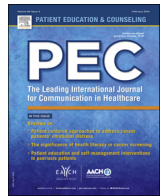




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Review article

Life values of elderly people suffering from incurable cancer: A literature review

Anne Ebenau^a, Jelle van Gurp^{a,b}, Jeroen Hasselaar^{a,*}

^a Department of Anesthesiology, Pain and Palliative Medicine, Radboud University Nijmegen Medical Center, Nijmegen, Netherlands

^b Department of IQ Healthcare, Section Ethics, Radboud University Nijmegen Medical Center, Nijmegen, Netherlands

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ABSTRACT

Objective: Due to aging Western societies, older patients suffering from incurable cancer will present themselves more often to health care professionals. To be of service to these severely ill elderly patients, more knowledge is needed on which life values are guiding them through their last phases of life. This review aims to describe which life values play an important part in the lives of elderly people suffering from incurable cancer.

Methods: We conducted a literature review with a structured search to identify empirical studies (January 1950–February 2016) using six databases.

Results: The analysis of thirty articles resulted in the extensive description of eight life values: comfort, continuity, humility, dignity, honesty, optimism, hope and preparedness.

Conclusion: Elderly patients suffering from incurable cancer use the abovementioned life values to give meaning to a life interrupted by disease. Furthermore, these values will play a role in communication and decision-making.

Practice implications: Knowledge about life values can help professionals discuss and clarify personal preferences with elderly patients suffering from incurable cancer, contributing to more personalized care and treatment. Communication should focus on to what extent patient empowerment, life-prolonging treatment and the involvement of the patient's supporting systems suit the wishes of these patients.

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* Corresponding author at: Department of Anesthesiology, Pain and Palliative Medicine, Radboud University Nijmegen Medical Center, P.O. Box 9101 (internal code 549), 6500 HB Nijmegen, Netherlands.

E-mail addresses: Anne.Ebenau@radboudumc.nl (A. Ebenau),

Jelle.vanGurp@radboudumc.nl (J. van Gurp), Jeroen.Hasselaar@radboudumc.nl (J. Hasselaar).

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1. Introduction

As a consequence of aging, elderly people suffering from cancer are a prominent and expanding patient group in Western societies [1–4]. However, knowledge on (the treatment of) cancer in elderly people is limited, as cancer research usually focuses on traditional outcomes, such as survival and disease response, in younger populations. Research that takes the particularities of elderly patients with cancer – e.g., physical vulnerability, cognitive decline, co-morbidity, different social contexts, generational characteristics and particular life perspectives – into account, is largely lacking [3,5]. Additionally, the gathering of first hand empirical data is even more hindered by the patients' frailty at the final stages of terminal disease and the professional caregivers being protective of their frail, older patients [6].

The available literature suggests differences in quality of life (QOL) between elderly and younger patients suffering from incurable cancer, but this remains inconclusive. Elderly patients with advanced cancer are reported to experience a lower illness burden than younger patients with incurable cancer on palliative care dimensions: general physical well-being [7–11] and pain [7,12], psychological and emotional health (e.g., being less depressed) [7–10,13–17], social health [7,13] and spiritual and existential issues [8,9]. Additionally, the financial burden appeared to be lower in elderly patients compared to patients younger than fifty years of age [7,13]. Other studies, however, state that different age groups have the same or few differences in ratings on physical [18,19] psychosocial [19,20] and overall QOL [21]. More particularly, elderly patients with incurable cancer equally experience depression and anxiety about the future [15,22].

Awareness of a patient's life values by both patient and health care professionals (HCPs) is needed to design well-tailored care for the elderly patient [23]. In this review, life values are interpreted as *desirable* states, objects, goals or behaviors that a person uses to reflect on and evaluate personal actions and life events, as well as the actions and lives of others. Life values transcend specific situations. They form the base of normative standards that persons use to judge and choose among alternative modes of behavior. [24–26]. Communication about these often-latent life values is, however, complex. Self-reflection, analytic and cognitive competence, a certain vocabulary and the input as well as the sensitivity of others determine whether and how these values are recognized and available for use [27]. Explicit communication about life values requires a shared decision making process that is not only focused on a 'logic of a choice' but also on understanding patients' experiences of the 'messiness' of being sick: being vulnerable, dependent and feeling ill [28]. The literature shows, however, that congruency between the patients' and HCPs' ideas about treatment choices and the way that care is delivered is not a common practice [29–31]. More openness, knowledge and communication about the

life values, fears and desires of patients could improve person or patient-centered care [32,33]. Patient-centered care is considered to improve quality of life and well-being, self-efficacy, adherence to medications, and improved chronic disease control, without imposing higher costs [34].

This article provides a literature review on the state of knowledge on life values guiding and impacting the lives and lived experiences of elderly people suffering from incurable cancer. This paper's research question is: Which life values play an important part in the lives of elderly people (65±) suffering from incurable cancer? We aim to provide professional caregivers working closely with elderly patients with incurable cancer with insights into the patients' life values. This knowledge of life values is expected to help professionals look beyond a biomedical diagnosis alone, gain a more vivid picture of the individual patient, and know more about his/her lived experience and goals of care, which can balance previous assumptions by health care professionals [35]. Health care professionals' attention for life values may contribute to better disease-related outcomes and quality of life, as well as less unwanted care and procedures.

2. Methods

2.1. Search strategy

In February 2016, a structured literature search for articles on the life values of elderly patients with incurable cancer was conducted in six online databases (CINAHL, Embase, PubMed, Web of Science, MEDLINE and PsycINFO) and was centered around four themes: 1) palliative/terminal; 2) elderly people; 3) cancer, and 4) life values or perspectives. The search terms can be found in [Appendix A](#). The search focused on the period from 1950 to February 2016, and only articles written in the English language were included.

2.2. Selection

Studies were included if the research populations consisted of people who were 65 years old or older. Only empirical research was included, as it represents the actual expressions of life values by elderly patients with incurable cancer. Articles were excluded when they: 1) were about curable cancer (care); 2) did not originate from European countries, except for countries that share a cultural tradition, such as US, Canada and Israel; 3) lacked clear references to age or cancer; 4) contained only third-person perspectives; 5) focused on cost-effectiveness and; 7) n = 1 studies.

The first two authors independently screened the titles and, if relevant, more closely reviewed the abstracts of the 5.613 publications. Between and within every step, they discussed inclusion and exclusion until a consensus was reached. Two-

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