\cite{1}. On the other hand, palliative care is a highly complex issue and a multi-dimensional concept. In Iran, the existing knowledge on palliative care has not been well-defined and has not been seriously addressed in the education curriculum of nurses\cite{11}. Considering the effectiveness of palliative care in improving the quality of life of patients at the end of life and reducing the treatment costs in long-term, paying attention to the contexts and providing funding for establishing various palliative care models in the country are essential and inevitable. In order to provide high-quality services to cancer patients in end stages, increase the familiarity of nurses with various palliative care models in the nursing field, and use such models in care planning, it is necessary to put attention to this issue on the agenda of health policymakers at various levels. In the end, it is recommended that comprehensive reviews and operational studies be carried out with quantitative and qualitative approaches to lay the foundation for this field.

**Keywords:** Palliative Care, Cancer, Nursing


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