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Desire to Hastened Death in Cancer Patients

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ABSTRACT

The diagnosis of cancer in patients instills suffering, helplessness and isolation which demands the patients to hasten the progression of disease and expect death sooner. Data generated has identified multiple factors affect adaptation to trauma and emotional burden in cancer patients. These include social support, spiritual wellbeing, socioeconomic status, self-esteem, physical distress and disease factors like stage of the disease. The aim is to study and analyze desire to hastened death in cancer patients. Two composite scales have also been developed: the Personal Meaning Index (PMI) derived by summing the Purpose and Coherence dimensions and the Existential Transcendence (ET) derived by summing the scores on the Purpose, Coherence, Choice/Responsibleness, and Death Acceptance and subtracting the scores on Existential Vacuum and Goal seeking. Only 2 statistically significant co relation were found Females performed better in both PMI and existential transcendence scores, Good prognosis is associated with better performance on PMI and existential transcendence scores. Meaning in life was positively related to psychological well-being (r=0.66) and negatively related to symptom distress (r=-0.27). The personal meaning index was positively related to psychological well-being (r=0.70) and negatively related to symptom distress (r=-0.25). Three aspects of meaning were measured, including global meaning (participant’s beliefs and goals), motivation to find meaning and spiritual meaning. Though cancer presents physical, psychological and existential challenges to the patient, it was hypothesized that the ability to maintain meaning in life would remain. The study supports the concept that cancer is experienced simultaneously as suffering and as a trigger for meaning. Results speak to the clinical complexity of the dynamic experience of suffering and meaning in cancer. We need to better understand the impact of physical suffering and meaning in the lives of this population and to actively work toward the enhancement of social support and connection with others for this group. Optimal palliative and family-centered care blended with therapies that promote a sense of meaning of life lived appear crucial to ameliorate suffering.

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Key Words
Suffering, adaptation, existential, psychological

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INTRODUCTION

The diagnosis of cancer in patients instills suffering, helplessness and isolation which demands the patients to hasten the progression of disease and expect death sooner. Data generated has identified multiple factors affect adaptation to trauma and emotional burden in cancer patients. These include social support, spiritual wellbeing, socioeconomic status, self-esteem, physical distress and disease factors like stage of the disease[1].

Cancer is the second leading cause of death next to Heart disease. It is associated with progressive disability and health decline. Although there have been several studies regarding the cost of care burden in cancer patients, little is known about the heart wrenching stories and the attitude of the patient towards life while fighting cancer.

The diagnosis and progression of cancer can be a traumatic event in the lives of those affected and may trigger fears of suffering, disability, helplessness and isolation. Distress may arise in a substantial minority of those with advanced disease in the form of depression and hopelessness and, in a smaller number, with the loss of the will to live or a desire for hastened death[2].

One highly stressful and significant part of care is the communication issues and problems. Talking about death with a terminally ill person or the family can be truly challenging. Dealing with psychological problems has been found to be more stressful than dealing with physical problems. Staff members with higher death anxiety face difficulty in dealing with death of their patients. Most palliative care staff members wonder what to talk about in such a situation., whereas, it is active listening to the terminally ill person or the family, which is satisfying to the patient, relative and the staff[3].

Spirituality has been defined as the way in which people understand and live their lives in view of their ultimate meaning and value. It is a subjective experience that occurs both within and outside of traditional religious systems. Spiritual concerns are typically awakened at the end of life and the lack of meaning at that time may have an important bearing on the will to live[4].

Although predictive of religiousness and spirituality, spiritual well-being is considered primarily an individual state or outcome, rather than a set of beliefs about divinity, humanity, or ultimate truth. Lack of spiritual well-being has been associated with depression in cancer patients and the terminally ill, and with lower tolerance of physical symptoms. In the terminally ill, spiritual well-being can act as a buffer against depression, hopelessness and the desire for hastened death. Overall, the evidence suggests that spiritual wellbeing is an important protective factor against psychological distress in patients with advanced and terminal disease[5].

Aims and Objectives: The aim is to study and analyze desire to hastened death in cancer patients.

MATERIALS AND METHODS

Sample Size: A total of 154 patients were selected by simple random sampling with cancer taking palliative treatment, with age above 18 years. Only 38 patients were selected after applying exclusion criteria.

Data Collection: Data was collected through interviews, mental status examination and review of medical records. Clinical evaluation included detailed history regarding the present symptoms, physical and emotional.

Instruments of Assessment: Demographic and clinical profile and the schedule of attitudes of hastened death scale.

RESULTS AND DISCUSSIONS

Table 1: Variable and Value

Variable	Value
Sample Size	38
Mean age	59.7 Years (S.D.7.3)
Age Range	46-71 Years
Female Proportion	16(42.1%)
Mean Duration of Diagnosis	9.1 Months (S.D.3.9)
Prognosis	Poor: 12(31.6%) Average 11(28.9%) Good 15(39.5%)
Type of Cancer	Breast -7 Buccal -9 Cervix -7 Gall Bladder -3 Liver -2 Lungs -7 Prostrate -2 Thyroid -1

Scoring for scale used for assessing desire to hastened death. Scoring consist of true/false response to 20 questions. And a response of >10 is considered as desire to hastened death.

Table 2: Descriptive Statistics of PMI and Existential Transcendence Scores

Values	PMI	Existential transcendence
Mean	28.4	27.7
S.D	5.9	8.6
Range	15-38	6-45

The study was conducted on palliative/post-operative patients with cancer, in tertiary care hospital in Navi Mumbai, with functional English. Patients were excluded if they were diagnosed <a month earlier or were unable to give consent. 38 patients were included (22 Male/ 16 female).

Table 1:

Age and Gender: As seen in (Table 1), in our study, age was found to have no statistically significant correlation WHICH shows distribution according to age. The mean age in group 59.7 Years (S.D 7.3) years. With a age range of 46-71 years and prominent gender as 22 male candidates out of 38 subjects. Female are in total 16 (42.1%). This male to female ratio stands true as., In 32 of 35 cancer sites, males had a higher incidence

Table 3: Important Factors

Criteria	Test	Results_ PMI	Results existential transcendence
Sex	T test	Male mean value: 25.8 Female: 31.8 P<0.05 Significant statistically	Male mean value: 24.7 Female: 31.8 P<0.05 Significant statistically
Prognosis Poor vs avg/good	T test	Mean score-poor: 21.9 Mean score-avg/good:31.3 P<0.05 Statistically significant	Mean score-poor: 18.9 Mean score-avg/good:31.8 P<0.05Statistically significant
Age and duration of disease	Linear regression	Age is negatively correlated while duration of disease positively but both are not statistically significant	Age is negatively correlated while duration of disease positively but both are not statistically significant

rates consistently across geographical regions. The three exceptions were thyroid, gallbladder and anus cancer that had higher incidence rates in females.

Prognosis: Subjects were then classified into three groups good, average, poor prognosis. As seen the table we found distribution as Poor: 12 (31.6%).

Average: 11(28.9%) Good: 15 (39.5%).

The Schedule of Desire to Hastened Death Scoring:
Score: No participant had a positive response was found.
Table 3 Descriptive statistics of PMI and existential transcendence scores.

- **Two Composite Scales have also Been Developed:** the Personal Meaning Index (PMI) derived by summing the Purpose and Coherence dimensions and the Existential Transcendence (ET) derived by summing the scores on the Purpose, Coherence, Choice/Responsibleness and Death Acceptance and subtracting the scores on Existential Vacuum and Goal seeking.
- Only 2 statistically significant co relation were found.
- Females performed better in both PMI and existential transcendence scores.
- Good prognosis is associated with better performance on PMI and existential transcendence scores.
- Meaning in life was positively related to psychological well-being (r=0.66) and negatively related to symptom distress (r=–0.27). The personal meaning index was positively related to psychological well-being (r=0.70) and negatively related to symptom distress (r=–0.25).
- Three aspects of meaning were measured, including global meaning (participant's beliefs and goals), motivation to find meaning and spiritual meaning. Though cancer presents physical, psychological and existential challenges to the patient, it was hypothesized that the ability to maintain meaning in life would remain. Supporting this theory, participants displayed a higher global meaning and motivation toward meaning than for healthy norms and similar levels of spiritual wellbeing to other cancer populations.
- The connection to others creates a sense of belonging and thus meaning and a counter to the isolation that often accompanies adversity. Feeling connected with others has been found to enhance hope, meaning, awareness of life appreciation and desire to liveand is clearly central to overall improved adjustment[6].
- Existential distress was shown to influence wellbeing, increase psychological distress and lower global meaning. Loss of meaning reduces a person's ability to maintain a positive outlook and a purpose in life. Clearly, then, it is important to attend to the existential aspect of a person's life when assessing their strengths and resources as well as in the setting of distress.

The study supports the concept that cancer is experienced simultaneously as suffering and as a trigger for meaning. Results speak to the clinical complexity of the dynamic experience of suffering and meaning in cancer. We need to better understand the impact of physical suffering and meaning in the lives of this population and to actively work toward the enhancement of social support and connection with others for this group. Optimal palliative and family-centered care blended with therapies that promote a sense of meaning of life lived appear crucial to ameliorate suffering.

CONCLUSION

Females found to score on Personal meaning index (PMI) as well in Existential transcendence. Patients with good or average prognosis achieved in both Personal meaning index and Existential transcendence. Women found to be more adjusted to the events as compared to men. Feminine nature and compassion out of it may be the reason for above results. Inclination towards the holistic approach towards the problem is required as belief itself change the outcome. Hope itself is the lock on the thought of hastened death. So it's good to be hopeful and hope can be given without any capital cost. "its free".

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