

Editorial Άρθρο Σύνταξης

Psychiatric Department of General Hospital and patients with cancer

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Cancer is a disease with a variety of psychological and psychiatric dimensions. It affects a large part of the general population and this fact reflects increased needs for psychosocial interventions. Both treatment of these patients in the outpatient setting of General Hospitals and hospitalization are followed by several requests for psychiatric care.

Indeed, a substantial proportion of cancer patients (up to 75%), suffer from a mental disorder, predominantly adjustment disorders, depression, anxiety disorders and delirium, which often coexist with problems from alcohol and tobacco. Even patients who do not meet the criteria for a psychiatric disorder are confronted with symptoms associated with the psychic impact of cancer. These symptoms concern the disease, the mythology of cancer as well as the difficulties in communication with the staff of the hospital and sometimes existential matters.

Both families and the social networks can be helpful to the patient's effort to deal with the new reality of cancer in his/her life. However, sometimes they are a source of additional problems and complicate patient's coping with his/her disease.

The role of Liaison-Consultation Psychiatry is crucial in detection, assessment and treatment of these psychosocial problems. In this way, quality of life of a cancer patient may be improved. Concurrently, the team of Liaison-Consultation Psychiatry may help doctors to improve their therapeutic relationships with patients. These relationships should be based on the principals of communication and empathy towards the patient. This approach contributes not only to patient's compliance to the treatment, but also to the satisfaction that he receives from medical care. In addition, psychotherapeutic interventions such as individual or group therapies can be applied to the General Hospital. In particular, the group therapies encourage patients to share common experiences and to learn patterns of adjustment to the disease.

The treatment of terminal ill raises clinical issues which are often extremely complicated. A lot of symptoms like pain, fatigue, insomnia and anorexia exacerbate the condition of the cancer patient. These symptoms usually appear due to comorbidities of cancer with mental disorders and treating them improves quality of life. When the end of life approaches, therapeutic goals are supporting the family and encouraging the patient to express his feelings. Additionally, medical staff should be assisted in its effort to balance the therapeutic approach, by avoiding over implication in one hand and the lack of empathy and understanding on the other.

However, the treatment of cancer patients for psychiatric problems has some limitations in a General Hospital. Firstly, the brutality of disease's symptoms can confine the temporal and spatial features of therapeutic interventions. Especially, the hospitalization of these patients in the psychiatric department is sometimes impossible because of the fact that the severity of the disease requires that the treatment of cancer patients takes place in pathological or surgical departments. These circumstances ensure an immediate care not only by the respective medical specialties, but also by the appropriate trained nursing staff.

The communication of cancer patients with their doctors can become an additional source of stress for both of them. This complication may render their treatment difficult. This happens because giving information to the

patient about cancer is an extremely demanding process, which can not be simply formal. Doctor-patient communication must take place within a therapeutic relationship where the patient feels confident, understands what his doctor explains and be encouraged to express his questions, fears and concerns. Nevertheless, a doctor can not sometimes recognize his own fears dealing with a life threatening disease such as cancer. This difficulty embarrasses doctor and complicates doctor-patient communication. A dominant fear of patient is often the recurrence or exacerbation of the disease, which seems to be inevitable and definitely in these cases a psychiatric intervention is needed.

The holistic treatment of cancer patients is possible in a General Hospital since the access is ensured not only to different specialists, but also to mental health professionals. Psychiatric interventions regard the psychological and psychiatric problems of cancer patients, family support and also extend to the education of involved health professionals.

In conclusion, the presence of Psychiatric Departments in General Hospitals is an opportunity for patients with cancer regarding the management of their problems which should be seized for their best benefit.

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