

Rehabilitation and palliation of cancer patients

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Hermann Delbrück

Rehabilitation and palliation of cancer patients

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CONTENTS

Preface of the author	IX
Preface of the European academy	XI
FIRST PART	
Structural characteristics and interventions in the implementation of rehabilitation and palliation	3
Psychological support and self-help groups in cancer rehabilitation and palliation	27
Social support in cancer rehabilitation and palliation	51
Vocational integration in cancer rehabilitation	65
Pain management in cancer rehabilitation and palliation	81
SECOND PART	
Rehabilitation and palliation of breast cancer patients	127
Rehabilitation and palliation of ovarian cancer patients	189
Rehabilitation and palliation of patients with gastric cancer	217
Rehabilitation and palliation of patients with pancreatic cancer	245
Rehabilitation and palliation of patients with colon cancer	279
Rehabilitation and palliation of patients with rectal carcinoma	299
Rehabilitation and palliation of patients with bronchial cancer	335
Rehabilitation and palliation of patients with prostatic cancer	385
Palliation of cancer patients in terminal care	429

PREFACE OF THE AUTHOR

To improve quality of life for cancer patients has been the endeavour of the author for the past 25 years in rehabilitation and palliation. This goal is the guiding theme throughout the book. The book contains experiences of the author and specific instructions how to assess, treat, and evaluate rehabilitation and palliation in cancer patients.

During the last two decades improving the “quality of life” has been the focus of attention in the medical oncology community. It has increased in importance because it has a significant affect on the patients over all well-being. In fact quality of life is now the second parameter after survival used to evaluate the effectiveness of new potentially curative first line oncological therapies. The invasiveness of some of the current therapies and the restricted life expectancy of many patients led to the change in therapeutic paradigms. Rehabilitation and palliation have become an essential part of modern comprehensive cancer care. There are many excellent textbooks in cancer management which provide therapeutic recommendations thereby influencing the disease. However, this book focuses on improving well-being of cancer patient versus curative measures.

The author would like to emphasize that well-being and quality of life must not be confounded with wellness. Well-being in cancer patients simply means: “To extend the patient’s ability to perform the daily life activities, as long as possible”. Quality of life includes subjective and objective aspects as well. To maintain quality of life is an important challenge not only for health aftercare service, but also in palliative and terminal situations. It is easy to confuse the true meaning of rehabilitation and palliation health care. Rehabilitation does not focus on prolonging survival but rather on improving the patient’s quality of life. However, this is also the goal of palliation. But the difference is rehabilitation attempts to re-establish impaired functions, while palliation focuses on the alleviation of symptoms. Another way to understand the difference is: “The worse the prognosis for the patient, the greater the importance on palliative measures.”

The establishment of quality assurance measures and guidelines has been a driving factor in improving cancer therapy in last decades. However there are very few quality measures and guidelines pertaining to rehabilitative and palliative oncology. Perhaps the primary reason is due to the subjective interpretation of such measures regarding quality of life. Few publications exist which discuss quality and how to secure it in rehabilitative and palliative treatments. An important aspect of this book actually provides and discusses objective criteria and parameters which can be used to evaluate the effectiveness of such measures.

Outcome assessment in most clinical trials is affected by a purely medical and somatic understanding of the disease. This is reflected in the predominant use of oncological symptoms as the content of outcome measures. However, the assessment of other health aspects like psychological symptoms, interpersonal or social or vocational consequences of the disease, seems to be similarly, if not more, important and should be considered in quality of rehabilitation. It has been the concern of the author to accent the need for a holistic approach in management of cancer after care.

Management of cancer appropriately focuses on prevention, early diagnosis, and cure but following effective treatment, most cancer patients will experience some significant symptoms and complications during the course of their illness or treatment. In addition to their physical symptoms, patients and families are burdened with psychological, social, vocational, and spiritual difficulties. In consideration of the impressing therapeutic progress, we often forget the costs we pay for prolonging our lives. The price is not only subject to money, but has to be understood in terms of chronic functional deficits following “successful” therapies. One of the author’s goals was not only to specify possible unwanted side effects and sequelae of “successful” cancer therapies, but also to give instructions and help prevent, reduce and compensate these sequelae and handicaps. As the prognosis for most types of cancers improves, it becomes more important to ensure that all cancer patients regain maximum function and are able to live their life in a manner which is acceptable.

It has been the utmost concern of the author to point out that rehabilitation and palliation is a complex discipline that involves the interaction of many diverse medical health care providers. As a result it is important to understand that for a total optimum health care management solution a multi-discipline approach is required. Therefore, this book has been written not only for oncologists, but for all members of the rehabilitation and palliation teams.

A number of colleagues helped by reading parts of the manuscripts on which they had expert knowledge and by making useful suggestions: Priv. Doz. Dr. Dahl (New Zealand), Prof. Dr. McLellan (England), M. Pantaleo (U.S.A.), Dr. Rating (Germany), Prof. Dr. Sanner and Prof. Dr. Rasche (Germany), Dr. Witte (Germany). They should not be held responsible for possible errors.

Prof. Dr. H. Delbrück
42369 Wuppertal, October 2007
In der Krim 39

PREFACE OF THE EUROPEAN ACADEMY OF REHABILITATION MEDICINE

It gives us the greatest pleasure to write the preface to this book. It is the 5th published under the auspices of The European Academy of Rehabilitation Medicine by one of its members and it contributes significantly to our goal: “Making available information by experts in the field of Rehabilitation Medicine and allied disciplines; thereby enhancing the medical practice and ultimately benefiting the patients and disabled people.” The previous titles in this series are: *La Plasticité de la fonction motrice*, translated in Italian language, *Assessment in Physical Medicine and Rehabilitation*, *Vocational Rehabilitation*, and *Les fonctions sphinctériennes*.

Cancer, in its many forms, will affect many of us, perhaps one in four. Our populations in Europe are ageing, but are often relatively healthy for a much longer period of time than previous generations. Older people may have to work longer and they will most certainly expect to remain active, however many will not have access to the quality of rehabilitation expounded in this book. The knowledge contained in this book is also incorporated into the European Boards Examination in Rehabilitation Medicine. It will be invaluable to practitioners of Oncology and other disciplines. The treatment of people with cancer, whether it is curative, arresting the disease, or palliative, is not complete until their rehabilitation has maximised their ability to engage life to the fullest.

The European Academy of Rehabilitation Medicine consists of some forty members, distinguished in the field. They come from the majority of European countries. The logo of the Academy “*Societatis vir origo ac finis*” translated “Man is both the source and goal of society” personifies its existence. We seek to improve the life of those who are disabled or newly disabled. By endeavouring to draw attention to not only its own discussions and publications, especially related to ethical matters, but also by teaching, we are continuously educating medical practitioners and the general public.

In these ways it seeks to reduce the burden of disability and enhance people’s participation in the life of the community around them and the wider community.

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London/Lyon, October 2006
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