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# Work of mobile groups on palliative care at home for cancer patients in Almaty, Kazakhstan

**Abstract.** The establishment of oncology palliative care system is one of the priorities of clinical medicine worldwide, and the Republic of Kazakhstan is no exception. Nevertheless, despite advances in the diagnosis and treatment of cancer, the problem of providing palliative care to patients with advanced malignant tumors requires a fundamental solution. Mobile palliative care is one of the modern humanistic methods of providing support to dying cancer patients and their relatives.

**Keywords:** oncology, palliative care, mobile team, quality of life.

**Relevance.** Traditionally, palliative care (PC) as an independent direction of oncology all over the world, including the Republic of Kazakhstan, since cancer patients in the terminal stage are more than others in need of deliverance from pain and unbearable suffering.

The purpose of PC is to improve the quality of life of patients and their families facing this life threatening disease. This goal is achieved by prevention and alleviation of sufferings through early detection, thorough assessment and relief of pain and other bothersome physical symptoms, as well as the provision of psychosocial and spiritual support [1].

It is difficult to overestimate the role of PC. The number of cancer patients is growing every year. More than 10 M new cancer cases are diagnosed in the world each year. Despite the use of new diagnostic methods, about half of the patients come to the doctor in the advanced stage, so today the oncologists have not only to use the most effective methods of cancer treatment, but also to help patients whose days are numbered [2-3]. Patients who can no longer be cured by all available methods of modern medicine need supportive therapy, the maximum relief of symptoms, the creation of the most comfortable conditions of existence in the final stages of their life. These conditions are included in the concept of PC. The burden of heavy worries and experiences to a large extent falls on the relatives of the patient, and they have to be prepared as much possible for the coming difficulties [4].

In the Republic of Kazakhstan, due to the cultural traditions and accepted social norms, palliative patients usually prefer to stay at home, among relatives and family members. These circumstances dictate the need to organize mobile teams (MT) to provide PC at home. Such teams provide both medical and psycho-social services.

The assessment of the quality of life of patients receiving PC at home necessitates improving the model of providing PC aimed at maximizing the quality of life of patients and their families.

**Materials and methods.** During 2017, 248 cancer patients of Clinical group 4 on dispensary record and obser-

vation at the City Cancer Center of Almaty were taken under the patronage of MT specialists.

Prior to the provision of mobile PC, the conditions of the patients was assessed using the diagnostic card 'The initial assessment and monitoring of pain' (as approved by the Academic Council of Kazakh Institute of Oncology and Radiology. The Certificate of Implementation No. 6 of 2017). The diagnostics was carried out according to the following criteria: pain; fatigue; nausea, vomiting; depression; anxiety; insomnia; dyspnea; loss of appetite; constipation; diarrhea; bleeding. The questionnaire was filled out by the patients themselves or the relatives taking care of them (Table 1). Each patient received medical, social and psychological assistance during at least 45 minutes; the MT specialists also carefully studied the outpatient cards and discharge reports, and collected as much information as possible from the family members – caregivers.

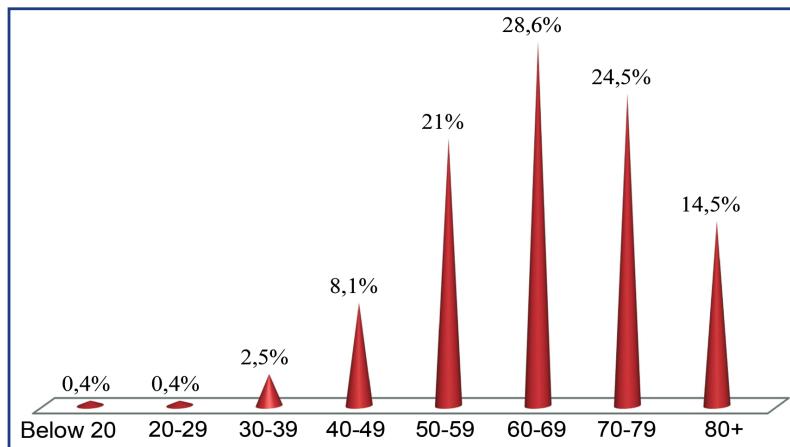
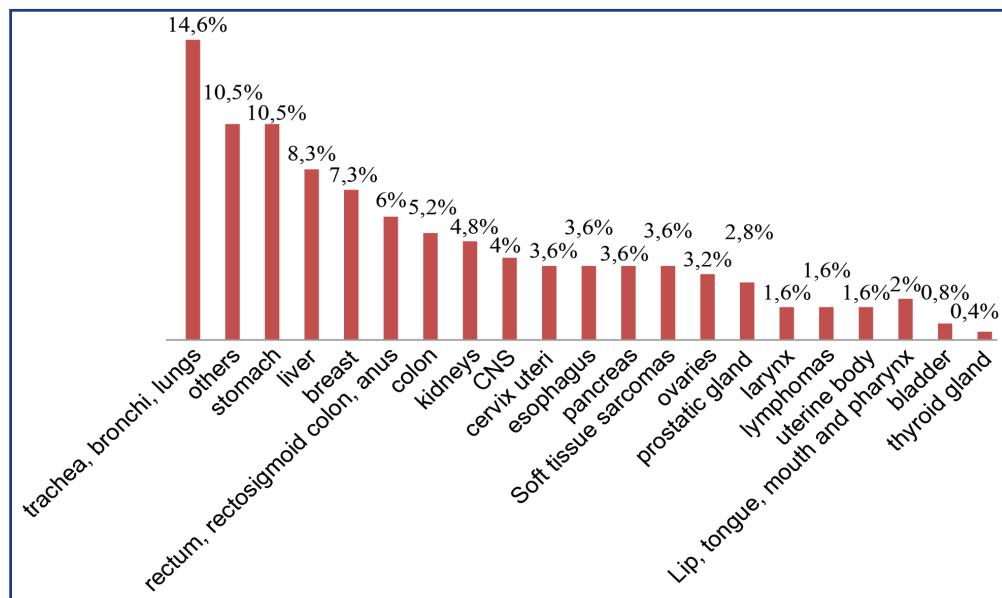
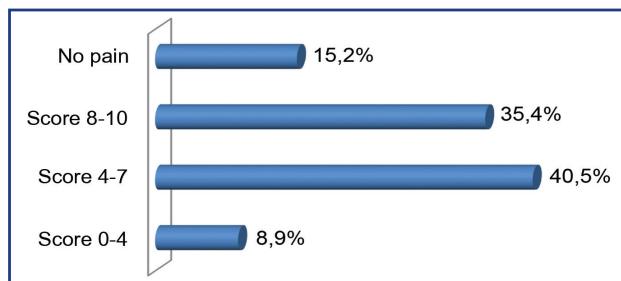
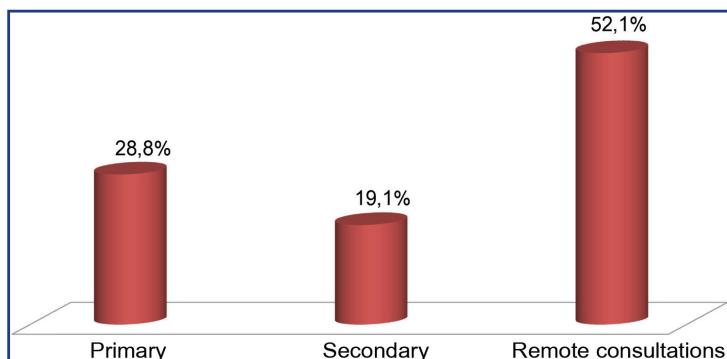
**Table 1 - Distribution of patients by gender**

	Frequency	%
Husband	117	47.0
Wives	131	53.0
Total	248	

Figure 1 shows the prevalence of patients aged 60 to 69 years (28.6%), followed by the patients aged 70 to 79 years (24.5%) and the patients aged 50 to 59 years (21%).

Figure 2 indicates that most of the patients receiving PC suffered from cancer of the trachea, bronchi, lungs – 36 (14.6%), then, the stomach cancer – 25 (10.5%), and liver cancer – 21 (8.5%). Other 26 patients (10.5%) had melanoma, Klatskin tumor, multiple metastases in the vertebrae without a primary lesion, and other tumors.

The pain was the main pathological symptom torturing patients with malignant tumors. As can be seen in Figure 2, 210 (84.8%) patients had a chronic pain syndrome, with pain intensity above 4 points on a 10-point'scale.

**Figure 1 – Age-related incidence rate****Figure 2 – The cohort of patients observed by the mobile team****Figure 3 – Pain assessment on a visual analogue scale (VAS)****Figure 4 – The number of visits of mobile teams to cancer patients in the palliative stage**

In 2017, 248 (28.8%) cancer patients of the 4th clinical group were taken under the patronage of MT specialists. MTs have visited 412 (19.1%) patients. 450 (52.1%) patients received remote consultations. In some cases, depending on the condition of the patients, they were dynamically monitored by telephone.

**Table 2** – The number and types of services provided to palliative cancer patients at home

Medical services		Social services	
Treatment (primary surgical debridement) of the tumor necrosis area, pressure sores	180	Diapers, diapers, dressings, walkers, anti-decubitus mattresses	180
Clysters	98	Oxygen apparatus	18
Installation of nasogastric tube	36	Transporting of patients	58
IV infusions	847	MT services	450
IV, IM, SC injections	1320	Functional bed	36
Bladder catheterization	60	Methods of psychological support	350
Tracheostomy sanitation	53		

When assisting a seriously ill person, it was very important to establish contact with him and his relatives. The patient and his family were experiencing perhaps the most difficult period in their lives. And it was the PC specialists who had the opportunity to support them and help cope with the difficulties encountered along the way.

It was important to ensure the participation of professionally trained staff in the provision of PC. Information material (instructions, leaflets) and structured family teaching model helped to train the family members to support the patient. Teaching the family members to take care of the patient was required for the relatives of the patients who received treatment both in outpatient and inpatient settings.

During the patients' visits in 2017, 2594 medical procedures were performed. 450 family members taking care of cancer patients have been served by the MT members: they've been instructed about the patient's nutrition regimen and standards, hygienic and medical procedures, as well as the patterns of behavior with the patients in the terminal stage of cancer in order to improve the quality of life of patients (keeping the "patient's diary", performing sanitary and hygienic procedures, the prevention of bedsores).

Some families of terminal patients were to be prepared for the possible death of their relative at home. It was important to discuss with the relatives the aspects of emotional support for the patient, the need to take care of themselves and the issues of organizing their own rest, what they were to expect when death was approaching, how to behave if death happened at home, how to talk to the patient about death and dying, about the process of farewell, about the positive aspects of caring for a loved one, about sharing responsibility between family members and friends, as well as when to seek help.

#### Benefits of MT for the patients:

- Getting assistance at home free of charge
- Having a constant contact with the TM members
- The adjustment of analgesic and symptomatic therapy
- Nursing care and teaching the relatives to take care of the patient
- Psychological and social support
- Rent of special devices (oxygen concentrator, functional bed, chairs, etc.)
- Provision of care items and consumables
- The ability to transport the patient

All patients and their family members were provided with contacts of MT specialists for communication and for receiving additional consultations by phone. It allowed prioritizing the visits to patients depending on the severity of their condition and the availability of information on emerging issues.

Benefits of MTs for the Almaty Cancer Center and the PHC system:

- This type of care is very much in demand, is accepted with gratitude and improves the image of the medical institution;
- It reduces the hourly and psycho-emotional stress of the regional oncologists and therapists;
- It ensures continuity of complex cancer care;
- With good care from relatives, the quality of PC provided at home is comparable in its efficiency with inpatient treatment.

**Conclusion.** The development of palliative care mobile teams is vital for our Republic. According to the recommendations of the European Association for Palliative Care (EAPC), mobile palliative care to cancer patients is one of the most effective forms of palliative care.

Providing palliative care, both in outpatient settings and in the framework of mobile teams, palliates not only the condition of the patients themselves, but also the lives of their relatives and friends.

Comprehensive care – medical, nursing, psychological, social and spiritual – is provided to patients and their families at all stages of patient care.

The mission of a mobile team is to improve the quality of life of cancer patients and create a sustainable model for providing palliative care at home.

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