

## Editorial

# Travails of the terminally ill and dying with cancer

In a big yawn of death life is extinguished, ennui of existence comes to an end. The implacable pain evokes a cascade of emotions so does the idea of death and dying. Pain is not always somatic, but would also signify loss of dignity, incontinence, disfigurement, cognitive impairment, nutritional deprivation and immobility. Palliative care is a neglected aspect of cancer care. There are just a few hospices across the country. Patients who are terminally ill generally go through their last days in isolation, pain and neglect. It is generally the family who bears the brunt of managing such patients with hardly any assistance from a specialist. In fact family physicians can play a pivotal role in assisting the dying to cope with the final days of life. The family physician who traditionally has a long association with patients can play the role of a doctor as well as that of a counsellor. The challenges faced by the caregivers are many. The caregiver's dilemma in caring for the terminally ill are a plenty. Financial crisis, dislocation of professional life, exhaustion both physical and emotional can take a toll on the relative who are caregivers. However, for some, caring may be a spiritual catharsis, yet extending care at home is preferred though the infrastructure may remain inadequate in most cases.

The definition of terminally ill perhaps lacks a precise definition. It is accompanied by progressive disease, cachexia, brisk pain, drowsiness, incoherence and lack of the idea of the self. All these signs together or in some clusters are seen in the dying, and conventional treatment which is expensive may not be productive. Symptoms like anxiety, depression, and existential crisis are rarely addressed though very common. The recommended pain management of liberal opioids and anxiolytics accepts the doctrine of double effects. It states that the use of such strategies may shorten the lifespan while alleviating pain.

Pain management is an art. There are a many modalities to choose starting with nonopioids, opioids, antiepileptics and antidepressants to nerve blocks, radiation, chemotherapy and surgery. There are frequently used alternate methods like

biofeedback, breathing and relaxation exercises, distraction, hypnosis, imagery, massage and transcutaneous electrical nerve stimulation. The management of pain still remains an area of concern. Many patients go undertreated.

Spiritual crisis of the dying is not only the most neglected but a very difficult aspect to address. The religions background, belief systems, educational status, religion and past history of mental illness play a crucial role. A person may wonder the very meaning of existence, while, some will be beset with remorse for the mistakes in their lives. A highly religious of some denomination will find happiness in the idea of going to heaven as promised by their religion.

There are different methods to approach the dying. The psychodynamic approach may involve a therapist help resolve anxiety, resentment and a sense of being infantilised through a dialogue. A humanistic approach relies on integrating the philosophy of human nature in dialogue. It could be the philosophy of existentialism or the one derived from their religion and culture. Nondenial of death and a need to live a good life till death is at its core. The behavioural approach is yet another way. Many of the above methods may indeed not be possible to implement. Few others may believe in the cyclical nature of life and the immortal soul. The disruptive death that is an untimely deaths makes the crisis even more than that of the nondisruptive death. Effective communication between the caregiver and the dying may help but, not always, as the one who one is dying is always alone. Opioids control pain, anxiolytics, psychotropics definitely do help alleviate the sense of hopelessness or fear.

There is a renewed interest in including cannabis sativa for pain management and alteration of consciousness. A small study by Stanislav Grof has demonstrated a beneficial effect of controlled administration of lysergic acid diethylamide (LSD), psilocybin. Aldous Huxley the famous writer who was administered. LSD died a peaceful death. His wife described Huxley's last few days with LSD as not only peaceful but pleasant, in fact her

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observation was that the entire process of dying was similar to a beautiful song approaching it's final segment. His anxiety and agitation ceased and he was at peace in death.

Any management to spiritual anguish is indeed complicated. It is time to look at hallucinogenic as on of the options

besides other proven methods. Grofs recent study does nudge towards it.

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