

## PALLIATIVE CARE TO IMPROVE QUALITY OF LIFE PATIENT WITH HEPATOCELLULAR CARCINOMA

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Received:	<i>Palliative care was multidisciplinary care that focuses on quality of life in patient with chronic disease. This intervention can be as support to patient with hepatocellular carcinoma. This study aimed was knowing about palliative care to improve quality of life patient with hepatocellular carcinoma. 5 databases were used in this literature search, they were Scopus, Pubmed, Proquest, Science Direct, and SAGE with keyword "Palliative care", "quality of life" and "hepatocellular carcinoma". Data was limited in last 5 years (2014-2019) and just literature in English that we are conducted. There were 15 selected journals from 2493 journal articles found. Palliative care was important for patient with hepatocellular carcinoma because it gave holistic care to patient and support for patient to suffer from cancer disease. Palliative give advantage for patients, and make them live longer, more comfort and ready to face peaceful end of life</i>
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### INTRODUCTION

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Hepatocellular carcinoma (HCC) is one of the cancer that occur as a complication of liver disease, and it has poor prognostic [1]. HCC was fifth largest problem in the world that caused one million deaths annually. The most Incidence of HCC happened in Africa and Asia [2]. 300.000 hospitalizations patient per year in the World caused by HCC and certainly make 27.000 patients going to severe condition and progress to liver failure, end-stage liver disease (ESLD), or death [3]. This condition needs palliative care because it can be one of the alternatives therapy for HCC [4].

Palliative care is a multidiciplinnary care that focuses on quality of life patient with severe or chronic disease. Palliative care offer additional support to HCC suffererers and their families, because this condition make them feel burden. Patients with chronic disease or end-stage will receive palliative care as end of life care [1]. Based on previous research the comparation among patient end stage liver disease that receive palliative care and do not receive it showed that the quality of life was different. Patient with palliative care has better quality of life because they can improve satisfaction and peacefull in end of their life[5].

Most cancer sufferer reported 95% of patients with cancer was influenced by QOL. Poor QOL can make patient feel regret in their condition and it will influence to next treatment of patient. [6]. The QOL of HCC patients reported that patients who have many complications was not good [7]. Often, patient with HCC in ESLD condition mostly have complications such as muscle wasting, malnutrition, encephalopathy, esophagogastric variceal bleeding, ascites, fatigue, spontaneous bacterial peritonitis and psychological like depression. Despite palliative care can improve their QOL[8].

HCC has strong related with a poor prognosis and health-related quality-of-life (HRQoL). Palliative care can reduce the negative symptom from disease progression, so the condition was improved. Hence, for HCC patients with end stage of life, QoL factors become as important thing to support their survival. Therefore, the goal of palliative care treatments in patients should include QoL endpoints [9]. Based on that background, this study was aimed to know palliative care to quality of life patient with hepatocellular carcinoma.

## **RESEARCH METHOD**

A literature search with systematic review framework was carried out in 5 common databases to know about palliative care in quality of life patient with hepatocellular carcinoma. The databases were Scopus, Pubmed, ProQuest, Science Direct, and SAGE and we used keyword from common study and Medical Subject Heading (Table 1). The literature limited in 5 years (2014-2019) which is research articles, news, government policy, and some of the grey literature about palliative care to improve quality of life patient with HCC, and also we limited just literature with English that we were conducted. Articles would be excluded if the results did not explain the purpose of this systematic review. The searching results based on these criteria obtained 15 selected articles from 2493 articles found (Figure 1)

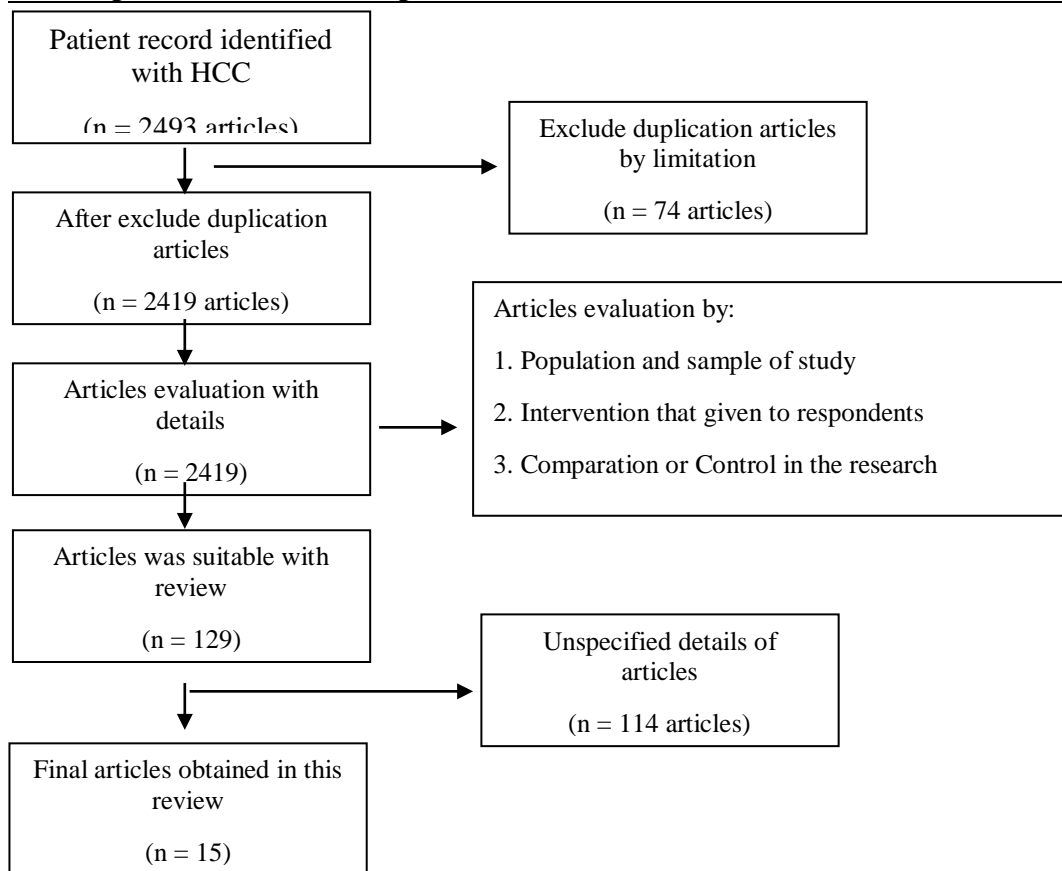
## **RESULT AND DISCUSSION**

Total articles collected were 15 articles, and after reviewing the following results, there were 8 articles describing quality of life patient with HCC, 3 articles described the

impact of poor QOL in patient with HCC or chronic disease, and 4 article showed palliative intervention to improve QOL in patient with HCC. From articles, 4 articles used RCTs design, 1 article used qualitative study, 6 articles used Retrospective Study, 2 study used cross-sectional pre-experimental, 1 study used non-randomized study and 1 article used a reanalysis study. After get the results of the articles, we then grouped the results obtained into some topic, there were: treatment of end-stage, palliative care in HCC, quality of and palliative care to improve quality of life HCC. Quality of life in a patient with hepatocellular carcinoma can increase if patient received good palliative care to living with endstage liver disease. This Systematic review discusses Palliative Care to Improve Quality of Life Patient with Hepatocellular Carcinoma

Table 1. Initial keywords used to search previous studies

<b>Palliative</b>	<b>Quality of life</b>	<b>Hepatocellular carcinoma</b>
End of life	Value of life	Liver disease
OR	OR	OR
Face to death	Health-related Quality of life	End stage liver disease
OR	OR	OR
End stage treatment	Meaning of Life	Liver cancer



Picture: PRISMA Diagram

Figure 1. Flow chart used

### Treatment of End-Stage Hepatocellular Carcinoma

Last stage HCC patient just receive treatment to improve their condition and reduce worse symptoms. One of the treatments given to HCC patients was chemoembolization and radioembolization. Based on the results of previous studies, quality of life can improve because both of that treatments. In contrast, showed that patients with chemoembolization treatment had much smaller tumour burdens than treatment using selective injections. From that situation, we were able showed that radioembolization can provide better QOL in HCC patient than chemoembolization [10]. But, different condition was showed if patients' condition get worse, Transarterial Chemoembolization (TACEs) were no longer effective as main treatment. In this period, patient need support from family and other caregivers to make patients would be able to survive [13]. Beside treatment, when the patient does not show a positive reaction to chemotherapy, their condition will get health condition worsens, it is necessary to do palliative care in patient and it can improve the quality of life [15].

#### **Palliative Care in Hepatocellular Carcinoma**

Palliative care involves a multidisciplinary care to optimize sign and symptom management. The concept of palliative care can be standard for medical management of ESLD [9]. Patient in terminal condition have experience to face variety of issues, like meaning and purpose of life, the burden on others, autonomy, hope, self-esteem, forgiveness, relations, reconciliation, prayer to god, and religion. Physical symptoms with better control also helping patient have better quality of life. Patients with bad pain control significantly can showed more fear because they always feel pain and it contributed make them worry about their condition. Even patient get worried about their condition, it may progress to anxiety and make their daily activity disturb [16]. This finding of previous research suggests for patients to do not afraid of facing death as the staff thought they might be. Patients also showed that less disturbed can make their emotions give better aspects to their health [10].

#### **Quality of Life in Hepatocellular Carcinoma**

The quality of life in HCC patient can be particularly significant for patients that burden of their disease. It has been reported that 95% of patients with chronic cancer condition state that their QoL will affect their life. Patients with advanced HCC can not give good QOL, so the goal of treatment then becomes symptom relief and maintenance of patients' functional status [10].

The QOL of terminal condition was necessary to identify patient's needs and improve quality of care. Evaluation of QOL at end stage of cancer patient life is possible to improve good patient condition or getting peaceful in their end life. Total QOL score during the last two weeks of life was higher than expected initially. It is reassuring to palliative care teams that our services we're able to at least prevent deterioration in the patients' QOL. It is the aim of all health care professionals to maintain patients' QOL as much as possible at the terminal stage. Our results constitute useful evidence regarding the impact of palliative care services on patients' QOL at the very end of life [18].

Quality of life evaluation in patient with cancer and their end of life is possible for some patients, and important for clinical observations. The effectiveness of palliative care for maintaining the patient quality of life. Physical and existential domains showed poorer scores, as self-rated by patients during their last two weeks' pre-death. Pphysical symptom, physical well-being, and meaning of existence showed poorest scores too. More research is warranted to focus on these aspects, in how to improve the services and document the effectiveness of the

intervention. The search should also be continued for other domains that may have a potential influence on patients' overall quality of life [14].

### **Palliative Care to Improve Quality of Life Hepatocellular Carcinoma**

The National Consensus Project for Quality Palliative Care emphasizes that although palliative care is focused on improving the patient's quality of life, it does not exclude medical therapy aimed at prolonging life [19]. Care for patients with a serious life-threatening illness, including ESLD, the primary goal of palliative care is to improve quality of life for the patient and their family through relief of emotional distress and physical symptoms. Ideally, palliative care should be provided throughout the trajectory of illness, beginning with the diagnosis of ESLD. Relief of emotional distress and physical symptoms can be provided by primary care physicians and gastrointestinal and hepatology specialists (termed primary palliative care, to distinguish it from secondary or subspecialty palliative care). Ideal timing of subspecialty palliative care consultation depends on local resources and patient need [16].

Among the available palliative treatments for patients in end-stage of HCC, the role of the drug still able to increase survival. The multidisciplinary team will have to begin talking in order to plan the patient and families care, before the end-stage disease. The education for death must be no longer a taboo for the patients, family and health worker, for indeed, it is a life natural process. This is an issue which demands a broad reflection and the involved professionals need to have their palliatives care concepts, thanatology and bioethics clear in order to discuss about how to dealing with prejudice and to exercise effective communication [11].

Patients with ESLD are subject to many physical and psychosocial symptoms that negatively affect health-related quality of life [1]. Early referral for palliative care may also reduce the burden on the healthcare system, while simultaneously improving patient and family satisfaction. Palliative care consults have been shown to improve communication and family member satisfaction with care and decrease patients' length of stay in hospital. The palliative goals of care may be better implemented outside of a critical care setting [20].

Palliative therapies provided promising outcomes for such patients, varying between a better quality of life, symptom control and a potential improvement in survival. Recent studies suggest that early palliative care improves the quality of life and mood in addition to prolonging survival. More specifically, previous studies have shown benefit with palliative therapies in the care of patients with unrespectable HCC. Reduction in mortality following the receipt of systemic chemotherapy in HCC patients not eligible to receive definitive management options [21].

For patients with hepatic decompensation and with no indication of being through any existing treatments, because of vascular invasion or extrahepatic metastasis, the palliative care is the standard treatment, including radiotherapy in order to eliminate the pain. For those cases where there is an extrahepatic lesion and the liver is compensated, a chemotherapy is sometimes applied, but with no evidence of any benefits. Firstly, it is necessary that a patient understands the process of death and dying in order to deal with any phase of its new treatment (palliative care). When his death is understood, it becomes easier to accept. Therefore, it is necessary to realize the "moment" that patient will be prepared to receive the most appropriate and humane care. The death of a large proportion of the population in end-stage HCC emphasizes the need for all health care workers to be adequately trained in palliative care in addition to training in complex

needs assessment. It should be developed and implemented models for collaboration between primary and secondary care practitioners with palliative care specialists [22].

## CONCLUSION

Palliative care provides many benefits for patients who are in the final stage or have not given a positive reaction to the intervention (palliative care). Palliative care which is given as early as possible can improve the quality of life of patients, thus patients can live longer than patient that not received the therapy.

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